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**I: Interviewer**

**P: Participant**

**Interview duration: 1:24:53**

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

**Location: Via Zoom**

**Date of the interview: 6 April 2021**

I: Sir, let's start the interview. Can you briefly explain the ECD policy in the context in Nepal?

P: There is no specific ECD policy in Nepal. We did have ECD strategy from 2004. It was developed from Ministry of Education. It was targeted till 2015 for cross-sectoral activities. It involved ECD activities for the purpose of policy development. Because it was developed by Ministry of Education, more focus was given to early childhood education, especially it was focused on ECE centres and parenting education. There were activities related to health as well. It also included activities like child's health checkups and growth monitoring. We tried to make it cross-sector as well. There was participation as well during the development of the strategy. But it was not fully implemented. You might have seen the evaluation of UNICEF done in 2017 by Oxford Policy Management (OPM).

I: In 2018, I saw that.

P: It was finalised in 2017 and published in 2018. It was clear from their recommendation that "it should be prepared from cross-sectoral ministry." The consensus was built from this that National Planning Commission should do that. So, in that way we have prepared the ECD strategy recently December 2020. Our new strategy is online now. If you see that, you will find that our policy and strategy is ECD strategy. Even if you see it in different ministries such as early childhood education, there is a nature to make it cross-

sector. As it is linked with housing and education, but these things have not come explicitly in health and nutrition.

I: What I have found after reading OPM's report is "It was mentioned that we need to do a home visit to the parents who has a child under 3 years of age." This was planned but not implemented. Can you say something about this?

P: Personally, what I think about home visiting, since I am not from health sector, and you know better than me it would be helpful if you also add on that. According to me, when studying and analysing health policy, Health was more focused in survival for kids. If you see reports and documents from MSNP (multi-sectoral nutrition plan), more focus was given to reducing stunting. This is a particular goal. For those who understand, they can understand. There is also a research team available to reduce stunting. People know that stimulation affects stunting but still has not been implemented. I think because health sector mainly prioritized child survival stimulation was of less priority. One thing to note is small NGO's have been doing small projects like home-based stimulation. Save the children is still doing that. When we had programme related to nutrition, we also had an idea of home-based visits. There were plans to add home-based stimulation in parenting education. It was not implemented at a bigger level in the policy level. One good news is after the launch of the globally nurturing care framework, we have seen movements in addition to health and nutrition with stimulation. And in home-based programmes there are talks about providing not just health components but also provide integrated interventions...

I: Sir, you said that it has not been implemented as it is ignored because health prioritized survival. Are there any other reasons that home-based parenting programme is not implemented yet? (00:06:13)

P: Another challenging factor is human resources for integration. We call trained personnel as female community health volunteers. To integrate message in the community, we still need to train them. Human resource wise we must think about how much work should be allocated to them...they are already volunteers. Like they have been regulation women's

group ... They have been doing other programmes like vaccination as well. Their training manual is of 200 pages as shared by one of my colleagues.

I: FCHV?

P: Yes. That manual is 320 pages... so we give them so many activities and then if we involve them in stimulation programme too then we have been thinking whether they might be extremely overwhelmed as well. It would not have been a big deal if we were paying them money. Since our human resource is volunteer based, it would be a challenging factor if we hand over this stimulation programme to them. I think it's because of these challenges may be this programme was not done I think...

I: We came to know this topic from FCHV as well. I will come back to you on this later. We are getting mismatch information from the community level and pulse 11 level. After literature review, we came to know that FCHV are overwhelmed and overloaded as well. But I did not find this when I went to field by myself. It was a shock to me too. We will come back on that later. W.H.O has recommended to combine the nutrition and stimulation related programme as one in 2020 for early child development. What do you think about the feasibility of this in context of Nepal? (00:09:12)

P: I think this is feasible to implement integrated intervention. As I said earlier, I think people who have understood ECD they may have the understanding that the reason that stunting has not been reduced till now could be due to lack of stimulation. For example, there is difference in asking children to eat and feeding children when they are enjoying. Hence feeding while letting them play, providing happy environment falls under stimulation such as sensory stimulation or many other ways of stimulation... It would be more effective if we could integrate this. I don't need to say you that there will be improvement in stunting as well. Various research has also proven this. There will be improvement in health as well ... when stunting is reduced health will be better... These are not a difficult thing. When this was shown globally, as I said earlier, many colleagues from nutrition have also started taking initiation to integrate stimulation in the nutrition programme. Therefore, there is feasibility of integration of stimulation programme with nutrition programme.

92

93 I: you said that there have been initiatives. Could you say about these initiatives as well?

94 P: Recently, we have comprehensive nutrition-sensitive manual. This document is made  
95 under MSNP. It is a training manual ... reference material. A friend of mine from  
96 nutrition said that they want to integrate stimulation in the nutrition programme, and they  
97 wanted my inputs... Save the children has been doing early stimulation programmes in  
98 some districts in Nepal. I put them in contact them. You might even know the Advisor.

