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**I: Interviewer**

**P: Participant**

**Interview duration: 1:57:5**

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

**Location: Participant's workplace- Office room**

**Date of the interview: 4 March 2021**

**Interview started:**

I: Sir, what types of programmes are there for children under three years of age?

P: Health screening is being done for these children regarding health. In health screening cases like stunting, wasting is identified. Cases like severe malnutrition, moderate malnutrition and normal cases are identified. We need to admit those to the OTC (Outreach Treatment Centers) who are diagnosed with severe malnutrition or should be admitted to nutritional rehabilitation center. After the admission, it takes some time for them to recover. In some case it takes up to 14 days or two weeks and sometimes recovery might take three weeks or beyond 14 days as well according to children's digestion and food intake. The recovery time from other diseases is longer but if malnutrition is caused due to protein and carbohydrates deficiency than we have seen that they recover early. In about 80% of the malnutrition cases, we have seen a recovery in 14 days. There are the remaining 20% cases which take time. This may be due to some other disease. For instance, in cases like stunting and wasting, we found that many children were provided RUFT (Ready-to-Use Therapeutic Food) and other extra diets but there seemed no response at all. The reason could be... we did an investigation at the hospital and found that there might be symptoms of tuberculosis. After providing treatment through the tuberculosis programme, they were found to recover. In some children with weak liver function and digestion, it was difficult to give them therapeutic treatment. But

that will solve soon. After that case comes under the Nepal government through the flow of system work is done and, in that side-by-side NGO (Non-Governmental Organisation) and INGO who have referred the nutrition cases for treatment. Those cases are followed up. We follow up on cases and try to understand what happened to that case. This made us aware about NGO's which have been working for programme like this. In the follow up we have found missing as well. Because the nutrition education programme is run by hospitals and rehabilitation centre. There we saw their feeding system and care. That is all we see. but they delay in identifying what is the recovery rate. But in our NGO they are followed up for faster response. After the follow up we find out that the child is suffering from other diseases. Why not? It encourages and then they are taken for investigation. In some place what we see is that case is admitted but if some investigation is done then they have to pay. Then the family of that child is subjected to pay for those tests. They find hard to pay the cost. In such situations, local NGO's have been supporting in some cases like these. For example, x-ray, blood tests and all. Those services provided free by the government are free otherwise extra charges are reimbursed by the NGO's which has made a recovery easy... and in some cases, it is completely free as a subsidy is provided by the government. It depends on the hospital's decision. If the superintendent makes it completely free for them, then it will be free, and it will be chargeable in some places. For chargeable there are two ways. in some places if the affordable family pays for it in some places and in some instances, they find it difficult and when requested by NGO and they will provide some subsidy to those cases where it is not free which has helped to improve children's health, especially seen in SAM cases.

I: Sir, is it governmental programme or your programme which identifies these cases?  
(00:13:24)

P: There is programme from both governmental side and from our side as well. MSNP's (Multi-Sectoral Nutrition Programme) second part was funded by the government. This is currently implemented by the government. It should be done from the local health facility. Constitutional area municipality is considered to have a main role. They have full authorization. The coordinator of that municipality enforces this mainly about the programme implementation in the community. It also sees how this programme should

63 go in the community. Patients and clients all are in the community... We should guess  
64 about these cases coming from the community. We should also guess why these cases are  
65 not coming from the community as well... (photocopy machine running in the  
66 background... pause...)

67  
68 Every municipality has separated budget for MSNP II. They do screening but only in the  
69 health post. Community people are still left out ... Community people don't know that if  
70 their child is suffering from is wasting or stunting. They will never know... they will only  
71 know when someone else points out that why their child is thin and says that their child  
72 might be losing weight. But still, they will not care ... They will make excuses that the  
73 child does not eat. Does not obey me. this and that. Or they say child has stopped breast  
74 feeding and they are growing. in this way people will not obey. They only contact the  
75 health facility if the children are suffering from diseases like common cold or  
76 stomachache or diarrhea or fever. When they register there, at that time they only  
77 implement the programme ... That is why there are fewer findings. Health workers  
78 contact FCHV's (Female Community Health Volunteers), and these FCHV's have many  
79 works to accomplish. it is not necessary that she do this job only... these volunteers visit  
80 the mothers meeting and go some other places and inform those who they feel like. They  
81 work on their own will. Then some cases are seen but very few cases are identified from  
82 the government. Government has not been successful in finding cases through door-to-  
83 door visit in the community. For this they need to search partner like NGO and INGO,  
84 which are the local partners, some of which are funded and guided by the donors. Some  
85 of these projects are guided by the Nepal Government as well. Nepal government guides  
86 CDO (Chief District Officer) and CDO will do those things they are guided to do ... it is  
87 not necessary that CDO does all the activities of nutrition programme. That is what civil  
88 society do ... If intervention is done by the donors, then that is in some specific areas  
89 only. It does not cover the entire municipality or entire district. If you go in the entire  
90 district as well, you won't find satisfactory results. We are also told by the Donor to work  
91 in this area and district only. We also have authority to work in the municipality we are  
92 told to work because we have taken authorize letter from there. When we visit that  
93 municipality or households, we collect more than 50 cases in a months' time. but the

government staff could not collect more than 10 cases within a year. There is a variation in cases. In that case, there might be deficiency of RUFT they have calculated because every month if you report 1-2 case, government will supply RUFT on that estimation or for a stock they could give 10-20% more. When we put the number of cases, we identified forward then the RUFT will be insufficient. In that case screening might be early and there might be a delay in RUFT arrival. That is why we only say the approximate amount of RUTF that might be needed and must be ordered as we too don't know the exact amount needed. We can only say tentative. Government staff try to ask for the supplement in approximate amount. If government staff ask for an approximate amount then they are also asked for data ... it is difficult to send the supply without any data. So, they say this NGO is working in our area ... They also use the data of previous year too. It would be hard for them to provide these data in the beginning. Because the logistics cannot supply without the data. There is problem too. That's why sometimes they supply only after we send the data. Sometimes government reinforce their channel from here and there and collect RUFT in some amount. In that way the programme is sustained and moved forward. Sometimes in this way RUFT could be lacking. In that case they seek help from us and want to sit in meeting to discuss the shortage of RUFT. In that case, we discuss with the municipality and with the district and identify the buffer stock left where it could not be used. We identify where the RUFT stock is high and is not needed and has not expired ... letter is prepared, and they collect the RUFT from another health post or municipality. But the supply in the district is usual but those not needed can be used in this manner ... In this way, the programme is happening with coordination between the government sector and the NGO.

I: Are there any other nutritional programme beside this? (00:14:20)

P: We don't have any programme in local level except this one. At local level, where NGO, INGO, civil society are present and have been doing door to door screening and health education programme. Those family who has gained health education, they try to use the local resources and feed nutritional food to their child. They will know for the first child. For the second child, they recall this is what I had done for the first child so based on their best experience they take care of the second child.

