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I: Interviewer

P: Participant

Interview duration: 1:43:49

Language in which the interview was conducted: Maithili

Location: Participant's house

Date of the interview: 2 March 021

I: Sir! Can you talk about the nutrition programme that are happening in these wards?

P: Right now, there are two types of programmes. One is a national nutrition programme budgeted by the federal government to carry out work related to nutrition, and another is local government, and another is from the local government. The current structure of the Nepal government, at local level ... this is important? Because there was always the central government which used to plan the budget for the entire country due to which the budget, they provided would not be enough for the basic needs at the local level. On that basis there are two kinds of programme. One that is from the central government which has been there always we do summarise about the nutrition status ... but how many SAM cases are there, how many MAM case are there ... on the basis of the summary of this the planning should be done.

I: What do you mean by SAM?

P: SAM/MAM refers to Severe Acute Malnutrition/ Moderate Acute Malnutrition. How many children are there with SAM, how many cases of children with MAM are there ...we need to summarise these things...this programme which we summarise about the nutrition status is there... currently at local level there are two-three programmes ... we have allocated local budget for this. What we have done under this is ... Under the Golden 1000 days programme we mainly focus on the pregnant women. In the present situation, not just in this rural municipality but in entire Province, pregnant women must visit for a minimum of four antenatal check-up. But in this province the prevalence

of women going for the antenatal check-up is very less ... for this we have two three activities ... Many people don't know that health post provides iron tablets, anti-parasitic medicine, T.T injections. That's why we have a programme to empower (*sasaktikaran*) mothers' group ... re-establish and strengthen them. Within this programme, every month we make them organise a mothers group meeting and we make them discuss the mother's protection chart ... make them do the discussions ... In that group women are taught about the health status of pregnant women, what happens to women's body during pregnancy, pregnant woman must visit health post four times for check-up, take iron tablets, get the T.T injection etc.

I: For pregnant women?

P: Yes, for pregnant women...after that ... I want to add this thing because the same pregnant women will give birth to a child tomorrow... and if that mother has not regularly taken iron tablets during her pregnancy, that baby might be born with low birth weight... so according to the nutrition cycle this golden 1000 days is important... that is why we have made plans to push from this point... for that we are doing a programme to re-establish (*punar gathan*) and empower women's group to provide information about mothers' protection. Due to the current Covid programme we are under pressure... we have targeted that and have organised some programme... we distributed relief packages for nutrition, hygiene, and sanitation.

We also gathered pregnant mothers and mothers of children below two years and did a public awareness programme ... what to do during pregnancy, visit health post minimum four times for a check-up, take iron tablets regularly. With an aim to provide health education to post-natal mothers, we prepare a table on topics such as the facilities provided by the Nepal government during post-natal period and do programmes with the support from the local level.

I: For whom ...

P: For pregnant women and mothers of children below two years (under the golden 1000 days) ... under the golden days programme ... We focused on mothers breastfeeding children under two years old and pregnant mother's ... after doing all this what

happened was that ...we have the programme to distribute nutrition related package... likewise there is a programme to increase the awareness through verbal sharing ... we gather mothers breastfeeding children under two years old and pregnant mothers and run programme to increase the public awareness... what do they need to do, how to take care of pregnant women's, about iron tablets, what are the benefits of minimum four times antenatal check-up at health post ... what are the facilities that you can receive from the Nepal government .. what are the benefits it can have at the time of the birth... we have prepared a chart including all these things and use that to teach pregnant mothers ... from local government, we organised the programme with these intensions...

I: For pregnant women ...

P: For pregnant women and mothers of children under two years age... let's say the golden 1000 days... from the pregnancy to...

I: I want to be clear about the types of nutrition programme that are operated for children below three years age.

P: Golden 1000 days programme includes programme for children below two years. Then for children under five years, for them under the Nepal government, there is identification of SAM and MAM case nutrition- programme. This is the programme from the Nepal government... If any children under age five and if that child has SAM then that children is referred to the health post and they are provided with RUFT... after feeding on a regular basis... and when the child gains 15% of the body weight that child is discharged... this is the national policy of Nepal government...

I: Who is helping in such programmes?

P: UNICEF also supports this for the distribution of nutritious food RUFT (Ready-to-Use Therapeutic Food). this programme is approved from the Nepal government and needs to be regulated on a regular basis. Second programme is the one I said in which the local government had separated some budget and is running the programme.

I: Here who runs these programmes?

102

103 P: who runs the programme... it is like this... currently the establishment is like this ... any
104 programme is operated through the health coordinator from the health department.
105 They co-ordinate with the health post and give the responsibility to the health post...
106 Depending on the needs, the health department can run the programme on their own

107

108 I: How is the programme managed? Who manages or runs the programme in the
109 community? Who is the medium? (06:32)

110

111 P: To reach the village our medium is like this ... to run a nutrition programme in every
112 village, it is not possible for a health department head health to visit every place... ...
113 In many places a qualified manpower is mobilised. For example, to run a nutrition
114 related programme in this ward... who has taken the training related to nutrition, it
115 could be Community Medical Assistant (CMA) or Health Assistant (HA), Auxiliary
116 Health Worker (AHW) who have the knowledge about the nutrition, who can motivate
117 well, we ask them to manage ...

118

119 I: Do they visit villages or how... how do they do the programme? Through which
120 medium they go...

121

122 P: it is like this... actually ... This depends on the medium we are using to deliver the
123 programme. If we are targeting or need to provide services to the pregnant women then
124 for this, we must go to the community. If we are giving to FCHVs then they can be
125 invited to health post as well. If we need to give to the mothers group, then we must
126 visit their monthly meetings. In which way the programme has been planned, depending
127 on that we must visit the community, we might need to go to the pregnant mothers ...
128 must visit mothers' group as well... must go to FCHVs ... or invite them to the health
129 post as well... in this way based on what is needed programme is operated.

130

131 I: What do community people think about this programme?

132

133 P: Many people in the community are positive about this. But due to lack of education
134 and awareness many think that "they (service providers) have come for their
135 allowances" or "this is their work, so they have come" ... "I will listen to what they are

saying, or it is okay to not go there” ... there are people in the community with these thoughts. It’s not that there aren’t ... But comparatively there has been improvement in the thinking of community. Before mothers’ group were not organised. when we did not give them anything... they were not active... But comparatively now there has been lot of improvement. now there is a group of 21 including FCHV and member secretary... in the group meeting there is a presence of minimum 15-17 people. There have been improvements compared to before, but it is not how it should have been. It is difficult...

I: You talked about changes; how did this change happen ... what kind of changes regarding which matter? (08:40)

P: Change ... I want to tell you about 2-3 things... for example, if we looked at the infant mortality rate, maternal mortality rate, child mortality rate and morbidity rate ... If you compare the data on these indicators ... five years before and the recent data, then you will see there has been lot of improvements. Did you understand... four times antenatal check-up had directly and indirectly has played important role in the improvement of these indicators... I want to give you a simple example. When a pregnant woman had her four antenatal check up in the health post, she was not anaemic ... she lived ... if in case someone had minor post-partum haemorrhage then it was easy to save them. If the mother severe anaemia at the time of delivery and then there is high risk of maternal mortality ... Comparatively, there will be some factor which are identified in some or the other way. Let’s talk about infant mortality rate! The situation that was there before ... the kind of awareness that was there in the community... people had a perception that newborn should not be fed mother’s yellow milk (colostrum) known as front breast milk; that the yellow milk must be discarded ... But slowly due to health awareness, public awareness ... people do discard still but that percentage has decreased a lot. Now more than 90% mothers feed their yellow milk to their baby... we have also studied that colostrum milk is considered a first immunisation vaccine for the baby... in some way this bring improvements in the mortality indicators ... talking about home delivery... more than 90% used to have home delivery but now more than 80% institutional delivery ... all of this contribute to improving the indicators ...

170 I: in this way you have separated the indicators ...

171

172 P: When we visit the health post... everyone has their own role... This has been possible
173 due to the community teaching, explanations, mass education etc provided by the Nepal
174 government, UNICEF, different NGOs/INGOs in all programmes they do ... then it
175 was possible... otherwise before maternal mortality rate was 280 per 100,000 children
176 now it is 136, I think. In this way maternal mortality rate is decreasing. Before diarrhoea
177 used to be epidemic and used to destroy the villages...but now compared to this
178 diarrhoea is normal. It has become a common disease ... is it or not...This has been
179 possible due to community mass education.

180

181 I: So, you believe this is the indicator to reduce the mortality... (11:20)

182

183 P: Yes, 100% ... Look at the PNC (Pre-natal care), protocol says pregnant women were
184 to do minimum of four antenatal check-up in the health post ... it has help improve
185 institutional delivery... before they did not know these things... before those who came
186 for the first check-up by the time of last fourth check-up they would be less, or they
187 would disappear, or they would not come at all. But now if first PNC check is 65% of
188 those who come for the first check-up up then up to 45% do their fourth check-up ...
189 there is decline in number of people who do not attend their fourth check-up... but this
190 is better... This must be taken positively.

191

192 I: When running this kind of programme what has been easy for the community people
193 and do, they want to come to the programme or are they interested?