99

100 I: Yes.

101 P: They have provided 5 to 10 pages document on how to conduct stimulation. I don't know  
102 up to which level this is going to be integrated in the manual. But these initiatives have  
103 been started though. Another is that WASH section has conducted a programme in  
104 various municipalities of [a Province] where 100 SAM families (families with Severely  
105 acute malnutrition child) were taken. They have started their programme named BABY  
106 WASH. I think it has ended. I think this programme is nutrition, stimulation and wash  
107 integrated programme. They have focused on how to take care of the baby, how to keep  
108 them clean and healthy, how to play with them safely, how to do feces management of  
109 babies, potty training, how to clean household environment, use of soap water and safe  
110 water use. They have done this in [one of the provinces]. I guess they did this in [this  
111 district] as well. Even [our organisation] has also started similar initiatives...from broader  
112 policy level to incorporating that in manual and implementation of such project... they  
113 have started... Let's see if this explicitly applies in policy as well. Gradually, after the  
114 nurturing care framework was published things about integration are being included in  
115 guidelines...

116

117 I: Sir, you said about the comprehensive nutrition sensitive manual. Is it initiated by INGO  
118 or integrated with government?

119 P: It is under MSNP (Multi-Sector Nutritional Plan), and this manual is developed by the  
120 government. Now is the time for guideline review. Our friends from nutrition are  
121 reviewing this.

122

123 I: What is your view in integrating this programme with the existing health system? What  
124 do you feel about the feasibility of combining this into the health system? You talked  
125 about health programmes from different sectors. How feasible do you think this  
126 programme is while combining in the existing health system? Can you tell us about this?  
127 (00:14:48)

128 P: UNICEF has initiated 2-3 approaches but not sure how feasible it will be at the national  
129 level, but we have started. Our first initiative is to develop a parenting handbook from  
130 National Health Information Education Center. It is quite common in Australia. There is  
131 a good website Raising which was created by the University of Melbourne and the  
132 Australian government. In developed countries, an expecting woman will get some kind  
133 of information book in their first visit. or they can also buy it from the market. It is not  
134 seen in Nepal. We have developed a small parenting handbook of around 60-70 pages  
135 ...in that from the beginning start of the pregnancy... It is not only limited to nutrition,  
136 but we have also developed this manual to deliver integrated messages. Talking about  
137 how we are planning to integrate...I am not sure if we can distribute this all over the  
138 country... but when NHICC will prepare the copies we can definitely distribute those...  
139 When a pregnant mother comes for a first ANC visit if we can give this material then it  
140 includes about stimulation and holistic ECD... this is now we are trying to integrate...this  
141 is our first initiative...

142  
143 I: Which first visit, sir?

144 P: From the pregnant stage.

145

146 I: When Pregnant women comes in health post for ANC checkup?

147 P: Yes.

148

149 I: Okay (00:17:20)

150 P: We have been discussing about that and let's see if we can scale that at national level or  
151 not. Another thing is in our health sector, we have been discussing about "mother child  
152 health card". Right now, we have a separate immunization card and as well as other  
153 cards. We are trying to integrate all of this in one. If that happens then in that, then

definitely we can also try to add messages on stimulation together with them. These two are the initiatives from UNICEF's C4D (Community for Development) programme and the health sector for a holistic ECD. So, if we can implement these two then there will be integration of ECD. We can also integrate this in the multi-sector nutritional plan initiative as a Nutrition programme. It's not that IYCF did not have stimulation components... IYCF has been applying stimulation from the beginning as well. We are discussing on how to highlight this in IYCF. So, it's all national programme.

I: Sir, you said about these 2 new programmes from the health, right? It has been planned to integrate from the government. Can you tell me about the advantages and disadvantages of launching programme like this?

P: It has been 20 years almost for branding, but we are still facing some challenges to reach parents whose kids are under 3. To miss parents of children under three means that we have been missing a critical development phase.

I: What challenges have you been facing while reaching them? (00:19:39)