125

126 I: What about the non- intervention places? You said all of this about the intervention  
127 places, right? (00:16:30)

128 P: It is as usual. They must fill out forms regarding IYCF and malnutrition cases in the  
129 health post. They have to note down how much they ate, their height and their weight.  
130 They need to note these down. But these are not fully updated. It is done in the health  
131 post. Those cases we sent to the health post are followed up but for those who come by  
132 themselves ... their form is filled for that day and for a second time they will ignore for  
133 later and when they come for second time later, we will not know about the rest of their  
134 growth and development. We have duplication in here and won't get the actual data.  
135 When we try to report in the HIMS tool, there will be an error in data. We had so many  
136 cases of malnutrition in this municipality, but the reported will be less because the data  
137 were filled in later. So, the corrected data were sent. The data showed less cases of  
138 malnutrition now. If we enroll 50 cases, then only 8-10 cases would show up. This is one  
139 of the problems in survey report. It does not show the actual report in daily order. If we  
140 do this on a daily basis and fill in the HIMS tool, then the actual number of cases with  
141 malnourished children will be seen. We don't think it is possible now. In this meeting  
142 with governmental higher authority, they have been repeating the same question about  
143 the efficiency of work ... that at the peripheral level the work is not being done at the  
144 way it is supposed to and due to this there is error in our data.

145

146 I: Why is that?

147 P: We lack mechanism in monitoring. Government is not using the checklist. If the  
148 government uses the check list that records how many cases you have found this month,  
149 what activities did you do in the community, where did you reach the meeting, whom did  
150 you meet ... we will have a summary only when all these checklists are filled. But this is  
151 not done ... For reporting they go for monitoring and write the number of cases and that's  
152 it... but when the actual developed checklist is filled, everything from top to bottom is  
153 informed. Then only it will show the area where we are lacking, right? After that only we  
154 will reinforce to those area where we see lacking the most, right? It is difficult to identify  
155 the gap. There is lacking in identifying the gap. The gap identification is limited to health

post but beyond that what is the problem we don't know the actual finding. To find the data, everything must go in stepwise manner ... How far have they reached the community...? We do have a system... it's not that we don't have ... Nepal government has an established system ... there should be this much manpower in health institutions. This is for preventive measure. This is for curative measure... this works in management...they are using FCHV... this is a system that is speaking...FCHV should do this work... But FCHV are not self-competent. The system tells that they should go along with the health workers... The outreach clinic is there... sometime junior-level staff will visit there ... It should not happen like this. At least some trained skilled manpower should go and counsel. Only after that, the community's approach will be seen. And a person from a community should also be present there... CDOs, ward officer or secretary no one are invited. Two people come...allocate a certain house for outreach clinic... 2-4 people participate and then it is closed that is it. If we are running EPF programme which includes vaccination, we need to advertise everywhere and then people will come for vaccination. Why not advertise for the outreach clinic. Pregnant mothers come... weak children come. People with any other illness can come. and see the crowd that you will gather...If a skilled person goes there then they can collect all the data ... then we will feel that the government is working...But not the government is sitting... there is no progress in the work... we have faced this. We have seen this before. where they have said there are no cases we have found cases there ... So how is there a difference?

I: Sir you said about lack of monitoring resources, right? What else did you find in that place?

P: Checklist as well. They don't have the checklist. Government staff are also not capacitated (trained enough). The government also don't have the capacity in terms of their staff as well. Public service commission has the potential, but they lack capacity programmatic wise.

I: Can you give any examples?

P: For instance, if you take an example of any health worker, who has completed his/her education up to IA (10+2), they are from non-health background... and their work will be

related to health background ... they cannot monitor anything related to health background. How can he find about SAM, and MAM cases? He does not know how to identify stunting. Non-health background person cannot go beyond what he was taught in the orientation. This will cause a big problem...

I: What should be done then?

P: Government is thinking about that. Slowly they are removing them ... Their staff cannot be easily replaced as well ... their retirement time needs to be considered. Those who left are being replaced with a highly technical person. We cannot say that the correction will happen immediately it requires time as well. Government has its own bureaucracy, and we must respect the policy of that bureaucracy. We are Nepali people, and we cannot criticize the government. Whoever has become the authorized person in the government either medical or non-medical ... he could not do that level of work means that they should be given managerial task or others ... and technical manpower should be given the technical work. The thing is everyone is 6<sup>th</sup> and 7<sup>th</sup>-level officer in government. Everyone is an officer (*Adhikrit*). Even HW are in 7<sup>th</sup> level officer. If they are working then public health work is quite difficult... those who have completed BPH (bachelor's in public health), MPH (master's in public health) are sitting ideal, and Health Workers are doing public health level work. When they do have knowledge about public health. They don't know about epidemiology. They know only few things about it. They don't know in detail. They don't have knowledge about data analysis and interpretation. If they don't have the knowledge, how are they going to interpret the data and show... There is the gap in this. He/she does not have the capacity but are officer level 6<sup>th</sup> or 7<sup>th</sup>.

I: You said that these people do not have the capacity for monitoring and all, right? What about the community then? What are the lacking points in the community? (00:23:45)

P: A community is a neutral person. They are always neutral. Community role is to think about what they need... "If I need money then I need to earn it by myself or I need to take it from my guardian". Community does not have any interest with public health. A community always asks/lobby political person for the better health services. They speak about the services they need but on what basis service should be provided ... that level

work has not been done... they should provide criteria. that if you do this kind of work then this level of service will be fulfilled. But it's not that. they look at top level only. they demand, "we need a birthing centre" ... They should know all the criteria like the needs and necessities of a birthing center as well. They should know the catchment area, the pregnancy rate, and the number of married couples or not, area coverage, capacity to run a birthing centre, and what kind of contribution they can provide... nothing is there... but they need a birthing centre in their village. There are villages which have established birthing centre under political force but only 4-5 cases are delivered in a birthing centre. We do have technical manpower for that, government have used them, and people have gone, all expenses have been done but the case is not delivered there... sometimes the government needs to take its step back too... they should not give as per demand but look at the necessity...

I: Sir, we have been talking about present nutritional-related programmes in this village, right? Can you also tell us about stimulation?

P: Stimulation is something where a child's behavior is converted into practice. We do have this in our community, but the level of stimulation needed is still not in practice. The child's brain would have been sharp if the level of stimulation was adequate. For brain development side by side nutrition is also needed. Stimulation has two aspects: one from the family and second is from its environment, and if this environment is not provided to the child, then the child cannot move further in his life. Children can be stimulated at home ... like parents also don't know how to feed their child as well. What they should feed when... Always feeding them rice is also not good. Everyone feeds dal, rice, and vegetables in this village. They have not realized if their child needs protein more or carbohydrates. After knowing this only, their child will move forward in stimulation process. His interest will also increase in his family. The thing is those family which has sufficient information, they will go and play with their children... because here personal hygiene also plays a role... they will be always neat and clean. Those who do not know anything about personal hygiene, their children will always be dirty ... child urinates in their clothes, nose is flowing ... Meaning no one will go to play with him. The child will be lacking behind. If a family is well educated, their child will look active and healthy as



249 well. It does not matter if the child is black or white. The way their guardian has  
250 supported their development. When you see them... you will feel like blowing whistles or  
251 moves hands in front of the child, make sounds then the child's stimulation also  
252 increases. Someone will show a pen and play with them or show a mobile phone or ring a  
253 bell and the child will be well stimulated.

254 I: What is the current situation of stimulation in this community? (00:29:10)

255 P: Current context is as it is... whatever they have understood that calling children by  
256 names. Tell them where the ear is, where the nose is. They still practice traditional way.  
257 this is also good in a way... it's not that it is not good ... child stimulation is happening  
258 there... someone plays with the children. some take outdoors, and make them run ...  
259 These stimulation processes are good, but we are not adopting the authorized medical  
260 stimulation. the one that is recommended. when the recommended practice is done, then  
261 the child will develop well... We lack 100% in this.

