

Self-Applied Technique for Quality Health (SATH): Mobilizing Female Community Health Volunteers for Adolescents' Participation in Health Mothers Groups

USAID Adolescent Reproductive Health (ARH) Program



SATH Implementation in health mothers' group at Sharada municipality ward no.-11 Salyan.

Program Snapshot

Life of Project: 2022 – 2025

Geographical Focus: 60 municipalities across 11 districts in 3 provinces: Madhesh (41), Lumbini (12), Karnali (7)

Prime Partner: CARE Nepal

Consortium Partners: Howard Delafield International (HDI), Jhpiego, Associations of Youth Networks of Nepal (AYON), Nepal Contraceptive Retail Sales (NCRS) Company

Digital Partners: Social Awareness Center Nepal (Surkhet), Dalit Development Society (Salyan), Rural Development and Awareness Society Nepal (Rolpa), BEE Group (Banke), Mallarani Rural Development Concern Center (Pyuthan), Aasaman Nepal (Dhanusha), CNRD (Rautahat), Bagmati Welfare Society Nepal (Sarlahi), Divya Development Resource Centre (Parsa), Protection Nepal (Bara), Ratauli Yuba Club (Mahottari)

About the Program

USAID Adolescent Reproductive Health (ARH) was a three-year (initially five-year), USAID-funded project led by CARE Nepal in partnership with HDI, Jhpiego, AYON, and Nepal CRS Company from 2022 to 2025. The project supported the Government of Nepal (GoN) in improving adolescents' reproductive health with the goal of empowering adolescents (10-19 years) to reach their full potential and practice healthy reproductive behaviors. To achieve these goals, USAID ARH employed multichannel social and behavior change strategies, including group-based interventions, interpersonal communication, and youth- and girl-led activism for reproductive health and social norms change, supported by service linkages amplified by digital interventions.

The Government of Nepal launched the National Adolescent Health and Development Strategy in 2018 to address key issues identified in the Nepal Demographic and Health Survey, particularly the high rates of adolescent marriage and pregnancy. The strategy underscores the critical need to create an environment that promotes healthy reproductive health practices among adolescents. In 2022, the GoN reinforced this effort by endorsing the Adolescent-Friendly Reproductive Health Services Guidelines. Aligned with these national initiatives, USAID ARH collaborated with federal, provincial, and municipal governments in Madhesh, Lumbini, and Karnali Provinces to improve the reproductive health of adolescents aged 10-19, with a focus on disadvantaged populations.

Self-Applied Technique for Quality Health (SATH)

In Nepal, Health Mothers' Groups (HMGs) play a crucial role in raising awareness about safe motherhood, reproductive health, child health, and other community health issues among women of reproductive age (15–49 years). Recognizing the effectiveness of this participatory approach, the Government of Nepal formally integrated HMGs into the national health strategy to promote women's active involvement in reducing maternal and child morbidity and mortality (Nepal Department of Health Services, 2022). A key element of this strategy is the designation of HMG meetings as a core responsibility of Female Community Health Volunteers (FCHVs), who serve as vital links between communities and the health system. FCHVs conduct monthly meetings with their assigned HMGs, where they share knowledge gained from health-related training and provide counseling to encourage positive behavior change. HMG members, in turn, are expected to pass this information on to their families and broader communities, reinforcing the impact of these initiatives.

Over the past 30 years, FCHVs have been instrumental in improving reproductive, maternal, newborn, child health, and nutrition outcomes across Nepal through this model of community mobilization. However, in recent years, many HMGs have become less active. A growing number of FCHVs report lacking the skills and updated knowledge needed to effectively engage younger members. As a result, participation in group discussions has declined, and many HMGs now function primarily as savings and credit groups, rather than platforms for health education and community engagement.

The Self-Applied Technique for Quality Health (SATH) is a tool applied in HMG with the objective of **functionalizing HMG**, ensuring participation of targeted populations, i.e., adolescents, married, pregnant, and childbearing mothers, and regular discussions on health-related agendas. In this method social mapping of coverage area of HMG should be drawn and plotted on the different index i.e. household of community, school, temple, health facility, HMG meeting site, house of FCHV, river, road, safe space etc. where targeted member's house was indicated through different symbols (different colored tika). In this process, by placing conditional symbols in individual houses, FCHV conducts counselling based on the

needs of various health service utilization and behavior. This empowers the members to spontaneously adapt the health service and behavior, enabling better health conditions for married and pregnant mothers. The process ultimately enhances health service utilization through the regularization of discussions amongst the HMG.

The main objectives of SATH implementation were to:

- Play a crucial role in revitalizing the Health Mothers Group by promoting active engagement and dialogue among community members.
- Encourage participation of HMG members (i.e., women of reproductive age in health-seeking behavior, including positive health initiatives).
- Create an enabling environment for discussion on family planning, promotion of healthy behavior, care and support of ANC and PNC mothers and reproductive health issues, and encourage the participation of mothers and their family members to help in challenging, harmful social norms.

