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I: Interviewer

P: Participant

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I: I want to begin by talking about the recent recommendation from WHO regarding Early Childhood Development (ECD) is that they have recommended implementation of integrated stimulation and nutrition interventions to improve growth and development of children. A lot of research has been contributing to the effectiveness of integrated approach and even in nutrition programme there has been different other integration that has been going on. However, in terms of ECD, talking about the stimulation, we have not seen much in Nepal. So, I just wanted to know what your thoughts about it. Can you tell me what you know about rules and regulations regarding ECD in Nepal and how much of the existing policies do you think have been implemented?

P: Ok. I don't know a lot about the policies, but I know that ECD and early stimulation being part of that are becoming more prominent and it is now on the government's agenda. National Planning Commission (NPC) a leading and have led the development of the ECD strategy which includes a large component of that highlighting the need for the emphasis on starting early stimulation both home-based and also the other platform based ECD. So, the ... I mean I think there is also constitutional provisions obviously for the rights for ECD. There are various legal and policy provisions ... Hmmm ... I think yeah ... I can't state which acts etc.... but I think part of things like compulsory education which of course should be inclusive of ECD. The 15th plans that's the government's national development plan, does include obviously school, the whole educational stuff ... umm ... early childhood development, child-friendly local governance etc. ... in there may not be explicitly about stimulation but certainly about ECD. Umm ... there is ... I think one of the challenges I have being fairly new to the

country is part of piecing all the bits together who is doing what around early childhood development and particularly stimulation and integration of stimulation. Umm because you have the Ministry of Education, you have Ministry of women's, children's, senior citizens... Ministry of Health, there is various NGOs and INGOs etc.... government organisations etc...All doing bits and pieces ... and I think it's really timely that National Planning Commission have led this development of overall strategy of national strategy and hopefully that will bring all those different stakeholders together and provide that umbrella guidance for what needs to be done in the country. so yeah ... that I think that's the good starting point and I think it's a recognition as I said at the beginning of the government's acknowledgement of this is an issue and this is an important component of the childhood development and it's not just seen as just one's sectors responsibility but being seen as multiple sectors responsibility because the various difference component of the ECD cross many different sectors.

I: Talking about the WHO recommendation where they have talked about combined nutrition and stimulation interventions, what are your perceptions about the feasibility of the implementation of the combined interventions in Nepal?

P: There is already some integration. So, you have in Nepal ... you have obviously under the health sector and led by the nutrition section of the Family Welfare Division. You have the infant and young child feeding programme which also includes the use of multiple micronutrients powders etc... but part of that programme and part of the training of health workers of female community health volunteers on infant and young child feeding does include early stimulation. So that reflected already in things like the information, education communication tools like flip chart, training manual training package where early stimulation is the part of those materials and of course as I said in the training of health workers and FCHVs there is a session on the importance and the role of early stimulation in positive nutrition and health outcomes and child development outcomes. So, I think that's it's there and now obviously whether it's being implemented is then the next question and how well it is implemented is the next question. And I think since federalisation I know that's sort of there is being some challenges and constrains in ensuring that the delivery of these services on the ground are continuing and are being done to the quality that's required. I am not a 100% confident that infants and young child feeding, counselling and support including stimulation is being done systematically across the whole country. I think there is varying levels of expertise, skill or interest on the part of health workers and the FCHVs

when they are delivering. It's a huge task to reorientate to all local governments about the importance of this integration or even them being aware of what is early stimulation or what is the end of the link of nutrition and health. so yeah so, it's kind of this there is already some level of integration but there needs to be more in terms of operationalising it seeing that how you actually support the mother, the caregiver, the household to understand themselves of what the importance of stimulation is, home-based stimulation, what that looks like. There are many opportunities for improving spaces in health facilities, in public places for play, waiting areas... UNICEF ... we have our own internal ECD task team and that consists of the different sectors nutrition, health, social protection and education. Even planning and what that task team is focussing on is trying to strengthen through those different sectoral entry points. You know what you are talking about which is the integration of early stimulation and general ECD into delivering services. One of the things that's highlighted in our ... we have sort of a ... we have identified certain interventions that each of the sectors are supporting and one of them for example, under the nutrition who accountability that nutrition has accountability for is the early stimulation into the IYCF programming but also the capacity at the local level for play and place basis and things like that as well using teaching parents how to make toys , how to use households items for toys and how to just play with each other, interact with your child with positive sort of interactions, singing and all those sorts of things...the task team is set up basically to support the governments ECD strategy implementation and now we are also looking at how to do that and using existing structure, existing mechanisms that are place multisectoral mechanism that are already in place to do this and one of those mechanism is the multi-sector nutrition plan steering committees that exist under the local government level and they exist under the provincial government level and they exist at the federal government level. So, what we were hoping is that the currently there are MSNP (Multi-sectoral Nutrition Plan volunteers) and there is MSNP volunteers in every local government where MSNP is implemented and that's currently in 353 municipalities or local government levels and what we are hoping to do is kind of evolve that position into sort of more of a support for the child development and to take on more of a sort of focus on early childhood development. So, at the moment that role is a little bit limited to sort of trying to coordinate among different sectors for different things, but we are hoping that we can build capacity over time for those positions to have more focus on early childhood development.