263 I: What is happening in the community ...

264 P: Community has been following their traditional way. We are only playing with the  
265 children, calling them, and making them laugh. Just that... nothing more than that... We  
266 can see new stimulation programmes like ECD (Early Childhood Development) for three  
267 years or above children. But that is a delay ... for children below three there should be a  
268 programme at their house... that is a delayed case ... in that case 80% of the mental  
269 development has already occurred ... for remaining 10-20% of development we stimulate  
270 the children after three years ... At family level they have not understood what  
271 stimulation is ... whatever they have understood from their traditional practice they  
272 practice those ...

274 I: Sir, have you seen any programme or any activities regarding stimulus for children under  
275 three years of age in this locality?

276 P: I have not seen any programmes. What we have seen that people are earning money by  
277 working abroad in gulf country. When they go aboard even if they do not have education,  
278 when they see in other family that they are buying dolls ... then they also understand that  
279 children play when they are given doll ... in this way unconsciously they are self-

inclined to stimulation methods.... Not due to pressure ... all these dolls are sold... what is it for... it is for stimulation ...? There is a huge impact of Chinese market here which has made cheap dolls now ... children have desires to play with dolls, but guardian does not want to buy it ... children want their parents to buy them the doll ... when they see someone playing the flute they are interested to explore where the sound is coming from ... two years old child want to explore this... but parents say it is not needed. When we play with *jhunjhuna* (Rattle), they turn around everywhere to explore where the sound is coming from. The child requires such stimulation, but parents don't understand why to buy this for a small child. Those who understand the need of a toy that may be the child will begin to speak while playing with this, they buy it for them and the child play with it the whole day... but they do not get another item (toy) ... if the child had another toy, then they could have exposure that could have their brain growth... but that is not happening...

I: Sir, you said that parents who have knowledge about toys and stimulus, only prioritize about stimulation, right? According to you what types of programmes is needed for children under three years of age regarding stimulation in this community?

P: Seeing the current situation, family should be aware at first. They do not know anything about stimulation... I don't know what stimulation is called in Nepali though.

I: They call it games and learning.

P: If we talk about games and learning with them, they counter question us saying our child does not play. We should come up with a word first. When we choose appropriate word for stimulation people will be interested... For instance, it won't sound good if I tell people, I am jobless, right? But if I tell them a new word i.e., "exploring new jobs", they will find it more interesting. They will understand that I am talking about job... so word should also have a value... If we try to teach them in Nepali, they won't find it very informative. If you try to go and teach them about games, they will say that we are acting over smart by teaching them about games which they already know. If we use English word like stimulation and mental growth ... playing for brain development. If you go with such new words, then they will pay attention and will be interested. When you work

311 in a programme, if we take this in a new version instead of traditional version. When you  
312 take in a new way people will be fine and they will try to listen you. You cannot fill a jar  
313 with water unless it is empty. How much can you fill in a full jar? Similarly, how are the  
314 people in the community? If you talk about games, then they will say I have been doing  
315 that if we take this the other way around like I said then it will be something else.

316

317 I: They have an understanding that games are played just for exercise and all.

318 P: They feel like that only... If you take this programme as playing games for mental  
319 growth of the child... then they will be empty and then you can fill the jar ... then they  
320 will understand something and they will now do things.

321

322 I: What should we do then?

323 P: Only family awareness is not enough. Because awareness in one method. To awaken  
324 them but do they have skill? They need skills for new modality. For skill development  
325 they need to be trained in the mother's group. newly mothers who have small children ...  
326 and do all the necessary demonstrations. There should prepare a demonstration site ... an  
327 include types of games. Local level games not the foreign-based games which they  
328 cannot afford to manage tomorrow... what can be done in the local context? ... that  
329 should be there. Then they will be able to practice at home. they will be able to manage  
330 toys... you need to capacitate in that manner... then we need a follow up mechanism for  
331 this. If there is no follow-up mechanism, then they will do it today but after 2-3 days it  
332 will disappear ... It is required daily for the child. A child needs a regular habit for  
333 stimulation. Today you play with them. Tomorrow, you must show them water... show  
334 them how to splash water...they need to understand this ... there are various ways of  
335 stimulation not just one... We need to teach the child every sensation like horn sounds,  
336 car's noise, and all. We need to teach the child everything and child needs to play  
337 everything in his brain ... his brain is like a computer ... it is a memory... once he hears  
338 the car, he will understand... tomorrow if they hear a horn sound. They will turn their  
339 head around ... because it is in his memory...

340

341 I: Sir you talked about registration earlier. Who do you think should do it in local level  
 342 according to you?

343 P: At local level there is no capacity ... that is the main thing... from start to the end... it  
 344 should begin form the top level ... The chairperson of the municipality should be made  
 345 aware of this information at first. Until you don't lobby and convince the chairperson of  
 346 the municipality, I don't see the possibility of this programme will move forward ... after  
 347 that the technical person from the administrative area should also be capacitated ... they  
 348 don't have the knowledge too. Stimulation is a new thing, which is taking place in  
 349 foreign country only, but stimulation has not come much in our country. If we search in  
 350 websites as well, we are not going to find anything as people have not worked a lot in this  
 351 field. I have worked in this field for 3 years.

352

353 I: Can you share your working experience in this field?

354 P: It is being implemented in children ... We are using toys for children, playing with them,  
 355 taking them out... this kind of programme was done... programme was done for children  
 356 aged below three years old children. Once family understood this and had the knowledge,  
 357 they have been practicing these, but I have not followed up after that. I have not been  
 358 working for the same organization for now, as I left it. I did see changes in children after  
 359 that programme... Children who could not move their eyeballs properly but later through  
 360 play they started turning their head, and smile. Child used to response... Children do not  
 361 just speak only. They show some response which is considered as impact ...

362

363 I: We will talk about this programme related topics in more detail. Now let's talk about  
 364 something else. Like I said, the World Health Organization (WHO) has recently  
 365 published research regarding nutrition and stimulation for children. The WHO also has  
 366 recommended that for the growth of the child, it is necessary to run these programmes in  
 367 parallel. What do you think about this recommendation?

368 P: Like I said there is no stimulation without nutrition. I fully support this recommendation.  
 369 The WHO has recently published this recommendation, but I have been saying this for  
 370 almost three years now. We need programmes like this. Without nutrition, there is no use  
 371 of stimulation. We are talking about mental growth as well here. We are not talking about

physical growth only. We are talking about mental growth as well. There should be a comprehensive development of a child ... Parents see the height of their children ... just height is not considered as growth ... what about the brain ... Child should experience holistic development ... and for that food is needed. Nutrition is very important. Nutrition is linked with agriculture and livelihood. You can show the value of nutrition but what is the source of nutrition ... this knowledge is lacking in the community ... We say that we should feed our children nutritional food like eggs and grains. They agree with you outside but after you go, they talk “they are taking money from the government and tell us to feed the child ... from where we will feed...”. You tell them to feed them fortified food (*haluwa*)... But they don’t go to buy ghee to feed *haluwa* ... child needs fat. They say, “if they provide 200 gm ghee then I will feed the child otherwise I will not” ... these kinds of problems are there. That is why we must connect this with the income as well... connect it with livelihood .... People have been earning money these days, but they do not consider that as income generation. Hand cash who have earned from a foreign country they spend money on clothes, laptops even if they do not use... LCD TV, AC, fan, they spend on this, but they do not spend on the development of children... this is what I have seen. We put this in big floor... this is where it is lacking... how can we deal with this. nobody thinks about this ... Actually, if they spend 10% of those expenditures in children that same child will give you comfort tomorrow. People don’t understand this... I think they spend 0.1% on children... so how will they develop... maximum expenses should be done on children. they are like raw soil... they will become what you make of them... so that is not happening here... for fashion they buy a toy because someone else bought for their children... what will that do... nothing...