P: We have been doing these parenting education programmes directly in the community itself or via ECD centers. We don't have any parenting education in our health system. It is rarely done by the doctors or the hospital but is not done systematically. When we talk about parental education...till now parenting was thought to be educational roles. We need to develop this parenting handbook from the health sector. When women are pregnant ...we can catch up to those couples who are expecting a child through the health sector. We can catch them as soon as possible. Along with that we can give messages through integrated manner through parenting handbook or MCHV... basically, the concepts are same... We can keep track of children information using the MCHV card. We can cover all the know-how-related messages from the parenting handbook. The benefit of these both is to catch our target group sooner. If we do this, then we can help children reach their full potential by capacitating their parents. The challenge to integrate this into the health system... I have told you before as well... We have done a survey from FCHV as well in fields. They tell us that they need more work which is true. But we cannot only give them work. We need to avail funds as well and do the capacity

building as well. We don't have funding to do that... Whatever ECD programme we have done; we have been managing funds from UNICEF's internal cross-sectoral funds. Cross-sectoral funds means for all project we do... UNICEF is also not a donor ... we collect funds from various countries, foundation, and donors all over the world...we take some percentage as cross-sectoral fund from various projects. So, from that percentage, we spent either in communication or in cross sector themes. In that way we manage funds expenditure... Until we do not make a fund-raising proposal for the integrated programme and until we do get a proper funding, till then we cannot run any programme in full phase. Like I talked about baby wash programme which includes only 100 families. To answer why only 100 families because we do not have enough funding to run a programme for more than 100. We have these challenges as well. But if there is proper buying... if we are successful in advocacy so that the government say that they will fund this, then we might be able to run these programmes at a broader national scale...We have human resource and funding resources challenges.

I: As you know that, local governments are there in this federal system, right? Local municipality has authority for the finance. It is seen that they have money at this level. If we see prioritization, the health sector is less prioritized and construction works such as roads, bridges and all are prioritized more. Policies are required from the top level itself from the ministry. Do you want to say something about this too?

P: Definitely, they still depend upon the top level even if everything has been federalized.

I: There is the finance thing from the local level as well. But they want policies from the ministry level as well. They should allocate their budget and then we can take care of it. (00:25:03)

P: That is true. I will not say just the health, but they don't provide overall funding for the children sector. Because in the children sector... children particularly the ECD age group do not have their own voice. For example, we can see that child club will raise voice for child club and they will take the budget for the games and other difference child-club-related activities. Just yesterday we talked with the politicians about ECD and all in ECD caucus. In their defense, they say that no one ask for budget related to ECD. It is also

because of a lack of awareness and its challenging. Our effort at the municipality level is that...we are also developing local level integrated ECD plan in the municipality as well. If we give orientation to the local mayor and sub-mayor about what can be done at the municipality level... then they will definitely spend a lot of money on early childhood development. For example, we made orientations in 61 municipalities at least 40 municipalities in the ECD center ... another thing is when we say ECD they focus on pre-primary level schools. There is a high chance of dilution for these programmes. But besides that, talking about stimulation-related best practices... 5-6 municipalities have developed playing corners in the health post as well. Or they have made playing corners within the municipalities... They have developed playing corners along with breast-feeding corners. This workshop is for 2 days ... in an integrated manner what kind of services are required to children... We have been planning according to the checklist for children. We have seen significant investment in ECD after this 2 days' workshop. This was in the limited municipality only. You might not have seen in the field though.

I: Are you planning to expand this? (00:27:55)

P: Yes. We have been talking with the MOHP ... they are also stretched ... Let's see how this will go... we are definitely planning to take this nationally. Along with that, we have other challenges as well. Health has its own sectoral plan and education have its own sectoral plan and so does the wash plan. At local level... How many plans is a local level supposed to make? Because there are many plans ... We have been thinking how to integrate these plans. But it is quite overwhelming for the local government as well.

I: Different sectors require coordination, right? (00:28:47)

P: Yes. In ECD strategy we have included a primarily child development committee at local level. Once that is established ... hopefully these plans will talk with each other. Since we don't have an exact plan related to this ... that will connect everything because we have different plans...because we don't have a plan ... things we talked about making ECD strategy at local level ... to be able to say to directly roll this out at national level ... what we feel is that there should be one plan for children, but now we have different sector ... suppose say if I talk with concerned person of if we advocate and make a



strategy or plan to mesh these programmes, our municipality might be overwhelmed as well. Overall Holistic child friendly ... we used to call it local governance before. So, should we call them child-friendly municipality or something else? It is under discussion whether we can merge these programmes in one unit which might be beneficial for both of us (local municipalities and external partners). We have not been discussing to roll out sooner. We have been discussing how to straighten it.

I: You said to use this Stimulation related programme via ANC visits and mother-child development cards to integrate this, right? Since, nutrition programme is ongoing from the governmental side, right? Clinics, growth monitoring, distributing supplements to malnourished children as well. They also have been conducting mother's group monthly meetings. There have been various programmes from the governmental level as well, right? According to your stimulation programme should be integrated to which of the ongoing health-related programmes? Which will be more effective and creates more opportunity? (00:31:27)