194

195 P: I see two reasons for this. People have begun to think that money is not everything.
196 Education, awareness, knowledge are bigger things. What will happen if knowledge is
197 implemented in daily activities? For example, during the pandemic caused by Corona
198 virus, after listening, understanding, and learning through public awareness many
199 followed washing their hands, wearing a mask, and maintaining social distance. Before
200 the Corona virus, handwashing was less. We do not need to tell them to wash their
201 hands, wear mask ... they do it themselves... first thing is now people have this belief
202 that they should learn about things... they have this perception... when Nepal
203 government does any programme, there are some allocations for snack and incentive,

204 so they are interested to participate. So, this both things have an effect (awareness and
205 incentive). One is to gain the knowledge, and another is allowances- both are the reason
206 that influence their participation. Some people think even if we don't get money, we
207 will get to learn so they participate, and others think they are getting incentive so they
208 need to participate – both of these things affect...

209

210 I: You said about allowances. What kind of allowances are provided for such programme
211 and who provides them?

212

213 P: Whoever is giving the programme for example the local government ... depends on
214 what kind of programme... One programme is from the central or federal government
215 another is from the local government. In federal government programme participants
216 are always given something. In programme from the UNICEF as well participants are
217 provided something. There are many programmes such as mass awareness only snack
218 arrangements are made. This also affects ... Another thing is that the public awareness
219 about learning and gaining knowledge is increasing and that could have affected as
220 well.

221

222 I: Who gets these allowances? Is it for all the participants or for the one who runs the
223 programme?

224

225 P: No no ... incentives for the Community participants ... administrators also get some
226 allowances... for both community participants and administrators both get the
227 allowances.

228

229 I: What kind of facility or allowances do they get? What and how much for the participants
230 and administrators...

231

232 P: Here we can see two three types of expenses provided ... Normally for transportation
233 expenses Rs 500, and snack expense NPR 200 is provided. Not all programmes have
234 this facility. But most programmes provide travel expenses.

235

236 I: What are the allowances managed for the programme that are done for the children
237 below three years?

238

239 P: currently the system is like this ... There are no allowances from the local government
240 for programmes below three years age. Recently, we have started filling a form for
241 nutrition allowance for children below five years age. I also filled the form for my three
242 years old son. Monthly NPR 400 will be provided. The strategy of Nepal Government
243 will affect in some way... NPR 400 given for the children nutrition will also help in
244 purchase of milk and eggs for the nutrition of children. This will for sure help in
245 improving nutrition status. But the problem we can see in our villages is that they sell
246 milk and eggs found in their house and use those money to feed instant noodles (*chau*
247 *chau*), biscuits to their children. The practice of feeding readymade snacks to the
248 children is become one of the challenges here. My child also does not agree... so I try
249 to minimise the intake of junk... they will not agree to drink one glass of milk, but they
250 are happy to eat a chocolate... this is everyone's problem...

251

252 I: What are the difficulties or problem faced when taking the nutrition related programme
253 for children below three years in the community?

254

255 P: I think there are two main problems. There is a saying in Nepali language that in Nepali
256 are not undernourished because they do not eat... it is because they do not know how to
257 eat... (*Nepali haru khana nakhayera kuposhan bhayeka haina ki khana najanera*
258 *kuposhit bahyeko ho*) ... I think this is true I think this is a reality. Maybe people in our
259 community have poor socio-economic status ... let's say... but there are many people
260 with a daily income of 500 or 600 or 1000 rupees. Even a simple labour workers earn
261 NPR 600-700 daily. But the problem is here... they earn but they misuse the
262 money... They do not have the habit to use that money to buy 1 litre of milk which is
263 available in their community instead by alcohol .. they have this kind of thinking... this
264 is what I want to add here ... It is not difficult to do any such programme here ... but
265 on the other side if we can manage the daily lifestyle of people then I think it is not
266 difficult to do any programme here.

267

268 I: Now I want to talk about children growth and development. What are the current
269 ongoing programmes for growth and development of children below three years?

270

271 P: I have told this before too. There is current nutrition programme for children under five
272 years by the Nepal government ... UNICEF has added Golden 1000 days programme
273 for children below two years and a programme related to the pregnant women. There is
274 no programme targeting particularly the children below three years age. for children
275 under five years age who are MAM if you change their daily lifestyle then they will go
276 in a reverse stage.... and children with severe undernutrition they are added to health
277 post and are provided with RUFT to improve their nutrition status....

278

279 I: This is a programme for the physical development of children. What are the
280 programmes done for the mental development of children? (17:30)

281

282 P: For mental development ... This is one of the purposes of the programme for the
283 pregnant women and children below two years which I told you in brief.... they also
284 focus on growth and development of children... it is said that 80% of the growth and
285 development of children occurs in first two years of life... No matter how much you
286 feed ghee or other foods after two years it will support only 20% of the brain
287 development. When a pregnant woman visits for a minimum of four health check-up,
288 we have been telling people to take good care of children below two years ... what will
289 happen? if they take good care of the child how will that benefit the child in the future?
290 What kind of child you want to have tomorrow? Isn't it? You can decide the future of
291 the child in the first two years of life.... We tell these things in detail when the
292 programme is done... Similarly, health check-up of children below two years also
293 contributes to their growth and development.

294

295 I: Currently, is there any other separate programme for children's growth and
296 development of mental development? (18:39)

297

298 P: There is no separate programme for children's growth and development. The Golden
299 1000 days programme is for pregnant women and children under two years and for
300 children below five years there is a nutrition programme only. Besides this, there are
301 some discussions about children in the mother's group meetings. But there is no
302 separate programme on growth and development...

303

304 I: Now I want to talk about playing ... How important do you think playing and learning
305 is for children below three years for their mental development, growth, and
306 development?

307

308 P: It is very important. Whether you child is three years old or five years old... when they
309 are with their mother and father... there is a huge difference when the child is with their
310 family and when they are living far away... Nobody can care for children under three
311 years age like their mothers. Those father and mother will cajole their child to feed
312 them... they will do well for their children... That child who is under care of their
313 mother, parents, their physical and mental development is good ... it is like learning by
314 doing... when they teach something either by playing with them or cajoling them ... it
315 has a very positive effect on the child... I also feel the same... I have studied about this
316 as well... No matter how much you feed them... but if you dominate them and beat
317 them, that Is not good, if we do not behave friendly with them then it will affect child's
318 mentality. If we can provide a behavioural programme which is baby friendly and do
319 those activities, then it will have positive effect on the child. It will obviously bring
320 changes in the child...

321

322 I: it will have positive effect ...

323

324 P: But the thing is for children under three years age we local government cannot do
325 anything ... if the mother and father take good care s then the family will do ...

326

327 I: Family plays an important role...

328

329 P: Yes, family does...

330

331 I: How do people play with children in this community, what materials do they use?

332

333 P: In this community children are provided various toys that are found in the market and
334 play with them ... there are various toys found in the market... children are engaged in
335 playing with those toys...

336

337 I: What kind of support will be there in teaching and learning of the children by playing
338 with them?
339

340 P: Brains of small children are like a blank paper. It is like a job of preparing a good field
341 (khet) ... more than learning what I see is children under five or say under 3 ... for
342 example, plot a field nicely and put it there... after that you will do something then it
343 will be good. This is what I believe... if I behave well with a child under three years
344 age then the child can progress mentally... tomorrow when the child get education then
345 their memory power ... his capacity to catch new concepts, ideas will be of another
346 level... we can prepare a good mental health of children under 3-4 years age. To learn
347 something... a child under six months learns from looking his mother... Small children
348 learn many things as they grow. Their future will also develop slowly. Children must
349 be shown well behaviour. With their age children will self-learn a lot of things. Later,
350 in accordance with the environment children will do good in their education.
351

352 I: How does the environment affect children?
353

354 P: Environment does affect children. I will talk about children but first let me start with
355 an example of you and me. You and me we are staff ... say we are four good people...
356 anyone we come in touch with in the morning and in the evening, talk with each other
357 than for sure we will have similar thoughts... what a person sees they will think isn't
358 it... that is what we will think... our understanding will be good, and we will think
359 good. Similarly, when we meet or have connection with 2-3 people who drink alcohol,
360 hemp, eat narcotic plants, play cards and does other bad things then we will be affected
361 mentally... similarly children will also have similar effects ...if we behave well with
362 children then they will be good ...they will learn what we teach.... Environmental
363 factor affects a lot... It depends on what kind of society a child lives in ... that's why it
364 is said ... buy a small land but buy in a good society... whatever children sees days and
365 night they will learn that ... That's why environment affects children. They learn what
366 they see.
367

368 I: For the environment, between you and the community who plays a bigger role? Or who
369 plays and important role to provide a good environment for the children?
370

371 P: Parents.
372

373 I: Who in parent plays a bigger role?
374

375 P: Mother plays a main role. Father also plays a role but due to their employment they
376 stay outside the house mostly and are far from the child... so mother play an important
377 role.
378

379 I: What kinds of games can be played with children below three years? Which mean can
380 be used to play well. Or would be good to teach them...
381