I: Sir, we have talked about nutritional programme, recently. How can we take this stimulation programme along with the nutritional programme in this community? How can we make it more efficient and what should we do to make it more?

P: We can take it in 2 ways. Like in MSNP cases are surveyed and bring children to the health post ... those children come with their one family member ... once a month or twice conduct the mothers group meeting in the health post and take 1-2 hours sessions on stimulation and demonstrate in the health post. May be possible. there can be some

improvement in that family who have been involved in that meeting. But then it is not  
 enough to do it just one day... because we have to observe the child... Until the child is  
 three years follow up should be done through FCHV even if it is once every two  
 months... they should visit home ... form format should be development ... what was the  
 situation before and after the change what were the development that took place in the  
 child... could be... after six months there was some development in the child. The child  
 had high sensation... child looks very curious... child looks around... if that curiosity is  
 measured... there are tools to measure this... from that tool we can find out this is the  
 value of stimulation. Otherwise, we implement the programme but if we do not use tools  
 to measure the progress then we will not know what the value is. You will establish the  
 value in a haphazard manner... “we implemented this programme and there was  
 improvement in children ...” where is the improvement? What was his basic situation  
 what were the changes in six months.? and there should be control and intervention area  
 for comparison... We can see changes in the value of children under 1 or 2 years old after  
 that. We need to consider non-intervention areas as well. After we compare the results  
 obtained from this programme, we may now conclude this programme can be replicated  
 and then we can advocate to the government and make them realize that we need this  
 programme then this programme can be added in MSNP III or IV. Otherwise, they will  
 never have the programme... why will government care ... from where we can get the  
 support and what to do ... that’s all... planning is done... In planning process, we must  
 develop the tools, and use the tools to show the evidence then the government will be  
 able to replicate it throughout the country. Otherwise, they do not care... Anyone who  
 wants to work in this programme ... NGO and INGOs are also involved... There are  
 various programmes related to nutrition and gender, but no NGO is working on  
 stimulation alone deeply. They are working side by side and no project have been  
 launched focusing on stimulation alone. If such projects are brought in Nepal, then it is  
 possible... We lack projects in Nepal. Every project which are launched in Nepal are  
 related to give and take only. Let’s take an example of tuberculosis related to disease...  
 HIV related to preventive.... Research related to nutrition ... they think about what should  
 be given and they just take the numbers to form the research and say that the research is  
 complete.... there is an increase in income ... before it was 3000 and now it is 6000.

Finish... complete. There are no projects for children below 3 years of age. There is one programme called MNCHP (Maternal, neonatal, child health development programme) which looks at feeding during pregnancy, antenatal checkup, TT injection .... they also help in delivery preparation and management in hospital ... after that it checks upon mother and child for 45 days and helps the mother feed their child with exclusive breast milk for 6 months and that they should be provided with additional diet after that. This is what taught in that programme... this has helped in controlling the neonatal death rate. but nothing else. MNCH programme started during pregnancy and helped in brain development as well. They also improved delivery. It controlled neonatal and maternal death rate, but it lacked in improving child mental development. We should introduce programmes like stimulation in collaboration with programmes like MNCH. It should be provided to children from birth to below 3 years old. neonatal death is controlled up to childbirth and then improving child brain development through stimulation ... this planning should be made for 5 years. That's where the child growth rate and nutrition can be improved there... and after that the child will go to school ... because these are all the consequences. We focused on child growth from the beginning... the child is born ... now help them in their mental development. then they can participate in ECE... then we should observe the children's behaviour, nutritional status, weight, and height of the children. After when children turn 1 years old, only then the child is under governmental responsibility. Till then vaccinations would also have completed ... It will be better if this project is launched with collaboration with another ongoing multiple project. Otherwise, it is difficult. But what kind of project are launched now? ... One brings this component and the other brings another... so where should we begin from ... For example, MNCH programme is launched. In one municipality... and another will bring nutrition in another municipality, and another will bring stimulation in their municipality ... If we see the consequences from the beginning to the last, only then we can see the development of the municipality and the efficiency of the programme ... then that can be replicated... but this has not been thought of...

I: Sir, you talked about MNCH programme. Does this fall under governmental project? Is it working in collaboration with any other programme?

465 P: Currently, it is not in collaboration with MSNP, MNCH is going vertically as a separate  
 466 programme, but in future, it might.  
 467

468 I: If stimulation programme is supposed to be launched, according to you in which  
 469 programme it should be launched in collaboration with?

470 P: MNCH... It should be launched with MNCH. It looks after the children for 2 years. So  
 471 why not add one more year... then stimulation can be provided for children under three...  
 472 and after that if you connect it with IMAM then that will be a programme for children up  
 473 to five years age ....  
 474

475 I: Just like Golden Thousand Day's programme?

476 P: Yes, exactly. You might have seen that only food, vitamins, capsules, vaccines, and  
 477 delivery were provided.  
 478

479 I: Can we talk about the methodology on how we should launch this stimulation  
 480 programme in collaboration with MNCH programme? How can we take this into  
 481 community and to the people?

482 P: Like MNCH programme, we need to do awareness raising activities for stimulation  
 483 programme as well. After the delivery of a child, we don't regularly meet with the  
 484 mothers after 45 days ... that should not happen ... We need to be in touch with the  
 485 mothers for six months to encourage exclusive breastfeeding and we need to be in touch  
 486 with those children as well for 3 years in the community. If we do this programme in a  
 487 collectively way, then this programme will be a successful programme.  
 488

489 I: How is this programme going on recently? (54:33)

490 P: Through the government ... The government has managed the capacity of staffs in  
 491 MNCH programme and then staff have trained FCHVs ... FCHVs job is to prepare name  
 492 list of pregnant mothers in the community and they give it to the health post... and health  
 493 post job is to do ANC checkups. those who had ANC checkup will visit health post for  
 494 delivery... nothing more than this has happened...they say Golden thousand days. they



495 put the name golden days but where has it become golden... it has not even become  
496 silver... I have seen the same thing in whole Nepal...

497

498 I: If we have to run this programme, how do you think we should launch it?

499 P: It is all dependent on the budget. Foreign nation has enough volunteers to do health  
500 related works. They have humanity as well. They think that it is their responsibility to do  
501 good to at least a couple of families. We lack this thinking and humanity in our country.  
502 If you give money, then humanity is there... if you don't give money then there is no  
503 humanity in our country.... We have a different society. We are not lacking behind  
504 without any reason... If we do a critical analysis, we know where we are lacking. To  
505 speak truly there is no such person who thinks about health of children from someone  
506 else's family ... People get jealous when someone earns more money than them. We  
507 don't have any value of humanity in our country. But what can we do we are the citizens  
508 of this country... we have to live in this country... with that respect we also lack in  
509 educational status in this country ...? unless we improve the educational status in this  
510 country humanity is always going to lack... Measurement of educational is also makes me  
511 laugh here... We only see the literacy rate in this country. If we give a booklet or a leaflet  
512 to people and tell them to read it for you, they don't have time... But they have enough  
513 time to sit in front of the television and watch series. But they have no time to read the  
514 leaflet and give feedback... We cannot launch any programme like this.

515

516 I: We cannot launch any programme like this. Now suppose we must launch this  
517 programme and according to you, how should we launch it to make it easy for the people  
518 to understand it and make more participation?