I: In terms of opportunity that the existing nutrition programme would provide for integration you've mentioned that in multi-sectoral nutrition programme the integration that's how the current planning is going, so on that basis can you please tell me some of the advantages that we could have through this integrated approach and also some disadvantages?

P: I mean MSNP is the national guiding document for nutrition programming in the country. So, if it's something is not in the MSNP it won't get any priority. So, I think that's the first thing to be aware of. MSNP II is going to sort of come to the end of its so-called life at the end of next year and there will be already read in discussions about MSNP III and to get to MSNP 3 we need to do a thorough review of MSNP II, what's being implemented, how that contributed to any progress in nutritional status outcomes, childhood development etc...and I think this is the perfect opportunity to really make sure that ECD, early stimulation is ...

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P: Yeah ... so, as I was saying about making sure that the early stimulation, ECD is incorporated in a next iteration of MSNP III is a great opportunity and for that there is already an abundance of evidence globally on supporting the importance of early stimulation that can be used to put forward the case that being the priority. And the opportunity is also there because the multi-sectoral plan as its name is multi-sectoral, it will help to define role of different sectors in how they can be supportive and accountable for these integrated approaches as well.

I don't think there is any challenge. I mean there is always some challenges overall for MSNP the multisectoral approach. Obviously getting and maintaining of the buying of different sectors is always a challenge, particularly you have staff turnovers within ministries, you lose champions of the nutrition and new people come in and you have to reorientate and hopefully they will take on and continue on with that cause but that's not always the case. Fiscal State budget is obviously a challenge in all the sectors in Nepal ... making sure that there is enough finances to do what they need to be doing and then I think the under federalism there is this challenge of federal level settings, guidance and standards and policy but then having that translated into action on the ground by the local level government I think it's still a challenge and I am not that how that's done or best like a model for how that's being (network issue) identified yet. They can sort of they can choose ... it's hard to obviously to assure the accountability of all 753 municipalities it must it's a big challenge.

I: Just moving on now to the implementation part ... We agree that we don't have any stimulation related any major activities going in the community. If you have to talk about the children below three years ... for the children above three the education sectors, the play group that they have established in the different schools that's there, and children have reached to that. But children below three years they are mostly at home and there hasn't been a lot happening in that area for those children. So, if we were to take the integrated nutrition stimulation and intervention to the community how should we take it? Do you have some ideas like how this could be made possible in future if there was ever going to happen such kind of programmes in Nepal?

P: Yeah, I think at the moment you have very strong network of female community health volunteers in the country, I think it's over 52000 FCHVs and their one of primary task or role is to conduct the mother health groups I think that's the an obvious opportunity or the entry point to one bring this to those groups and for FCHVs to be capacitated to have discussions with mothers with caregivers about early stimulation, roles it plays, about the importance of early stimulation and how they can do it. Because one thing to know about it but also to give practical support and advice one. How do you do, what is it and so I think mother groups is definitely one avenue to tap into. There are some tools developed already like the flip charts and training materials and stuff that health workers have as well, which means I think we need to strengthen the capacity of health workers. Whenever they have contact with a child whatever age even beyond 3 but the certainty under 3 so when children are coming in for it be a routine immunisation, whether they are coming for growth promoting promotion whether they are coming for illness, whatever it may be that those opportunities are used to again address this and support parent to understand the role that they can play. how to do that is the challenge though because health workers are always giving feedback that they don't have enough time, they can't spend enormous amounts of time with each individual family. So I think that's where you need more than one approach like that multi-pronged you need health workers obviously to understand to be able to speak to the parents about it , but you need social media, you need obviously other campaign-style information and messaging that gets out there so that when parents do for example hear messaging through the radio or on social media or on television or through their community networks, they go, " oh yeah they resonates with me, because I heard the community health worker the nurse was telling me about that yesterday or last week or the last month" and reinforces those messages. So, I think it needs a comprehensive approach

with different models and modes of communication to caregivers. And on that UNICEF is working, we are in the very early stages of working with the creative agencies to develop some animations so animated videos, a series of animated videos that covers sort of the different aspects of infant young child feeding including early stimulation. so that would just be one extra tool that health workers can use or can be displayed in waiting room, can disseminate via social media and it can go through and again we are duplicating the messages over via set of radio serials as well. So, the message you see on the animated videos is the same message you can hear in the radio, which mean you can reach more households with that.

I: Exactly! In terms of implementation, what could be the role of health post? because obviously FCHVs are directly related to the health post. So, what could be the role of health post in that case is?

