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**I: Interviewer**

**P: Participant**

**Interview duration: 1:22:24**

**Language in which the interview was conducted: Nepali**

**Location: Participant's house**

**Date of the interview: 26 February 2021**

I: Let us start now.

I: Okay, so let us start now. We have introduced ourselves the previous day before too. I am [A] Okay sir, what types of nutrition-related programmes are there in this Municipality?

P: Before the establishment of this municipality ... also I am one of the locals of this municipality too... before the establishment of this municipality there was this programme named as “*Sunaulo Hajar Din*” (Golden 1000 days), which was in operation before. But the thing that happened in that time was, there used to be district development office instead of district committee like now. The programme would go to the secretary and those secretaries would do all the necessary things for these programmes ... They would not ask from the health post and conduct from their own.

I: Sorry to interrupt you. Would you feel more comfortable in Maithili or in Nepali?

P: Nepali is fine. I know Nepali and Maithili.

I: Okay so you were saying?

P: The district development committee handed over the project to the secretary. In 2059 B.S (2002 A.D), we established a democratic system in the country and in this system, there was an officer's board as well. But in this board too, there was more authority given in the hands of secretary. In that programme of 1000 days, directed by the district development office, the programme was launched but it could not reach its target group. Programme happened but I did not think it was not effective ... from my perspective, a perspective from a health officer. Now talking about recent days, this village has been promoted to municipality in 2073/2074 B.S. In the beginning, mayor sir, officers ...

they all were newly appointed, and everyone found it difficult to understand the procedures and the regulations for 1-2 years. It seemed like it did run well in the beginning. But when observe the results... like the work to measure the weight of children was not going in place. It was not going like how it should go. No pregnant mothers and children were motivated like they should be. Even if we see the data now, we find that it is lagging. Covid happened here last year ... we did plan well... We were given responsibility for health. It was someone else's responsibility till last year. It was under the responsibility of administration. I do not know how friends run this programme. But due to covid, district development committee and a sir from UNICEF, we all decided to conduct a meeting on *Jestha* 27, 2077. We got feedback from that meeting that we cannot do anything in this COVID period, but there has been an impact of this to the pregnant women... due to the COVID... so we decided that we should distribute nutritious food to these pregnant women. We got message like this and got letter like that from our coordinator who was the district coordinator at that time, also said the same thing that at least pregnant women should get nutritious food... and accordingly we distributed nutritious food...

I: Where did it apply?

P: We collected data of pregnant women in this area and then distributed food to them.

I: In this village of Dhanusha district? (00:04:44)

P: For instance, in this state, this municipality is considered as local government. We could not deliver food to everyone. And the reason why we could not be that... What we have concept in terai region is that if any female is pregnant in this region, then they do not share it... they keep it as a secret..., then when FCHVs or any health officer will not get proper data as people will not give proper data to these people... they are careful that their secret is not out... They don't give data and information like whether their neighbor's daughter-in-law is pregnant or not. They might feel insecure if people find out their daughter-in-law is pregnant. After we received the data, and we distribute food according to that data. And during that time, people would say that their daughter and daughter-in-law were pregnant too and we distributed accordingly.

I: Who did the distribution?

67 P: Purchasing of the food were done by the management and distribution responsibility  
68 was given to the health post. data collection responsibility was also given to the health  
69 post...and through the health post and through the mayor...Inauguration was done by  
70 the major sir because we thought a message would also go and later the distribution was  
71 done by the secretary (*Ward Adakshya*) and the health post in charge.  
72

73 I: What types of food were there? (00:06:29)

74 P: Wheat, lentils (*dal*), iodine salt, and what you call in here is “*sarwottam pitho*”  
75 (*multigrain fortified cereal*) and butter (*ghee*) ... altogether there were 7 items. We also  
76 provided seeds of vegetables and green leafy vegetables...  
77

78 I: So, these were for those pregnant women, right? And what about for the newly born  
79 child up to three years age, what types of programmes are here in context of nutritional  
80 food?

81 P: Like I said before, because of Covid, we only did some work for pregnant women. We  
82 also did some educational work while distributing food. We have not done anything for  
83 the children yet. We have prepared the programme... But we have not got any budget  
84 that we were discussed and promised from the municipality. Last year what we made a  
85 decision that from health coordinator and UNICEF... Mayor sir accepted it... a budget  
86 of 18 lakhs should be allocated to the municipality from the budget they e get from  
87 Nepal Government. But now the municipality does not have any budget. We had  
88 already outlined our programme... we made programme from 18 lakhs... and they gave  
89 23 lakhs. There is a letter where it states that 21 lakh 93 thousand should be allocated  
90 for multi-purpose projects and 1 lakh 49 thousand should be allocated for OTC centers  
91 and FCHVs, health workers as well. So, we had prepared programme for these 18 lakhs  
92 and 23 lakhs but now a day... but not budget has not been allocated for nutrition  
93 programme in our area. I have heard some news from people representatives that in late  
94 *Falgun* ...Mayor sir is positive to add... one programme is going to be launched soon  
95 for pregnant and under two children. We should at least measure the weight of these  
96 infants and do something about children who are suffering from malnutrition... we have  
97 been planning to do this...  
98

99 I: Recently are there any programmes launched for children and nutrition?

100 P: we did a summary reporting of nutrition programme recently... health workers visit  
 101 outreach clinic... but there is lack of education. I have observed that because of lack of  
 102 education people don't know that their children should have their weight measured  
 103 regularly, what is their weight and what are the things related to growth and  
 104 development... People in this community does not know about these things.  
 105