382 P: Guardians can teach children below three years. After that when the child goes to a
383 school for education, play also plays an important role in the school. In similar manner
384 we also give emphasis on games.... Even now in the municipality, in the meeting, in
385 nay programme ... As per the paly related needs of children we have also distributed
386 or have asked to distribute different types of toys such as bat, ball, volleyball, football
387 etc with the support from the local ward office and allocate budget for games. We have
388 distributed 20 set of toys in the village...
389

390 I: You talked about play materials such as bat, ball. Who are provided this?
391

392 P: This bat, ball, volleyball... all these things. We tell them to make a team and ask for
393 the things you want, and we will provide... games are needed. To be physically and
394 mentally fit and to become active games are needed... it is very important. talking about
395 children below three years family in the household should take care of it... they will
396 play games that will suit them... along with that if Montessori can allocate times for
397 games as an important aspect, then it will help the child in the future ...
398

399 I: I am talking about children below three years age. Please prioritise this age group in
400 your responses. You said that parent must teach their children in a good environment.
401 In what ways can parents teach and play with their children?
402

403 P: There are 3-4 methods of teaching. Those methods can be applied with children as well
404 I think. There could be different ways as well. There are many things that requires

demonstration. Children below three years age must be shown that this is elephant, this is a bird, this is a pencil ... this is a type of toy, this is your uncles, this is your grandmother ... some you can teach by showing ... you can also teach by demonstration... Demonstrate those play activities which they can do. Show them this is elephant, this is butterfly... They can also be shown and explained scene and materials shown in television... explain them what is shown in the TV... Three years old children must be provided with the knowledge according to their level of understanding. they cannot do more than that... or learn more than that... It is good to show them things that are appropriate for their age. It is said that children should not be taught more than what their brains can tolerate, or they can understand. Otherwise, it can cause mental stress... that is why we must teach them according to their age.

I: What kind of programme should be done for their growth and development of under three years old children in your household, community, and village?

P: Whatever comes to my mind ... we have been putting my thoughts regarding this within the municipality. And so, activities according to that... but now what I see is that like nutrition related programme are ongoing. Nepal government has been able to provide nutrition allowances this is a very big achievement in a poor country like Nepal we must take this in positive manner... I want to say ... we talked about nutrition allowances ... we talked about mass education as well... now it would be nice if a screening programme could be done at home. So far, you have been able to reach the health post, mothers' group, outreach clinics but have not been able to reach households.... I think there are only few children who have not been reached ... We can make strategies for example, full nutrition when we go around the ward. First, we can do in one ward, then we can go to the rural municipality, then in the whole district ... first we can sample ... I am also thinking about this ... I have been planning such strategies as well ... If I get an opportunity to work, I will do. A campaign must be operated at a rural municipality level. The campaign should reach house-to-house How many children are there in each ward? ... One ward must have 2500-3000 population ... some wards may have between 4000-45000. How many children under five can be in one ward? it will not be more than 200 children. Out of those 200 how many SAM or MAM cases will be there? There will be small number of cases... In this way we can identify the status of the child, another thing is MAM cases can be treated

439 to recovery... SAM cases can get timely treatments... If we run programme like this
440 then if not 100%, we can get 90% success. There could be some possibility of error...

441

442 I have heard a lot they say in municipality 0 home delivery... There could be no more
443 home delivery, but 0% home delivery is not possible. No matter how much we do in
444 our community there could be home delivery somewhere due to different situations.
445 some could have labour at home... some may disagree to come to the institution for
446 delivery...

447

448 I: You said you want to develop a model to work to improve nutrition status ...

449

450 P: Yes ... I want to add to that... there could be very few children under two years or five
451 years ... households with undernourished children... say 10 households... but it could
452 be less than 10 as well... because if we look at the current data SAM And MAM case
453 have reduced a lot... we can see that in the result... that is why we can admit 10 children
454 in the nutrition rehabilitation... we can improve the status of undernutrition in the
455 community and then declare this is the entire ward... to be able to do such declaration
456 ... more than 90% pregnant mothers should have iron tablets intake... there are many
457 other such things... to declare about one indicator we need improvement in other three
458 or four indicators ... 4-5 indicators should also be included in such programme ... that
459 is why in coming days if we get the consent, we will take such programme to each
460 household...

461

462 I: I want to return You said that nutrition is necessary for physical development. In
463 similar way what kind of programme should be there for growth and development of
464 children? What can be done and how to improve child development? What are your
465 thoughts about this?

466

467 P: Growth and development are dependant together. Where there is growth there will be
468 development. Growth and development are related to the Golden 1000 days programme
469 as well. It is related to the pregnant women as well. It is like farming with fertiliser and
470 farming without fertiliser. There is a difference. That's why I want to emphasise about
471 this since pregnancy... regularly visiting health post for four antenatal check-ups are
472 during pregnancy, take the iron tablet, timely get the T.T. vaccine (Tetanus Toxoid

473 injection) and if there is any other problem then take the advice from the specialist...
474 then you can give birth to a healthy baby who is not underweight ... who will not be the
475 victim of undernutrition... that child will definitely live healthy life for 3-4 years... that
476 is why first I want to give emphasis to this... that if good care is taken during pregnancy,
477 then the child will be healthy ...

478

479 I: Additionally, what must be done for child development or for mental development of
480 children? What activities should be done?

481

482 P: Any child who is not low birth weight ... if child is healthy then that child will grow
483 and develop to their full potential. When a baby. We had given a training on nutrition
484 ... I had seen on case... underweight mother will give birth to a low weight baby ... there
485 is a process involved in that... when a mother is healthy, of a good height, regularly
486 visits health post for check-up, takes iron tablets ... that mother will give birth to a
487 healthy child, when a healthy baby is born, they will not need too much care taking
488 comparatively to unhealthy baby... That child will remain healthy.

489

490 I: Now I want to return... you talked about the programmes that are currently
491 ongoing...you said that through playing and learning children under three years will
492 learn a lot... through playing...

493

494 P: For children like I said... I have talked about this playing and learning for children...
495 that child who is physically fit, that child will be mentally fit as well. That child will be
496 able to think well later... a person whose health status is good can only have positive
497 thoughts... like there is a saying... a good person has good thinking in his mind and with
498 good thought they can do good job... that's why all of these are linked together... a
499 child who is physically healthy can play, run ... they will be healthy... that child can
500 develop positive thoughts, and this can contribute to positive actions in future...

501

502 I: According to the recommendation by the WHO for the healthy growth and development
503 of children under three years, along with the nutrition playing through learning
504 activities should be combined and delivered together. What do you think about
505 combining nutrition and stimulation (playing and learning) activities? How would it be
506 to take these combined together?

507

508 P: This is very good thing. The reason behind this thought could be ... say a one and half
509 year-old child or a two-year-old child does not eat well... parents tell the child “drink
510 the milk” ... besides that they will do nothing... but if that child is given a toy or a toy
511 is shown to them or play with them .. make them run... they can be convinced to eat
512 more, or they can be fed more than they ate before. that’s why a baby must be provided
513 with friendly environment... with friendly behaviour you can feed the child more... this
514 is the first thing ... secondly if the child eats well, plays, and moves here and there...
515 their mental health will be good ... when they are in pressure, they will not understand
516 anybody... they will not cry fight ... They will obviously become good... in this way
517 they have connected nutrition and playing ... you can play with the child with a toy and
518 can feed a good amount of rice which otherwise he would not have eaten... when you
519 force a child to eat then they will not eat... they will cry and sleep without eating...

520

521 I: How much can playing contribute to the development of a child?

522

523 P: It helps a lot.

524

525 I: What kind of help can it do? One is that it is easy to feed the child.

526

527 P: like I said it will be easy to feed them... when you play with child, run with them...
528 they will have good physical movement ... If you show them chocolate, they will want
529 to take it ...they come running. Their hands and legs will be functional, and it will
530 improve blood circulation. When the child plays well, run, eat well then that will
531 improve their blood circulation... and they will have good growth and development.

532

533 I: What would community people think about such combined nutrition and play and
534 learning programme. What would be their response?

535

536 P: I think there could be 2-3 kinds of thoughts. When the nutrition and play and learning
537 programmes are provided jointly, after a year the child will begin to walk ... if children
538 between one year old to three years are targeted and provided with playing materials it
539 will be good... what happens in the community is... Many people have money now, but
540 they misuse it... they buy alcohol in the market but at home they take only one litre of

541 milk... it is not that they don't have money to buy play materials... they misuse the
542 money that's why they don't have money... if the municipality can provide play
543 materials to those target population, then at least children will have toys to play with. it
544 will have positive effect...

545

546 I: You are talking about toys... what could be another means to do the programme?

547

548 P: Along with the toy's distribution... For such programmes there should be a community
549 mass education to provide knowledge and educate mothers or parents of the target
550 groups about toys and how children can learn through playing, what kind of advantages
551 this could have ... how will this affect child growth and development... these things
552 should be taught through mass education ... this will provide knowledge to the
553 mothers... this will have positive effect... I will also focus on the implementation of
554 such strategies in the future...

555

556 I: When nutrition and playing programme are combined what would they think?

557

558 P: It will be good. It will be very good. We need such programme right now. Just feeding
559 the children is not enough. Along with food other activities, playing games and friendly
560 behaviour with children are also necessary for holistic growth and development.