P: I mean the health post has a really good opportunity to demonstrate the early simulation. I mean as I said having toys available, having shown women, showing parents or caregivers what early simulation is. I mean if you got any women in Nepal in a village and you say oh early stimulation is really important for child development, they'll look at you blankly, they won't understand what that means. So, I think being careful about that language that's used as well. Like I was saying it's important to ... (connection lost)

I: (Conversation continues....) play with your children's, it's important that you contact with your ... I think that the health post has opportunities to demonstrate the stimulation and what it is, by having spaces available for children to play, showing mother caregivers what sorts of things, they can do at home, what it really looks like, because as I said language just saying simulation, I know that they wouldn't say early stimulation but it's important that they talk about how, not just what. And that's same with anything ... we emphasise that with a lot of other implementation of interventions. You don't just talk about breastfeeding and why about breastfeeding, but you talk about how to breastfeed, how to overcome obstacles to breastfeed ... so you do the same think for early stimulation, how to do it, how to overcome obstacles, who can be involved, who should be involved, what role can the broader community play, so those things but health post can they can demonstrate, they can have physical spaces, they can have they can be seen just as they have at the moment, they have like nutrition corners in some of these public spaces. So, we are advocating for child-friendly spaces as well into the place bases.

204 I: Yeah! So, when going through, you have mentioned that the FCHV channel that we
205 have and the mother groups that are running, it provides an opportunity. Similarly, the
206 different times when the health post has interaction with the community people that
207 could also be used as an opportunity for the interaction with the parents. So, to talk
208 about management and delivery who do you think should take the responsibility of
209 making this happen at the community level?

210 P: I mean that's the million-dollar question for a lot of interventions because as we said
211 ECD is kind of straddles across different sectors, and different implementers who takes
212 responsibility for that is the good question. I mean I think there is other ... (connection
213 lost) ... to go back to the previous question on channels to deliver early childhood
214 development stimulation through parenting groups, parents' education and that can
215 sometimes be done through the health post or it might be done through social welfare
216 or might be done even through education. ECD centres or early childhood centres that
217 has been attached to schools' parents come in there is opportunities for parenting
218 education there that can be included. So, who is responsible and how do you keep
219 accountability, I mean if you don't measure something, you don't monitor it? So, it
220 comes down to how do you build the indicators and what indicators do you build into
221 information systems and data recording. FCHV has to record whether they have had
222 some sessions with parents on early simulations, how many households for example,
223 they have been trained or involved etc. then they start to be more accountability for that.
224 Same with health workers same with I have always tried to push this concept
225 particularly through the health system is the fully counselled child, it's like the same
226 concept of the fully immunised child so the child has the immunisation schedule so as
227 the child should have a counselling IYCF kind of counselling schedule and you should
228 be able to reflect that somewhere in the documentation that yes this caregiver has had
229 information and counselling and support on what is stimulation and how to do it, etc.
230 And then to sort of at least quantify ... well supposed quantify it. If it is reflected in as
231 I said back to MSNP, MSNP have at the local government level the committees... we
232 are advocating for sort of local level dashboards to help them monitor implementation
233 of MSNP and I think this is where the integration or the inclusion of indicator or at least
234 some form of accountability of integration of dashboard can be of help so could be that
235 okay so education sector have to report on what they were doing through what they are
236 doing through ECD and informal, formal learning centres, health have to report back
237 on what they are doing in term of childhood services and health and childhood services

238 .FCHV has to report back on what they are doing etc and keeping it very simple because
 239 obviously the reporting burden on all of these are quite high .

240 I: So, in terms of implementation how much do you think the dashboard is being
 241 implemented in actual field and how is this contributing to take further decisions related
 242 to the policy.

243 P: I mean the dashboard is not at that stage where they have identified ... each local level
 244 for example has identified what they are going to monitor ... that is something that we
 245 will be working through the federal level to support the local government level to do
 246 that and of course last year we basically missed lost time to initiate this with any
 247 intensity because of covid. There is a couple, there is the number of sort of steps that
 248 have to happen to get to the final production of a dashboard a big part of that is
 249 strengthening information systems and that's the big challenge itself. So, we've started
 250 with that and then hopefully with once those systems are more robust and start within
 251 the local and provincial and federal level have the capacity to use the data to generate
 252 it to understand the data and use it back for planning then that's when it's starts to have
 253 an impact on policy and programming decisions, as I said that NPC the strategy ... that
 254 ECD strategy is I think is going to be the catalyst for all the levels to kind of say well
 255 that there is accountability to implement this strategy so that's also is an opportunity.

256 I: So, you mentioned about like strengthening the information system what do you think
 257 could be done so strengthen the information system that we have?