106 I: What are the programmes that these FCHVs bring in this community for children under  
 107 three years old? (00:10:03)

108 P: We do have programmes running in the health post as well. Programmes related to  
 109 IMCI which deals about nutrition, administrative work which looks after the  
 110 management of various diseases. We have outreach clinic for houses far away...We  
 111 have immunization clinic as well in this village. In this municipality we only have 5  
 112 health post, and we are providing service from these 5-health post to all the wards. We  
 113 have now added four basic health posts (*Addharbhut swastha sanstha*) These basic  
 114 health post will also operate immunization clinic and outreach clinic from coming  
 115 months, and we have provided them with supplies... compared to before we have seen  
 116 small growth in this nutritional programme as well. Immunization is also there... in the  
 117 summary report Measles MR 2 not all children have been able to take it ...  
 118

119 I: What else do you have in here beside this vaccine?

120 P: We have outreach clinics (*gaughar clinic*) we measure the weight of children and do  
 121 nutritional-related activities there . If any child has common cold or any sickness we  
 122 manage everything under the IMCI programme here and for nutrition, we do things like  
 123 weight measurement and counsel mothers about the situation of the child... But we  
 124 don't have any programme which provides something to mothers... we have two OTC  
 125 centers... from there undernourished children are provided RUFT for severe  
 126 malnourished children... if they cannot be treated there then we refer them to the  
 127 nutrition rehabilitation centre...but even if we refer these children are not taken there...  
 128 I once went to the nutrition rehabilitation centre as well... our Mayor's daughter-in-law  
 129 is officer there.... She was saying, "we are not getting any children in this municipality.  
 130 Mainly those from the highways visit..." Where there is mixed community there is  
 131 more awareness but where there is no mixed community there is lack of awareness...  
 132

133 I: According to you there is a lack of education?

134 P: Yes  
135

136 I: What are the programmes organized in here for the development of mental health for  
137 children under 3 years old?

138 P: We have given priority on public awareness raising programmes here. Until people here  
139 are self-aware that they need to take the child to the hospital if they are sick, when to  
140 measure their children to know their weight... either they have to go to health post... or  
141 they have to go ... wherever is convenient for them ... where the service is being  
142 delivered. if that is not there... then at least they should be enthusiastic about the food  
143 what we are planning to give them. We don't have these types of culture in this  
144 community. That is why we have only focused on pregnant women in this community.  
145 If pregnant women understand well... during the period of thousand golden days  
146 (*sunaulo hajar din*) if the things are taught during this time then ... until they don't  
147 understand that after the child is born they should be taken for vaccines facilities, when  
148 the child needs to be measured, what they should be fed, whether their children are  
149 doing well physically and mentally, how to read the health card and whom to ask... until  
150 they don't know these things, they won't be able to participate in any programmes like  
151 this. Self-realization is a must important factor.  
152

153 I: Are there any programmes which is under operation for mental, health, growth and  
154 development? (00:15:04)

155 P: There are no programmes launched which focus on child growth and development...  
156 we have budget... but for children under three we don't have any programme... There  
157 are other programmes which have been running under Nepal Government.  
158

159 I: What types of programmes?

160 P: Vaccination and its types, measurement of weight of a child, referring children who are  
161 suffering from malnutrition, providing RUTF for malnourished children... These are  
162 the programmes which have been running recently for children.  
163

164 I: Anything on mental growth?

165 P: No.  
166

167 I: What do you think about such programmes? What should be there according to you?

168 P: Like I said, there is lack of education and not all mothers here are educated. We need  
169 to focus on increasing their awareness, and through that they need to understand about  
170 everything.... They would take any service provided to them if they are made aware.  
171 And another is for health workers ... before coef sisters were MCH and are now  
172 upgraded as ANM...but they have only studied to 8<sup>th</sup> standard and if they don't have  
173 knowledge and attitude then it will be difficult to provide service... Health workers must  
174 also be upgraded... Health workers also should be provided training about programmes.  
175 Also, the community people and including the representatives of this village should  
176 also be given awareness and necessary trainings about this. Currently, these people's  
177 representatives are the focal person in any kind of development activities in the  
178 community... People's representatives also should be given trainings on nutritional  
179 foods as a special package.

180

181 I: What are the problems here you have been facing for those trainings and awareness?

182 P: Currently the country is going under this federal system and according to the people's  
183 representatives, development does not mean health sector. Health is not development...  
184 According to their concept, infrastructure, road and irrigation are only considered as  
185 development factors. For instance, we had a massive cut in budget which was allocated  
186 for health sector only. That is why I think in health sector there has not been any  
187 progress... it's not that there is no budget allocated. Budget has come... we health  
188 workers work in the municipality... we had asked more budget for health but now they  
189 have cut off... right now for 1 and 1/2 year they are looking at those (construction work)  
190 but not health for development...

191

192 I: What are their thoughts regarding health. You work directly under health department.  
193 How do they think about health? (00:18:34)

194 P: They (People's representatives) do have a good vision, but they don't have adequate  
195 thoughts about health. It's not that they have not understood ... they know about health  
196 and nutrition... we are also in between including them in our programme... but we don't  
197 have enough enthusiasm for this. They don't take it is an important matter... that when  
198 our children are not well developed then who will contribute to the development of our  
199 country in the future. Until they don't understand this...at the end who will walk in  
200 those road... construction of good toilets is also a kind of development ... it will support...  
201 but first and foremost there should be development of health ... if small children do not

reach their full development al potential, are people from the United States going to think this for us (sarcastically)? It was fine that we did not have anything in our time, which would help us in mental development but currently we do have technology that our government could launch for mental development of children. It is their responsibility as well. They are not fully concerned about this.