P: I have mentioned in our email correspondence that I am not much involved in health and nutrition programme. I don't know much about this in detail. From in my personal view, we need to add stimulation programme in everything. We can see this clearly in IYCF as well and it is there in IYCF that children should be given stimulation, but we concluded that it was not highlighted enough. Even, therapeutically when giving this supplementary diet to children, we need to feed them by playing and making them happy (*Phakai phakia, khelai khuwaunuparyo*). We need to feed them in a healthier environment (*Ramaniya Vatavaran*). In today's context, it has become common that we need to feed them by showing them mobile which causes indigestion. To deal with this, our nutritional related friends must know in detail about ECD and importance of stimulation. What we saw in past, even the government and colleagues in nutrition had the understanding that ECD was included in MSNP. Basically, the main goal of MSNP is to reduce stunting. And when that happens ECD will also happen. In that way, they thought ECD falls within MSNP. And ECD particularly to talk about it in another aspect, in Nepal previously, ECD was considered preprimary education because the ECD center was a pre-primary school. So, they thought that under MSNP pre-primary children also fall. In

278 this way, they shared these two concepts. But instead of that if we take an overall  
279 approach and we do different courses on ECD in the treatment of malnourished children  
280 ... what I learned from this all is that severely malnourished children also need to play.  
281 They get hungry after playing so they eat. They get all the necessary exercise and  
282 stimulation from playing. I learned this from a Sir who used to take session about  
283 nutrition. So, I think we need to add these things explicitly in all nutrition-related  
284 interventions. I feel that we must add stimulation in all these interventions...

285

286 I: It seems like everyone is familiar with the word stimulation. They are just not aware in  
287 detail. That is why it has affected implementation as well. I felt like this from your  
288 saying. (00:35:13)

289 P: It depends on what do people understand when we say stimulation... For me, stimulation  
290 is overall sensational stimulation. It can be through play, exposure to different things and  
291 interactions as well. This is my point of view. It's questionable how do people working  
292 in nutrition understand stimulation. Some friends take this as just playing game and  
293 feeding only. They understand only this... but it is beyond that. I used to live in [A  
294 country] for 10 years. There it is said that we need to provide children with visual  
295 stimulation at the time of feeding ... it does not mean showing them mobile while  
296 feeding. Visual stimulation means we need to feed the children by preparing food in an  
297 attractive way. For example, kids don't like to eat vegetables. We need to cut various  
298 cartoon shapes of vegetables to feed them.... We can make it colorful ... so it's a visual  
299 stimulation... That is what I understand... We can also do the same for while playing with  
300 them. We can use various textures for stimulation then they will feel hungry...  
301 Malnourished children don't eat food immediately...

302

303 I: They will find it interesting...

304 P: I have this understanding of stimulation .... Our friends from the government or from the  
305 external partners may know stimulation programme like something else. I don't know  
306 about what is in IYCF. If we go via FCHV, then it is going to be more tedious, and they  
307 need to put in more effort.

308

309 I: Sir, I am going to ask you about this topic now. If we want to launch this programme via  
310 health system, what sort of problems we might face like funding and workloads? Do you  
311 think problems related to access wise or quality of service might arise from health  
312 system? (00:38:29)

313 P: Access wise, we have good participation. For example, when we look at the  
314 immunization rate it is really good. It might be difficult for health staff. But according to  
315 me, in ECD perspective, what I think is simply when we give immunization, if we could  
316 give them simple stimulation-related things for example, a printed handbook (if we can  
317 print them) at the same time then it is better. FCHV are very much active in women's  
318 meeting. It shouldn't be so hard to conduct one stimulation-related session. That why  
319 access wise it should not be hard. It will be a challenge for FCHV to travel in rural areas  
320 and in tough terrain areas because of our geographical diversity. We might face some  
321 challenges at this point. But in the way we have health achievement and there is good  
322 reach in the community... this should not cause much challenge...

323  
324 I: How can we increase this reach for stimulation in community level? (00:39:57)

325 P: In community, when they are distributing the therapeutic food or when supplying  
326 medicines for worms or multivitamins all they simply need to do is make them aware  
327 about basic things. For example, my own kid did not eat that multivitamin which was  
328 supplied to us because it does not have a good taste. So, when we feed them that ... we  
329 need to feed them in an attractive way maybe by playing. We could add what the children  
330 might like ... maybe they would like some sugar, or they might like it salty and feed  
331 according to their taste. It shouldn't be difficult to add sensory stimulation things while  
332 feeding... I think this is just an information gap and skill gap. I see opportunities more  
333 than challenges. Capacity building is the challenge.

334  
335 I: What else are the opportunity? (00:41:12)

336 P: Talking about opportunities... We can deliver this via another platform as well. We just  
337 don't need health platform only. Broadly, talking about parenting handbook and  
338 stimulation information, we are providing child grants. We are also giving them  
339 pregnancy allowance and many other things. We just need a little bit of effort for

340 integration ... while delivering the information .... and in integration how we can explain  
341 people well ... personally as ECD perspective, I think there are more opportunities ... I  
342 think there are more platforms...

