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I: Interviewer

P: Participant

Interview duration: 01:40:40

Language in which the interview was conducted: Maithili

Location: Participant's house

Date of the interview: 8 March 2021

I: Let's start! Sir regarding the three years below... Sir are you comfortable to speak in Nepali or Maithili language.

P: In Maithili ...

I: Ok in Maithili ... what are the types of ongoing nutrition related programmes?

P: Nutrition related?

I: Yeah ...

P: There are nutrition related programme from the health post. For children from six to 36 months, they are given Baal vita (Ready-to-Use Therapeutic Food). If they fall in yellow category then they are given Baal vita and if they fall in red category then we have PHC which has outreach clinic centre, we send children there where they are provided with everything they need. In the programme, FCHVs measure the upper arm and take weight measurements of children. What happens then is that if the child falls under the green category, we advise to feed the child for four times a day. If FCHVs doubt that the child is malnourished, then they will refer them to the health post. We will measure arm and weight of the child and cross-check whether FCHVs have actually measured their arm and weight.

Due to poverty milk, yoghurt, green leafy vegetables are not available in every household. Because of that, we talked with the related ward office to coordinate and provide them in equal amounts of especially seeds of leafy and other vegetables. This programme was done especially from this ward number 99. Before the situation of undernutrition was worse. There were undernourished children in my neighbourhood as well. At that time, I did not used to work in this ward. I used to work in another

34 village and did up and down from my home. For those undernourished children in my
35 neighbourhood, I told them to make the Baal vita card from there (previous
36 workplace) and provided them with Baal vita. Many children do not eat Baal vita.
37 Initially, they do not like its taste. FCHVs also cannot explain parents much about it. I
38 tell them, “Feed your child little by little at a time. When doing any kind of work, in
39 the beginning there will be difficulties but later we will benefit from them”. I
40 explained them like this and now children from those families are free from
41 undernutrition and have become stronger. These kinds of programmes are conducted
42 by the health post.

43

44 I: This is about the Baal vita, those children who do not breastfeed anymore, or those
45 who are not fed breast milk, are referred to the health post. What is there in that ward
46 for the children?

47

48 P: Children are provided with readymade food.

49

50 I: Does the health post regularly provide Baal vita to children through FCHVs?

51

52 P: Health post will provide it to FCHVs. They visit each household and measure
53 children and provide them Baal vita in a timely manner.

54

55 I: Beside this programme what are other nutrition related programmes for children
56 below three years age?

57

58 P: For children below three years age ... when providing the programme to children
59 between 6 to 36 months and those below five years age, children below three years
60 are included as well. But there is no specific programme just for children below three
61 years age.

62

63 I: So, for children of those age (below three years) there is Baal vita programme only?

64

65 P: Yes.

66

67 I: On this particular topic, is there any education or counselling programme?

68

69 P: There is no nutrition education or counselling programme from the ward (ward
70 office). When I attend any training, I put this forward that we all sit idle in the health
71 post ... after the formation of the provincial framework there are no activities like
72 before ... there should be some programme related to children and their growth so that
73 we are energetic and active in the health post.

74

75 I: What is the perception of parents and the community regarding programmes on
76 provision of Baal vita, measurement of arms and weight of children. What do they
77 think about this?

78

79 P: They think positive about this. They think it is good that we visit their house to
80 measure and weight their children. But we need to make this better. Sometime
81 FCHVs cannot do the visit regularly. They are unable to regularly fill up the card
82 when the child's length and weight are measured, or in some household children are
83 missed because they are in mothers paternal house or somewhere else. Those children
84 must be called to health post on a regular basis. When FCHVs measure the weight,
85 presence of at least one person either ANM or HA from health post is expected by the
86 community people. When health post staff visit with FCHVs people expect to get
87 more advice and suggestions.

88

89 I: So, these are their desires... What is their perception about the programmes you
90 (health post staff) have conducted? What is their perception towards Baal vita
91 distribution?

92

93 P: We have found that they think that we staff of Nepal government do these
94 programmes in order to finish the budget. But those who understand they would say
95 these programmes are good because organisations such as UNICEF and Save the
96 Children bring such programmes. Before children from country like America used to
97 send money, which they used to save by cutting off their lunch expenses, to our
98 country and other similar countries to construct the drinking water pipelines.
99 Similarly, people who understand they think that programmes like feeding Baal vita is
100 good ... this helps a lot in the brain development of children below two years age. I
101 think those who give advice and suggestions, 80% of them have good perception.

102

103 I: What kind of advice is provided by the remaining 20%? What are their perceptions?

104

105 P: They think that we bring the programme ... provide Baal vita ... tell them to feed
106 their child but later we do not follow up about what happened after feeding the child.
107 On top of that, those who are illiterate think that instead of Baal vita, we should
108 provide them money, foods that children prefer such as instant noodles (*chau chau*),
109 chocolate (choco fun) so that children can eat them easily. We don't give such foods.
110 Health related food must have nutritious quality. Instant noodles and chocolate will
111 degrade children's health.

112

113 I: Oh, their wish is instant noodles and chocolates which are easily liked by children
114 instead of Baal vita?

115

116 P: Yes, they ask for foods that will distract their children.

117

118 I: Who has been helping to regulate Baal vita feeding, height and weight measurement
119 programmes? Who has been helping?

120

121 P: Ministry of health and population is doing this through the health post. Child
122 development division of the Nepal government, UNICEF could also be helping. I
123 don't know much detail about this, but this should fall under the national programme.

124

125 I: Do FCHVs distribute Baal vita by visiting each household or they call them to a
126 particular place? How do they distribute?

127

128 P: They visit each household. At the time of feeding vitamin-A and anti-parasite
129 medicine they visit each household and also measure the child. In large village, they
130 invite people in a main place, in the middle of their locality. Actually, this programme
131 requires visiting each household.

132

133 I: Recently how is this programme being delivered?

134

135 P: But now they gather people from 2-4 household in one place and provide them.
 136 Majority of people say this.
 137

138 I: They invite people from two-four houses at one place and do it...
 139

140 P: Yes, that is how they have been doing.
 141

142 I: Now I want to talk about children's playing and learning.
 143

144 P: Yes, that's ok.
 145

146 I: What are the kinds of games children less than three years play?
 147

148 P: The types of games played by children less than three years includes parents bring
 149 balloon for the children to play, they give red color ghirni, they buy *pi pi* sound
 150 making instrument. For small kids shoes and slippers are given for the feet which
 151 makes sound. Instrument like we call it *Damaru* (*a sound producing toy*) which
 152 makes *dam dam* sound when rolled ... they bring such toys. Children play these kinds
 153 of games usually.
 154

155 I: Three or below three years children play with *Damaru*?
 156

157 P: Yes. They also play with wooden walker (*Rada*- village people make a walker using
 158 wood for children to take the support and walk with it). Some children tie shoes and
 159 slippers with a rope and drag them along. But mainly they play with balloon type
 160 things. In old days children used to play more with wooden materials. Now they are
 161 provided more readymade fancy toys and they play with those. Play more with
 162 balloons.
 163

164 I: What do these children below three years age learn from play?
 165

166 P: Children learn a lot from play. For example, when the child plays with a balloon and
 167 move it up and down it has lot of effect in their brain development. They pay attention
 168 when the *Damaru* makes *tin tin* sound.

169

170 I: What about the toys they can roll?

171

172 P: We can know about the capacity and movement of children hands and legs when we
173 roll the toys. Parents can learn whether their children's hands and legs are fully
174 capable. For example, the sound that comes from the *Damaru* or sound that is
175 produced from little sound-making toys ... wherever the sound comes from children
176 move their attention there. Small children move their head and eyes. But when loud
177 noise is played from the *Dj* (loud music played using large speakers in the village)
178 they do not like those. They cry! We have been seeing in traditional practice that
179 children enjoy and play when small toys make sounds. It also helps to distract the
180 child from mother's milk. Grandfather and grandmother can use such toys to play
181 with the child for five minutes and distract them from their mother.

182

183 I: You said traditional practice, what kind of traditional practice do you think?

184

185 P: Traditional practice like sound-making small toys, the birds voice found around the
186 tree (*Baar*), little sparrow makes voice, those voice which attracts children's
187 attentions. We can see little child paying attention towards such small, sweet sounds,
188 voice.

189

190 I: How much time do parents, father and mother give for their children below three
191 years? What do they do to teach them?

192

193 P: For such children father and mother, especially grandfather, grandmother, aunty etc...
194 in my house I have a small baby. I see that they go near the child and use words such
195 as son (*chora, babu*), daughter (*chori, beti*) to call them, move their hands, lift their
196 legs, tap their back and chest. From such activities the baby will feel that person who
197 loves them is close, and their confidence will build up ... their brain will develop.
198 When a person is close, play with them, call them, child develops attachment. They
199 don't like to go with a person they don't know. They will become stress free, and this
200 will help in their mental and physical development.