561

562 I: You said that these programmes will be effective when taken to the home. Which way
563 would be appropriate to do the programme through home visit? What would be the
564 best way so that it is easy to teach and make them do? (40:36)

565

566 P: At the moment our health structure is very good. You can see ... now we have the
567 federal government, district, primary health centre, outreach clinic, mothers' group
568 etc... this channel is so good that through this structure we can directly reach the grass-
569 root level or to the public. First Female Community Health Volunteers (FCHVs) should
570 be given the orientation. There is one FCHV and one mother group member secretary
571 ... Under their coordination mother group meetings are organized. When FCHV is
572 informed about anything, it will always reach to the mothers group. Out of 20 members
573 from each mothers group, 4-5 will be mothers of under five children ... They will also
574 know. We can also reach the mothers group through FCHVs. After the information has

575 reached the mothers group then we can invite each target group in a separate gathering
576 and then we can run the programme. This is the system ...

577

578 I: Why did you select mothers' group? (42:10)

579

580 P: In every community activity, mothers' group are one of the main to have direct
581 involvement with the community. Under one FCHV, there is one mothers group which
582 has 20 members. 20 mothers from a group will be from the same community. When
583 these 20 mothers will understand, learn and be positive about the programme then each
584 mother can explain and teach at least one another person, then the programme with
585 reach to minimum 40 people. That is why I think if we go through the mother's group,
586 it will be effective.

587

588 I: Have you seen any programme that was done through the mother's group and has
589 become successful? Have you heard? Can you provide some examples?

590

591 P: Not about a programme on growth and development... but there are many other
592 programmes that has reached to the target population through FCHVs and mothers'
593 group and were effective as well as achieved good success. If we cannot catch them in
594 the mother's group, then they will visit the target group... there has been a lot of
595 positive output form this...

596

597 I: What are your reasons to choose mothers group?

598

599 P: My reason is that in health sector mother group is our team ... like FCHVs are there...
600 mothers group are one of the team of health sector. We go through this team to do any
601 programme. Female health staff ... then FCHVS and then through mothers' group ...
602 we reach the community. When we go to the mothers' group if even one person out of
603 20 is motivated then that is more than enough... The objective of mothers group is to
604 teach other in the community what they have learnt in the group. If 20 mothers in the
605 mother's group can teach at least one person in the community about what they have
606 learnt, then second... third ...many people will be included. If that happens then there
607 will be chances of very few people to get left out from the programme. This I sour
608 team so we can follow up them time to time to ask if they have shared any information

609 to people... but I few bypass the mothers group and try to go directly into the
610 community then we will have to organise a separate programme for that... that is why
611 we must orient the mothers group and take the programme through them ... depending
612 on the situation in the community we can do well..

613

614 I: You said to go through the FCHVs... why do you choose them?

615

616 P: Not just in our rural municipality but FCHVs are considered as the spinal cord of health
617 system all over Nepal. Be it in any national programme or in any national campaign the
618 programme will not be successful until FCHVs are mobilised. Staff of Nepal
619 government do not have direct contact with the public community. They cannot interact
620 with everyone. If they run the programme, then the programme may not be successful
621 ... They will not know information of each household for example how many children
622 in whose house, what do people feed... there might be any programme in this
623 community ... if I am from this community then I will be able to understand but if I am
624 not from this community then they will not know information like which house has how
625 many children... But the FCHVs knows this very well ... number of houses in their
626 work area, which house is having delivery, which house has a pregnant woman, which
627 house has breastfeeding children, which house has elderly, which house has children
628 below one years... FCHV knows all this ... They keep the information of each house
629 in the community. That is why it is difficult to run any programme if we bypass FCHVs
630 ... That is why the role of FCHVs is indispensable.

631

632 I: How much do community people agree to work with and learn through FCHVs?

633

634 P: They agree with them. They follow FCHV... somewhere one or two can be an
635 exception who do not agree ...but some such people can be found anywhere... in the
636 community... there could be personal jealousy or dislike the person could be some main
637 reasons. These are the exceptional cases which can be seen anywhere not just in our
638 community or in our country... Usually, programme done through them are successful.

639

640 I: What kind of training should be provided to FCHVs? What would be good ...

641

642 P: if the playing and learning is to be combined with nutrition programme for growth and
643 development of children first and foremost trainings should be provided to health post
644 staff. Then those staff will orient FCHVs... then they will orient the mothers group...
645 in this way if all are oriented then they will understand the important of anything we
646 give them either knowledge or materials... It is good to implement the programme after
647 everybody is understand the importance of the programme... otherwise when they have
648 not understood about the importance of such programme then they will not care
649 anything you try to give them... for example if something is given to you, you will not
650 take it if you do not understand its importance but if you do and you like it then you
651 will pick it up ... It is better to do the programme after orientation of the importance of
652 the programme... it will be effective...

653

654 I: You know about the real situation of FCHV here... What kind of training should be
655 provided to them to easily deliver the combined nutrition and stimulation (playing and
656 learning) related programme?

657

658 P: FCHV have been given some kind of the orientation about the nutrition programme.
659 It's not that they have not received any ...now along with this if you add about playing
660 and learning then their package will increase... How much knowledge can you give to
661 one FCHV? What is the situation of FCHV? How much would be appropriate? Some
662 will understand... Out of 36 FCHVs that we have, only 3-4 could be weak or have
663 difficulty in understanding the new contents.... Otherwise, most of them will
664 understand... they can catch the contents well... They are volunteers so accordingly
665 national protocol should be developed... they should consider the level of FCHV and
666 prepare the protocol and accordingly FCHVs will be guided...

667

668 I: You have done many activities and programme with FCHVs. Now based of the current
669 situation of FCHV by which methods it would be good to deliver the combined nutrition
670 and stimulation programme? What would help ... (48:18)

671

672 P: One is theoretical aspect... there are things which require understand ... like if you do
673 this, this is happened ... there are certain ways to do activities ... that is the theoretical
674 aspect ... second is demonstration can also be used to teach.

675

676 I: Like what?
677

678 P: For example, what methods can be used to play with children to keep them happy?
679 There are many methods that can be used in teaching as well... there are many ways to
680 play with a child... for example, making the child run or give them something they like
681 ... there are many things ... like how they should feed ... all these factors are in some or
682 the other ways related to child growth and development ... these all things should be
683 shown through demonstration ... like showing if you do this, this will happen ... so in
684 this way ... and another is the theoretical method inform them that 80% of the child's
685 brain development occur within first two years of life. Information about the
686 programme must be provided in both theoretical ... then the informative training must
687 be given using a practical method ... this would be more effective.
688

689 I: Would it be effective by theory or
690

691 P: No ... demonstration would be good ...
692

693 I: Why demonstration method will be good? (49:39)
694

695 P: Let me tell you a simple example. To teach about preparation of oral rehydration
696 solution. There is a difference in theory knowledge and show them through
697 demonstration... Instead of verbally talking about it if I show them by opening the
698 packet and mixing in the water Or talking about inserting a cannula. We learnt
699 various steps involved in it ... but how much ever we read if we do not implement those
700 steps in practical then there is no use... there is a saying learning by doing is the best
701 process... learning by observation is not effective ... there is high chances that they will
702 forget things... but leaning by demonstration is one of the best methods of learning... I
703 have seen in the government exam as well (Lok sewa) they had asked what is the best
704 method of learning and the answer was demonstration...
705

706 I: Can you give me an example of any programme from the health post in which mothers
707 group via FCHV had helped to take it to the community?
708

709 P: For example, we had taught about how to prepare a *litto* (*fortified grain flour*) ... in that
710 instead of reading the process of preparing the *litto* we demonstrated the process step
711 by step we showed them by preparing *litto* ... everyone learned well ... I found it to be
712 effective ... Many people learned to prepare *litto* in that way...

713

714 I: So, you demonstrated preparation of *litto*.

715

716 P: Yes.

717

718 I: We have FCHVs ... you take support from them. What should be done for FCHVs to
719 receive their continual support? Or we can get their help...

720

721 P: In some places, FCHVs are in the post just for the money ... they are FCHV just by
722 name ... they will attend only when allowances are provided. If there are no allowances,
723 then they will not come. In many places, there are some who do a very good job despite
724 of not get anything (free of cost). Now chairperson of our rural municipality has been
725 playing a very positive role because he has provided monthly allowances of NPR 2500
726 to each FCHV. This is not done anywhere else in Nepal. You will not find this anywhere
727 else... there could be exceptional in one or two places... because they have added this
728 monthly in some way this had motivated ... because we make them work for four days
729 a week...One day at outreach clinic, one day at mothers group meeting, in the
730 immunisation and one day at health post for the submission of monthly report ... Before
731 it was NPR 2000 later NPR 500 was added with a concept of giving NPR 500 per day...
732 So now the immunization programme which must happen... they come... if there is
733 programme in outreach clinic, they come... the run mothers' group... in this way this
734 has some positive effect... compared to before, now the way they are working... for
735 their hard work we provide them allowances... If Nepal government would bring some
736 similar strategies ... either 500 or 1000 or 2000 rupees, then it would have been better...