519 P: If we want to go to the bottom level, we need to launch this programme via government.  
520 If we go side by side, then we cannot achieve sustainability. Project is conducted for a  
521 scenario ... it will show evidence in that place. Project will provide evidence, but project  
522 should also come through the government... For instance, if any person will bring a  
523 project then that person needs to work with the local government then they will be  
524 working side by side... it could be that the foreign country might not want to directly  
525 invest on the government ... because let's assume that government received 5 crores for

526 this stimulation programme then there is a chance that the higher authority might misuse  
527 some of the budget and it will be an ineffective programme. It won't reach to the real  
528 people in the community. This is the reason that the investor selects local NGO working  
529 in the confined area and gives them the project. These NGO's work in those area where  
530 this programme is required. Focus is not a problem, but this project will not be successful  
531 if it is not collaborated with the government with same level of accountability. We should  
532 always go through the government for launching any projects either by using the outer  
533 source or the national sources.

534  
535 I: Sir, you said that this programme should be launched in collaboration with the  
536 government, right? You also mentioned that MNCH programme has already been  
537 running. Now how this programme should be launched in collaboration with MNCH  
538 programme? If this whole scenario is imaginary. We are trying to understand how this  
539 programme should be launched form the top to bottom level if for instance this  
540 programme is launched in collaboration with the government or MNCH programme.  
541 Where should we run this stimulation programme if we are going to launch this  
542 programme in collaboration with MNCH programme? Shall we run this in health post,  
543 community, or home basis?

544 P: There is no one method of implementing the integrated programme. District level and  
545 local level government only know certain area of this programme. They know that this is  
546 our work. They should always work in the peripheral of the working area. Peripheral  
547 means the health facilities and the work should be done through heath facility. Local  
548 authority should know the objective of this programme. If they don't know objective and  
549 vision, they will not understand ... Objective should be clear to the authorized person in  
550 the municipality level. It will be easy for them (at municipality level) to prepare the  
551 guideline if objectives are clear. We should go from this level. Municipality will prepare  
552 the implementing guideline which indicates this is how we should go... These guidelines  
553 will now go to the health post and from there into the community level as well. If there is  
554 no guideline, then there will be problem ... when budget arrives... health post will  
555 immediately spend that budget... They should check the guidelines and see whether the  
556 work has been done according to the guidelines or not ... like in MNCH programme

557 there is a guideline ... this will transfer the skills to this, and they will transfer skill to  
558 next.... They manage pregnant mothers as suggested by the guidelines. We should take  
559 this stimulation programme similarly in the same guidelines. We need to continue the  
560 stimulation programme side by side, and when the child is born ... if the child needs to  
561 receive stimulation ... then FCHV will be same... there will be mothers group meeting ...  
562 and there will be sharing related to children... We need to select a suitable place as well,  
563 then put toys for children and play with them ... practice with mothers how they should  
564 play with the children at home ... teach that.

565  
566 I: Sir, you said about the guidelines. What type of guideline is considered as most suitable  
567 for this programme?

568 P: I am not saying that this guideline should be this way or that way. It should be in the  
569 hands of government authorized person ... which level staff should be able to do what  
570 kinds of work... For instance, guideline for the health post staff to monitor. His work is  
571 to visit the field and monitor any event. Some guidelines may consist of individual door  
572 to door visit... We need qualified staff for door to door visit as well. We need to assign  
573 this person and his job will be to analyse stimulation in every household. There is a  
574 programme called Infant and young child Feeding (IYCF) and there was a guideline for  
575 the programme but that was lost in the middle of the programme. No body fills the chart  
576 ... It should be not like this ... Governmental staff finds it easy to do easier task and hard  
577 to do the tough tasks. They find it difficult because they don't adequate knowledge ... we  
578 don't have people who has that level of knowledge. If that person does not know  
579 something, then he won't be able to speak and perform. It is not a big deal to fill the  
580 chart. They come and measure the weight and then when it comes to filling the form in  
581 which level the child falls, they cannot even find the arrow... they will write anywhere  
582 they like... Suppose he must fill a random weight of 7.5 kg, then all he does it note down  
583 in 12th line, which is already wrong. We don't have that kind of skilled people here.  
584 They should be able to do ... but for that they say they need training for everything from  
585 the government, which I don't like. Why training... training should be done for a new  
586 topic ... Health Assistance and AHW have already studies these things.... They don't  
587 need training for prescribing medicines. They have been taught over 40 medicines in their

studies, but if you ask them to write down the names of medicines, they will write more than 500 names. They don't need training in that as it is a matter of practice and source of income to them. They value it... But they require training to fill up the chart, which is a lacking point. According to me, government should be able to take this in two ways... first government should reward those people who work in grassroot level and have performed well. The government should either provide one-year additional salary or congratulate them or appreciate their work by giving certificates. Punishment system also should be implemented to those people who are not able to their job. Punishment can be of two types. These people can be transferred to more rural areas. They can also give warning if they don't perform properly and if they get warning for 3 times, then could be fired too. The main thing is they don't fear anything. They think that they could not be fired once they have started working for the government. That same person will work very efficiently in a project as they would be evaluated by their senior and if they don't perform well then, they will be rejected. If an INGO and NGO gives one-month notices about the performance of the staff, then they say please give me time I will work efficiently.... They give them 2 to 3 months' time. If they still don't change in their performance, then they are fired. So, people work efficiently... They don't fear anything in the governmental work. They knowingly don't do their work efficiently. It will be a failure if the government only introduces the guidelines and not implement this system.

I: Sir, according to you, how can we make this programme more fruitful and more efficient while collaborating with MNCH programme? How should we launch this to take this programme in grass root level in the community?

P: to go to grassroot level we need to seek help from the mother's group... it is not necessary to include all the mother's group... orientation should be provided to a person who is leading the family...

I: Who could be this person?

P: Grandfather, grandmother, uncle, and aunt anyone could be leading the family... they should be oriented. We need give orientations to any guardian who has children.

619 I: Why?

620 P: If a woman knows the need of her children like toys and all, if she has been trained in  
621 this... but no one will give anything to her... money is involved here... They need time to  
622 complete the remaining chores of their house as well otherwise they will be scolded  
623 “Who will finish the household chores?” ... she will have to hear unpleasant words...  
624 that is why we need to do this orientation to the leading member of the family, they will  
625 allocate the time for children, “Ok you need to give this time for children, other can do  
626 the chores”. Otherwise, it is not possible ... our community is lagging a lot.

627

628 I: Sir we have talked earlier about those pregnant mothers who do not want to be associated  
629 with this programme. What can we do to make them participate in this programme  
630 actively?

631 P: We have seen, recently pregnant mothers don’t want to be exposed... they don’t want to  
632 take participation in programmes like this because there is a traditional barrier... in this  
633 cast they are not allowed to go out ... our daughter-in-law cannot go out... she needs to  
634 cover her face... To break this traditional barrier, we need to give orientations to the  
635 guardians then they will teach their daughter-in-law later. If mother-in-law understands  
636 about the programme, then they could take their daughter in law in programmes after  
637 wards. When daughter in law understands then mother-in-law will understand that this is  
638 beneficial... otherwise it is difficult... There are various communities here like the  
639 Muslim community which is very hard to know predict what kind of person they are...  
640 they are always covering their face (*Gungat ma*). It is difficult to engage with them if  
641 they are covering their face ... we need to empower women first. How to talk with others,  
642 how to deal with them... We need to build capacity of these people slowly. And then  
643 time to time if you make them talk then they will start speaking and then will participate  
644 too. It is a bit difficult situation... We need to catch family members... make volunteer  
645 from each family member ... and ask them to gather women in the group ... then same  
646 family member will work to arrange ten people for this programme automatically.