258 P: I mean you have got routine information systems within the different systems like just
 259 say health for example. You have the health information system that uses the DHIS two
 260 platform which involves the collection of data on service delivery, service statistics,
 261 was that service provided and how many people received it etc. At present, there is no
 262 indicator in DHS is to on ECD under the health. So, there is an opportunity there to
 263 identify, and get an agreement or consensus on what could be included which indicated
 264 could be included and then of course that means having to revise the health facility
 265 registers which is the starting point for data collection and reporting and recording of
 266 services provided. We've been supporting the ministry health to do the revision to the
 267 DHIS II indicators, particularly to nutrition and streamlining of some, improving the
 268 definition of indicators or new indicators etc. so that process is underway so we are
 269 working on that and in addition to that we know that there is certain activities that get
 270 carried out at local level that don't get captured by routine information system and
 271 under MSMP there is also what's called the web-based reporting system and that's the

system that captures data on nutrition-specific and nutrition-sensitive interventions that don't get captured elsewhere so if its not captured in ME, its not captured in HIMS, it's not captured through an agricultural information system, the web base reporting sort of tries to capture that and that information or that data is collected by MSNP volunteers and then they enter that into the web-based system. We are revising the system; we are rationalising the indicators because there are around over 200 data points. So that is all being revised at the moment. We are going to be providing all of the volunteers with tablets, so they don't have to be recording paper base and what they are recording is automatically recorded into the database. It can be analysed and used. So that's important ... to be able to understand which the system is collecting what and how and what are the gaps.

I: Coming back to the human resources, we have previously talked that FCHVs could be one of the potential candidates to deliver the integrated intervention. Having the task has already been defined for them related to the nutrition and they are continuing those activities in the field. In terms of human resources how adequate are they in terms of their time, capacity, work allocation? Because everyone is working with FCHVs ...

P: Yeah, everyone works with FCHVs... look ... It's a good question if the current capacity of FCHVs is adequate, are there enough FCHVs, is what they do sufficient, do they spend enough time with their task to do, are they supported enough what they are asked to do ... these are the good questions, broader questions to look at the whole FCHV programme. I suppose... I can't speak for whether or not there is enough FCHVs to do the work because I don't have a sense of how much of village or how many houses FCHV covers varies obviously location to location and population density etc. I know that the profile of FCHVs is changing... you have women who are becoming middle-aged and more elderly and there need to be transitioned and renewal of new younger FCHVs is coming into the cadre. I know there are some challenges around that. I think their roles and responsibilities ... their job description let just call it that ... needs to be looked again and how realistic are their expectation on FCHVs. And I think there is lot of other initiative that go on at community level.... I think there is a growing role of young people at community level taking volunteer task and roles as well. There are other opportunities through different Civil societal organisations, youth groups, youth clubs, schools etc to sort of be able to broaden the support for these interventions. So that it does not just fall on one. But then of course you have accountability.

305 I: About the job description ... the title they are given is as volunteers when their job
 306 descriptions are revised could there be issue of how much they will be paid.

307 P: Well, they are not paid anything. They get uniform and uniform allowance; they get
 308 some support when they have to participate in the training and in different events. I
 309 know they receive some small incentive when they support specific primary service
 310 sort of delivery of vitamin A campaign and I know for those two days of the national
 311 campaign, which is four days over the whole year but two days per campaign, they get
 312 they get I think its four hundred rupees per day to do that. That's a policy decision the
 313 Government would need to make whether or not they decide at some point in future to
 314 incentivise FCHVs, how sustainable is that financially, where would the money come
 315 from... So that s where... I know ... (Unstable internet connection) ... programme has
 316 shifted ... let me put it that way... used to be which is now the family health division
 317 and now it's with the nursing division. I think that happened not that long ago. Sort of
 318 within the last year or two years and since then I think there has been some changes
 319 whether they were anticipated or planned or expected but there were changes in what
 320 FCHVs do. I know their scope of work was reduced. In the past, they used to do a lot
 321 more community-based treatment of childhood illness. They had a wider scope. But
 322 now I don't think it is as broad as that. It's a tricky one.

323 I: When we talked with FCHVs about what they think about bringing this kind of
 324 integrated programme, their response was that work wise they are not overburdened.
 325 They work for the government for four days and probably they would need one more
 326 additional day to work but they think it is possible and they are happy to do it. But their
 327 main concern was that if they had new tasks coming in their job description, then
 328 government should incentivise accordingly. What are your thoughts regarding this?

329 P: I don't blame them for wanting to be incentivised because they do play a really
 330 important role. They are critical for the delivery of services at the villages the
 331 community level. They are the army. They are the backbone of the health system to be
 332 honest. And not just the health system but they also help deliver other programmes as
 333 well. I don't blame them for wanting to be incentivised. They have their own lives and
 334 their livelihood to manage in addition to the work they do for the government. It could
 335 also become a pre-steppingstone for women. Obviously, they do get some training now.
 336 But if they were to become community health workers and not community health
 337 volunteer with some additional training, capacity development etc. that could become
 338 a more sort of stronger foundation for that career development into something else and

a good transition for a woman to enter into other studies or other opportunities. But the big question is how the government would fund it. And for that I think there is plenty of examples in other countries where community health workers have been very successful, and the investment case has been made. Ethiopia is really good example. Similar programme in Namibia. I think it would require some sort of really good economic analysis to say okay if we were to pay FCHVs how much would it need to be and then how would be generate those resources to pay them and what would they need to be doing. Maybe they would need to work 5 or 6 days a week or comes as a job instead of in addition to what they do... and ... so.... It would be possible I mean many countries have been doing it.