737

738 I: When taking the combine nutrition and play and learning related programme to the
739 community what would be the role of FCHVs? What is their capacity?

740

741 P: We know about their current capacity...Their understanding will depend on the way
742 they will be trained. Before this we had provided training for SAM ... that this is how

743 the upper arm should be measured... etc. It could be that many of them may have
744 forgotten already. So, time to time basic training I provided to them which is fine. But
745 along with that refresher training also must be given time to time. If after the basic
746 training, refresher is provided every six months or once a year then if there are any
747 additional contents then they could be added to the refresher trainings... This will also
748 help to update their knowledge. Along with that they are getting some remuneration
749 as well. So, if we do in this way... it will be good...

750

751 I: Must add remuneration?

752

753 P: Yes, remuneration must be added ... basic training must be given, and time-to-time
754 refresher training must be provided....

755

756 I: What would be appropriate medium for refresher training?

757

758 P: Any new programme is operated from the district health department. Health department
759 will manage types of training that are required... who should be mobilised for the
760 training... who should be appointed for the training ...

761

762 I: Could there be any difficulties or challenges to run the programme through FCHVs?

763

764 P: Like I said through FCHV. First regarding any programme, health post staff then,
765 FCHVs and then women's group must be oriented and then take it to the community.
766 Through this channel... I am not saying that FCHVs are the one who will run the
767 programme because FCHV have less capacity to understand on their own. A weak
768 person cannot explain or teach others well. Isn't it? It is fine in terms of mothers
769 group... but if we talk about taking the programme to the community then the health
770 staff must be mobilised... Mothers group must be regulated but along with that we must
771 reach the community as well.

772

773 I: You look at FCHV as a helper or in another way?

774

775 P: Yes, FCHV as a helper...

776

777 I: To run a programme initially who support is needed?
778

779 P: To run a programme support from health post is required.
780

781 I: Why from health post?
782

783 P: We need support from health post because now there is an increased workload in health
784 departments, but the required number of employees are not added. That's why health
785 division cannot look everything. They cannot work. That is why support from other
786 health post must be taken.
787

788 I: What do you mean when you say health post.
789

790 P: Health post including its staff CMA, HA, ANM. Based on the needs and their roles
791 ... whoever is needed, help must be taken to run the programme.
792

793 I: Help must be taken from them...
794

795 P: Yes, must run the programme through their support ...
796

797 I: You said that FCHV are the best medium to take the programme to the community...
798

799 P: Yes, through the health post then FCHV and then mothers' group and then to the
800 community...But to run the programme in the community health post staff must be
801 present along with the FCHV. FCHV should do the work of identifying who should be
802 included in the programme, which household has children etc, but staff from health post
803 must run the programme in the community...
804

805 I: Along with the FCHV ...

806 P: Yes along with the FCHVs... if there are any programme that needs to be done in the
807 community then FCHV plays a good role... who need to participate in the programme...
808 which household has children... which household has pregnant women... she knows all
809 so FCHV must be there when programme is being regulated... but FCHV do not have

810 the understanding of the knowledge and ability to explain it to others like a health staff..
811 that is why along with FCHV health post staff must be mobilised...
812

813 I: Which staff or who should be present for good effect...
814

815 P: According to the current work system, old generation cannot work like the new
816 generation. New generations are very aggressive and have interested in their work....
817 Old generation could have been affected to due to different reasons either due to their
818 pressure of household conducts or responsibilities or due to their health. With age the
819 capacity also declines... this is human nature... The new generation staff nurse, health
820 Assistants are active and enthusiastic... If they are provided with an opportunity that
821 will have positive effect on programme. If the new generation are prioritised and
822 provided with the opportunities, then they can deliver good work...
823

824 I: Opportunity must be provided...
825

826 P: Yes ... unless they are provided with an opportunity, they will not understand the skills
827 and qualities they have... when the new generation are provided with an opportunity,
828 they will understand their value... But I am not trying to say that all old generation staff
829 are not active or enthusiastic. But many old generations people due to many issues they
830 cannot deliver the work they are supposed to... that is why new generation must be
831 mobilised...
832

833 I: Addition of play and learning related programme in the nutrition programme could also
834 bring changes in the roles of existing health post staff. How should that be managed?
835 How can that be taken as a challenge? (58:39)
836

837 P: I don't think it would be that new for them. They compete in *Loksewa* (government
838 exam) to become a government staff. They must have passed due to good theoretical
839 knowledge. Because if your practical is good but your theoretical knowledge is not
840 good then it is very difficult to pass the exam ... everyone knows this ... that is why
841 everyone would have a good theoretical knowledge ... They all would have studies the
842 basic courses. But to do any programme they will require a TOT (Training of Trainers)
843 Training. So, there will not be anything new to give them this training. but what I feel

844 is ... what is the positive things here is ... tomorrow that person can fall under our
845 target group. If we teach the new generation then there could be a new couple, they
846 could have a baby in their house if they the one who are teaching these things in the
847 community then that will also have positive effect in their house as well so they can
848 teach their own child ... so this will benefit him and benefit others too... and someone
849 new who have just finished their education ... for example ... there are others ... My
850 theoretical knowledge is also good ... I am also the topper from my batch ... I had
851 studied 6 years, 7 years ago... and I find great difference between the knowledge then
852 and now ... I have forgotten many terminologies ... someone who has recently
853 completed their studies, their knowledge on the terminologies and speech will be
854 different ... that is why ... New generation would have just completed their education
855 so they will also have more skills to teach others ... because I used to teach before but
856 now, I have left ... there will be difference between the new and old generation ... I
857 think compared to old generation staff; new generation staff can do better... this is what
858 I believe ...

859
860 I: What would be the workload of those staff when play and learning related programme
861 are added to the nutrition programme.

862
863 P: My principle is that a knife will be as sharp as you make it... the more you work
864 stronger you will become... that person who does not work will eventually decline in
865 skills... and they will forget things they used to do... but when you add new
866 responsibilities to that then he will be forced to think about it... for example I am
867 thinking ... “ now the municipality will run a campaign from 23rd of this month... I will
868 need to call and inform all organisations... I will have to do all the preparations.” but
869 see I am here giving interview... I will have mental challenge ... when someone is
870 mentally challenged, they will do some more work... that is why I take it in positively
871 I think work is done better if is some workload.

872
873 I: To run the additional programme what kind of problem could be there for the health
874 workers and FCHVs?

875
876 P: Out of 50 health workers, five could have problems. I cannot say there will not be any
877 problem... It is like in every other field.

878

879 I: What kind of problems can appear?

880

881 P: One problem could be that many could not be interested on the programme. Like I
882 said... all the staff who have been posted in government work they have passed an exam
883 so there is no doubt in their knowledge and capability... it depends on how much
884 interested those people are ... many may not have any interest at all ... Some may not
885 have interest to provide trainings or teach. People may not give time to the programme
886 due to their involvement in various other things... some may be doing some other
887 business as well... But many will be doing well and think well.

888

889 I: Who could be the best person to help FCHVs?

890

891 P: New generation staff nurse, health assistant would be good for support than the old
892 generation. They work ... I am not saying old generation don't work... but they are
893 engaged with other personal responsibilities as well so they won't be able to give more
894 time...that is why the newly employed HA, Staff nurse, ANM... they all have good
895 education and can provide good training... staff nurse, ANM can be taken as a
896 supporter... they can give suggestion... and they can be involved in field related
897 activities as well ...

898

899 I: How much support staff nurse, H.A. can provide?

900

901 P: According to the current health structure, Health Assistant are in the higher level. There
902 is no post for the medical officer and even if there is one, also we cannot tell medical
903 officer to explain and teach in the mother's group... it is not in the system as well...

904

905 I: So, who can do it then?

906

907 P: HA, Staff nurse, CMA, ANM can teach. They can provide trainings.

908

909 I: For nutrition and playing, learning programme whose participation is necessary in the
910 mothers group? Whose participation can help in the success of the programme.
911 (1:04:10)

912

913 P: talking about mothers' group ... these groups already exist in the community... they are
914 already formed... We can invite other people to participate in that group ... regular 20
915 members will be there. The existing mother groups members will be there... and
916 through health education other people from the community can also be called to
917 participate in the programme. But those others participating cannot be the part of the
918 mothers group... mothers' group is separate... community is separate... first the
919 programme must be taken to the mother's group and then to the rest of the community.

920

921 I: Who should be present in that?

922

923 P: I told you mothers group is an institution formed with community people.

924

925 I: How much effect would it have to learn and teach about such programme? (1:04:582)

926

927 P: It has a very good effect ... So that is what I am saying ... Twenty mothers in the
928 mother's group are from this community ... right ... so, members are from the same
929 community ... so, some mother from the group could have a child from the target age
930 group; some members could have brother-in-law, sister-in-law with a child in their
931 house; some members could have some other family members with children below five
932 years... so to calculate ... Participation of 20 mothers in a mother's group is equal to
933 the participation of 20 houses. Those 20 houses can have a child so they will come their
934 houses ... but besides their own house if they can teach, explain, or suggest at least one
935 another person from another house then that would cover another 20 houses. A
936 Community visit is needed for those who are missed.