201

202 I: Parents, grandfather grandmother etc also play role in child development. How much
203 important do you think playing is for children below three years? What do they learn
204 from games?

205

206 P: You are asking about children below three years, right?

207

208 I: Yes.

209

210 P: Playing is very important. It is like a relationship between nail and muscles. Those
211 children who do not play at all, they stay more in isolation, cry a lot and can go in
212 depression. Slowly they might have a feeling of self-guilty. They can slowly become
213 sick as well, they can become unhealthy. They might not have desire to eat food, may
214 not drink mothers' milk as well. When mother call child can cry instead. Like how a
215 big sports person enjoy in the stadium when they get to play for one-two hours, babies
216 also enjoy when they get to play in their bed. That's why children must play.
217 Otherwise, they will become dumb. This can obstruct their physical and mental
218 growth later. This will also affect their progress in education. The negative effect can
219 occur till their adolescence as well.

220

221 I: What are other effects in children who are deprived of games?

222

223 P: If a child does not get to play from their early age, they can become dumb. A child
224 cannot study whole day in same way. If they get to play for one-two hours in a day,
225 they will become fresh. When children are playing, they will move their hand and legs
226 here and there then their muscles will become strong ... excessive amount of glucose
227 present in the body will also decrease ... they will sweat after they play, then the toxic
228 present in their body will be excreted with the sweat. The child will get tired after
229 they play, after a massage they will sleep well. When a child sleeps well they become
230 stress free and healthier.

231

232 I: In your view, how many parents or father and mother think that playing is important
233 for their children? How is it in the village?

234

235 P: In the village parents are not aware ... very few parents think that children must be
236 involved in games. There are very few parents who play with their child for their
237 health. But unknowingly they play with their child to distract them and to spend time.
238 Even though they do not know the importance of playing, they play with their child.
239 Brothers and sisters play with little baby to distract them or to avoid them from
240 crying, but they do not know the importance of play. Parents play with their child in
241 the traditional way not because they understand its importance that games improve
242 physical and mental development of the child.

243

244 I: In traditional way they play with their kids without understanding its importance?

245

246 P: Yes. They do not understand the important of playing with children, but they play
247 with their kids in traditional way.

248

249 I: Ok. Now I will ask about what are the kind of facilities available for playing. What
250 are the facilities for playing available in the village?

251

252 P: What should I say about the facility ... when in any household if they know that the
253 female is experiencing heavy body (two bodies) (expecting a baby), they carefully
254 (jatanle) keep the play materials of the previous child for the coming newborn ...
255 From the maternal house when mama (mothers' brother) visits or kaka (fathers'
256 brother) visits, whenever they see anything that child can play with or toys, they bring
257 that with them... they give toys found in market ... on birthdays they gift toys.

258

259 I: They gift toys that a small child can play with. But for the growth and development of
260 children, for physical development, which involves playing with children or telling
261 them to play, is there any programme? Or what kind of activities are done? Or What
262 are the facilities available in your village?

263

264 P: For such activities there are no facilities, except for the traditional or practical
265 facilities. For this usage any related authority or ward office have not done any such
266 programme. I frequently tell that at least two categories must be given special
267 attention. One category is aged people, and another is small children. There are many
268 aged people who have become homeless, those who do not have any support. There

269 are many children, who have only one parent at house. They do not have enough to
270 feed themselves, what will they feed the child. Health related people like you and us
271 tell them feed your child well, we tell them to feed four times a day, but we don't see
272 what kind of family he belongs to, what is their status. At least the ward office should
273 have looked into this. Ward should allocate some budget for this. Province
274 government can also do this. There could have been programmes on nutrition, we
275 could combine that in this programme. These little children are our future.

276

277 I: There isn't any such programme?

278

279 P: No, there isn't.

280

281 I: What should be there then... one related to nutrition right?

282

283 P: yes

284

285 I: What should be there for children growth and development, play related
286 development? According to you what should be there?

287

288 P: For example, one ANM should be appointed from the ward level. Their work must be
289 decided, and they could be appointed to give a minimum of 10 minutes time per day
290 to small children in their ward. At the moment, due to the federal structure, the size of
291 village development committees or wards are small. For example, in this ward no. 99
292 one ANM could be appointed, he/she could visit households to provide public
293 awareness, observe and understand about nutrition, play and development for each
294 child. From that they could collect information about the entire objective situation. If
295 there is any poor family then they could be provided with some money or materials
296 from the ward, related organisations and try to help as much as possible and avail
297 such help for them. It would have been great if we could run such programmes.

298

299 I: So, you are saying for the child related development some separate staff or ANM
300 could be appointed for the job.

301

302 P: Yes, by appointing ANM or also through the health post staff ... in a month minimum
 303 2-3 times, at the time of immunisation or during the distribution of vitamin, every
 304 child could be measured, weighed, and we could collect other information related to
 305 the child. We have found that many parents do not know about the weight and
 306 nutrition of their child.
 307

308 I: Now I am going to talk about how we can combine nutrition related, play and learning
 309 related programmes. World Health Organization has recommended that now not only
 310 the nutrition but along with it playing and learning programmes should be integrated.
 311 What are your thoughts regarding this recommendation?
 312

313 P: I find this recommendation from WHO is very good. Only feeding nutrition to
 314 children is not enough. When that nutrition is utilised through playing then it will
 315 contribute to overall development of children. For example, if a government staff
 316 continue to sit in their office after eating their stomach will start growing out. Similar
 317 things will happen to a child as well if you just give nutritious food. Playing in
 318 important to metabolise the food as well. In the community if children are provided
 319 with playing materials, toys, they will be distracted and they will play as well.
 320 Children who are engaged in play will be more interested in studies later on. If they
 321 sit at home after eating food, then they will become weak in their studies. Many
 322 children I see that they eat and paly to invest their energy and those children are both
 323 physical and mentally well developed. They are good in their studies as well.
 324

325 I: I am talking about children below three years age only. What is the perception of
 326 parents in the community regarding this recommendation of nutrition food and
 327 playing and learning for growth and development for their children? What would be
 328 their thoughts about this?
 329

330 P: Community people might not say that such programme is 100% good but 80-85%
 331 could be positive about this. 5-10% will always be seen as an exception anywhere.
 332 Some may say, "I do not have time for playing and learning activities with children. I
 333 have work" ... this happens ... But I think 85% will think positive about this. I hope
 334 this kind of programme will come soon.
 335

336 I: Why do you think they will think positive about it?
337

338 P: They will take it positively because now many mothers while working in kitchen or
339 while doing other work, they give their elder child the responsibility to take care of
340 and play with the small baby. But if this programme will come then they will think,
341 “for the growth and development of my child I am told to do. They taught this way to
342 play with the child ... have told to play using these toys”. When children are shown
343 green things, yellow things, they will be attracted, move towards it, ... they begin to
344 crawl. When I was young, I also used to think that children normally crawl. But now I
345 think in a scientific way that in order to grab an object child will crawl towards them.
346 For example, baby gets attracted to birds or pigeon in the balcony and they crawl
347 towards it. Their self-esteem will increase. Due to this, children will begin to crawl
348 early, and they roll over around. They also begin to recognise the voice.
349

350 I: Why two programmes would be appropriate? Single programme or separate
351 programmes would be good or combining both programmes would be good?
352

353 P: In this case single programme might not be that successful. Both programmes are like
354 nail and muscles. It would be suitable to combine both programmes.
355

356 I: It is like nail and muscle and therefore it is good to take both programmes together as
357 a single programme.
358

359 P: Yes. It will be good to do so. When children are given nutrition, they will just eat and
360 sit. If they are only taught to play, then they will not get enough nutrition. If they are
361 taught to play, then when they sweat, they will need nutritious food to provide
362 strength to their body. Children get tired when they spend energy, they will become
363 weak, for that they will need nutritious food. That is why it will be good to regulate
364 both programmes combined.
365

366 I: Ok... both activities are like nail and muscles, so it is good to combine them. You said
367 if such programme will come then the community will think good about it, they will
368 be positive.
369

370 P: Yes, they will think good about this.
371

372 I: Now in which programme this needs to be added together? In which programme if we
373 combine will be better?
374

375 P: For example...
376

377 I: There are nutrition related programmes...
378

379 P: Yeah, we have those ... At the time of programmes such as feeding anti-parasite
380 medicine, iron and vitamin A capsule for the children below three years, we can
381 collect written records, and when there is any programme in the village, if we can
382 gather those children and can show play activities to the parents. For example, it will
383 be good if we could give information about how children will react, or they could
384 react when a particular toy is shown ... they could combine with such programme...
385 Nepal government has baal vita distribution programme. In CBMICI, we examine all
386 children whether they are physically fit or not ... combining in such programme will
387 be good too...
388