343

344 I: You said that we need little bit of effort, right? What sort of efforts are required if this is  
345 to be done from the government? You said that we need to share awareness regarding  
346 stimulation in ongoing programmes while reaching in the community. Are there any  
347 more methods? (00:42:35)

348 P: What we have envisioned in ECD strategy is that there should be a committee in every  
349 local government. There should be one primary child development committee in every  
350 local level of government. In that committee, Health, protection and education officers  
351 train and present content overall.... There will be arrangements for a child development  
352 coordinator. When there is a discussion in that committee these things should be  
353 additionally discussed, and they should integrate these things. Like I talked about local  
354 level ECD plan. When they make these plans there, they can discuss and add ECD  
355 programme ... For instance, suppose we are conducting one programme in school like  
356 health checkup where parents also attend. At that time, we also talk about stimulation,  
357 sometimes about protection, or about children school progress, until we create an  
358 environment to that level to discuss about these things in an integrated way, then not only  
359 stimulation, we will not get complete information for holistic development... As long as  
360 in this sector we are working in a silo, this will happen.

361

362 I: What can we do for kids under 3? There are programmes like ECD for above 3, right? It  
363 will be easy to mobilize kids above 3, right? Kids below 3 are still in home and they need  
364 attention. You said that we need to form committee at local level. How can this help for  
365 kids under 3 for stimulation? (00:44:36)

366 P: When the committee will be formed ...that committee will include pregnant mothers and  
367 children up to 8 years old. For pregnant and kids under 2, there was a programme called  
368 Golden 1000 days as well. At that time unfortunately it was limited to the distribution of  
369 supplying necessary items in that world bank programme which was implemented  
370 through the MOHP. More than that information as a whole ... in a way within the Golden

1000 days programme... for the postnatal mothers and for the children under two chicks were distributed.... They did not know what to do with that. Whether they are supposed to raise them so that they could eat eggs after, how they should feed the eggs to children. There could be things related to home visit as well...that programme could also be done.... but as a committee, when they make plan for pregnancy and children under 3 years old, at that time they can include home visits as well... Like I talked about 100 SAM families before. It is a programme based on home visits. in that for awareness raising volunteers can go...or may be for children under three, every kid under 3 need to go to the immunization center for vaccination, there volunteers can ensure growth monitoring of children. But if growth monitoring is not in the contract, can they do counselling? We need that kind of capacity building as well....

I: Sir, talking about capacity building, what can be done to enhance this? We will be doing this via FCHV. We need to build their capacity as well. How can we do to increase capacity building? (00:47:13)

P: For capacity building, overall training and support is needed. training might not be sufficient they will need a support system as well. In a way, FCHV are doing their best in health system. We don't have a bad training system. But we need additional support for delivery of stimulation-related contents. In a foreign country, what I have seen is that health professionals conduct parenting classes. We don't have that here. They run practical sessions. To do at that extend not all our FCHVs can do it. In many places FCHVs might be uneducated as well. Due to that, there are different things that they could do just through training and different things they could do through supervision...As I am not from the health sector this may not be much relevant as well. It would be more beneficial if we ask this with health personnel or nutrition-related person. I feel the allowance of FCHV has been increased in this recent budget. If we do not think about how much work, they will need to do and neglect their salaries (*Parishramik*) then it will be challenging. There should be a very well recognition system... there is little bit of recognition system... it's not that it's not there. They have their roles in the community. They are overloaded as well. All we need it to manage this overall.

402 I: They have also said the same thing. They need work. They are also excited to do more  
 403 work with addition. All they want is incentives and salaries. How can we manage this? If  
 404 we see the current health situation, it is well-defined. FCHV have been mobilizing in the  
 405 community level mostly. How can we manage them and their incentive wise if we must  
 406 use them in community level? (00:50:21)

407 P: It cannot be done alone by [the one external partner]. It should be done by the  
 408 government and another thing is like I mentioned it can come under the regular  
 409 programme of the federal government. If they are provided with an allowance for the four  
 410 days service, they provide... this might take additional half day.... In that way if they can  
 411 provide an allowance for four and half days and can increase the budget of the health  
 412 sector ... if Ministry of health can convince the finance ministry, then that allowance  
 413 might be increased... this is one thing. You also said that we could also raise the  
 414 incentives via local government as well. They have the budget, but they have not  
 415 understood its importance. In this situation how can we make... we call this investment  
 416 case technically... if we can make an investment case and tell them that If you invest in  
 417 this then this is the benefit to your children and when those children benefit the society  
 418 will benefit ... in this way we can show them...

419

420 I: We need to be aware to the local government as well. I am going to the next question  
 421 now. You said that an uneducated FCHV might be one of the challenging parts. How can  
 422 we tackle them and find an alternative for that? (00:52:14)

423 P: We have developed simple materials that can be understood by everyone ... even the  
 424 literate too. It is not that, since they are illiterate, they cannot do anything. It is the  
 425 training modality... how is the training delivered to them... how are the simple tools and  
 426 resources are available to the ... Gradually as years passes illiteracy will decrease.... but  
 427 mostly for now we all we can do is provide them simple training materials and resources.