I: As you said earlier that” health worker has lack of knowledge and awareness related to child development, right? What are the problems that you people are facing because of to launch any programme related to child development?

P: According to my concern, health workers have not been using the integrated card that is developed for child health. They have not studied completely about it. I have questioned them about the data they have been collecting and report they have been preparing about exclusive breastfeeding and again they prepare report on additional food after 6 months as well. My query to them is that “from where you get the data from?” They reply that they (health workers) get it from the register, and some say from somewhere... I ask question like, “What suggestion do you give to the mothers?” they should at least give some motivation (*protsahan*)... but they just ask ... Child road health card is there... it used to be separate from the governments card. I used to work in Chitwan at that time. Now I think in this time, it is quite difficult to run this programme. There is no working environment now ...

I: What can we do or what should be done for this community or health workers? (00:21:58)

P: An upgrade is needed for health workers through programme orientations and trainings ...they have old knowledge... but they don’t have knowledge related to current matters... they did not even know about this integrated card ... from immunization services to everything related to children under five years in included in this care... they don’t know much about this... I am not saying that no one knew it, but everyone should have the knowledge...what is this card about, what they need to do... This information should be shared with health workers about this integrated card and upgrade their knowledge.... and for community people I will repeat again... in between community people should be aware that this is for their children, they should visit for a checkup, this car dis important... People keep their valuables like land possessions in box, why can’t they keep valuables like their child’s integrated card in a good place... this

236 integrated card is bigger than land... regulating this kind of public awareness  
237 programme would have been better, I think...

238

239 I: Now let's talk something different, okay? So, in your view what types of games should  
240 children under 3 years should play for better growth and development? (00:23:30)

241 P: Play will help in mental development of children.... Nutrition is also important ... but  
242 playing and learning games is also a good subject... this is a new topic. It has not been  
243 included in Nepal government programme ... and have not seen anything... until you  
244 talked about it recently... but if this topic in implemented it would have been a new  
245 topic... it is a good topic... for development for future of children ... I think it is  
246 important matter....

247

248 I: What type of growth and development takes places for children under 3 years old if  
249 they play games? (00:24:29)

250 P: Development will be positive obviously. Nutrition is one way of growth and  
251 development. Similarly playing games from early age is another way. Small children  
252 won't play football or volleyball. They will play anything learnt from their mother. I  
253 think they will have both mental as well as physical growth and development. People  
254 lack information about it.

255

256 I: What do you think how people will get information and awareness regarding this?  
257 Suppose if we must share this awareness from the low level to the high level, how  
258 should we approach?

259 P: We need to go through health workers to reach the mothers in the community...First,  
260 we should transfer knowledge and information through health workers as an  
261 intermediate medium whose roles is to transfer this awareness to the mothers. They  
262 should teach about this nutrition and games to the mothers as mothers would not know  
263 anything about it. This game is going to develop the mental health of the child. This  
264 fact is there but they need to understand first... they don't have such awareness... They  
265 should know this.

266

267 I: There is a gap like you said, right? This awareness about games should go in community  
268 level, right? What obstacles can be faced while launching this programme in  
269 community level?

270 P: Of course, there will arise problems. first problem is this is challenging who is going to  
 271 do this? Like I said our budget is allocated to development of the construction sectors...  
 272 I think financial management should be done first for this programme, which is the  
 273 most challenging thing that can hamper this project. Like I said earlier this is a  
 274 completely new thing and people may find it hard to understand. For example, this  
 275 vaccine programme which has been launched by Nepal Government in 2024 B. S... it  
 276 is still hard for understand for many mothers and guardians from our community ...this  
 277 will be a new subject matter for them... How is the guardian going to adapt this thing?  
 278 This programme may be hard to understand in this beginning but once it is launched  
 279 and people get familiar with it, then it might be easy for them to understand. This is the  
 280 challenging thing. Our political leader as well as health workers might not understand  
 281 it. One of the most challenging things is the financial aspect. Where to bring the budget  
 282 ... who should implement...? These are the challenges...  
 283  
 284 I: What should be done then? (00:27:14)  
 285 P: if this programme is going to begin then Nepal government or ministry of health should  
 286 allocate certain budget for this programme... either directly send the budget or launch  
 287 this programme via INGO or NGO.  
 288  
 289 I: What should a ministry or government do to reach it to the community level?  
 290 P: Only allocating the budget is not the only solution to reach community. They should  
 291 firstly train the health workers and people's representative as well. Only then they  
 292 should reach it to the community level.  
 293  
 294 I: How should we train these people?  
 295 P: For instance, if I don't understand what is this programme and how it is operating, then  
 296 how can I train it to other people about it? Either government or local NGO or INGO  
 297 should train people about the programme and then they would convey these skills in  
 298 the community level. They should first train the main person who is going to be the  
 299 responsible for delivering these awareness programme in the community. We need a  
 300 mediator then only they can take it to the community... otherwise only allocating the  
 301 budget is not going to solve this problem. We don't know what type of games to play,  
 302 how to play and where ... Ok we have heard it's for children... But what do we need to  
 303 do... we need skills as well....

304

305 I: There is a concept in WHO that “playing games along with nutritional food should go  
306 parallel in order to the growth and development of a child”. For operating this project,  
307 the government should allocate the budget, right? To make it effective, how should this  
308 programme be launched?