389 I: You have told me about all the programmes. Mainly in which programme or how can
390 this be delivered better when combined with?
391

392 P: We have the Golden 1000 days programme ... when delivered combined I think it
393 will be better. For example, there is IMAM programme, if we can add such
394 programme in these programmes then it will be better. That programme includes
395 children below five years so all children will also fall in that category. IMAM
396 (integrated management of acute malnutrition) programme mostly includes children
397 below three years only. Combining with this programme will also be better.
398

399 I: So, adding in IMAM programme will also be good.
400

401 P: Yes.
402

403 I: How will it be good when this programme is added into that programme?

404

405 P: It will be good because in that (IMAM) programme usually children below three
406 participate. It is easy to run this (stimulation) programme along with that (IMAM). In
407 those programme (IMAM) mothers of the child also participate, child's grandmother
408 will be there, aunty (*Sanomami, Kaki*) will be present, sister will be there ... they will
409 be present. If we can teach them about playing and learning activities ... if we could
410 show them then they will be able to do things that were shown and taught to them at
411 their house and through that will directly benefit the child.

412

413 I: Now I want to talk about how we should deliver combined programmes. The
414 programme we are talking about includes combining nutrition and playing and
415 learning activities. How should this programme be taken to the community, to the
416 households? One you said when the children are being weighed and measured. To
417 make it more effective how to deliver the programme?

418

419 P: To make it effective we have FCHVs. We must take this programme through them.
420 For anything related to children females know better than compared to males. We
421 have FCHV sisters. They have gathered experience for a long time... they have had
422 their own experience of having a child as well... They all have their own children. At
423 what time babies must be breast fed, at what time children should play, at what time
424 children needs to be given massage ... the female health workers among other health
425 staff, they specially know ... and FCHV sisters have special knowledge about his
426 subject. Such programmes are more effective when done through FCHVs than the
427 health post staff. In every 2-4 days they visit home and can see children through their
428 own eyes. Asking whether that particular child is fine or not by sitting in the health
429 post won't be good. If it is done through FCHVs then it will be better. There are many
430 others who work as volunteers in the ward (village) but when they work through
431 FCHVs they will know which child is where, which child has gone to maternal parent
432 house (*mamaghar*), which child is having a bad stomach or had bad stomach. That is
433 why it is best to deliver the programme through FCHVs.

434

435 I: Such programme can be effective when run through FCHVs but how capable are the
436 FCHVs?

437

438 P: 1-2 staff from health post must be trained and then FCHVs should be gathered in a
 439 health post and they should be trained. They must be provided a complete training
 440 about what kind of children must be included in this kind of programme, what is the
 441 importance of playing, how to teach playing etc and then only they should be given
 442 the responsibility of the community in their ward.
 443

444 I: Responsibility must be given for their ward... only after teaching... health post staff
 445 must support in this right?
 446

447 P: Yeah, they must support.
 448

449 I: For this they should take the training first. Can FCHV do it by themselves or they
 450 would need support from another person? (1:11:32)
 451

452 P: In any programme that happens in the ward by FCHVs, 1-2 staff from health post
 453 arrange time and go there ... because sometimes those children visit health post as
 454 well. Someone from health post also must go to those programmes. According to the
 455 number of employees required, in the health post, there are 7-8 staff. 4-5 staff will run
 456 the health post on daily basis and 2-3 staff can work in the field. Those staff when
 457 they have no work in the field, they just sit idle in the health post. We can use them to
 458 get the work done.
 459

460 I: Who are the staff working in the field?
 461

462 P: Now we must say ANM and AHW. Before there used to be Village health worker and
 463 Mother and child health worker. But now this post has been removed. these two posts
 464 (ANM and AHW) are employed to do the field-related work. these two are field staff
 465 and can be utilised fully for field related task... We can also visit sometimes. Health
 466 assistant also have knowledge about this ... because sometimes there could be some
 467 technical related task... Taking their turn any staff from the health post can visit the
 468 field to provide support. everyone should go as well... Those who have received
 469 salary from the Nepal government they must go to work for the benefit of the children
 470 and the community. Health post staff have community field related task allocated for
 471 2-4 days... so everyone will support... all staff support each other... we are staff of the

472 Nepal government... and take salary from them... For the future of the children
473 everybody must look after this job, they must think. this kind of programme also
474 benefits the community...

475

476 I: How can we take such programme in the community? One you said could be through
477 FCHV would be good. How should FCHV deliver the programme in the community?

478

479 P: This ... after the research of the programme when there is evidence, any non-
480 governmental organisations (NGO) or the Nepal Government will bring such
481 programme. If it comes through the Nepal Government, then through the coordination
482 with the sub municipality it can be delivered through the health post. If it comes
483 through the NGO then they will also coordinate with the municipality or sub
484 municipality and bring it to the ward level, NGO also deliver through the FCHVs so
485 then they will be in touch with the health post. they can also act as a link ... The Nepal
486 government can independently bring the programme, but when it comes through the
487 NGO, they give more focus on the programme and I look at the programme from the
488 government... "sir you do this... sir you do that" ... I see only this, but nothing is
489 actually done for the output... Such programme should not be seen effective only in
490 the paper form or in the written format. They must be seen more effective in actual
491 behaviour. here all the work are well presented in the paper, but they are not well
492 implmented. so, it is important to do effective work for good output...

493

494 I: You said two things: one is that such programmes are better when brought through the
495 NGO. Another is that through the support of health post, FCHVs can deliver the
496 programme. Which is good for the community? (1:08:33)

497

498 P: For the community, to speak as a government employee, programmes brought by the
499 Nepal government are also successful. But the programmes that are run by the NGO
500 are more focused so there is more pressure in the work and are more effective (by
501 force they are compelled to complete the job). for example, if we have to look after 10
502 children, then we must do so. they have a deadline to submit the report, so the employ
503 is urged to prepare and submit the report... But the system under the Nepal
504 government is that the municipality send all the work to the health post... and all jobs
505 are listed there... that staff in health post has his own 10 types of stress... so they

506 cannot focus on the programme... Staff have higher work burden. Due to that the
507 programme can be less effective ... but instead they should not give the workload to
508 the health staff... thinking that this is for all our children, for our community... either
509 NGO through the FCHVs or through the municipality... whoever does the programme
510 will be good. but whoever takes the responsibility... be it NGO or the municipality we
511 must do this programme...

512

513 I: When such programme comes, should the NGOs directly coordinate with FCHVs to
514 run the programme or would mobilising them directly through the Ministry of health
515 and population and through health post would be better? Please clarify this. (1:07:44)

516

517 P: It is better to mobilise the FCHVs through health post through the Nepal government
518 because FCHVs will do the reporting and we will have the record ... we will know. If
519 NGO mobilise FCHVs then they will prioritise the NGO related work and prepare the
520 report and send directly to the related authority... and they will stop reporting the
521 health post ... but they will keep the reporting to the health post for later and then it
522 gets left out ... health post may not have all the records and data... when FCHVs are
523 working with NGOs then their link with health post gets weakened ... it's better that
524 this does not happen... the programme should go from the health post ... because
525 tomorrow if any programme comes then at least we will have the recording...Nepal
526 government has also a programme ... in 9.3 (radio programme)... CBMCI programme
527 for small children. They send empty report to the higher authority... but if this
528 programme in combined with IMAM or CBMCI then at least child related activities
529 will continue.

530

531 I: Would it be good to run the programme in coordination with the Nepal governments
532 health sectors?

533

534 P: Yes, that will be good.

535

536 I: That's fine. How should FCHV deliver the programme? Would it be better to take it
537 through the community groups or through home visits?