428

429 I: What do you think about the alternatives of FCHV? What if we don't increase their  
 430 workload and search an alternative for them? (00:53:21)

431 P: We always have some alternatives while running a project. Like the Baby wash  
 432 programme that I said ... that was also implemented through the partner NGO, and we

433 did the work through the alternative category... because it was a quiet intensive  
434 programme ... We had 2/3 home-based visits and 3-4 phone calls related work on weekly  
435 basis. They had done this... We had a partnership with [one organisation]. If you need  
436 their help, you could contact them as well. We can do this on the basis of the  
437 programme... but to do through the government having an alternative category might not  
438 be beneficial, I think... When alternative staff is recruited then there will be conflict  
439 about taking away their roles... they have been working for four days... and for half day  
440 work... it may not even take half a day, Like I said earlier, stimulation does not take a  
441 whole day, it can be taken together.... It won't be cost-effective if we add people for a  
442 half day of work. I don't think we need to look for alternative staff for stimulation in the  
443 current context.

444  
445 I: Sir, you talked about NGO. They (people) have been saying that outside people must  
446 come in this programme. It is not effective if governmental people come and run this  
447 programme. What are your views on this? Do you think NGO/INGO should be involved  
448 in this programme? What do you think are the roles of NGO/INGO in the governmental  
449 programme? (00:55:09)

450 P: There are various cases. Some NGOs are very good in field mobilization while some are  
451 good in technical input. We should not think of every NGO in the same way. Some NGO  
452 might work well on the center level and cannot do anything at the local level. So, we  
453 should not think same for all. The environment in the community will change if there is  
454 the presence of not just UN and the government, but also the civil society, NGOs. While  
455 talking about the policy-related things at the federal level or while implementation at the  
456 local level... the environment will be changed. So definitely it is good...

457  
458 I: Change? What type of change? (00:56:16)

459 P: There will be a change in perspective and working order as well. The government method  
460 and UN's method are quite bureaucratic. More than that, NGO's work will be faster, and  
461 they have technical good linkage with the community. Those who find governmental  
462 bureaucratic work tedious can approach them easily. In that way NGO have their own  
463 benefit... along with that sometimes difficulties that we can face is that maybe we have

464 been spoiling this... For example, let's talk about parenting education ... many have run  
465 parenting programme by providing an allowance for parenting programmes and by giving  
466 travel allowance as well. Some of the NGO are still doing this kind of activities. So, what  
467 this has done is... This parenting education and stimulation programme is the facility that  
468 we have provided for the benefit of the beneficiary... and to receive that they begin to ask  
469 for allowance and travel expenses... when this happens then it is difficult.... This kind of  
470 difficulty is there due to NGO involvement ...

471

472 I: We have found this in community level as well. They expect something from us. If they  
473 don't get something, then why should we come? They say like this. How can we manage  
474 this? This will surely be a hindering factor for the sustainability for the programme. What  
475 can we do for its alternative? (00:58:25)

476 P: That is why I have been looking for an answer from the health sector. Health sector is a  
477 service-receiving place. Meaning that ... when we invite them in some other place for  
478 parent education then we will have to give them an allowance and travel expenses... but  
479 ...

480 I: This applies the same for nutrition?

481 P: Yes. You can consult the parents too whether they receive any allowance or not when  
482 they visit the women groups....

483

484 I: No, they don't get when they come in a group. That is why the group is not active as  
485 well. (Laughing ...)

486 P: when they go for antenatal visits, they need to go the health post for their own health,  
487 right? They can get the respective free information about stimulation and nutrition, IYCF  
488 materials from there then they don't need to be aware separately for this only.

489

490 I: It will increase the awareness and their interest will also be enhanced...

491 P: Yes. this is one reason that it will be feasible when the programme is delivered through  
492 the health sector. When we did parent education in school, everyone would ask for the  
493 allowance. They used to say, "What are you giving us for our participation?". I used to  
494 say that "In the city area you would have to pay for the parenting education, but you are



495 getting here for free here. This is your allowance in a way” ... Not everyone will be  
496 convinced because in the same community NGO or particularly INGO ... INGO  
497 allowance rate is more for the community people than that of NGO. UN does not give  
498 any allowance... but once it goes under the project due to the giving environment it is  
499 quite difficult ...