309 P: Allocating the budget is a must .... but to launch any programme ... firstly, we should  
310 know who is going to run this programme. He/she should know in detail about this  
311 programme. How much investment will be done... what will be the outcome of this  
312 programme, the challenges that they might face, whoever is the key person they should  
313 know all this first... that’s okay... they will set up this programme... no one learns about  
314 anything at once... but whether the community is going to accept it or not. In the  
315 current context it is not enough to inform the health worker only, but the local leaders  
316 should be given awareness about this programme. If we enter the community after  
317 informing the local leader, then we can take this programme forward....

318

319 I: Local leader should be given knowledge about this, right? Who should do it or who  
320 should say it to make it easier? (00:30:34)

321 P: In the context of Nepal if any project is going to be launched then it will be under the  
322 local government... then there are three people... mayor... co-mayor who allocates the  
323 budget... if he is not aware then he might miss allocating the budget for the  
324 programme... and secretary should be aware of this at first. then slowly health workers,  
325 they should be aware of this programme at first.

326

327 I: Who do you think plays an important role while working on the field directly?

328 P: In any organization we have chosen two people for this job.

329

330 I: Who are these people?

331 P: In every health post we have allocated two people... for instance, in the context of  
332 Nepal, there used to be Village health worker and maternal and child health worker...  
333 but now we don’t have those. But currently there are ANM (Auxiliary Nurse  
334 Midwifery), AHW (Auxiliary Health Workers), HA (health assistant) etc. working in  
335 the health post. There is no specific person allocated in the health post... every year  
336 health post appoint one person for field work ... they send us and according to that we

337 also pay them their field allowance like 1500,1200 or 1800 rupees according to their  
 338 work and level.  
 339

340 I: ANM, AHW, right?  
 341 P: And HA too.  
 342

343 I: Who do they work for? How is this going to be more efficient? Only training them is  
 344 not going to solve, right? We must make sure it reaches to community level, right?  
 345 (00:32:46)

346 P: Obviously, they will be working on it every day so they will need training... because  
 347 we have certain duties related to the project and we sit in the municipality office....  
 348 Those staff working in the field will have to face the problem... unless they do not have  
 349 the full knowledge it will be difficult to identify solutions...first we (health  
 350 coordinators) and the local representative must be made aware... then we need to go to  
 351 the ward office... there is ward officer ... ward members... through them municipality  
 352 and other helping organisations, which Nepal government will partner with or other  
 353 helping organization like UNICEF... in context of Nepal there is no one supporting like  
 354 UNICEF... there was MIRA Nepal...if these organization work together in unity, then  
 355 it would be better...  
 356

357 I: Let's focus on community level. You said that they need training to deliver it to the  
 358 community level, right? What types of trainings and knowledge are required so that  
 359 they could make it possible to reach the integrated programmes like nutrition and games  
 360 to the community level?

361 P: They require training and knowledge to deliver it to the community level. They do have  
 362 basic knowledge as they are AHW and HA. They have knowledge of physiology and  
 363 anatomy. They also know about nutrition, but they have not been upgraded or provided  
 364 new knowledge about nutrition. Similarly, playing is a new topic for them. So, for this  
 365 they need to be provided training about everything... how to teach others... how to  
 366 play... what should they say to people... So in this way you can take nutrition and  
 367 playing in the community... they know about nutrition... they measure child... this is  
 368 the child's weight... this child is losing weight... feed these foods...in this way they will  
 369 counsel mothers... but this playing is new for them... it is new for me too... so in that  
 370 case what should be taught ... how should mother behave with their child... if our health

371 workers do not know about these things.. it will be difficult for them to tell mothers in  
372 the community...

373

374 I: And what are your thoughts about it? Do they teach it to the community level or directly  
375 to mothers in the community?

376 P: We have mother's groups in this community ... first is in the outreach clinic mothers  
377 can directly come with their children and health workers can do the counselling  
378 activities with them .... we cannot do mothers group meeting in the outreach clinic... in  
379 such case we can counsel mothers about how they should behave with their children ...  
380 mothers can be counselled individually... another is they also visit mother group  
381 meetings .... in mother group meeting when there are more than 20-25 mothers,  
382 sisters... then our health officers should teach them about nutrition and playing and  
383 learning like teachings are done in a class... they can make mothers understand and  
384 increase awareness. Our health workers can explain them. After the explanation is  
385 done... first the mothers should understand... counselling can be done in the clinic but  
386 to reach the community we must go to the mother's group...

387

388 I: Who would be the right person to go to the mothers group? (00:36:39)

389

390 P: ...to reach the mother groups we have FCHVs... Nepal government has a very good  
391 channel in health system...till now... but under the investment of Nepal government I  
392 think health system is good... because in every ward ... Now there is municipality so  
393 the area has become big but in the old ward we have FCHVs ... through them we have  
394 to go... because two health workers cannot look after one ward... they cannot do  
395 everything... so FCHVs will be there... so if we go through them then the programme  
396 will be more effective...

397

398 I: Why did you choose FCHVs?

399 P: From early days in health sectors ... they know a lot of things and they have been  
400 providing services to the ministry of health...compared to the general mothers they  
401 have basic knowledge... if we go through them then it will be good...

402

403 I: How will it help the community to receive the service from FCHVs?

404 P: FCHVs provide them health education ... health workers also visit mothers group  
405 meeting... if the meeting is conducted by the health workers ... then talking about the  
406 knowledge... they have passed SLC, can read and write... or have passed +2 or  
407 bachelors... suppose they receive the training and conduct the class... that will be  
408 comparatively better than FCHVs... but not just the health workers but also the FCHVs  
409 have acquired lot of knowledge about health related matters... and till now they have  
410 been providing the service.. it's not that they have not... they have received various  
411 training through our health workers and other organisations but till now no has taught  
412 them about playing and learning...if you give them training then they can also do...