I: Another thing that has come up during one of the interviews was creating a new ANMs category to work in the community who will carry substantial health-related work and FCHVs would be basically trusted for their face and their role will be more kind of voluntary so that they are not overused for service in the name of volunteer. What do you think about this? How will this impact the existing group that we already have?

P: I am not sure to be honest. I mean I don't know enough about the programme to comment on that.

I: It is just discussion that came in ... as you mentioned the FCHV is a very old programme that has been running in Nepal and most of them are now very elderly and are not able to carry out the recent task of filling the record forms that has been developed for data collection. The new FCHVs who have been replaced they are more efficient whereas there might be some gap which needs to be filled with the elderly groups and probably having a new category could be one alternative ...

P: But I think the FCHV programme ... there is a strategy guidance. It is clear in the strategy that their retirement age, when FCHV reaches the retirement age she should transition to retirement, but I don't know how much this is true, but I hear as a feedback that a lot of them don't want to ... a lot of them are reluctant to relinquish their role to a younger woman. And so, the policy is not being enforced. There is a provision for that turnover and for the renewal of young woman coming in, but it is not just reinforced. I don't know about creating a different level and trying to get around that ... just enforce the policy you have... enforce it so that there is a turnover and may be provide the elderly FCHVs with a mentoring role. Saying, "okay you can mentor this new outcoming FCHV" which does not require elderly FCHV to be so hands-on with all of their activities, but she is there to guide and support the younger, the new FCHVs

373 who has taken on the role. Again, it depends on how willing some of the women are to
 374 do that. It is a big shift they lose their status; they lose their position in their community
 375 and it must be hard.

376 I: They have built in the community ...

377 P: Some of these women have given a lifetime to this. It would not be easy to step down.

378 I: In terms of financial resources, we talked before there could be some challenges related
 379 to the money if we are going to plan integrated programme. What do you think about
 380 the availability of the financial resources for the integrated nutrition and stimulation
 381 programme in Nepal?

382 P: There is not enough resources for nutrition in general. The resources that are available
 383 and I don't think are being used efficiently as they should be. The budget allocations
 384 are not always evidence based. The decision on where and how to allocate funding to
 385 which programmes is not always taken into account the priority needs of the
 386 programmes or the situation on the ground. So, I think there is a lot more work that
 387 needs to be done to build capacity for result-based planning and budgeting.

388 I: What could be the alternative to overcome this and how the financial availability would
 389 affect the implementation of the programme at national level?

390 P: If it is an integrated programme then it is integrated into existing services. So, when a
 391 parent brings a child to the health facility or the health post for another service that
 392 health worker even if just a two-minute conversation he or she has with a caregiver
 393 about the role early stimulation can play in helping in the further development of child
 394 and may be childhood development milestone ... etc. That does not cost a thing ... Yes,
 395 may be the initial investment is in training, orientating health workers on what early
 396 stimulation is, what will integrated package will look like, what is it and how they will
 397 do it but apart from that once you have people who are conversant in that then they
 398 could deliver that message. Delivering messages cost nothing if its interpersonal
 399 communication. Does the government invest in developing IYCF materials? Yes, they
 400 do. May be not as much as they need to make sure that there is almost saturation of
 401 messages in getting out there and turning that over year after year. Because they are
 402 new young families, new children being born each year, so making sure that messaging
 403 you do have is up to date and stays relevant. It is not that we're asking government to
 404 provide every household with a set of toys. There is no real commodity here. From that
 405 perspective it does not cost much. It is investing in human resources, the deliverer...
 406 the message delivery service and that should cost much. If you are doing a refresher

training for health worker and FCHV, include it. If you are doing refreshment programme in other sets of programmes, include it. You don't have to have a separate training session just on early stimulation. That's where the Family and welfare Division has consolidated all the nutrition training in one package. It is called the Comprehensive Nutrition Specific Intervention. Previously, all different: nutrition in emergencies, Integrated Management of Acute Malnutrition (IMAM), IYCF, and micronutrient supplementation ... all of those were separate training packages or modules and programme. Now they have put all under one heading Comprehensive Nutrition Specific Intervention and one training manual and when they do trainings for FCHVs, health workers and health coordinators they get trained on the package, the comprehensive package and that also reflects early stimulation as well under the IYCF component and role of early stimulation in SAM treatment. It is also reflected there. So, in theory, it should not cost much.

I: I wanted to bring this point when you said a small component of stimulation is already present in the manual and certain level of training is provided to the health workers. We have visited people from two municipalities so we cannot generalise, but I wanted to know nobody mentioned about having this small component in their training or have listened about it or have been told about it somewhere. They were like ... it seems like they were very much unaware about it. I wanted to understand where the gap is.