500

501 I: If we don't give anything, they might even chase us away. (Laughing)

502 P: Yes. Did you give anything in the community?

503

504 I: We gave soap and locally available toys worth 30-40 rupees. What could be the solution  
505 for this? Various groups went in the community and developed a different trend system.  
506 (1:01:49)

507 P: I can give you one example. There was one organization, I don't want to take their name  
508 here. They did the same programme similar to ours in one district. We did not give any  
509 allowance or snacks in our one-hour long class. We just gave motivation .... this session  
510 this will benefit you in this way... we just said these... In another programme they would  
511 give travel expenses and snacks. Now see here ... After that, the mentor gave us an idea  
512 that these two projects are similar so we can either merge or the municipality should also  
513 speak... So many have done programme together... they have done such adjustments...  
514 but that programme did not run for a long time. I don't know how much we can trust the  
515 field mobiliser words... Partially it was also confirmed from our past study that “they  
516 went where allowance was provided and would return without learning anything...  
517 because their motivation was allowance. The mentor said that those who came to our  
518 programme had a motive of learning only.” I don't know if it was true or false. But this is  
519 anecdotal evidence that only providing them allowance won't work all the time.

520

521 I: We are at the end of our conversation. Let's talk about sustainability. What sorts of  
522 policies should be made in the system for taking this integrated programme of nutrition  
523 and stimulation to sustainability? You talked about attracting people without any  
524 allowance as well via the health system. What are the factors that might contribute to the  
525 sustainability? (1:05:31)

526 P: In my view, it should be integrated with the existing services for sustainability. People  
527 would be happy if they get extra information while they come to get vaccinated. They  
528 will be happy when they get knowledge while coming to collect micronutrients. We  
529 should take integration of the stimulation as a normal way without considering it as a  
530 burden ... then there are high chances of sustainability... Understanding is the main  
531 thing... from our policymakers to people working in different sectors even within the  
532 external partners... explaining them that ECD is what you have been doing already... we  
533 just need to add one or two things in it... Globally once the nurturing care framework  
534 was launched some significant changes have been seen especially for pregnant women to  
535 children under three years of age... for pregnant women to children under three years of  
536 age nurturing care framework has suggested that everything should be integrated. As a  
537 global policy and global movement, this should happen.... It should be attached with the  
538 services. Another thing is that funding plays an important role in this too. Have you  
539 studied the research paper of Dr Aisha Yousafzai about study from Pakistan?

540

541 I: Yes. I have studied.

542 P: They also have talked about stimulation. They have done a costing study about  
543 integrating these programmes. Apparently, it takes around 50 cents.

544

545 I: For cost-effective... (1:07:47)

546 P: If we can show this kind of evidence through research and make an investment case then  
547 government funding can be ensured... because we need funding to make this sustainable.  
548 One is understanding and second is funding is needed and then we need attitude and  
549 skills to deliver the programme... Knowledge and skill are important for this stimulation  
550 programme. We can make materials needed for that locally as well... Global movement,  
551 skills and knowledge, capacity building, advocacy for funding and if funding is ensured  
552 then hopefully this programme can be sustainable, I think...

553

554 I: Your thinking on the available resources is also good. It is a valid point. We don't have  
555 this level of research in our country.

556 P: It is difficult to work on the research. We have been working on this for so long...  
 557 Researchers from Nepal have limited capacity and it is costly to bring researchers from  
 558 outside ...4-5 years ago we had a big discussion about doing RCT ... but to do one RCT  
 559 we need 3-4 crore money... so overall how much should we spend on the programme is  
 560 the question... It is difficult to bring the budget and funding for this...  
 561

562 I: We can approach international funders. It is quite challenging as well. I agree with that.  
 563 Our neighboring countries like India and Pakistan has been getting funds via grants  
 564 application, right? Countries like Bangladesh also has been receiving support. If we can  
 565 purpose the same level of RCT design, won't we get the same grants like them? (1:10:50)

566 P: Our previous representative would say that "Nepal is an aid orphan country". Countries  
 567 like India, Pakistan and Bangladesh are more politically stable than Nepal. Their system  
 568 is not going to change. We don't know anything for Nepal. That is why we are not  
 569 receiving anything from the donors.  
 570

571 I: Especially is we go in *TERAI*, there are many obstacles.

572 P: We have been applying for RCT. We have not received any big funding.  
 573

574 I: You have explained everything vividly. I want to ask one more question. You said 3  
 575 challenges while integrating this programme. It was funding, capacity building, and  
 576 human resources. Do you think there are any more changes than this from governmental  
 577 resources? (1:12:51)

578 P: At in governmental level ... they work in silo... I have said before too.... We also used to  
 579 work in silo... Gradually, we are connecting... Ministry of Health work separately and  
 580 Ministry of Education work in different are .... women, children elderly work in separate  
 581 area and NPC works on different area as well. They have different coverage network  
 582 (*Chettradhikar*). They say not to cross each other's area of coverage network. Because of  
 583 this thing are challenging... Even when we were making ECD strategy ... there was  
 584 comments like it is related to woman and children and was this not given to Ministry of  
 585 women, children and elderly ... I think the ECD evaluation also answers this why... the  
 586 current status of children and women also speaks.... We have an environment to work in

587 silo... and limited understanding at the sectoral level. Like I gave an example of MSNP  
588 about the limited understanding. They think that ECD is under MSNP. I have been told  
589 by the governmental officer and UN staff that ECD falls under nutritional plan. They  
590 have differences in understanding and there is environment of working in silo.... Until  
591 we break this, it is difficult to work in a holistic integrated manner. Hopefully, this ECD  
592 strategy will create an environment to break this...