937

938 I: Regarding this everyone may not have children below three years. Some could have
939 children three years six months old. How could we include those in this programme?
940 How can we include people from the houses scattered in the ward in the mothers group?
941 (1:05:32)

942

943 P: Mothers group is an institution where interested female who can give time gather on
944 monthly basis without any allowances, without any snacks. Every person cannot give
945 time. For the welfare of the community, those who can spare some time and are

946 interested to take the service from the government ... they sit in the mothers group. This
 947 is the strategy of the group. But sometimes this can be interpreted differently, and they
 948 could misuse the group. But usually, it could a member form one household or from
 949 the other house... not everyone from the community will fall in the mothers group... for
 950 rest of the community the group members will demonstrate...

951

952 I: So, we need to include other people from the community ...

953

954 P: Yes ... we need to include others

955

956 I: So, should they make a separate group?

957

958 P: They should be provided a separate orientation ... for the community people...

959

960 I: In which way should it be provided?

961

962 P: First FCHVs must be provided... then should be provided to the mothers group... and
 963 for the rest of the target group people from the community, FCHV should provide them
 964 orientation...FCHV should be instructed about the number of people they need to orient
 965 about the programme. then we can run the programme. (Research reflection: he is
 966 saying that the group can be used to spread the knowledge about the programme – what
 967 it is about... then the programme can be taken to the community... he is talking about a
 968 step before the implementation of the programme.)

969

970 I: Remaining left out should be oriented by FCHVs...

971

972 P: Yes.

973

974 I: What can be done to motivate FCHVs and health post staffs to run the programme
 975 successfully? How can they be made enthusiastic due to which it will be easy to do the
 976 programme? Or let's say how to motivate them?

977

978 P: Everyone should be motivated for this... For the motivation education is needed. We
 979 must explain the importance of the programme "Through this programme these are

980 the benefits... in this way we must explain the importance of the programme... to
 981 explain the importance of the programme orientation is needed... Orientation must be
 982 provided in a sequential manner. First to the head of the health department, ... then to
 983 the health post incharge ... then other workers from the health post ... then FCHVs and
 984 then the mothers group. After this then must be taken to the community. This is how it
 985 should be done...

986

987 I: With additional programme there will be additional workload. How can or what can
 988 be done to encourage health works and FCHVs to facilitate easy running of the
 989 programme? (1:08:27)

990

991 P: So far arrangement or practice is that in any programme from the Nepal government or
 992 from any other Donor... as a travel expense something is always provided to the health
 993 workers... so it won't be much difficult... If there is provision of travel expenses or
 994 snack expenses, then participation is obvious. They will participate in the programme
 995 with excitement when they receive some incentives ... they will be happy to
 996 participate...and that will help in success of the programme.

997

998 I: But still do you see any barrier, challenges?

999

1000 P: There could be some exceptional cases who might think... "It is their job to run their
 1001 programme for their benefit" or "it is their job that is why they are here". While some
 1002 might have such kinds of thought, they must be ignored and do the programme.
 1003 Currently we have a local government ... We have ward chairperson, ward members,
 1004 FCHVs, mother's group ... If there is any problem, then it could be resolved through
 1005 their support. Right now, we have a channel. Any barriers could be tackled through this
 1006 channel. Some small issues must be left behind to move forward.

1007

1008 I: Programme implementation could be made easy by providing travel expenses to them
 1009 but there could be other difficulties?

1010

1011 P: I don't think there could be any such difficulties. Maybe it won't come...

1012

1013 I: How does the reporting take place? How is the monitoring done?

1014

1015 P: In terms of reporting, the main objectives for the current nutrition programme includes
1016 reporting the number of undernourished and the number of nourished children. But the
1017 most important is how many children are undernourished. Recently 9.3% have been
1018 reported to be undernourished in our community. We have a reporting format in which
1019 the number of households in the green category, number of households in yellow
1020 category and number of households in red category are collected ... this report comes
1021 from FCHVs. They visit the community and observe each case. When the programme
1022 comes... new things could be added to this format... So FCHV can collect this additional
1023 information too along with the nutritional related information ... along with the
1024 nourished children how many families play with their children... how many households
1025 do not have toys. We could also use colour coding. How many households in green
1026 category were children played with... how many houses within the yellow category
1027 children were played with or have toys... how many households do not have toys...
1028 similar questions can be added to the reporting form, do the reporting, and separate the
1029 categories for children who were undernourished and who were not played with....

1030

1031 I: You have done may programme through FCHVs. Now after addition of the new
1032 programme what kind of problem could be there?

1033

1034 P: There won't be any problem.

1035

1036 I: Why do you think there will not be any problem?

1037

1038 P: There won't be problem because they do the reporting now too. This many households
1039 in the green category ... this many in yellow and this many in red... There is not much
1040 that needs to be added to this... Along with the green category, how many houses have
1041 baby friendly environment? That is all we need to add. If they have to go for the data,
1042 then they will observe and understand that and only somewhere they need to ask. I don't
1043 think there will be much problem.

1044

1045 I: Whose support is needed to bring this programme to the community?

1046

1047 P: First of all, a permission must be taken with the Nepal government to run any kind of
 1048 programme. Nepal has its constitution. In that constitution we must have the
 1049 permission stating that the nutrition programme and playing and learning activities
 1050 must be provided to the children ...There must be a written permission a combined
 1051 programme. Once this has been legally approved, Nepal government has its own
 1052 channel. There is a federal, province, district... local government and health post... this
 1053 is the channel. It must be done this way.
 1054

1055 I: What could be the role of the ward office (*wada karyalaya*)?
 1056

1057 P: Once the programme is approved form the Nepal government, ward office cannot
 1058 ignore the programme
 1059

1060 I: This was about bringing the programme, now whose support in needed for the
 1061 implementation of the programme?
 1062

1063 P: Ward office can support for the implementation of the programme. Ward office can
 1064 also support for data collection. There are some households who do not listen to anyone
 1065 for those households... for example we run the immunisation programme, or run some
 1066 other campaign, if someone does not agree to take the service then I cannot retaliate for
 1067 that, but we do have a channel... we could do through the ward office... they can
 1068 convince people... Ward office will coordinate there. If anyone interrupts or does not
 1069 support or if there are any unexpected difficulties, then we must take the support from
 1070 the local system.
 1071

1072 I: Support can be taken from the local system, ward office...
 1073

1074 P: Yeah... can be taken...
 1075

1076 I: Do you have any example of receiving such support from the local system?
 1077

1078 P: Yes, they have supported us. It's not that they have not supported at all. I will give you
 1079 a simple example. From 23rd of this month, Corona vaccination campaign will begin ...
 1080 the vaccine will be provided for 55 years above people. After vaccination some might

1081 experience body ache, headache.... I also had some symptoms. Some might have pain
1082 in their hand... There are all types of people in the community... they can come to fight
1083 with us due to these reasons. Those who came for the vaccination... they can complain...
1084 “ I got the vaccine, and this happened...” If someone suddenly dies due to some other
1085 reason than they will say it is due to vaccine... In such situations the local system helps
1086 or will help. It is their responsibility, and they are doing as well... Before this there was
1087 a polio campaign... we do vitamin A campaign ... provide anti-parasite medicine... or
1088 be any school programme ward office have been coordinating and facilitating to make
1089 this better.

1090

1091 I: Based on all this you are saying that support will be provided?

1092

1093 P: Yes.

1094

1095 I: Now let's talk about some financial resources. You said that they will be motivated to
1096 run the programme if there is some provision of allowances. How can be the budget
1097 allocated for this? (1:14:49)

1098

1099 P: regarding budget it is like this... if the Nepal government makes a policy that along with
1100 the nutrition, playing and learning related programme is also needed then they will think
1101 about it ... they will plan guidelines in detail ... they might take support from the donor
1102 agency as well... if it is written in Nepali constitution that for children growth and
1103 development a combined programme is needed and what should be done for that.. then
1104 the programme will become a priority then they will manage...once it is in Nepal's
1105 policy then implementation will also happen... in the implementation there should be
1106 orientation and playing materials should be provided... they will do all these kinds of
1107 management ... local government can also provide some in case it is not enough. They
1108 can provide...

1109

1110 I: What should be the role of the local government?

1111

1112 P: For the ongoing programmes, the federal government allocates a lump sum budget,
1113 which in many cases could be insufficient. As an alternative local government must
1114 add. Here are five health system institutions. Federal government has separated NPR

1115 10 Lakhs for the distribution of 52 medicines free of cost. But the money was not
1116 enough so as an alternative local government was told to separate some budget for this,
1117 and they separated some budget as well. This is how we manage. Federal government
1118 has provided NPR 10 Lakhs for the purchase of medicines but according to our service
1119 this is not enough to buy iron tablets and paracetamol. But local government is there as
1120 an alternative, and they have been doing as well.