413

414 I: What will facilitate the community to learn from FCHVs?

415

416 P: Firstly, there is no place to sit in our community... there should be an environment for  
417 a group of 10-20 member to sit...there could be lactating mother... because we are  
418 talking about mothers of children below three years age... and many mothers with small  
419 children breastfeed their child... there is no place to sit and give counselling to those  
420 mothers.... there is no private place... it is uncomfortable to cover yourself with clothes  
421 when males are around... it is difficult for mothers to breastfeed in the open area... In  
422 the mothers group meeting mothers and other females from village... who are from this  
423 area... they will come and sit and so there will be a problem... (00:40:31) In our  
424 community we need physical infrastructure first... another thing is in our Terai...  
425 mother... I don't know they do not want to participate in the mother's group...there is  
426 also lack of awareness... (00:41:15)

427

428 I: What types of obstacles these FCHVs might face in the future? For instance, you said  
429 that there is lack of place, right? And what else?

430 P: The other challenges are ... I don't know if this problem is in entire the country, I guess.  
431 Whenever these people are being called in any programme, they seek bonus, allowance,  
432 and lunch. This FCHVs have been tolerating in the community... people say to them,  
433 "You get allowance for this work, and we will have to come for free... why should we  
434 come?" so it is difficult to collect people...Sometimes I see that sometime FCHVS  
435 provide tea to the participants... but who will do the payment? That is also a problem...  
436 they are having trouble in gathering people for the meeting...

437

438 I: Apart from this, what are the other problems that these FCHVs have been facing?

439 P: One thing is that we have been always involving municipality, health post workers and  
 440 people's representatives in projects like this. There are no challenges once they are  
 441 involved in this. I think if we all could work actively from the higher level then there  
 442 will not be many challenges but... that is the thing in *terai*...In my view, in any  
 443 meetings, they always demand something from the project. They always ask if there is  
 444 something for them or not...similarly we have these issue in the community as well...  
 445 One another thing is that even if this place has been declared as defecation free zone,  
 446 still many of us does not have toilets in this village not even those FCHVs too ... for  
 447 example, to gather 10-20 people they need to have facility of toilet...not every FCHVs  
 448 have toilet in their house... This is also challenging ....  
 449

450 I: Earlier you talked about mother's group, right? You said that it would be helpful if we  
 451 take this project via mother's group, right? Why did you choose this?

452 P: At least people would be aware because of mother's group... there has been investment  
 453 in health sector but not enough because still now nutrition status is not that good in  
 454 Province 2 ...  
 455

456 I: Imagine this project will be launched in a channel from municipality to ward and to the  
 457 group, okay? What might be the reasons that programmes like this is not in the reach  
 458 of community level?

459 P: It is not like that these programmes have not reached the community level. The thing is  
 460 people do not understand about these programmes.  
 461

462 I: What should be done then? (00:45:18)

463 P: To make this programme more effective ...Ma'am it should be made aware at the  
 464 school level because there are girls and boys in school... these young girls will be  
 465 pregnant mothers tomorrow... through adolescent education ... if we teach these young  
 466 boys and girls... these adolescents' group about play and learning.....then in our  
 467 community in every household children goes to school ... on the other hand, FCHVs  
 468 will provide information to the mothers...if we go from these two sides... school and  
 469 mothers group... then our programme will be effective... Adolescent people should be  
 470 made aware of that.  
 471

472 I: How would the adolescent learn? (00:45:48)

473 P: They won't learn these by directly for themselves, but they have parents, sisters and  
 474 others in their family... there isn't any household without children... at least they will  
 475 share the information to their household members...that if you play like this with the  
 476 child then it would help in their mental development... they will share in their house...  
 477 even if parents do not understand ... children are clever and they can teach... and that is  
 478 how parents can learn and then it will be easy for them to teach their younger children...  
 479

480 I: Via school, right? Who should support the teacher who teaches these things? Whose  
 481 roles might affect the most in this area for making them aware. (00:46:43)

482 P: for teacher ... In this current situation, municipality will play an effective role in making  
 483 this happen. In school... through the school education programme ... the principal of the  
 484 school ... who have the most awareness and knowledge in health sector and who is  
 485 running the classes related to health ... There is the principal and other focal person in  
 486 the school ... who look after the health education subject... I think the school has health  
 487 education curriculum...Those teachers and focal person who are in school should be  
 488 made aware of this programme about playing and learning and nutrition and orient them  
 489 about the benefits of this programme... then those teachers should take classes to their  
 490 students as a separate topic ... if not for long hours... more often in small durations ...  
 491 if they conduct classes then these children can teach to their family... in this way  
 492 programme implementation can be good...  
 493

494 I: You said one female health volunteer, and a teacher should be made a medium to deliver  
 495 it into the community level, right? Who do you think is the most suitable person for this  
 496 job?

497 P: I think health worker is more suitable.  
 498

499 I: Why?

500 P: If someone but health worker visits the community then people will think this is not a  
 501 health worker, but if a health workers visit ... even if they don't care ... people have a  
 502 feeling that this is a doctor... and doctors are here for us... That's why they are required  
 503 to deliver it to the community in context of health.  
 504

505 I: How should and what procedures should we adopt to make it easy for these health  
506 workers to understand this programme related to games and nutrition? How should we  
507 teach them so that they might find it easy to understand? We all know the current  
508 condition of knowledge of health workers in this area, right?