538

539 P: Regarding that programme done through home visit by FCHV where she visits
540 individual person would be good.
541

542 I: How? Why would this be good?
543

544 P: In the group, education related and teaching related programme would be good. But
545 related to personal problem of the child, mothers hesitate and feel uncomfortable to
546 tell in a gathering of 2-4 mother and children because others will know about
547 weakness and problem of their child. Old orthodox thoughts have embedded their
548 roots in our community that is why many do not like to talk openly. Learning related
549 to games, education, suggestions, advice can be given in the groups. But for the
550 personal observation, evaluation of the child, their problems it is better to do these
551 separately. When we do the programmes related to the nutrition and play and learning
552 including observations as well as evaluation by visiting the child's house, their
553 parents will feel that the community is giving them respect, we recognise them,
554 importance given to them so they will try to understand with full attention, they will
555 listen, and programme will be additional effective and successful.
556

557 I: So, you are saying they will give special attention, understand and programme will be
558 successful...
559

560 P: Yes
561

562 I: Will it be better to do this programme in the group or in separate home visit? You said
563 home-to-home visit will be good. Why do you think it is not good to do in the
564 community?
565

566 P: Group may be good to invite people in a group to teach them in a group about how
567 they need to play with their children. But how is the child, how are they fed, how
568 parents play with them and what is the problem ... to understand and ask all these
569 things will require more time... when we teach them through home-to-home visit I
570 think they will learn more. When in a group if we ask one person, another will also
571 say, "yes, I also do the same... I also play with my child in that way..." so there is a
572 weakness... if groups are conducted well then it may be successful to teach everyone...

573 If they don't know they will begin to hide. They may not talk about their inner
574 weaknesses in the group. But we can also follow some of the good aspect of groups. It
575 will also be good to conduct group meetings on a monthly basis or once every two
576 months. Other times home-to-home visit by FCHVs will be effective.

577
578 I: You said the programme should be taken home-to-home. How can the programme be
579 made effective when delivered in this way through the FCHVs?

580
581 P: In order to run through FCHVs, in the ward or toll (area she is incharge of) ... all the
582 children, parents, grandparents, and other guardians could be gathered in a peaceful
583 place in the ward or locality (tole) where the programme will be held, and they must
584 be explained that we have brought a programme for the children. This programme
585 will help to improve child growth and development. They can ask a question that they
586 have been playing or they are playing with their children according to their traditions.
587 They must be well explained that the traditional practice is there but, in this
588 programme, we will do in a new way by teaching playing and learning in this way or
589 teaching additional games in this way will have additional benefits for children. For
590 example, children study in the government schools and in the private schools
591 (boarding) but compared to the children from the government school, children from
592 the private schools are more disciplined ... they learn more. Similarly, we have to
593 explain about what they learn from the traditional practices and what they can learn
594 from this programme. If eight out of 10 people will understand these matters, then it
595 will be easy to teach remaining two as well. In that way community awareness
596 gatherings can make this more effective. It will be good to explain these in the
597 presence of representatives such as teachers, health workers, FCHVs, educated
598 women, ward members ... they should be included ... Recently all programmes are
599 looked from the political perspective as well ... whether that person was present or
600 not... if any person was not invited then that person might go and say the programme
601 is not good ... they might say... that is why everyone (all the political members) must
602 be included in the orientation...there are female members... they should be included as
603 well... In ward there are FCHVs... People running NGO project...all teachers and
604 madam from pre-primary school ... because if we go to school, they say how they
605 have been regulating pre-primary classes ... it will be more influential to involve all
606 respected people and leaders from the community...

607

608 I: First, everyone must be gathered and explained about the programme. And what
609 about the operation of the regular programme?

610

611 P: For the regularity of the programme, every time to run the programme FCHVs must
612 believe, or they must be convinced about the distance between the households of the
613 children they are responsible for, the number of houses of children they can visit in a
614 day, or they can teach should be allocated accordingly ... and then they should be
615 made to run the programme regularly. One FCHV does not work for a whole day...
616 she works for certain 2-4 hours a day and accordingly, household number must be
617 allocated ... But in doing this a timetable must be prepared so that other governmental
618 programmes are not affected. Mostly, one FCHV gets 50-60 houses allocated... If she
619 can visit minimum 5 houses a day, then she can complete all houses in 10 days...
620 accordingly households number should be allocated to FCHV...In between they
621 (parents and children) must be monitored as well... In the child's house where they
622 have taught, they must be observed whether the mother, guardians are in reality
623 teaching and playing with their children on a regular basis or not. They must see
624 whether sometimes one child is given to another mother to teach play or not, whether
625 the child has learned or not ... they must be made to look and examine. They (FCHV)
626 must observe. They must make parents play with children in front of them. They
627 must see if the child is giving practical reactions to the playing. For example, when a
628 house owner keeps saying *Ram Ram* to a parrot's chick, the chick gets used to it and
629 understands when other people also say *Ram Ram* and it repeats *Ram Ram*. Similarly,
630 if parents, guardians in a house have been teaching their child then when other teaches
631 them whether the child gives same reaction or not this can be observed, and we can
632 examine and understand whether the child has been taught or not.

633

634 I: Sometimes we must cross check to see if they have been teaching their children in
635 reality or not. You said earlier that mother may not be able to share things in their
636 heart, about weaknesses of their child in a group...

637

638 P: No. it is like this ... people from good, educated community can be open about
639 sharing such things. My child's right leg is weak, moves left leg only, does not reach
640 to anything I teach etc ... A person from educated, understandable community can

641 share this in the group as well ... Can take suggestions. But community with old
642 thoughts hide such matters, they cover their children, do not want anybody to see their
643 child. So many of them in the current situation may not share a lot about their
644 children's weaknesses in a group meeting.

645

646 I: They cannot be open about everything about their child ...

647

648 P: Yes ... they cannot be open ...

649

650 I: How many percentages of people in community are like this?

651

652 P: Even now there must be 15% of such kind of people in the community. Many people
653 are like this as well ... We see these during the immunisation campaign, they say my
654 child have never been out how do we bring them to the health post? ... In some road
655 there is a witch house how do I bring the child from another route? ... et cetera. There
656 are people with such perceptions. I think mothers, grandmothers with such beliefs
657 can find uncomfortable to visit the group or they might go but they will not tell
658 everything about their child. But when we ask them in their house, they will tell
659 everything about their child.

660

661 I: That means home-to-home visit is good.

662

663 P: Yes.

664

665 I: That's ok. You said FCHVs are appropriate to run programme like this. Why?

666

667 P: Because FCHVs have taken various trainings on immunisation, nutrition, mental
668 development, child growth and development operated by the government as well as
669 NGOs. They have the knowledge. They know about the households in the village,
670 people, children. Village people and females recognise them too. That's why it is
671 easy to take the programme through them. FCHV is a local residence of the village,
672 locality. Staff in the health post can be from outside the village. Many may not
673 recognise them. People might not tell them everything. They might hesitate to tell
674 something. Staff from outside the village will also have language related issue. But

675 FCHV are from the village, in their language they can easily explain. That is way it
676 will be effective.

677

678 I: Now what kind of training should they (FCHVs) receive?

679

680 P: I think FCHVs must be given new types of trainings. They should be given fresh
681 trainings. I have worked in four places till now. Among that I found most nice in the
682 [xx] district because there FCHVs would come, and they would put forward their
683 experiences ... “I went to some place; there I saw this ... why does our health post
684 does not have those things... you need to put them”. I was just a beginner and I also
685 felt like we should do what is possible. In the village, we were also leader in drinking
686 water for the village and other community related programmes. They began to do all
687 the programmes through the health post. programme related to the nutrition,
688 measuring the arms or other activities... they used to tell, “teach new things”. After
689 teaching FCHVs to measure children arms we started getting actual measurements.
690 Before we used to get the number of undernourished children to be 70-80 but later
691 only 3-4 children were found to be actually undernourished. That’s why later added
692 FCHVs must be given appropriate trainings.

693

694 I: You saw FCHVs appropriate for such programmes. What is the base to this? Or can
695 you give me some examples of a good work that has been done by FCHVs?

696

697 P: You are asking reason ... A training related to mental had happened. We were told to
698 do it using help from FCHVs. I visited many households and asked but people said
699 they do not have any mental health issue. They said, “I am fine”. Then I told FCHV
700 sister to ask and she said, “they have come for you. They will not give you any
701 injections. They will give you tablets only. After you take that tablet your brain will
702 be in peace... you will not fight in your house”. They (people) easily understood their
703 (FCHV) explanation. People might have thought that health post staff come, they
704 come to get their salary and allowances, visit houses to show their work and they go.
705 FCHV are local people from same community. They (people) think FCHV will never
706 lie. So, work was done through FCHV, it went well. I was in the [xx] district in the
707 health post. When FCHVs were used to understand the actual number of toilets in the
708 households and how many of them were in use, we found that they brought actual

709 data. After the year 2072 earthquake, their work in medicine distribution was also
710 good. We are government (*Janswasthya*) staff, we could not reach each household,
711 but they went to each household. Some medicines that were supposed to be taken for
712 three times a day, they visited and ensured that the medicine was taken in front of
713 them in all the three times a day. Their work was better than ours. I feel if they get
714 appropriate and new trainings, they will be able to work and provide serve to the
715 community better than us.