1121

1122 I: To bring this programme, from the grassroot level how should it come?

1123

1124 P: For this... for example we review the nutrition programme. During that as a remark, or
1125 advice, or suggestion we can write that this programme can be done in this way... this
1126 will be good or combining playing and learning activities with nutrition programme
1127 will have this effect... it will be good. This is what we can do... we cannot give any
1128 guidelines. We can only give one suggestion... that if combined programme will be
1129 implemented then it will be good for child's development. Implementation related
1130 responsibility is related to the upper-level system. If we get an opportunity, then we
1131 will write for combining playing and learning activities with nutrition programme.

1132

1133 I: You are saying this based on our research and talks... How can we deliver this
1134 programme through the grass root level? (1:17:29)

1135

1136 P: Grass root level means what ... it is mothers' group and FCHVs. But mothers' group
1137 do not have the capacity to think to that extend. ...They don't have that much
1138 knowledge. To speak the truth ... If we tell them and then ask them to speak then that
1139 is one thing... they cannot tell on their own... they don't have that knowledge... we
1140 cannot just dream about this ... but what is their habit, what is their reality and their
1141 status in the reality ... we must consider this to work there ... If you put this thing in the
1142 plan, it does not have weight... I mean that is the reality ... we find it difficult to talk
1143 about policy making ... we need to read books and all, but we find it difficult to think
1144 about a work... in mothers' group there are people from the village and community we
1145 cannot imagine that they can talk about such things ... It will be difficult for them.

1146

1147

1148 I: What kind of barriers can come to run this programme?

1149

1150 P: In any programme there could be difficulties. We cannot say there won't be any. None
1151 of the programmes in Nepal are free from barriers. May be there is no such in the whole
1152 world... Challenges can come in any kind of work. There could be both positive and
1153 negative. There could be problem in doing this programme as well. When doing
1154 programmes in the community like mass education ... some can say," they have come
1155 for their own interest, they have come for their work, they have come to earn their
1156 salary... it's okay to not go there ... why should we go". Some people will have such
1157 negative feelings... which will also affect the person who is conducting the
1158 programme...

1159

1160 I: What more... can you say...

1161

1162 P: Likewise... some people will say... "they are working for themselves... we should not
1163 go there" ... there are people like this... but we must explain those people... if they do
1164 not understand than participants, we must motivate the participant... We cannot
1165 retaliate. The situation could be similar at the time of COVID vaccination. People have
1166 concept that they should not take vaccination. but we have been told that we must
1167 counsel people about both advantages and disadvantages but don't force them ... we
1168 cannot force them they must give the consent... We will tell, teach, counsel about the
1169 vaccine, about its benefit and harms but it is their right whether they want it or not. If
1170 they don't want, then it is their right to say no. We cannot force them.

1171

1172 I: Lets go little further now... let's say that the combined nutrition and stimulation
1173 programme is coming now... what kind of barriers could come?

1174

1175 P: Talking about barrier there will be some ... there could be some barriers which could
1176 play a negative role...

1177

1178 I: What kind of negative thoughts are you trying to say?

1179

1180 P: they think that we will digest (*pachaune*) the money ... While doing any programme in
1181 the community there are people who think, "a budget of NPR one lakh has come for
1182 the project, but they are spending NPR 10 thousand only". The do not know what the

1183 truth is. How budget is allocated ... They might spread such false news. Talking about
1184 this programme, federal government could provide us budget, but local government has
1185 the responsibility of buying the toys... I am trying to give an example ... let's say the
1186 programme has come... Many people's attention could be at the money rather than at
1187 work. "this happened... that happened... allocated money was this much but they spend
1188 this little."

1189

1190 I: They could be talking such things...

1191

1192 P: They could have negative thoughts... these things can happen in any programme...but
1193 this programme is not like the covid vaccine... there will be less chance of violence
1194 here... this is about giving people... it is a good thing... beneficial for people... Nutrition
1195 is an ongoing programme and addition of playing and learning activities, I don't think
1196 there could be any barriers.

1197

1198 I: What could be the challenges to include everyone in this programme?

1199

1200 P: For the management of the programme, if adequate budget has been managed then it
1201 won't be difficult to include everyone. If we do not get adequate funds, then the
1202 programme must be done for the certain target group. Whether to target the Dalit caste
1203 group or Janjati and may be exclude the Yadavs etc. through this challenges can be
1204 reduced... Let's say if we need to do orientation then where there are 100 people,
1205 orientation can be done for 20 people only... or another alternative must be looked for...
1206 we must make some plans...

1207

1208 I: What kind of plans ...

1209

1210 P: For example, lets select a target group ... let's say between 20 to 30 years old females
1211 can only participate. or say only the Dalit females can participate... or may be only
1212 Janjati can participate... when you select this target group automatically others will step
1213 back... we need to think about the situation... it depends on who is running the
1214 programme... they should manage according to the situation. but I don't think there will
1215 be many obstacles... government programmes are currently being implemented, they

1216 only need to add more word to it... that along with the nutrition they need to add
1217 play and learning... I think this will go well...

1218

1219 I: What would make the participation convenient? (1:23:29)

1220

1221 P: What will make easy is that ... nutrition programme is ongoing. Many people are
1222 benefiting from this. Another thing is that other people won't be conscious and
1223 responsible for children as their mothers are. When any programme related to children
1224 are introduced mothers will be active and excited and they will attend the programme.
1225 In this way it will facilitate running the programme easily. I think so.

1226

1227 I: You said good things. As a coordinator, what would be your role in the programme?

1228

1229 P: what I can do is ... There are two things. Firstly, if the programme is approved from
1230 the federal government, then I can support in effective implementation of the
1231 programme... secondly, if the programme is not approved then I will raise my voice to
1232 increase awareness at the local government level so that they can take the suggestions
1233 to the upper level ... in these things I can have a positive role. If the programme is
1234 approved from the federal level, like other programmes, to run it effectively, my role
1235 would be to coordinate between health workers, FCHV and mothers' groups. If the
1236 programme is not approved, then in the monthly and yearly review and report of the
1237 nutrition programme I could add suggestions and explanations about the effect of
1238 adding playing and learning programme and its benefits. I could try to send suggestion
1239 to the local system so that they can initiate conversation with the federal level....

1240

1241 I: Females from the Muslim community find it difficult to attend the programme in the
1242 mothers group meeting. Similarly, females under first three years of their marriage also
1243 do not find it easy to participate. What can be done to remove this barrier?

1244

1245 P: This situation was prominent in the past but not anymore.... now this has reduced a lot.
1246 This programme is about the children under three years old not about the mothers... A
1247 newly married women will have their first born after 22-3 years and by the time the
1248 child is 2-3 years it would have been five years of their marriage. so, they will not be
1249 newlywed....so marriage duration may not be the problem. Some might have a

1250 problem... it's not that there isn't ... In such difficult time, mother-in-law could be
1251 made to participate.... her elder sister-in-law could participate, or other member of the
1252 family could participate... we need to explain them... we need to convince them. In
1253 this way we can manage this situation.

1254

1255 I: Now let's talk about the sustainability of the programme. You have operated similar
1256 different programme. You have been doing them... Similarly, what can be done doe
1257 the sustainability of this programme?

1258

1259 P: If the output of the programme is good then it can be sustainable. If Nepal government
1260 runs a programme and the effect or output of the programme is good but later, even
1261 when they leave the programme, the local government can continue. This kind of
1262 programme is an ongoing programme. In days to come nutrition will be there... if the
1263 government discontinue the programme after five years even then play related
1264 messages will be conveyed to the community people. Once people learn about the
1265 importance and benefit of the programme, once they are used to it, the programme will
1266 continue... all the policy they make, programmes they make ... implementation is done
1267 in the community... once the programme implementation begins for 4-5 years there will
1268 not be any difficulties... but if there is any difficulty then we could use strategies... for
1269 example... At the beginning of the programme, full budget and the financial
1270 management should be done by the federal government...after 4-5 years of the
1271 programme federal government and the local government can contribute 50-50% of
1272 budget to (1:27:03) run the programme. This will reduce the financial pressure at the
1273 federal level... After all it is all government money...whether local or federal... First
1274 the federal government should run the programme. If the output of the programme is
1275 good, then slowly the participation of the federal government should be decreased and
1276 should be handed over to the local government for the sustainability of the programme.
1277 But if the government alone cannot handle the programme then for the sustainability of
1278 the programme collaboration with the various donor institutions and NGO and INGO
1279 like, UNICEF, Save the Children ... they have also been supporting the nutrition related
1280 programmes ... government can collaborate with them to run the programme... this can
1281 also contribute to the programme sustainability.

1282

1283 I: What kind of strategies should be in place for the continuity and sustainability of the
1284 programme? (1:28:05)

1285

1286 P: I have talked about these strategies before as well... for example ... Once the
1287 programme comes, health workers must be oriented, then FCHVs and then the mothers
1288 group and then take it to the community. When the programme follows this channel,
1289 then there could be changes in the community, but the mother's group will remain the
1290 same... FCHV will be same... staff will be same ... if the staff is transferred to another
1291 place, new staff will also be oriented... that is also qualified for us. Once everyone is
1292 oriented then it will not be difficult because we use the same strategy in the nutrition
1293 programme as well. There will be one nutrition focal person. If the focal person is sick
1294 or is on leave or goes on a training as a substitute other 2-3 staff are also provided with
1295 the training so that the programme does not get affected... so that people will not be
1296 deprived of the services just because of the absence of one person ... We should make
1297 similar strategies for play and learning programme. There is no question of having a
1298 problem here ... because one is that if we combine play related programme, then it
1299 would be a refresher training for those who have already received training on nutrition
1300 and second thing is if we are including play and learning in this then the nutrition
1301 programme is an ongoing programme so there will be no difficulties in combining these
1302 two. It will go well.