P: They might have not been trained yet. The government is just rolling out the CNSI package. They started early last years and that was all interrupted due to COVID. They have just resumed doing it this year. Their approach is that they are training the district health coordinators. Then the health coordinators are training health workers and health worker are training FCHVs. That's a cascading model. So, there may not in fact ... the people you have spoken to, they might not have been trained and if they have, and even if they have, they might not have been remembered. This is one of the critics I had of the CNSI. It's all well and good to give an overview of nutrition programmes in one training, but they are not going to walk away and have a good understanding, in-depth understanding of every programme because they just had a skim over the top. They are not going to know if you ask them specific questions on the details of IMAM or IYFC, they might not be able to repeat or recall because they have basically ... I keep saying to the government that you have overwhelmed them with information in one training. It's a five-day training but still no one will retain that sort of information necessary. I

mean that's the comment about this reliance still on traditional approaches to training in many countries ... this is like let's bring everyone to a room and let's do a school-based training. We give them the book and we lecture to them and ...we have ... a very good colleague of mine used to call it train and hope. You train these people, and you hope that they understand, and they are be able to take it forward. It is a flawed approach. There needs to be some sort of shift in again thinking and delivery of capacity development for the different stakeholders. On-the-job training needs to be I think more emphasised rather than... District health coordinators are an administrator they are not in service delivery role. They are administrator. So, I have always argued, "oh why you are teaching them to how to use a MUAC tape". Because they are never going to use a MUAC tape in their life. The health workers are going to use a MUAC tape... FCHV is going to MUAC tape... So, train and master a pool of trainees of health workers don't train district health coordinators. They need to be aware of what that does ... that tape and what is involved in all of that and in programming ... but...anyway...

I: Probably the message gets lost as it passes through different level of cadres for the training and their enthusiasm might not be same as it would be from receiving the direct training together than from getting it from the health coordinator then because lot of information gets cut off there as well ...

P: Yeah of course... cascade training is classic for diluting the message. You usually start up with some sort of TOT. Then those trainers go down and train someone else ... Then those trainers go down and train someone else. As this is the case here. By the time FCHVs get trained she is probably learning something different.

I: We also realised that there were differences within the group. We could feel that somewhere the messages are being lost and they are not aware of the knowledge in the way it was originally prepared.

P: That's where the ... currently FCHVs have a monthly meeting at the health post ... I think that's where the emphasis needs to go ... in keeping FCHVs up to date with new emerging interventions or refreshing them on their skills rather than these cascade mass trainings. I think the emphasis should be going on ... ok let's keep health workers engaged in capacity development in ongoing learning on the job with different tools small tutorial videos, and small group discussions within the health facility on different things. And now with the kind of familiarity and comfort of using virtual platform because of t COVID, that opens up an opportunity for skills development of health workers directly from say for example, the nutrition section of Family Welfare Division

or from other partners and health workers with their monthly meetings use those opportunities to help refresh the skills and knowledge of FCHVs. And as I said before the elderly FCHVs mentoring younger ones is pass on your skills, pass on how to do the MUAC, pass on how to have those community mothers group discussions. So, you can transfer the skills that way as well. That changing attitudes around how to capacitate people is a slow-going process ... to get that change ... people don't like to get out of their comfort zone.

I: Yeah, changes take time. Coming to the next topic, we have talked about the role of Civil society and we know a lot of NGOs and INGOs have been working in the same community along with the government. When we talked with people about who they think should bring programme to their community. They were emphasising more on NGO and INGO than government. They shared that they believe the level of knowledge or the level trust is more with them than the government. What are your views regarding this?

(lost internet connection)

P: Sorry you were saying the actual community were saying having the service delivered by NGO is preferred ... instead of FCHVs?

I: Not instead of FCHV but they would want the NGO people to be involved in the programme delivery as well.

P: They need to take the message to federal government. There is a politics involved here ... different policy changes about the roles of NGOs and INGOs etc... so... it seems to be shifting landscape... What I am observing is that there is less sort of I suppose reliance or less interest in having NGOs play such a prominent role or at least INGOs playing such a prominent role. That is a policy sort of discussion that needs to be had and if this grounds well for making that message is heard at the national, federal level to say we want support for NGOs... we want support from expertise from INGOs ... I do not know if that could have a difference but maybe...

I: So, what could be the role of NGOs if the government is implementing the integrated programme within the existing health system?

P: They can definitely work alongside the government system... so working as a complementing not replacing or substitution them... but complementing the health worker... complementing the FCHV... so that is important. It should never be a substitution ... It should be complementary to what the government is doing. So that would mean the NGO needs to, if there are materials, resources being used, training

509 tools or IC materials etc... NGO are using government-approved, government standard
510 materials and not going off and developing their own and having different messaging
511 etc there needs to be consistency... that is important ... there is always risk of NGOs
512 doing their own thing and saying their own things and it is contradictory to the
513 government standards and policies so that is important...