716

717 I: This you are sharing about your experiences and work at the Dolakha. What is the
718 status of the FCHVs of this ward?

719

720 P: We must teach more to FCHVs in this ward. They are not active like FCHVs in other
721 [xx] district. They want to work but either due to the behaviour of our community or
722 due to the policy of the population and health office, they are behind in terms of
723 quality. FCHVs from here for example, among nine FCHVs from nine wards many
724 might not also know about the regular immunisation campaign, which vaccine is this
725 and when should they be used. Ministry of Health and Population must give them
726 appropriate trainings. Without competent FCHVs, it is difficult to have any
727 programme successful. Incompetent FCHV cannot provide clear information about
728 the programme. If correct information regarding the programme is not delivered, then
729 there will be no excitement among the community people. Competent FCHVs have
730 the capability to make a weak programme into fine and run them. But incompetent
731 FCHVs cannot show good within a fine programme. Programme will become
732 tasteless.

733

734 I: Now how can we make the existing FCHVs competent?

735

736 P: Whenever any new programme is launched, first they must be trained. Depending on
737 the programme it could be for 2-4 days or a week or 10 days. Then they should be
738 told to practice according to the learning from the training. Like how a school child
739 are told to do homework, we must tell them to fill forms for children from 2-3
740 households. Gather children around and tell them to show apparent practices. Ask
741 them how they will teach to young children and then tell them to show. Let's say I
742 am very foolish. I don't know anything. How to breastfeed the milk feeding baby;

743 where to place the head; how to keep the feet; how to pat after breastfeeding so that
 744 the baby does not vomit, et cetera. By learning and sharing information on these
 745 things they will learn new things and can teach to the community.
 746

747 I: They must be told to practice observe to see if FCHVs have learnt what was taught...
 748

749 P: Yes.
 750

751 I: If a programme comes then there might be additional work. In the current programme
 752 what if the workload for FCHVs? How much is the load from the ongoing
 753 programmes?
 754

755 P: Not much. Nepal government work is not that much. They have a work to distribute
 756 the iron tablet. Here health post is close by. Can reach in 5-10 minutes. Immunization
 757 programme is there for which they only have to go to the immunisation centre. Some
 758 work has increased due to the Corona virus. Besides this I don't think they have
 759 much workload. They only have to work for 5-10 minutes. They have to visit
 760 pregnant women. At the same time, they will meet children as well. I think it 5-10
 761 minutes of their time is adequate. They don't have much workload.
 762

763 I: If programmes for playing and learning are added then how will it affect the facilities
 764 provided to FCHVs?
 765

766 P: Facilities for FCHVs are according to the Nepal government. Depend how much is
 767 the additional work. Depending on the workload sometimes they get NPR 400. In
 768 some programme they are provided with a snack. We will know once the programme
 769 comes. How much do they have to work? How much do they demand? We have to
 770 consider these all to provide any facilities. Rural municipality have decided to give
 771 some money per month to them. Similarly, depending on the programme either a
 772 fixed amount on a monthly basis or a certain amount per child can be decided and
 773 give them.
 774

775 I: How much load will this cause to the health post?
 776

777 P: There won't be much load. There are ongoing children related programmes. There
778 will be some additional to that. In health post especially in the terai area there is not
779 much load. There is some pressure in outpatient service. They will take the medicine
780 and walk away. Works including providing suggestion and advice happen less around
781 here.
782

783 I: You talked about suggestion and advice (counselling). They have to visit homes and
784 provide counselling to minimum five children. How much time can they contribute?
785 They will not do without fees.
786

787 P: Without fees they will not do. We must arrange some expense for snack or travel
788 expenses. They don't have to travel in a Tempo (six seater public transport) to reach
789 five houses within the village. They can walk. Providing some travel expense or
790 snack expense should be fine. Programme from the health post is running currently.
791 Adding some work to that will not increase the load. Something as a gift ... For
792 example, sometimes when a programme happens ... sometimes people from clinic
793 visit they provide pen, diary. Sometimes they provide female decoration materials for
794 females. For males, they provide handkerchief, pocket bag, picture of Janaki temple et
795 cetera. We can also do by giving some sort of gifts.
796

797 I: To increase their self-esteem, to motivate them ...
798

799 P: Yes.
800

801 I: You said that to support FCHV, staff from health post, ANM, AHW are required. Do
802 you think there should be a separate staff or could work using the existing staff?
803

804 P: For that what we can do is ... immunization programme is for five days, in wards
805 (village) there are outpatient clinic ... in that time or during mothers group meeting
806 health post staff is also present. To run the mothers group meeting in the nine-wards
807 for nine days health post staff visit all of them. Such females participating in the
808 group meeting can also have children at their homes. In that programme, we can also
809 combine programmes for children. Topics included in mothers group meetings are
810 nutrition, sanitation ... we can add children related subject in that. We can conduct a

811 discussion. Today's small child will become tomorrow's adult and can become future
812 generation of the nation ... That's why for the welfare of the children, there can be a
813 discussion on matters related to them in the group meeting or can be included as the
814 main topic.

815

816 I: For mother group meetings and each home visit as well as for children related
817 discussions how much time can health post staff can provide?

818

819 P: For home visit as well as child related questioning and discussion programme FCHVs
820 are appropriate. Health post staff cannot give time for each home visit, and they
821 cannot go as well. Instead on a weekly or monthly basis or in any gatherings for a
822 meeting or sometime for monitoring they can observe 5-10 children. They can visit
823 another village another month.

824

825 I: According to you monitoring can be done in between in a sample ... You can observe
826 any gathering meetings ...

827

828 P: Yes.

829

830 I: How will this affect in their workload? How can this be managed?

831

832 P: We can manage time. Staffs are available. There are 2-3 programmes which requires
833 community visits. There won't be much workload. And if there is some additional
834 workload then as a Nepal government staff, we must accept it. We must do it.
835 Government or NGO comes... Ministry of population and health related programme
836 will come from the ministry or to coordinate for the ministry we must manage our
837 time. We have to do. For the programme done for the community, we are paid by the
838 community so we must do.

839

840 I: How should we distribute such programme to make it effective? Which way would
841 be appropriate?

842

843 P: This must be taken from the bottom level. We must start from the bottom level.

844

845 I: Why?
846

847 P: We should not do in an average way. Must go from the bottom level (root level). We
848 cannot include only one or two children out of 10. We must treat all children equally.
849 We much look at every child below three years. Ever children must be given equal
850 importance and respected.
851

852 I: How should a child be looked after to make the programme easy and successful?
853

854 P: For that ... In the community where the programme will be done, data related to the
855 target group or children below three years must be collected and then make them
856 practice minimum play and learning related activities with children, identify the need
857 of play materials that are locally available, cheap, easily available, lasting play
858 materials must be made available and bring them into use. Toys that are less costly,
859 fine, attractive and influential must be selected. At a local level we can find "*Ghirni*"
860 made from bamboo by people from Mallik (Dome) caste, which is a colourful toy.
861 When we use such toys, it will attract children as well as it will look like those
862 communities are being fostered. We can also provide plastic toys which are found in
863 the local markets.
864

865 I: You are saying local production of toys must be fostered ...
866

867 P: Yes.
868

869 I: When starting a programme ... doing home visits, doing discussions or making them
870 do the discussion ... How could they teach? How can they teach in an effective way?
871

872 P: Demonstration method or way would be fine. Like how we used to teach steps to
873 prepare oral rehydration solution. In similar manner put 2-3 types of toys in front of
874 the child and show them each toy one after another and play with them. In old days
875 children's hands and feet were coloured and child used to be happy to see the color in
876 their hands and feet, they would get distracted, get excited, become happy, delighted.
877 Now as well when females go outside, they color their hands and feet from which
878 they remain happy, they are attracted.

879

880 I: demonstration method looks appropriate ...

881

882 P: Yes ... demonstration method ...

883

884 I: While doing such programme, to take it to the community mainly whose support is
885 required?

886

887 P: To take it to the community district health office is the main ...

888

889 I: that is about the higher level ... but to take it to the village level ... talking about the
890 bottom level ...

891

892 P: For the bottom level there are chairperson of the mother's group ... meet them,
893 include pregnant women too ... postnatal mothers will obviously be there ... pregnant
894 women will also become postnatal in 3-4 months, they will deliver child, if we can
895 teach them f early then it is even better. If we could teach when the baby is still in the
896 womb ... for example in Mahabharat (Hindu religious epic) when Arjun says
897 *Chakravyu* story, it influences the baby in Subhadra's womb ... similarly, good things
898 can also affect the baby inside the womb. And later when we teach them, they will
899 have positive effect sooner.