509 P: FCHVs were illiterate in earlier situation. I am not saying that all of them are illiterate  
510 but not all of them are educated as well... talking about the training .... they should be  
511 trained in this programme via both audios and visuals method... this is the appropriate  
512 method for training them... Visual is best way for them... audio is also good. They can  
513 say what they understand but when training is provided through visually it will be  
514 effective....

515

516 I: Why did you choose visuals for this? (00:49:57)

517 P: in just verbal communication people don't pay much attention... but visual is more  
518 attractive... In current situation, people watch TV... as it is audio plus visual... people  
519 listen as well and watch as well....we cannot provide TV to all the villagers but in the  
520 training through the means of pictures we train them... they try to understand what is  
521 shown in the picture... what is this picture trying to say...for example in one side picture  
522 show the situation of a child who does not play or learn and is undernourished and in  
523 another side there is a picture of a child who is learning and playing and has good  
524 nutrition... if you show this mothers will be more attracted and interested to see and if  
525 we also add verbal information sharing then ... when information is shared using both  
526 methods it will be better... In this way it will be effective...

527

528 I: Now let us talk about roles. Suppose this programme is launched. Health workers were  
529 delivering this programme to the community. After launching this programme, surely  
530 their roles are going to change and may be add up too. What can be done to make it  
531 easy?

532 P: Roles and responsibilities will be added up surely. To make that easy first we have to  
533 update them. (Background loud noises)

534

535 I: What can be done to make it easy? (00:52:25)

536 P: To manage the addition of new responsibility. One I said that it depends on what kind  
537 of role they have... from the municipality we have been providing them something in  
538 return for their service... Nepal government has been providing something to them...

539 In this situation, FCHVs should be provided the necessary trainings first. Secondly, if  
540 workload will increase then Municipality will have to do something...

541

542 I: How can we do that?

543 P: We don't know how to manage these things yet. How to manage this... Once we know  
544 everything... we will understand this programme includes this task then after  
545 understanding all this... according to that we will have to do what is necessary...

546

547 I: We are talking about these responsibilities about the added roles and duties of FCHVs,  
548 right? How should we manage these added burdens for them? (00:53:40)

549 P: FCHVs roles and responsibilities will surely add up in future. They should be given  
550 proper training about this programme. Nepal government will plan to implement this  
551 programme then they will also allocate budget. And also, for the local people inside the  
552 community also should be provided with snacks and other things for some initial days...  
553 then might be they will accept the programme...

554

555 I: Who should do that?

556 P: Firstly, let this programme be launched here. In Nepal local government has been  
557 established... but Nepal central government and health ministry has also taken some  
558 roles... like determining salaries for the staff and their trainings... they have not handed  
559 over full authority to the local government... They are determining the budget. I think  
560 either the local authorities like municipality should do it, or health ministry should do  
561 it.

562

563 I: Now talking about the involvement of health workers. We should train these health  
564 workers at first then they would transfer this information's to the community. How  
565 should we manage time and everything? (00:55:20)

566 P: time management is not a problem...so many programmes are running currently...We  
567 have seen that they have been giving their time now for programmes till now. we have  
568 not provided them minimum salary... we are providing them little facility (*thorai*  
569 *subhidha*)... They have been involved in the role of volunteer... they will remain as a  
570 volunteer and I think they will not deny to any work they have been asked to do.... but  
571 if we add some work in their current roles then we must manage something for them...

572

573 I: What type of management? (00:56:08)

574 P: We need to motivate them not just with money but with various things ... like one there  
575 was may be a programme from UNICEF... there was once a programme “*Sewa gare*  
576 *mewa paincha*” (You will get fruit for service) ... it used to come in Nepal government  
577 radio programme... In that ever FCHVs were given a radio .... they used to play the  
578 radio... likewise... may be add money too. It’s all about budget-related matters....  
579 Municipalities and sub-municipalities can think about it...in return for their service ..  
580 maybe they could give transportation fare, money for snacks or meeting allowance...  
581 if they add something ... that would give motivation... it’s a human nature... if I am  
582 getting something from this then I should also do something... they are not staff like  
583 us...who would work for 30 days 10 am-5 pm daily... they work when they have time...  
584

585 I: What challenges do you think that might take place from top level to low level including  
586 the community level as well?

587 P: It is challenging because it’s not that the Nepal government has not been allocating  
588 money for nutrition section... they have...  
589

590 I: What challenges you might face after adding games in this programme too?

591 P: It will be challenging ... now play related programme will also be added... if that will  
592 come then there need to be increase in the budget...once the budget is increased...  
593 community people don’t have enough information about this programme ... we have to  
594 made aware about this programme from the top management level to the low  
595 management level including the local level members. They don’t know about this  
596 programme... so initially they will ask what this is what is this...After that mother group  
597 if there... it is not adequate to provide knowledge to the leaders... this programme will  
598 reach to the children... so mothers of children less than three years should also be made  
599 aware... their family head should also be explained... sometimes mothers will not bring  
600 their child.. sometime there will be no one to listen ... it happens here... people question  
601 why we should go there.... So, we need to explain everyone about this....  
602

603 I: Let me add up. We have various caste and ethnicity in this community like Muslims  
604 and Dalits, right? What types of challenges we might face from it?

605 P: we have that ... it’s not that we don’t have... Till now no matter how much we talk  
606 about unity... in our country has not been united yet in this matter. Like we had a 3-

607 day training on women inclusiveness (*Mahila samabhita*) conducted by **AASMAN**  
608 Nepal where they talked about unity, untouchability. For example, we ask them to bring  
609 their children in a group and that we will measure the weight... but all those Musar and  
610 Dalit community, women and children don't want to come... it is there and the main  
611 reason is lack of education...