647

648 I: Sir, you mentioned about women's group. This women's group is run by FCHV. This  
649 stimulation programme is an additional programme. How can FCHV's current work  
650 impact on this programme?

651 P: It cannot be said that all FCHVs has been doing their work efficiently. FCHV has been  
652 working from 2050 B. S... some of them cannot see properly... They have neither left  
653 their work neither worked efficiently in any projects when they receive work authority ...  
654 their grandson and granddaughter will prepare reports and send it to their seniors. Some  
655 of the new FCHV's are working effectively and they are active too. These people can  
656 work and run this combined programme very well. They are well-educated and well  
657 trained. If you train them then they will be well capacitated... many new FCHVs know  
658 more than local ANM through books. Instead, they will teach ANM... If we have these  
659 kind of FCHVs then they can work ... but if we use traditional FCHV, then it won't  
660 work. They only listen and won't speak at all in the community... instead they tell others  
661 to talk. Unless government takes some actions to side old FCHV's, it is not going to  
662 work. We need to hire separate educated women as volunteers for stimulation... MNCH  
663 and stimulation volunteer who is educated then they can do this well. It is still in dilemma  
664 whether to keep these people or to fire them. According to me, we need to select  
665 volunteers in the presence of ward head. Otherwise, it would be chaos later. We can  
666 advertise for the vacancy as well. If the candidate can speak properly, can perform home  
667 visit, has children at least one, educated up to class 10, should be a Nepali citizen, who  
668 likes to help other, and age restrictions. Then this candidate could be selected from the  
669 ward's office. If people like this person is used in programmes like MNCH, IYCF and  
670 stimulation programme ... they will continue working and slowly old volunteers will  
671 slowly dissolve...

672

673 I: Sir, you talked about adding new volunteers, right? What types of support does these  
674 people need?

675 P: We need to train them at first. We need to empower them which will increase efficiency  
676 and performance. It will be better if we select candidates who have completed class ten or  
677 interns. They will be able to fill out all the forms. It will help the health post. if you tell  
678 them anything then they will be able to understand well. Such volunteers can easily

679 support the programme... Governmental policy of providing allowances... they are  
680 giving 400 rupees per day recently... this should also be made flexible... monthly  
681 payment cannot be done because they are volunteers ... We need to pay them as per the  
682 session they have run. Amount per session should be fixed. If they allocate NRS 400 per  
683 session. Then they will earn 1600 if they run 4 sessions. It will be their family income as  
684 well. We need to pay those 400 for reporting as well in the health post. They will make  
685 3000/4000 at the end of the month. This system is there but this has disappeared ...  
686 because FCHVs don't know how to write in the reporting section. Their children have no  
687 time so they cannot submit the report in time ... so they go next day and submit anything  
688 they have written and ask for money ... They might do some faults while writing the  
689 report too while trying to finish it early, but they should be paid...

690

691 I: Sir you talked about adding new volunteers in this programme, right? There are some old  
692 FCHV's too. How can we manage?

693 P: According to me there won't be a clash between the two as volunteers are recruited  
694 through advertisement by the government. If the advertisement is done, old FCHVs could  
695 also be eligible for the new role... If we put age restriction as an eligibility, then the old  
696 ones do not have any choice. If we put criteria like the woman should have at least one  
697 child and she should be in between 25 to 45 years old, or anyone beyond 20 years old but  
698 having sufficient educational background. If criteria like this will be written down, then  
699 both will work in parallel without any clash. Government should use its power... It is the  
700 admin officer's work to select candidates like above and make them work.

701

702 I: Now we are talking about financial aspects as well. We need to give these volunteers  
703 certain allowance as well. How is the government seeing this?

704 P: Government should distribute the same resources. Suppose we need two health workers  
705 in health post. They will have different job description ... Some will look the outreach  
706 clinic, and some will stay at the health post... Similarly, FCHV who are going to run  
707 more than 18 government programmes, jobs should be allocated for individual FCHV.  
708 We don't need an educated person for Family planning and immunization programme ...  
709 so old FCHVs could be guided to do these kind of jobs... and those works which require

710 direct facilitation, facilitator needs to be recruited... Instead of FCHVs, we could hire  
 711 community facilitator volunteers, who will be responsible to facilitate the community.  
 712 There is no issue of clash now. The local administrator and political leader will deal now.  
 713

714 I: Sir, how can financial resource be arranged?

715 P: Government needs to do that as they have budget ... if they want then they can arrange  
 716 this... there is no two ways about this...  
 717

718 I: So, government can allocate this?

719 P: Yes, of course they can easily allocate budget for this if government wants.  
 720

721 I: Why do think so?

722 P: Government can hire staff on contract when they need. Where did the budget come from?  
 723 40-50 people are hired in contract at once... They hire high level officials for the contract  
 724 for the tenure of six months. Once the project is completed, then they leave. They spend  
 725 millions in this period. But nothing is accomplished... but if they have hired community  
 726 facilitator volunteer, they could have used for longer period. They should have hired  
 727 qualified person for the post. We should select people like that and train them for 3  
 728 months from government in the multiple sector... and see how much work will be done  
 729 by the community facilitator volunteers...  
 730

731 I: Sir, suppose if we hire community facilitator for this stimulation and nutrition  
 732 programme. You talked about the methods too. What else are the methods that these  
 733 community facilitators adopt to spread awareness in the community? (1:22:14)

734 P: It depends upon the manual that is developed from the government, which includes  
 735 training process, training methods, and contents what should be included in the manual...  
 736 it depends on that.... We need to understand the requirements of that stimulation  
 737 programme at first. When we are clear about the stimulation programme then only, we  
 738 can provide the programme to the community... if we think this could also happen and  
 739 that could also happen then there might not be uniformity ... my thinking is that while  
 740 doing any work there should be uniformity ... there should not be any dissimilarity ... we



741 have to think about the community as well... weather hill or *terai*. We need to send a  
742 uniform message to all. It won't be good to the government if we cannot send the  
743 message to every community in a uniform manner. Government should make this  
744 decision now after they understand about this programme, and they should develop  
745 methods. One training would be fix and additional will be looked after by the facilitator  
746 ... what kind of scenarios could be presented to the community people so that they could  
747 explain about the programme to the local people. Government will decide that certain  
748 types of toys should be given for certain types of development... what kind of dolls  
749 should be given... one that rotates eyes or the one that makes sound... give they are  
750 provided a toy that can jump then that will help children being active...same toys should  
751 go in all places, but the rest is up to the facilitator to make people understand.

752  
753 I: According to you, what sorts of things should be developed to transfer the message more  
754 clearly in this community? One thing is demonstration. What else should be there?

755 P: We need to do role play like children .... Sometimes we need to pretend to be child in  
756 front of the child to make them play. They will learn and smile after that. We can also use  
757 electronic devices. Children play games in various electronic devices... those games are  
758 also made for mental development of children.... Games like a monkey and sometime  
759 similar. Children laugh at that. Small children don't leave the television ..... they keep  
760 looking at the screen... this is for mental development... This is according to the need of  
761 the situation what can be done... what is the capacity of the government... It will be hard  
762 for the government as well to setup everything. It will be hard to implement this  
763 programme in 77 districts as well. We need to decide certain area and districts at first and  
764 from there the best performance must be taken forward...