514 I: How is this going to affect the sustainability of the programmes?

515 P: That's the problem with the reliance with NGOs, INGOs or with any external partners.
516 Even UN... if you rely on them, if they are a critical component of your service delivery
517 and suddenly, they disappear because maybe they lose their funding may be
518 government changes their policy and they are not able to operate then the programme
519 collapses. So, I mean that where ... UNICEF do not implement. We are not like the
520 NGO. We don't have staff on the ground that can go communities and run session, but
521 we work to capacitate the government and strengthen the government system so that
522 sustainability is improved. You build their sustainability. If you can institutionalise
523 integrated ECD into the existing health services, it is just routinely provided. When as
524 I have said before when children are coming to health post for whatever reason, they
525 get support for that as well and it is done systematically across the country. Then it does
526 not matter which nurse or which health worker is in that position they should be
527 delivering the service... and even if they going to go away may be the health worker
528 from NGO is eventually going to move or be withdrawn...

529 I: Another thing that came during the interview with community people was that there
530 has been a trend going on that community people are being incentivised in their
531 participation in any kind of programmes. So even the mother, fathers, or grandmothers
532 they know that their participation in the programme or visiting health post is beneficial
533 for their child they were all asking for what kind of incentive we would provide them
534 for their participation everybody seems to be expecting. to quote "if you don't show me
535 greed why would I come to learn anything". We received this kind of response... What
536 are your thoughts on this and how do you think this would affect future ability to run
537 such programme in the community?

538 P: It's detrimental. If you have to incentivise parents to bring their children to health post
539 for services, then we are in trouble. The whole country is in trouble... that is not
540 sustainable. You can't start paying parents to bring their kids to health facility because
541 where is the ownership of their child welfare. if your child receiving health services is
542 reliant on you being paid and if you, don't you are not going to take them then that is

really sad... I am not sure who is doing that... I know there are policies of the government such as free childcare for children under five, there are policies for women to deliver their babies in health facilities, which is great... because we know that if there is a fee involved from the service ... if you have to pay for a fee that can be a disincentive to coming. If anything, ... removing or minimising fees for service at least then that removes that barrier to people saying, "oh well I cannot afford the fee so then I don't go" ... if you remove the fee hopefully, they will say, "I know I am not going to have to pay anything out of my pocket" ... that is important, making sure that those policies are widely known to the community... I know government really invested in trying to expand the health insurance for the community so that they can receive services with their incurring cost etc ... but to incentivise people to actually come to is very dangerous.

I: External NGOs or external programme that goes in the community... in a sense to incentivise for their time as a compensation...

P\.: That is different. Yeah, if it is like one or more women for Focus group, then it is practice. It is not an uncommon practice to provide them with some sort of incentive NPR 20 or NPR 50 or whatever or they are fed for their participation... that is understandable, or we pay for their transport... for those sorts of activities that is okay but if there are NGOs or service providers saying we will pay you to come and have your child immunised... we will pay you to come and be part of this mothers group then that's is not right...

I: Probably it is from the community people for understanding the message different. For example, someone participated in something and they received certain amount then people might think if I am participating in such programme then they expect something is return for their participation... it is kind of like...

P: All along is making embedding the provision of these services whether be counselling or support on early stimulation in the existing child health programmes so that they use those entry points, those contact points that health workers or FCHVs have with caregivers and children ... yes you have some ad hoc or like mothers group meeting where today we are going to talk about early stimulation next month it is going to be family planning and next month will be something else. So that is fine. But if the child is coming in for immunisation there needs to be and its I something we have been trying to advocate to the Government, to the Ministry of health is that a child-centered approach to health care not a programme centred health care. When the child comes for

immunisation, they don't just get immunised, they just done get the vaccine they also get asked about well they get weighed, measure, they also get a sort of overview or history taken from the mother about how the child is doing, whether there has been any recent illness, whether they are young enough for breastfeeding how they are doing with that... those touch points ..checking with the mother how the child is performing or doing and if you can do that in every contact point no matter what it is for ... you can pick up areas where they need more support and maybe that where you can say... as we said before if this is happening in the health post when they come for immunisation or something else and you are demonstrating play in a play place the health worker can always say like when women come for different services and when they are waiting. There is usually a waiting time. In that waiting time they say, "hey look here is some toys, here is this, there is that ... this is important... how they are playing that is important ... problem-solving and by doing that their brain is developing really quickly, their language skills are forming..." all these sorts of stuff. They are coming for the service for which they don't have to pay and expecting remuneration for...

Maybe that's where NGOs can be counterproductive sometimes in the sense if they are creating some expectations there will be some sort of remuneration to participate in activities... and if one does it and other don't then people won't come... "Oh well my friend went to a meeting last week and she got 50 rupees what are you giving me... oh well I am not coming."

I: We have come to the end of our conversation. Is there anything you wanted to say about sustainability, any strategies?

P: Doing the same things with all the other sectoral entry points. If you map the contact points you have with parents. What are those contact points? When a mother is pregnant is a contact point...when the woman delivers there is a contact point, when she comes back for various child health services like immunisation, growth monitoring, there are contact points, when she first enrolls the child in kinder garden there is a contact point... If you look at the contact point along the continuum or the life cycle of the child and identify what are the services, you can embed and integrate early stimulation and ECD into those... Like I said before parenting education might happen through facilitators through the ECD centre or primary schools where ECD centres exist. Yes, those children are older than three, but their mother might be pregnant, or she might be having future children so starting to talk even in those opportunities about early

611 stimulation can be valuable contact points. By mapping all the potential entry points
612 that exist within current service provision under the different sectors and maximizing
613 those because if it's not embedded into particularly government system and government
614 service delivery points you risk paying lots if it just led by NGO or INGO or external
615 agency... you risk it only being sustained through the duration of that support once that
616 support is gone, the programme is gone.