612

613 I: How can we ease these challenges?

614 P: within the community they have leader... we should call the leaders of Dalit community  
615 and Muslim community as well. Community people will listen to their leaders... Must  
616 involve Mullah from the Muslim community... they have strong leadership (*eka*  
617 *hukum*) ... whatever a Mullah (*Maulvi*: Muslim priest) says that will be implemented  
618 but if they don't say nothing will happen... the involvement of disadvantaged  
619 (*pachadiyeko*) community must be compulsory ...

620

621 I: Some people in this community might go outside during the day for employment. How  
622 can we manage their time too? How can we involve them?

623 P: People from those caste in this community who does not want to get involved in this  
624 programme, we have to go in a separate way... but again we need to talk about the  
625 budget... if we have adequate money available then for such community to uplift  
626 them... in what way our budget can support... we have to do in that way... if we want to  
627 uplift and benefits them. We need to make a separate programme for that  
628 community... We should talk with the leaders of the respective community. How should  
629 we take the programme to those community to make it effective ...? At the end our  
630 objective is that every child is involved... every child in this community is nourished  
631 and that every child is involved in play and learning related programme... and that every  
632 mother teach their child... isn't it...

633

634 I: Now we are mostly at the end of this conversation. How can we make this programme  
635 more effective and not just a programme with a name but a programme to do actual  
636 work? How can we make it sustainable?

637 P: First, we have not launched the programme yet. But if we are planning to launch then  
638 we can do the earlier phase well then in future it will continue. And the responsibility  
639 to continue this programme... those groups where we do the training and teach friends

640 about the playing ... if those groups could be supervised in a less costly than the initial  
641 project investment then the programme will continue...

642

643 I: Who should do the supervision?

644 P: Municipality should do it. Health workers should do... health workers from health posts  
645 and municipalities are there. Ministry of health is fine... they will allocate the budget...  
646 or the Finance Ministry will allocate the budget...but the local representatives have a  
647 major role in this ...at local level... after all its for their children...These children are  
648 not child of a minister or a child of senior officers... they are children from their  
649 village... who can be their relatives, their own children... they need to understand this...  
650 Once they realize that this programme is for themselves, they would continue this  
651 programme for longer period.

652

653 I: Ward should do at local level and health workers should continue monitoring to this  
654 programme too, right? Now let me talk your roles too. What could be your roles in  
655 launching this programme as a representative of a focal person?

656 P: If this programme will come then... this is a new topic for me... in my role... training  
657 to health workers will be provided by facilitators but I will also get involved in those  
658 trainings... after the training some time there could be mistake in their performances.  
659 if they miss anything in their activities or if they get careless, I will monitor on that...  
660 Health division is also responsible for checking whether monitoring of the programme  
661 and the reporting of the is being done regularly ... at that time I will also monitor the  
662 data from this programme. If our programme is being delayed due to lack of budget,  
663 then we will look after that too ... if I am there, I will manage the budget. I can also  
664 manage the budget and give the necessary pressure to the local bodies about the  
665 activities they are doing this programme.

666

667 I: Who would you pressurize to?

668 P: I cannot give pressure to those level at the high level but who is under me I can. I can  
669 also visit the community to question why the reporting is less ... where the reports from  
670 the past are... monitor the data from the community and meet the targets as set by the  
671 programme authorities as well. I can also report these things and, I can seek support  
672 from the municipality and local bodies if I need any help for this programme.

673

674 I: Now how should we encourage health workers too?

675 P: A health worker is not just assigned to give injections and vaccine. They should do all  
676 the work that is assigned in the health post. sometimes they are provided with  
677 something...but it is difficult to say that we will raise their salary after this additional  
678 work comes... because it will be the programme of Ministry of health... it is not a  
679 separate ministry programme. They should be given motivation saying this programme  
680 is ours... this is for us... this is for our children... we tell them this work falls under the  
681 salary provide by the Government of Nepal....

682

683 I: So, we are nearly at the end. Do you have any questions for us? Anything you would  
684 like to add up?

685 P: You guys came up with this new project about games and nutrition which is good, but  
686 you are late... There was a programme called ***"Sunaulo hajar din"***, if these  
687 programmes were involved from the beginning, then a new outcome would have seen  
688 in till now. But these programmes are at the end phase in our area... I receive a letter  
689 and it had mentioned about recruitment of new *Poshan* (nutrition) volunteers for  
690 B.S.2078. so, I think this programme might go after 2078...

691

692 I: Like you said about ***"Sunaulo hajar din"***, is it from the government?

693 P: Yes, this is a government programme... Nepal Government has also allocated budget  
694 and UNICEF also supports the programme ...they have supported very well...

695

696 I2: Sir you have said many things to us and given time to us. Talking about it I would like  
697 to add few more question. Is that okay? You talked about monitoring earlier and the  
698 ways we should collect these data, right? What do you think we should do to get these  
699 data which are not coming to us? What are we lacking at? What should be done here?