900

901 I: Pregnant women should also be taught ... that is one ...

902

903 P: Yes.

904

905 I: In relation to delivery of play and learning and nutrition related programmes for
906 children who is the most important person? Whose presence is important?

907

908 P: Most important is children's mother, grandmother, or mother-in-law. The main
909 guardian of the household must be included as well. In most of the house if the
910 guardian is not there then in minimum mother-in-law must be included. These days
911 both mother-in law and daughter-in-law run the house. Children' father are usually

912 busy in agriculture, employment or are abroad. If they are available, then they can
 913 also be included. But mother and mother-in-law must be included.
 914

915 I: Why are they important to run this programme?
 916

917 P: Because they are the main caretaker of children. Breastfeeding the baby, 12 times, 16
 918 times a day... they do it. Male usually eat, drink and stay outdoor for the work and
 919 employment. Females are usually at home. They take care of children. That is why
 920 including pregnant woman, postnatal mothers and mother-in-law in the programme
 921 will be good.
 922

923 I: Besides employment, staying in abroad et cetera as the reasons why men cannot
 924 provide time, why males cannot participate? Or why they are not included?
 925

926 P: They can participate but they cannot participate like females. One reason is where
 927 females are present mother-in-law and son-in-law, elder sister-in-law (*bhauju*) and
 928 younger brother-in-law, elder brother-in-law, and younger sister-in-law (*buhari*) ...
 929 for this reason they do not want to attend. It will be uncomfortable for the
 930 conversation. Programme is about toys related to children; female will do this. They
 931 can also feel why should I go. Males will not participate as easily as females in
 932 programmes for small children.
 933

934 I: Male participation is difficult for such programmes ...
 935

936 P: Yes, it is difficult.
 937

938 I: Why do males do not give the importance? Mother and father both have equal
 939 responsibility towards children. For children both mother and father are equally
 940 important.
 941

942 P: Children belong to mother and father by 50-50 %. Mother and father have equal
 943 rights. In our village the perception is that it is mother's responsibility to take care of
 944 children. There is a perception that fathers are responsible to arrange finances for
 945 children and for the family, which is not right. But it will take time to change this

946 perception. Many conservation customs are decreasing now. Custom to hide faces
947 have been reduced a lot. Dowry system is present somewhere and somewhere it is
948 reduced. When such programme will come slowly male participation can be
949 increased. But initially we should start with females. They must be engaged slowly.
950 First from mothers only, then mother and father both together sometimes ...
951 sometimes grandmother and grandfather should be invited as well.

952

953 I: To operate this programme besides community whose support is required?

954

955 P: Help must be taken from NGOs who work on children related programme.

956

957 I: What kind of help should be taken?

958

959 P: For example, UNICEF brings programmes related to children, through them ...
960 likewise the ministry of health and population also look after the children below three
961 years age. In this we can tell them about this integrated programme and tell to focus
962 more. There is a CBMCI programme, in that programme when children come, we can
963 ask them if they will do activities related to nutrition and playing and learning ... if we
964 can add in this way then there will be a coordination with them.... In that they can be
965 made partners. Running more than 3 or 4 programmes in one place can have benefit.

966

967 I: With the NGOs...

968

969 P: Yes ... like there are politicians, Meyer, authorised officials ...when they come to
970 village for supervision ... when they talk or speak about such programme even if for
971 five minutes saying that this programme will improve child growth and development,
972 child nutrition will improve then it will have good effect in the community.
973 Community people will understand that the programme must be good that's why these
974 community leaders are talking about it. When everyone will talk about the
975 programme, those who do not understand will also be forced to develop interest
976 towards the programme and will have positive thoughts. They will understand that
977 this programme is for their children ... that it is good. that is why all the people in the
978 upper level... be it from the administration or from any other background... if they talk
979 with people at their home about this programme then it will be good...

980

981 I: How much important is it for the health post staff to help is such programme? Or
982 much help and co-operation is required from the health post staff for such
983 programme?

984

985 P: For health post staff cooperation is 100% important.

986

987 I: Why?

988

989 P: Health is a subject which is attached to the body and the community. When body is
990 not healthy, a community cannot be formed. For a good community requires a healthy
991 individual. On top of that for those who have studied health related subject this is
992 more important. Health workers must conduct free health campaigns time to time.
993 Doctors from the Janakpur (district level) can be invited to help in campaigns. They
994 can be requested to provide free check-up. They can help and support to observe
995 health of children less than three years old. we can tell them for check-up of the
996 children even if they cannot provide treatment... Through this we will learn about the
997 health status of children in the community... if they have any problem or not... If we
998 took their help them many children from our community will be examined... We can
999 refer the child with health problems or if they are undernourished to the Janakpur
1000 nutrition rehabilitation centre... High level services can also be provided from the root
1001 level in this way.

1002

1003 I: Through the health post ...

1004

1005 P: Yes, through the health post ...

1006

1007 I: How can the health workers be motivated for the delivery of combined nutrition and
1008 play and learning programmes? How can the programme be done that will make them
1009 excited?

1010

1011 P: First there must be a meeting to update them about the programmein between... for
1012 that information must be shared through phone, documents in the health post...
1013 information on what is the nutrition status of children who visit health post? What is

1014 the status of playing and learning? ... we can ask them to fill 2-3 forms ... we can
1015 collect the information about the children from those who visit health post as well.
1016 When we measure and weight the children below three years old in the health post
1017 and inform parents about this ... then when they visit next month and check the weight
1018 of the child again then they will say, before my child was 21 kg and now, they are 22
1019 kg. There is an increase in weight by half kg” ... in this way they will know that
1020 feeding nutritious food, playing and learning helps to improve children’s weight and
1021 they will say that the programme is good, and they will think positive.

1022

1023 I: How should we do such programme to motivate the health workers?

1024

1025 P: Organise meetings during the programme ... not the long one, for one hour only.
1026 Have discussions in between. How many children came to health post? What role did
1027 sir (health post staff) played? From 4-5 health post where the programme is
1028 conducted, the report will show staff from which health post are doing well and
1029 playing important role. They must be motivated with some gifts every 2-4 months.
1030 They must be rewarded.

1031

1032 I: You talked about phone... who should call whom?

1033

1034 P: If the programme has come through the government, then from the sub municipality,
1035 district health office or if regulated through the ministry of health and population then
1036 they can call to understand about the situation, how is the programme going, what are
1037 the difficulties? ... if there are any problem then they should say to inform. They must
1038 call to that they will do eradication (*virakaraj*). If any problems are resolved in time,
1039 then that will increase self-esteem of health workers. The inquiry should be done by
1040 the higher level of related office.

1041

1042 I: About the FCHVs you said that FCHV from the that district are competent and
1043 hardworking, active. Similarly, how can we make FCHVS from here competent and
1044 active? How can we make it easy to run the programme?

1045

1046 P: In the beginning to run the programme by the Nepal government they recruited
1047 interested ones from villages as FCHVs. They are not much educated. They don’t

1048 know how to write their name as well. Compared to before now every day the
1049 workload of FCHVs is increasing, their responsibilities are increasing. They must
1050 distribute medicines, participate in meetings. Majority of them have reached the age
1051 of around 60. According to the current time at least those who have completed 10
1052 class should be selected as FCHV who can recognise the name of the medicines. Any
1053 written pamphlets ... they should be able to read aloud and explain to others. Those
1054 who are below 60 years, 40-45 years old FCHVs they should be rewarded and should
1055 be given retirement and, in that place, educated female should be made FCHV. In this
1056 way slowly we can make FCHV competent.

1057

1058 I: At present what kind of difficulties or barriers can you see from FCHVs? One you
1059 said they are of age. Other what could be such reasons?

1060

1061 P: Here FCHV also lack education. We have seen that during home visit instead of
1062 working on matters related to children they are more interested in the household
1063 matters. They spend more time on those things. Because they are not educated,
1064 sometimes due to excuses like personal conflicts and anger, in the household they do
1065 not like, we have found that they do not teach good things about children. But when
1066 health worker visits, they talk only about health-related matters. They do not talk
1067 useless stuff. There can be such kinds of difficulties and barriers.

1068

1069 I: You said that NGOs have roles in such programme ... that they can support...what
1070 kind of support can they provide?

1071

1072 P: Like this is a programme related to nutrition and play... SUAHAARA and UNICEF
1073 are doing some nutrition related programmes. If some play related materials, toys
1074 could be made available along with this then the programme implementation will not
1075 be that expensive and workload will also be less. They can provide some help and
1076 some this programme can provide some... Parents can also buy some toys.
1077 Everyone's support can be used. Like how the ocean is formed from every droplet in
1078 the same way on birthday of a child people gift things that are useful for the child so
1079 that the parents don't have to buy them. Children will also have a toy to play.