617 I: Anything related to the challenges that you wanted to shed light on besides the points
618 that we have discussed already like staff turnover, physical space, financial budgeting
619 and also the federations getting where the translation is slow at the moment that could
620 be the barriers... anything you feel we could have missed?

621 P: Umm ... No, I don't think so.

622 I: We know that local governments have their authorities and many times they have the
623 capacity to run the programme or any such activities within their municipality without
624 having to share with the Ministry but then I see this gap that the local community talk
625 about Ministry people should tell us what to do and support us, provide training to
626 increase our awareness on subject and ministry people are saying that Local
627 government have their authority they don't have to wait and make their own decision.
628 They do not know what are happening within that local government because not all the
629 programmes are reported at the ministry level. There seems to be a gap and was
630 wondering if we should focus on Ministry and capacitating them ...

631 P: My opinion is, to focus on the local government level, that's where the provision of
632 services is going to happen. It is not going to happen at the federal level. But I
633 understand where the local level is coming from. Suddenly they have this authority.
634 They can plan and do what they want but they do not have technical expertise to what
635 to do. They are looking for federal government for their guidance. Yes, federal
636 government have the responsibility to set the national guidance and national strategies
637 and then make sure that gets transferred down to the local government for them to then
638 contextualise and adapt and turn into actions. But there is a need for a lot of capacity
639 development for the local government to be able to do that. Let's just look at the ECD
640 strategy we have talked about today. The NPC have developed this strategy now what
641 the local government will adopt that. How will they internalise that? How will they ...
642 they will need guidance to do that. That is where I am always ... because we are
643 fortunate with the nutrition, we have the MSNP, and we have the coordinating
644 committees and steering committees at different levels it is a good starting point. To

start building awareness orientating local government on what is the stimulation; why is it important and how do you do it; which activities do you need to focus or provide? First of all, then understanding in the local government area are we providing any of these services, if not what do we need to provide, and where and how and what resources we need to do that.

That's where MSNP technical support from UNICEF and other partners can help to capacitate the federal government and provincial government to help the local government. To do that as well. But that requires a kind of road map. You need to sort of really unpack to know what that looks like, and it is going to take time because there are so many local governments, that is one of the challenges... suddenly country is divided up into 753 administrative units and that is not going to be on the high priority list of every single local government. They are very much emphasised-on infrastructures and economics and even just getting nutrition and health broadly on their agenda is sometimes a challenge let alone one aspect of nutrition. But that's why we can use the platforms to raise awareness. So, taking the issue down to the ground, doing orientation sessions with a local government and saying, "Hey let's teach you about early stimulation" They are very receptive once they know about something. They want to learn; they are hungry to learn and once they know something, "okay this is relevant for us, we see the value in doing this ... this is worth investing in..." they do it. It is really encouraging to see how much the local governments do actually adopt and take up and some of them do it spontaneously on their own. Some of them require a bit of a nudge.

We have seen that in the last year, during the COVID. We have seen that for example, with new concepts that we were introducing like Family MUAC like teaching mothers and caregivers how to use a MUAC tape and measure their own children rather than rely on FCHVs to do it. We raised this as a technical point in a national cluster meeting and before we knew it there were some districts and municipalities that just went ahead and start doing it. Because they did not know about it before then how they will know what to do but now they knew it? Once they learned about this, they are like, "Hey we want to do this". It is same for early stimulation. We just need to get the information and messaging down to them for them be able to start planning for it.

I: We received similar responses from health-related stakeholders that they were not having such dialogues, that they don't have experts and that there is a lack of awareness.

Once they are made aware of the subject, they were showing interest and how much interested they are to take such activity in the local community.

P: We also have opportunities with the review of MSNP. Government does an annual review at federal level but there also needs to be more sort of regular reviewing at the local government level of MSNP implementation and to understand new emerging area about nutrition. Adolescent nutrition is not a new concept, but the evidence is building for the prominent role adolescent nutrition plays in preventing undernutrition. Using this annual review is opportunity to look at what is being done and the progress but also what new is coming up, what is something new that is emerging in the field of nutrition and what we need to be aware of and how we could include that now in our planning and adopt that as another priority or replace another priority or older priority with that. These are the opportunity that are also there. That is where technical assistance to the government UNICEF is always providing or forwarding on anything that comes at globally, we bring into the attention the government who may have not seen or heard of new initiatives and new emerging interventions and evidence and they are very receptive too once presented to them.

I: We talked about a lot of things today. There are some really promising actions coming forward and has been a really interesting conversation. Thank you so much for your time and sharing your thoughts.

End of the Interview