700 P: Like I said many HIMs tools have been changed by the government once our country  
701 had changed to secular state. Trainings have been provided but, the way these trainings  
702 were provided was not fair. Like 100 people were given trainings... what will 100  
703 people learn ... they received allowances ... but this card has listed these things ... they  
704 even don't know this.... Those training process ... I think those training was not that  
705 good.... we should not tell everything at once to health workers... they may not be able  
706 to take up everything at one... Sometimes I visit IMCI ... I first observe... then I try to  
707 check whether they have understood or not... I check with the health post in charge

every month on a new topic... they must have been irritated by now ... they might this  
this man is always looking for weaknesses... but we are not looking for their weakness,  
but we want to know how much they know... that is what we try to understand... I  
always want to know about cards from health workers... we had two days nutrition  
reporting day... I meet with the in charge more often than health workers friends. In  
charge provide me the report and we compile it and bring to office. So, I tell in charge  
to cross check with health workers about the data and the methods how they are  
collecting these data. Like yesterday only, I met with 18 field workers. I ask the in  
charge about the data. And they said they asked verbally... but we have provided  
card...I suggested them to use the cards. Verbally people might give wrong response,  
but the card has everything documented... I asked them whether they had been using  
those cards or not. They replied "No". it means that they have not seen the cards but  
only seen the immunization card.

I2: You have seen the weakness in those trainings, and you have been monitoring those  
data from you side as well, right?

P: Yes.

I2: What can be done to make this programme stronger?

P: As I have already said that, whenever they visit outpatient clinic for vaccinations ... I  
was at Chitwan where they have everything... separate building for outpatient clinic and  
immunization center... but here we even do not have a place to sit. If we give them a  
place to sit then we have nothing to sit on... We have weakness in that too. It's not just  
the health workers...but it's our weakness too ... At least we should have bought  
something to sit on. Because there is no place to sit health worker comes and goes...  
that is the current system...they don't work properly... for example... they don't have  
anything to hang their clothes on. Physically it is very difficult... we have these  
challenges in Terai.

I2: I would like to add one more thing. Like you said before we do not even have anything  
to sit on, right? So, what can be done in future to overcome this problem?

P: The thing is sister what we have done is planned certain budget ... first if not more we  
must give tents to FCHVs ... for health workers in every outreach clinic and  
immunization clinic two chairs, one bench and one stole ... these things must be

compulsorily available for them... we had allocated budget for these items...At least we have seen their problem... they do have problem... We have certainly mentioned these items in our budget in this community as well. But it was not done they spend on development and reduced the budget for health....

I2: I would like to add one more thing. We are talking about financial aspect of this community as well, right? There were programmes launched before, but these were launched under foreign team, right? But, what about programmes in here that were launched internally? What do you think about it?

P: It is all about thinking. Talking about nutrition, we don't just buy things and give it to them, right? We might give them some... Like I talked before during covid, one pack which was 5 to 10 kg were distributed. But is that enough for them ... no it is not ... We should think as well. But they don't listen to us. If we give them something... people are greedy for money, snack, allowance, and benefits. People do have knowledge, but these people lack awareness.

I2: So, you mean we should lure them in with something to make them participate, right? In every level we should provide incentives in every level, right? Like you said" budget allocation is being done from every level as well", right? Will it be sufficient and enough to run programme like this? How would it affect us in terms of manpower?

P: It has a huge impact on us because before NGO's/INGO's provided 200 rupees 400 rupees allowances whenever they came for the programme ... which has developed a habit of incentives... we are still facing that problem. Even FCHVs also face this problem from the community... For instance, during "*sunaulo hajr din*" people would get free snacks and allowance. So, it does not matter whether the programme happens or not they would just do their attendance (sign) and they would leave as soon as possible after that. Now whenever there is any programme they start comparing like "we used to get money like 200 rupees in that programme ... maybe they don't have...?". Somehow if they come to know if there are no money incentives then they won't go to participate in the programme ... This is a problem. Suppose if we allocate budget of 1 lakh for this programme of nutrition and playing and learning and if we spend all of it in buying toys and all, then we will have nothing to give to these participants. This is an immature thinking.

776 I2: What can be done then?

777 P: It cannot be changed in a couple of days. It will change slowly. Students will learn  
778 about it in school if we give awareness in school itself. They will learn from the class  
779 and teach it to their parents, sisters ... we are not doing this for us ... it is for their children  
780 ... may be not today but tomorrow they might participate... but we will have to continue  
781 to try....

782

783 I2: Yes, it is true.

784 P: Yes

785

786 I2: So, sir, I would like to ask one more question. Like you said INGO like UNICEF was  
787 helping a lot. If we have to run this programme for a longer period of time without  
788 showing people any hidden greed, who do you think plays an important role in doing  
789 this?

790 P: for continuity of the programme, I think local authorities plays an important role as  
791 outside people would only train us and give us necessary awareness. At the end, we  
792 local people who live here... we have to work and run the programme for a  
793 sustainability. No one will work for us .... For instance, UNICEF will just give us the  
794 budget. We local people have to work in it and continue the project for longer period  
795 of time, right? Support can be external but all the work local will need to do...This  
796 programme is for us so we should work for ourselves. Imagine we have 10 lakhs budget  
797 for nutrition programme let's say... if we add this playing and learning programme then  
798 they might increase to 12 lakhs ... which is fine.... But this is one programme... . It is  
799 not a difficult task. So, we will add this with the nutrition programme too.

800

801 I2: So local authorities have to take part in it too, right?

802 P: Yes

803

804 I2: Okay, so these were my queries from my side.

805 P: Okay

806

807 I: Sir, do you have any questions for us or like to add anything? If anything, you would  
808 like to add in case we have missed it?

809 P: I don't think there is anything missing. I don't like to repeat the same thing. Like I said  
810 earlier these programmes should have launched earlier. Our country is dependent in  
811 foreign aids and their support that is why it is late in Nepal. We do have good  
812 programme recently in nutrition than before.

813

814 I: Thank you sir for giving your precious time to us.

815 P: Thank you for participating with me in my own home.

816

817

818 **End of the Interview**

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819

820

821