1080

1081 I: Now I want to ask about financial resources. Any programme requires financial
1082 resources. For example, health workers must go for supervision, meeting should be
1083 held, provide some gifts to FCHVs. While doing such activities will there be any
1084 financial burden on the government? What are the means and resources for this?
1085

1086 P: Budget is necessary for any programme. Without budget any programme cannot
1087 happen. FCHVs will also think that after they have done the work, they will need
1088 something in return. For example, in a village the elected public representative also
1089 received salary and allowances. This has also affected FCHVs. They complain saying,
1090 “a public representative receives NPR 600-700 allowances in 1-2 hours programme or
1091 in a meeting. How can we work for a whole day for free? You get allowances for any
1092 programme, but we don’t”. If good work can be achieved by giving something, then
1093 they must be provided something.
1094

1095 I: Who provide this money or who is responsible for?
1096

1097 P: If the government does such programme, then the government should be responsible
1098 for the expenses. Some must be arranged from the local government as well. I have
1099 heard that the 10-11% of the local budget must be allocated for the health but I even
1100 don’t know how they buy medicines. Before they had asked us for feedback, and we
1101 had suggested that female staff and FCHVs must be provided with minimum five
1102 sanitary pads ... it must be distributed. If we are successful in this, then we could
1103 manage for pregnant and post-natal mothers as well... But till now none of the
1104 department has paid any attention to this. Similarly, some budget must be allocated
1105 for such programmes for children. The money from the local government just goes
1106 wasted (budget is freezed because they are not used sufficiently) sometimes. Many
1107 budgets from health are also wasted. If they have inner interest, then the work can be
1108 done. Budget is not a problem here. There is adequate budget.
1109

1110 I: If they are not provided with any financial ... if health workers and FCHVs are not
1111 provided anything then what problem could it cause?
1112

1113 P: If health workers and FCHVs are not provided any allowances or gifts then when the
1114 programme comes, they will not be active in their work. Even when everyone agrees

1115 to it initially, they will forget even before the work starts. Programme will not be
1116 successful. For example, if in the village they have been invited somewhere but there
1117 are no arrangements for snacks then half of the people will return from midway. If
1118 there are no arrangements, then it will be like that. To work in a programme and run
1119 the programme some budget is needed. The work may not be good if nothing is
1120 provided.

1121

1122 I: Now I will talk about some challenges. How will it be easy to run a combined
1123 nutrition and play and learning programmes?

1124

1125 P: Play and learning is incomplete without nutrition. Similarly, without play and
1126 learning, nutrition is incomplete. When it is combined with nutrition, we will feel that
1127 all programmes are together. Play and learning and nutrition are different between
1128 individuals. If everybody comes together to combine these two programmes, then this
1129 will decrease challenges and problems. When delivered in a combined way child will
1130 also benefit and the working person will not need to visit same house four times.
1131 Three four activities can be done in one visit.

1132

1133 I: What will facilitate community people participation in this programme?

1134

1135 P: Language... In terms of nationality Nepali language is necessary. But in many places
1136 in the villages local language are used. When the local languages are used it is easy
1137 for them to understand and they will share their inner matters. For example, if we use
1138 Nepali language here then the reality will not come forward. For example, I had
1139 heard, one English person had come, and he was thirsty ... he asked in English
1140 language, but the local people could not understand. Only yes and no was used. He
1141 had difficulty in finding drinking water.

1142

1143 I: When local languages are used in the programme then it is easy. What could be other
1144 reasons that will make them easy to participate in the programme? That they will not
1145 have trouble coming.

1146

1147 P: Whatever materials you will bring in this programme it will be in local language. All
1148 the staff will be local people. When community people see this, they will feel easy to

1149 come to the programme. Not the outsider ... person from the own village ... it could
1150 be someone's sister-in-law, aunty (*kakai, maiju*) et cetera ... People will trust saying,
1151 "they have come for good work. They are not outsiders... they will not hide
1152 anything... they will not take any pictures to put on the internet" ... they will have that
1153 kind of trust and will be interested to come to the programme.

1154

1155 I: Problem of putting on the internet?

1156

1157 P: Yes. We can find this sometimes. They won't allow taking pictures of any marriage
1158 because pictures are taken and misused on the internet. Sometimes we can see this. It
1159 could be that 10% use pictures with wrong intentions and post it in the Facebook. I
1160 don't think that there would be any such kind of issue in this kind of programme. This
1161 programme is related to children, to mothers. Activities done in this programme will
1162 benefit the children. There won't be use of internet in this. Everything will be local
1163 which will increase people's self-esteem.

1164

1165 I: What are the challenges in running this programme?

1166

1167 P: To run the programme first there is scarcity of space to run the meetings and
1168 discussions. Similarly, time could also be an issue. Here there is a perception that
1169 time in Nepal is slow. For example, if they are given 10 am time then they can come
1170 at 11 or 12 pm. Daughter daughter-in-law, children mothers from the village can be
1171 slow and come late. Daughter daughter-in-law, children mothers find uncomfortable
1172 to go outside their house.

1173

1174 I: You said there will be scarcity of space, land ... to run the meeting what kind of place
1175 is available?

1176

1177 P: There are no hall in villages like before and there is no place where many people can
1178 gather and sit. There are very few houses or places where many people can fit in. Few
1179 small places are there but they are used by young boys' group to play cards, mobile
1180 phones. In such place mothers, daughter-in-law do not want to visit. To do some
1181 meeting either we have to use the health post building or schools building or any
1182 community building. There may not be such spacious place in each village. When

1183 people do not find such places close and will have to walk for 10 minutes or half an
1184 hour then they might feel difficult and might get scared to walk as well.

1185

1186 I: there could be a challenge of such place

1187

1188 P: Yes ... there could a challenge related to place.

1189

1190 I: you have said that FCHV must be trained and made competent, send them 5-10
1191 houses ... they must teach during home visit and explain people. While doing these
1192 what could be the problem or challenges?

1193

1194 P: when FCHV visit five to 10 houses then there could be situation where they might
1195 say, "I was not given importance. They did not ask to sit as well". During home visit
1196 FCHVs might get stuck in talking about personal behaviours or household matters
1197 than the work-related things. Instead of visiting the pregnant woman they might just
1198 go to houses with children in which case the pregnant woman can blame them saying,
1199 "because she will get some gift and allowances, she came to my house, but did not
1200 talk with me and just talked with her ... she visits their house only". Initially there
1201 could be such problems. But as the programme continues these things will eradicate.
1202 After one-two sessions of the programme these things will disappear.

1203

1204 I: From the top level to the lower level and to the community what could be the
1205 challenges to run this programme?

1206

1207 P: Whenever there is a new programme in the community ... this has happened before as
1208 well ... if you want to do a programme in this village then include me as well or give
1209 me the allowances ... these could be the problems. When such programmes come
1210 through the top level or when budget related reaches from the top to the bottom level,
1211 budget will decrease do some extend. All the political staff will get allowances. But
1212 the health workers are still shouting that they have not received allowances yet. When
1213 health workers should have received allowances in first place. There could be such
1214 problem as well. Some people say you did research in that ward now do the
1215 programme in this ward. Political leader could say, "I am a public representative of

1216 this village, run your programme in this ward". Health officer could say run in this
 1217 ward... run in my place... this could also happen.
 1218

1219 I: There could be such kinds of problem at the top level but to take the programme to
 1220 the community what kind of problems there could be?
 1221

1222 P: When the programme comes, first they could say start from my place or locality. In
 1223 order to include their children in the target group of below three years, they could
 1224 decrease the age of their five years old children. In greed of getting allowances and
 1225 gift they decrease the age in the birth certificate and will try to show their child of
 1226 young age.
 1227

1228 I: to get the facilities ...
 1229

1230 P: Yes... they can argue to show their child younger than their age.
 1231

1232 I: Why would they be interested to participate in such programme?
 1233

1234 P: Are you talking about children below five years age?
 1235

1236 I: No. If we run the programme with combined nutrition and playing and learning
 1237 interventions, then why would community people be interested to participate in the
 1238 programme?
 1239

1240 P: They play with their children anyway ... they play for 1-2 hours and the child cries
 1241 for four hours. Two people stay at home to look after the child. People used to have
 1242 problem in playing with their kids in a household. When such programme will come
 1243 at the local level, with the involvement of FCHV from their own locality, learning to
 1244 play, receiving toys to play with their child ... it will be easy to play and distract the
 1245 child, one person can easily look after the child and child will also improve in growth
 1246 and development ... they will understand this well and thus they will be interested to
 1247 participate in the programme.
 1248

1249 I: What could be the role of the community to run this programme?

1250

1251 P: Those people in the village who have children below three years and those who have
1252 learned from the combined programme and played with their children, bring up their
1253 child and after their child is above three years old ... all the things they learned and all
1254 the toys they have in their house they must pass them to another pregnant mother or
1255 post-natal mother and teach them, explain them. On birthdays instead of other things
1256 the gift should be something that would support growth and development of children
1257 or play materials should be given... Clothes or bed sheets, towel, curtains should
1258 include birds prints, colourful prints, include pictures... give things that children will
1259 look upon so that children will play with those, watch and stay happy.