What did we do?

I. Orient Health Workers

The USAID ARH team conducted a series of discussions to finalize guidelines and indicators of SATH. In close coordination with the health section of the municipality, we selected health facilities where SATH could be implemented. Next, the team conducted an orientation on SATH techniques to the Health Facility Operation and Management Committee (HFOMC), a health worker, and all FCHVs under the respective health facility. The HMGs to receive the implementation of the SATH techniques were selected based on factors such as non-functional HMGs, low health service utilization areas/marginalized, high rate of adolescent pregnancy, etc.

II. Implement SATH

The steps taken to successfully implement the SATH were as follows:

1. Selected an HMG for implementing the SATH approach.
2. Finalized the venue, date, and participants in coordination with the FCHVs.
3. Prepared necessary materials, such as SATH flex charts, tika, markers, and guidelines.
4. Invited relevant stakeholders—including health workers, community leaders, HFOMC members, and teachers—to support the program’s continuity and effectiveness.
5. Conducted the orientation session on SATH techniques in the presence of the selected HMG members.
6. Created a social map on the flex chart to illustrate various indicators related to the FCHV’s coverage area.
7. Collected married and adolescent mothers’ information in each household and recorded in the HMG register, including the name and unique house number.
8. Identified households and marked each house with the appropriate tika as specified in the SATH guideline.¹
9. Provided counseling to each targeted member about healthy behaviors and the importance of utilizing available health services based on their specific needs and conditions.

¹ This activity was done with the active participation of the targeted individuals, who themselves applied the tika on their homes according to specific conditions or indicators—such as marital status, adolescent pregnancy, antenatal care (ANC) visits, institutional delivery, use of family planning methods, and iron tablet consumption.

Following the implementation of SATH, technical support was provided to the FCHVs to help them continue to update the flex charts and conduct regular HMG meetings. This ongoing support was crucial for building FCHVs' capacity and ensuring the sustainability of the SATH approach.

III. Results/Outcomes of SATH

Improved community engagement:

- Implementation of SATH supported the regularization of HMG meetings in the presence of married and adolescent mothers with regular discussion on health and various agendas as mentioned in the FCHV modular package.

Intergeneration communication:

- Implementation of SATH created the same forum for mothers-in-law and daughters-in-law to participate together and develop a common understanding of FP and reproductive health issues and decisions.

Service utilization:

- SATH implementation was participatory among health mother groups. Participating mothers who had previously not been regularly seeking health services stated their intentions to seek services from health facilities in the future.

Who participated?

- ARH officers provided technical support to implement activities in the field.
- ARH facilitators and respective health workers provided technical support to FCHVs while updating the SATH social map.

What were the enabling factors?

The following methods and procedures ensured easy, timely, and effective implementation of SATH:

- Involving members of the target groups.
- Identifying a young mother participating in Social Analysis and Action was found to be well-equipped to become the resource person to lead discussion on various health topics in the Health Mothers Groups.

What were the challenges?

- Covering every target population in each community was challenging as some communities were much more remote.
- Regular updates of SATH and discussions on the health agenda were difficult to conduct due to HMG members being more interested in savings.
- FCHVs lacked the relevant knowledge and skills to conduct SATH in the absence of technical support.

What did we learn?

- Regular and effective discussion on the health agenda enhances the presence of targeted members in meetings.
- The SATH approach ensures active involvement of community members and fosters a sense of ownership among participants to initiate dialogue on adolescent reproductive health.
- This tool increases the skill of FCHVs in the regularization of meetings.

- It is helpful to identify the target group and encourage their participation in HMG.
- The inclusion of SAA graduate adolescents and young mothers can allow them to be the resource person to enhance the knowledge of FCHVs, while facilitating SATH and HMG meetings.

What can be improved?

- Regular participation of targeted adolescents and mothers in monthly HMG.
- Regular discussion on the health agendas in HMG with continuous updating of the SATH social map.
- Increase in health service utilization.
- Increase in demand for health services.

Way Forward

- In the follow-up of the SATH activity, technical support by program staff (i.e., health workers, SAA graduate adolescents, etc.) will help to capacitate the knowledge and skills of FCHVs to conduct the activity independently in the future.
- Many health facilities have appointed health workers to participate and mentor FCHVs in HMG meetings, where SATH follow-up support can be provided by disseminating relevant information.
- The Nepal government has endorsed the SATH technique as a part of its people-centered program. We can use this opportunity to scale up in the future.
- Young mothers of SAA could play an important role in HMG meetings.
- Ward-level youth club members can support the proper functioning of HMG meetings and ensure the quality of SATH follow-ups.