765  
766 I: Sir, whose help do we need in programme like this according to you?

767 P: Health and Education ministry should focus on this from the governmental side. It has  
768 educational aspects as well. Health and nutrition fall under health ministry, but we do  
769 need educational concepts as well in this programme. So, we need help from the  
770 educational point of view as well. We are only doing this stimulation programme for  
771 children under 3 years old, right? but children need support in their development after

772 that as well... That is why we need help from the education ministry as well. There will  
773 be national planning commission, for strategy development and head of department in  
774 this programme. They can take this programme forward...

775

776 I: Beside government, who do you think could support us?

777 P: We need to keep cooperative partners like NGO and INGO on our side. We need to  
778 make cooperative partners like them to get ideas and financial aspect wise too. Corporate  
779 partners have ideas. They have financial resources... ideas can come from multiple  
780 approach...

781

782 I: What kind of ideas will they provide us to help us in this programme?

783 P: All INGO, NGO partners have ideas and knowledge in various topics. We should take  
784 help from those cooperative partners who have already worked for MNCH, nutrition and  
785 stimulation programme before. We should not take help from their representative only.  
786 We should see help from the expert in the subject matter .... Then only the programme  
787 will be effective... We might need help from pediatrician doctors. They know the mental  
788 development cycle of children. They know every step of the development. We need them.  
789 Mental doctors also might know why retardation is happening ... they can highlight the  
790 cause of the mental retardation... they can help us understand the logic... one person  
791 cannot generate ideas for this programme. Food nutrition specialist also could suggest  
792 about the importance of nutritional food and its impacts. They can also tell that due to  
793 limit in the food resources... there has not been improvement in the nutritional value.  
794 Child will not grow and there will be not proper development... so in this way they can  
795 explain...

796

797 I: Now let's talk about challenges. Let also talk about the NGO's. Which NGO's might help  
798 in this programme if we consider Dhanusha District only?

799 P: There is UNICEF, WFP which does nutrition related work... [a local NGO] which are  
800 actively working in Dhanusha area. There might be another NGOs too. I only know about  
801 these NGO's. There is few other NGO's working in different sectors.

802

803 I: How is UNICEF working in context of Dhanusha?

804 P: Yes, they are working according to the requirements... they are supporting wherever  
805 needed...

806

807 I: Sir let's talk about challenges. Suppose if we are going to launch this programme in  
808 future. What sort of obstacles we might face in the future?

809 P: Challenges might be on various aspects. Obstacles might start from the intervention stage  
810 as well. One issue might be related to staff and municipality level position (number of  
811 staff to be applied from the municipality) ...

812

813 I: What type of issue?

814 P: Mayor and sub-mayor wants to hire a higher level of staff in the municipality.  
815 Municipality understands the objective and they know what sort of staff is required in this  
816 programme. But political parties force that their people should be hired. This will result  
817 in selection of a non-technical person rather than a technical person. This is the first  
818 challenge we might face at the beginning. Another is implementing area selection.  
819 Everyone will know that this certain has lot of issues... but those areas which need this  
820 programme won't get this programme... Who has strong leadership they will pull the  
821 programme to their side... why will they pull... because... They do this to collect votes...?  
822 We won't get the specified family for this programme, even if we go to the grassroot  
823 level. It is a major challenge. Some families are open to participation but others... they  
824 will shut the door Infront of you and will not participate... After maintaining multiple  
825 visits only, we will be able to get these family to join in this programme. It takes more  
826 time. So, it is very difficult to bring those families to the programme... Another obstacle  
827 is after efforts they might come to the programme, but they don't implement the learning  
828 in their family. They have rigidity... They ignore it easily. These are the major challenges.  
829 We might also face problems from the governmental side as well in lack of proper  
830 implementation guidelines, timely budget allocation, checklist development for  
831 monitoring ... there is also weakness... if the indicators for which we are going to work  
832 in the programme is not clear..., but if they continue with the programme then we will  
833 not know which indicator we should be measuring ... that could also be a failure...

834

835 I: What else be the hindering factors? One you said that there will be less participation,

836 right? What more?

837 P: There will arise many problems once this programme takes off. There will be demands

838 like money, snacks and stationery later from the grassroot level ... generation in demands

839 could come from grass root level...tomorrow if you continue the programme... they

840 might say I don't have money to buy toys... They will also demand on buying toys later.

841 They don't want to do it themselves... There could be clash between two opposite

842 parties while working together as well in community. They might not allow the

843 programme to run...They might compare about the facilities that each group have been

844 receiving and there could be disputes. There are people in community saying, "you will

845 run the programme in their house only... why... is my house bad?" there should be such

846 a clash ... That is why we conduct programmes like this in common place like religious

847 site (*Dharmasthan*) so that nobody can complain about this... (Everyone laughing ...)

848

849 I: Sir what are the factors that might help in conducting this programme? We talked about

850 the challenges earlier.

851 P: If we start working in this programme, we might face problems related to money,

852 manpower and materials. If we can manage this 3M's, it would be helpful. We will face

853 problems if any one of them is lacking. We don't have a suitable local level facilitator

854 and staff then the coordination is poor... We need to improve this. We don't have money

855 and we have a habit of making people work on credit. That is why they don't trust us in

856 community level ...

857

858 I: What is the condition of facilitator in this community who might work with us and help

859 us in this programme in future? What is the situation of facilitator in current stage?

860 P: We only have FCHV's in current stage. We have ANM (*Gramin Parimarjit Anami*) too.

861 They are also at officer's level and don't obey anything. Sometimes they won't even

862 attend meetings in the community. We do not have anyone in the middle level. We are

863 facing these problems and we cannot continue this work until we appoint a mid-level

864 community facilitator it is very difficult to run health related programme... We cannot

865 just show it in paper and get it done with. We need to check in reality ... and see whether  
866 it has been influenced in practicality too.

867

868 I: We saw challenges like this. What are the challenging factors that people might face  
869 while trying to join this programme?

870 P: It depends on governmental decision on which area programme is needed and where they  
871 should begin ... whatever budget has been allocated... according to that they could work  
872 in certain areas... and slowly they can take this further...

873

874 I: What will help the people in this community to involve in programme like this?

875 P: If we make our objectives clear to the people in the community, they will automatically  
876 join in this programme. If we don't have convincing power, then we cannot do anything  
877 about it. Local level facilitator should be there and should convince them. The  
878 community will be hard to mobilize if outside people come for communication purpose.  
879 People trust local people more than outside people. and they obey the local people as  
880 well ... If the community does not listen to the local person than they also know that on  
881 whose order they will obey ...

882

883 I: Okay, so who do you think should run this programme? Whom are the people going to  
884 trust when that people run this programme? We are also getting to know that, if outside  
885 people comes here then there will be more involvement. What do you think on this?

886 P: Yes, we need outside people for training and teaching. But we need volunteers from local  
887 level. If third party is going to work, generally, first community wants to know the people  
888 and the name of the organization which these people work for. For instance, whenever  
889 trainers from [a local NGO] come in this village, then these people get excited and  
890 attends the training because they recognize the staff from [a local NGO] and trust us...  
891 But if some other outsider visits. Then they question who they are... why they are here...  
892 They don't get involved in new organization. We need some trustworthy and familiar  
893 people ... for example if it is UNICEF. Those who know about UNICEF they go. those  
894 who don't know they won't go. Also who spend some money community will go there...  
895 if you spend some programme through a local NGO and there is another INGO running a

896 programme nearby. Suppose you are conducting a programme where you are providing  
897 snack for 50 rupees per plate and at the same time, if any UN-related project offers 200  
898 rupees per plate snacks, then people will go that project only. This is also a clashing  
899 point. We also need to think about this. There should be uniformity at the  
900 community...whichever programme goes to the community... there should be a  
901 limitation saying community people should not be incentivized beyond this level...  
902 otherwise, there will be an issue...someone will provide well-packed snacks which look  
903 attractive, and we might be giving some snacks on a paper... then people will compare  
904 and then everyone will go to the next one rather than us. (1:40:28)

905

906 I: Sir, you said that we need to appoint one local-level officer. We also need to provide  
907 better facilities than other.