1260

1261 I: this should be done ...

1262

1263 P: Yes...

1264

1265 I: Other what else can be done that will make this programme successful? One you said
1266 share the toys with others and on birthdays play materials that could help in growth
1267 and development must be included or any material. Similarly, what else can be done
1268 to make the programme successful?

1269

1270 P: During festivals like Dashain, Tihar, Chatt (Hindu festivals) households are
1271 decorated ... at the time of decoration there is a practice of pasting the pictures of
1272 actors and scenic views on the walls. Instead of those pictures with a view of animals,
1273 birds, flowers, and trees must be used. Pictures of God sitting on the lotus, Brahma
1274 sitting on the mouse, with peacock feather, with Ox, bull should be used. In this way
1275 the religious aspect of the festival will also be maintained and will also attract small
1276 children, they will be happy and will help in their growth and development. Pictures
1277 of flowers and climbing plants can also be made in the walls. Flowers must be
1278 planted around the households and must be shown to the child. Children will learn
1279 about good stuff from early age. Teaching good things must start from their house.
1280 They will keep learning. One should start for the welfare.

1281

1282 I: What should be done for the sustainability of this programme or what should be done
1283 to run this programme for a longer duration?

1284

1285 P: In order to run the programme for longer time ... for the sustainability ... programme
1286 must be made. It must be kept in mind that how this programme can run of 10 years
1287 or 20 years ... how can we take it far.... Any challenges or other possible challenges
1288 must be resolved, they must be alleviated. At community level, meetings should be
1289 organised time to time such that everybody can reach ... they must be gathered.
1290 Everyone support must be included- political staff, public leaders, local social worker,
1291 representative from organisations and all should be informed time to time. Those
1292 households' members who are away or have gone abroad, whenever they are
1293 available, they must be invited in the meetings as well. They must be informed.

1294

1295 I: Why should we include people who have gone abroad in the gatherings and in the
1296 meetings?

1297

1298 P: Because when the programme would have started that person may not be there. They
1299 could be informed by their family members via phone, or he will be informed when
1300 he visits home. They may not be able to understand the reality. They could have some
1301 curiosity. They might want to ask something. They go to Saudi, Malaysia or Qatar or
1302 in other countries for work. There they could have seen things related to children.
1303 They can share and suggest things they know. That is why they should also be
1304 included.

1305

1306 I: One to share information with them and second to take some suggestion from them ...
1307 you have shared very nice things...

1308

1309 P: Yes ...

1310

1311 I: If we had to start this programme soon, through the present FCHVs, what kind
1312 difficulties or problem could be there? You suggested that they must be changed
1313 slowly. Their way of reporting or any other ...

1314

1315 P: There could be some problems in the status to run a programme. The current FCHVs
1316 are in their old status. They have not been able to move forward. They feel
1317 uncomfortable to do any kind of programme. They find it difficult to reply when any

1318 questions are asked. They are not competent like before. Many FCHVs don't know
 1319 how to prepare oral rehydration solution. So how can they teach others? They lack in
 1320 education as well. They are not fully informed. Questions might be raised as they
 1321 work along, if they do not know then they may not be able to reply. They must be
 1322 whole first. They must know what kind of challenges will be there when doing a
 1323 programme, how to speak... to teach others first they must know full information.
 1324 These things must be observed, explained, and then send them for the programme.
 1325

1326 I: They might feel uncomfortable or uncomfortable to work in the programme... why
 1327 do you think so?
 1328

1329 P: Previously, FCHVs might have been recruited under someone's request or maybe
 1330 there was no others, so they were recruited. They have old thoughts and belief. They
 1331 lack education. Many don't know how to write their names properly. They cannot
 1332 properly distribute the medicines that are distributed through health post. The
 1333 frequently ask about the name and amount of the medicines. We must explain them.
 1334 Their workload is increasing day-by-day compared to before. So, in any programme
 1335 they attend when they talk about it or do any related work, they get scared that they
 1336 might do some mistakes and doubt themselves. That is why they find it
 1337 uncomfortable to do any new work. They doubt themselves.
 1338

1339 I: Their confidence is low, so they doubt themselves ...
 1340

1341 P: Yes...
 1342

1343 I: You said that to do such programmes, it must be done through FCHVs ... you gave
 1344 suggestions... Now, how should FCHVs taken this along or how should they operate
 1345 the programme?
 1346

1347 P: All FCHVs must be invited to one place, they should be provided with detailed
 1348 information about the programme, they must be well explained. They must be told
 1349 that some of them find it very uncomfortable and if they do not understand they must
 1350 be told to bring one educated person from their house, if they have an understanding
 1351 daughter-in-law or their son and take their help. They will get any allowances, gift or

1352 facilities they are entitled to. If everything is fine, then they can tell their daughter-in-
1353 law to run the programme. They can make their daughter-in-law as FCHV. If mothers
1354 group find her appropriate and good, then she can be made FCHV. This could be
1355 alternatives to FCHV.

1356

1357 I: Now I have come almost to the end. Do you have any thoughts related to the topic
1358 that you have missed?

1359

1360 P: There is only one thing that I have felt. There should be such programme on our
1361 community. I did a lot when there were programmes in other districts. Now I want to
1362 work in my village as well. Beside the Pahadi districts I have work in other three
1363 districts in Terai. I have never had any interview about such programme. One
1364 question was asked that they had visited the health post and they did not find this
1365 medicine and that medicine ... via phone call I told we have this medicine and send us
1366 this many ORS. Till date no one has come to give any suggestions or to collect any
1367 information. Nobody has come to talk about work related matters. Nobody has come
1368 to take advice or suggestions. She is doing PhD. It is our fortune that she is doing her
1369 research in our village. I wish her success. That this will be implemented ... not just
1370 through the Nepal government this should be implemented in entire country. By
1371 watching us other countries like Bangladesh, Bhutan, Sri Lanka, Pakistan Afghanistan
1372 also takes the inspiration to implement such programmes in their country. When one
1373 house is healthy whole community will be healthy. Similarly, it is not enough for just
1374 our country to be healthy, all other countries, and whole world needs to be healthy. If
1375 such thing happens then we will feel proud that the programme that started from our
1376 village, place and country is benefiting the whole world.

1377

1378 I: You want our community and our nation to be an example.

1379

1380 P: Yes ...

1381

1382 I: So far, we talked that nutrition programmes related to children are currently
1383 ongoing... through the golden days programme children are being measured and Baal
1384 vita is distributed. Similarly, we talked about playing with children. Play is seen very
1385 important for children below three years. Playing and nutrition is like nail and

muscles. You said that nutrition related programme and play related programme are extremely important. We talked about the recommendation from WHO that play and nutrition programme must be taken together and play has an important role in growth and development of children. Talking about how to do this, you said first there should be a gathering, meeting should be done. Then you said instead of the mothers group it is better to visit homes. Home visit programme will be more effective. You said for these financial resources are needed, skills are required... to motivate health workers and FCHVs to work for the programme as an allowance some gift should be provided. This programme should be done through the demonstration method ... it will be effective. Health workers play an equally important role. They must supervise time to time to see whether the programme is happening as it was planned ... they must monitor the programme. They are adequate staff to support the programme ... they can be made more competent in their work area before sending them for work. If local political staff, public representatives, health workers advocate about the programme in their community then they will trust more, and it will contribute to make the programme effective. Help can be taken from the existing NGOs working in the community by taking what materials they offer. You said if the allocated financial resources could be managed well then there is not much deficiency of resources. In the beginning of the programme, mother may find it difficult to come out of their house due to old traditions and religious thoughts and beliefs... they might feel uncomfortable. Involvement of male in this programme could be less because they are usually outside home or abroad for employment. Including grandparents in the meetings sometimes could add to the effectiveness of the programme. During the implementation of such programme, the upper-level related department, local representative, ministry of health and population should collect information time to time about the program even if through call and keep their interest in the programme. This could make the programme effective and successful. You have provided your valuable time for this research. Thank you very much.

P: Thank you to you as well for providing me an opportunity to put forward my suggestions and advice regarding this matter.

1419

End of the Interview

1420

1421