593

594 I: Do you think there are any more challenges than these three in community level?  
595 Anything in implementation? (1:15:07)

596 P: I don't think there are. I think there are more opportunities than challenges at local level.  
597 District health office, district education office, district wash office etc. used to be in  
598 action earlier. Now everything lies under social development ministry in the province.  
599 This helps in coordination but there is a knowledge gap in how to link this together. We  
600 are facing problems because of political instability as well. There is still no clarity in the  
601 role of province ... what is the role of province in the ECD programme. because the  
602 responsibility of the basic health, basic education and overall ECD has now gone to the  
603 local governments. National-level political conflicts can also be seen in the local level as  
604 well... One will be from this panel and other will be from another panel... we don't have  
605 to talk about different parties ... if there will be different panel within one party then how  
606 will they coordinate and work? So, if there is no unity then there it is difficult but where  
607 there are good leadership, where they have begun to understand the importance of ECD,  
608 there we can see development as well.

609

610 I: Implementation of strategies may address these problems in the local level as well.

611 P: Hopefully.

612

613 I: What challenges do you face in the community level? You said that incentive-wise, there  
614 might be a challenge. Are there any challenges like ethnicity? (1:17:17)

615 P: We see problems in knowledge and skills mainly. Nepal is still facing problems on caste  
616 society. Some groups may be excluded ... marginalized groups can get excluded from the

617 services. These things are there... so we need to look at these things from the  
 618 community's perspective as well.

619

620 I: What can be done for this?

621 P: The committee formation that we are talking about... I think the committee should be able  
 622 to look after this... ECD is for an equitable society.... According to my understanding,  
 623 the foundation of ECD lies on how fast we can unleash the developmental potential of  
 624 those children behind so that they will be able to come in an equal line with the children  
 625 from rich background and who have been developing well. They can get equal  
 626 opportunities. The committee should think about this concept. They should know that it  
 627 will help to create an equitable environment in the community by targeting those  
 628 marginalized community... ECD programme should focus more on the marginalized  
 629 people ... that is where more benefit lies... these things should be explained to them I  
 630 think...

631

632 I: Sir, I am going to ask you a last question. This government system has been established  
 633 in municipality and sub-municipality level, suppose this programme is launched from the  
 634 ministry level now, how can they manage and deliver from that level? (1:19:40)

635 P: At local level there are two types of programmes. One is they can plan their own  
 636 programme, and another is broader programme delivered through the federal system.  
 637 They have been doing it effectively like vaccination programme. This programme is  
 638 launched from the federal level, but it ultimately implemented via local level only. I don't  
 639 think it will be difficult. The best programme to integrate stimulation is micronutrient  
 640 distribution... we can integrate in that... and another is we can also integrate in the  
 641 immunization programme...

642

643 I: That targets mostly malnourished kids only, right?

644 P: I think micronutrient is provided to everyone.... Everyone is getting that I guess in cities  
 645 too. You need to talk with the nutrition officer as well. I am not sure.

646

647 I: Only those kids who are malnourished and are at the borderline of malnutrition are only  
648 getting the supplements. We are getting complaints.

649 P: Micronutrient ... I don't know this exactly as I am not from the nutritional field.  
650

651 I: Let me wrap up now with a summary. We started from ECD policies. You said that there  
652 are ECD strategies rather than policy. Kids above 3 are more focused in today's context.  
653 If we go via health than nutrition, then we might not face any problems related to  
654 incentives. It will be more attractive. Talking about challenges, we might have problems  
655 related to funding, human resources, and coordination and capacity buildings. We have  
656 many opportunities. There is knowledge gap as well in community level and much  
657 expertise in their respective department too regarding ECD. It is important to understand  
658 in brief about the programme. After the launching of nurturing care framework, many  
659 people in their programme have been mixing stimulation in their programmes as well.  
660 You also said about forming committee in every local level as well.

661 P: Local and state level.  
662

663 I: You said everything in detail. Do you want to ask me anything?

664 P: No, everything is fine. The time is over as well. I am always glad to know when I meet  
665 new people in ECD programme. I support new commers. May your report be successful  
666 and give me the chance of reading it too.  
667

668 I: Sure sir, I felt nice talking with you. I am going to end this recording now.  
669  
670

### 671 **End of the Interview**

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672  
673  
674