1303

1304 I: How much important would be monitoring?

1305

1306 P: Monitoring is important in every programme. I read in news somewhere Nepal comes
1307 first in corruption. Due to this it is difficult...it could be true... I don't know if this is
1308 true or not... may be everything is not corrupted but there are some corruptions
1309 happening within the system... suppose you gave us the money to give it to the mothers
1310 group... so if we handover those money to FCHV then if we do not monitor whether
1311 she gave money or not then how will we know whether she gave the money to the group
1312 or not... whether they have just completed the process in the paper or they have actually
1313 done as well... how will we know... we need to monitor these things ... Nepal is counted
1314 as a corrupted country. There must be a monitoring process. Some allowances and
1315 facility must be arranged for the person monitoring the programme as well from the
1316 municipality... otherwise no one will visit for monitoring on their own expense... these

1317 things must be looked after... Financial aspect for monitoring must be considered as
 1318 well...

1319

1320 I: In monitoring ...

1321 P: When we talk about monitoring budget is also needed...if there is some monitoring
 1322 related activities planned then some budgeting must be allocated for it ..

1323 I: Monitoring should be done by the health division or there should be others too?
 1324

1325 P: Yes, health division should do the monitoring... local government also have some
 1326 responsibility because local government includes Meyer, vice-secretary, other staff
 1327 from the municipality, and at district level we (health coordinator). A local team for the
 1328 district must be prepared including these people and leaders... then the monitoring
 1329 system would be effective.

1330

1331 I: How would you monitor the reports that comes from the grass root level?
 1332

1333 P: There could be a lot of errors or duplication in the reports that are received from the
 1334 grassroot level... if they have reported whatever they feel like writing instead of the
 1335 actual data then they can be easily get caught. For example, based on population and
 1336 households... if the number of households under a FCHV is 50 but if she shows more
 1337 than 100 number of children under two years age in the report then she is wrong and
 1338 gets caught. Based on the population census... there could be 12.5% population above
 1339 55 years age in Nepal so in this district there could be 11% or 13% but it cannot be 5%
 1340 or 25%... based on the average data we can separate right and wrong. Person responsible
 1341 for monitoring should use their brain... use their logic... I can quickly catch if someone
 1342 is reporting wrong. I can catch them 100%. I find out weakness in wrong reporting and
 1343 catch them.

1344

1345 I: What kind of role does the community play for this programme?
 1346

1347 P: Support from the community and citizens is required in any of the programme...local
 1348 government, community, health post staff, FCHVs, mothers' group, ... everyone
 1349 support is needed. In a programme, while doing meetings and gathering if the
 1350 community people do not take the programme positively then no one will attend, they

1351 do not listen and understand ... programme will not be successful. Community plays
1352 an important role.

1353

1354 I: Who play main role from the community?

1355

1356 P: In the community ... every household member must be responsible. Guardians from
1357 each household must be responsible. A mother with a child less than three years might
1358 want to attend the programme but if her guardian does not allow then she won't be able
1359 to do. That is why everybody plays a role. That's why all guardians must be well
1360 motivated... one member in the house may be interested but if the owner of the house
1361 (household head) is not interested then everyone will be deprived of the knowledge. So,
1362 the guardian must be well oriented about the programme and their support must be
1363 taken...

1364

1365 I: First whose support must be taken from the community? Guardians from the house,
1366 right?

1367

1368 P: To talk about support, once the programme has reached mothers group... at local level
1369 there is local government ... its system has ward chairperson, ward members ...
1370 coordination must be done with them about the programme. After that FCHV will
1371 inform all the mothers of the target group that is mothers with children less than three
1372 years... if they visit every one's house then actual data will come ... Who wants to
1373 participate and who does not want to participate. After collecting and analysis of data
1374 on who does not allow to go in the household, if necessary, we can take support from
1375 the local leaders for coordination ... this can be done in the very beginning of the
1376 programme... but we do not need to do this for everyone in the community... only those
1377 people who may interfere in participation in the programme ...

1378

1379 I: Who will interfere?

1380

1381 P: there could be some people in the community who are fixed in their principles, and they
1382 do not follow instructions... some could have personal anger issues... there could be
1383 some people who will support the community, and some will not... those who do not

1384 support will be coordinated with ward chairperson so that they will also support the
 1385 programme ...
 1386

1387 I: What needs to be done to facilitate the participation of the interested community
 1388 people?
 1389

1390 P: Mother groups are conducted on a regular basis even today. We must give information
 1391 in the mothers group that playing, and learning is equally important as nutrition. That
 1392 information will reach to the grass root level through them. And in days to come if this
 1393 programme is functional then the target population from the community will easily
 1394 participate.
 1395

1396 I: What should community people do to come to the mothers group? How can we make
 1397 them interested?
 1398

1399 P: mothers' group must be held monthly ... we staff should inform in that meeting that
 1400 along with nutrition, playing and learning activities are also equally for important for
 1401 children ... that they should focus on playing and learning too... If they have this
 1402 concept from early on, then later it will be easy. It should go through the health staff.
 1403

1404 I: So far you have provided us with lot of information. Thank you for that. Do you have
 1405 anything that you wanted to say?
 1406

1407 P: I would like to respect the recommendation from WHO about combined nutritional and
 1408 play and learning programme. This is a very good recommendation for the growth and
 1409 development of children. This is important. Implementation of this programme will
 1410 have positive effect on the community.
 1411

1412 I: So far in the conversation we had with you said that in the community Golden 1000
 1413 days programme is ongoing.... Within these children are regularly measured... through
 1414 these undernourished and nourished children are identified... these children are being
 1415 treated though health pot staff, FCHV, mothers' group and outreach clinic, data is
 1416 collected, and problem are solved... this is how the programme on nutrition is
 1417 happening. There is no such programme targeting development of children. According

1418 to WHO recommendation combining nutrition and playing and learning programme
1419 improves to growth and development of children is a good thing... for this the
1420 community could be very positive and excited.... For this through the channel first
1421 federal government, local government, health institution, FCHVS, mothers' group and
1422 then to the target population in the community ... there could be some negative
1423 thoughts in this too... the programme has come for the self-interest, allowances...
1424 people could say things like this. to make the programme easy and exciting meeting,
1425 allowances, training should be managed. To make the programme exciting and active
1426 health staff, FCHVs participating mothers' group should be provided with allowances,
1427 or some sort of facility must be provided to make the programme implementation easy
1428 and effective. To teach and observe FCHVs and mother group members health staff
1429 play an important role. At least one health post staff must be well trained who could
1430 make the FCHV competent... programme should be taken to the community through
1431 the mother's group and the left-out ones should be approached at their home to include
1432 them in the programme. Or the left-out community people could be gathered in a
1433 separate meeting to include their participation in the programme. Mothers group play
1434 an important role to take the programme to the grassroot level.

1435

1436 I: We did an FGD with committee people... Many of the responses were burdened on the
1437 financial aspect. Everyone talked about additional allowances. If there is an additional
1438 programme to the ongoing governmental programme, they say that what they are being
1439 provided now is not enough... need of financial resources for the management....

1440

1441 P: that is there... there is a criteria of Nepal government that when programme is done at
1442 local level, they cannot give more than NPR 700 with 15% reduction of tax. Nepal
1443 government has a rule for the limit of expenditure of the budget... we cannot go outside
1444 that. If playing and learning programme is added with nutrition, then we cannot give
1445 NPR 1400 instead of NPR 700. We must work within the rules for the budget limit.
1446 Allowances cannot be more than NPR 700. This will be allocated from the government
1447 as per their policy... we cannot provide separate allowances a from local government ...

1448

1449 I: We talked about adding stimulation programme to the nutrition programme... which
1450 programme would be suitable for combining?

1451

1452 P: We have the nutrition programme. Searching for SAM and MAM cases and monitoring
1453 them. We review them on yearly and quarterly basis. There is a separate nutrition
1454 programme. It is best to add the stimulation programme in the nutrition programme by
1455 Nepal government.

1456

1457 I: We talked a lot about play materials. We need toys if we are talking about teaching
1458 how to play... can we take this forward without giving toys or adding toys to it?

1459

1460 P: Demonstration is a very effective method. We could have alternative. But if we use
1461 demonstration method and in a minimum level if we could provide play materials then
1462 it will make the programme good. If stimulation programme is added to the nutrition
1463 programme without providing any play materials by the government than the local
1464 government could plan something about this. It is good to have them for the
1465 effectiveness of the programme. It is fine if there are no toys, but it won't be that good.

1466

1467 I: Programme will be bland... games should be taught using play materials and without
1468 using play materials...

1469

1470 P: Yes.

1471 I: thank you sir for your time and responses.

1472

1473 **End of the Interview**

1474