908 P: We can also give allowance as well. Some are providing 400/day and others are  
909 providing 1000/day. Then they will start talking ... “his daughter had gone there and  
910 received 400 rupees and that woman got 1000 rupees... we need to catch them ...” there  
911 will be issues as such. (Everyone laughing) (1:41:)

912

913 I: What else are the factors besides these which increases the participation sir?

914 P: If we give full orientation to the family, we also need to select formal and informal  
915 leaders at first. These people can be either teacher, Imam, priest, traditional healers and  
916 so on. We must select them too... People obey them. If we give orientation to Imam  
917 (Islamic leadership position), then he will announce for people to gather and he will be  
918 able to collect as many as people from the Muslim community. But we won't be able to  
919 collect as many as he could.

920

921 I: Have you seen any examples like this before?

922 P: Yes, many. In our nutrition programme ANM called community... no one came... we  
923 also tried advertisements in many ways... btu no one came... After we hired an Imam, he  
924 collected everyone. There are many examples like that.

925

926 I: Have you seen any examples if religion and tradition have affected the involvement?

927 P: No, there won't be feeling like that... No organization has ever launched a project  
 928 differing from community or religion. They don't think like that ever. Organization looks  
 929 everyone on an equal level, they work, ... they focus on how to bring the community  
 930 people and how to work... They see their efficiency and growth in public participation.  
 931 Neither government nor any programme has brought any debate on this.  
 932

933 I: What do you think should be the roles of the community to run this programme?

934 P: As I have earlier said that every work should be done by the community only.  
 935

936 I: Now let's talk about sustainability. What should be done to run this programme smoothly  
 937 and efficiently for a longer period? What should be strategies?

938 P: It should be under government policies. This can never sustain if someone else run them  
 939 directly... Only the government should handle this project. Planning should be  
 940 implemented every year. At the municipality level... the planning should be done every  
 941 year... Budget allocation should be increased yearly so that the target area can be  
 942 increased....  
 943

944 I: So, we should increase budget every year and target the areas, right? What else we should  
 945 do?

946 P: If someone knows about the programme, then we should also do regular follow up in  
 947 their homes as well there should be a follow up mechanism. Government should plan a  
 948 follow up as well. Parents were taught stimulation for the firstborn and now government  
 949 should follow up if they are doing it for the for the second child as well. It can be  
 950 sustainable then only.  
 951

952 I: Anything else do you want to add?

953 P: No.  
 954

955 I: So, you said earlier about roles of NGO's and INGO's before. We talked about the roles  
 956 and responsibilities of government so far. What are the roles of NGO and INGO in this  
 957 programme?

958 P: We can only give the responsibility to NGO and INGO .... For example, government  
959 assigns any project to NGO or INGO, but the donor mainly decides about their roles and  
960 responsibilities. Donor has different expectations as well. In my view, to do that  
961 government should be included in this too from top to bottom. So that government should  
962 know about everything related to the project from top to bottom ... because we might be  
963 doing this... but maybe there could be an identification of some additional need in  
964 between of the programme... so in that case from top to bottom everyone should know  
965 about any additional changes in the programme. Then only we can move further.  
966 Otherwise, it is difficult ... Project is an assigned work ... whoever gives the money they  
967 will assign and do the work. But the scenario will change... community will show  
968 change in behaviour, they will show changes in practice... community will move  
969 ahead... and project will run firmly if there is some positive impact seen in the  
970 community.

971  
972 I: Sir, we did some survey in this village. We asked questions to the people and found that  
973 outside people or NGO/INGO should run this project. What is your opinion on this? Who  
974 should run this project? Should NGO or should Government run this project?

975 P: We cannot say on this. Both NGO and government has equal roles. Like I said earlier that,  
976 government has more power and authority. Both of their staff has capacity. One of them  
977 is selected from public commissions and the other is selected from direct interview. In  
978 terms of capacity, both are equal. The thing is how they keep themselves updated. Clearly  
979 governmental staff are less updated with new information and knowledge than NGO  
980 staff. NGO officer have more information related to project and is updated very  
981 frequently. They know how to research and report. This thing lack in governmental  
982 officer. Some might do... but they don't have implementing area... project comes with  
983 allocation of implementation area... this will do this work and so... They are said to study  
984 and research some books and they must finish it on time as well. NGO staff keep them  
985 updated and continuously keep on moving forward. They know English as well.  
986 Governmental staff don't write reports in English. They prefer Nepali. NGO/INGO staff  
987 speaks and writes in English. It is all about practice. I am not comparing whose staff is



988 better. I am saying that both have equal capacity. They know their work well. All they  
 989 need is coordination between themselves.  
 990

991 I: What sort of coordination they require?

992 P: In each step they require coordination. According to me, they need coordination from the  
 993 planning and development and implementation stage. The work quality will always be  
 994 good if multiple brains are used rather than single brain. Coordination is a strong  
 995 point...For instance, you guys came here. Did you guys come here without coordination?  
 996 We are doing this interview because of coordination, right? Because of this coordination  
 997 and cooperation, you guys are here asking me questions and I am answering your  
 998 questions as well. We need coordination in each step.  
 999

1000 I: We learnt many things from you sir. Until now, we were only teaching other people but  
 1001 today we learnt many things from you.

1002 P: I just shared what I knew.  
 1003

1004 I: Let's do a quick recap, shall we? We talked about current nutrition related programmes.  
 1005 We learnt that golden thousand days is currently working for nutrition. There is no  
 1006 specific programme related to nutrition. It has only been working for children who are  
 1007 suffering from malnutrition. The data of these children are collected with the help of  
 1008 NGO. We also got information's regarding games. There are no programmes working for  
 1009 games. This programme is creative. We also knew how this programme should be  
 1010 launched. We learnt that this programme should be launched under government  
 1011 leadership. Only then we can take this programme into Grass root level. There will arise  
 1012 many obstacles as well for this combined programme of nutrition, stimulation, and early  
 1013 child development. Instead of launching this programme alone, we should launch this  
 1014 programme like thousand golden days. Both the pregnant mother and the child below  
 1015 three years can be followed up from this combined programme. It will be effective. There  
 1016 can arise many challenges in the community like unskilled persons, lack of qualified  
 1017 person. We also talked about ways of overcoming this. We need skilled manpower to  
 1018 transfer information's to the community level. We should also hire volunteers for this

1019 project form the planning phase only to make this programme sustainable. It will be a  
1020 challenging factor for the government in financial aspect but thinking it for long term  
1021 assets, it will be more effective. NGO roles cannot be overseen in this programme. Both  
1022 government and NGO should work together in this programme. We also talked about  
1023 challenges which we have not thought so far. You made it clear to us. There are obstacles  
1024 regarding vote bank too. You also talked about allowance provision and how people  
1025 might think about the programme. You also said that this programme won't be affected  
1026 from religion point of view if we make our objectives clear. We need to follow up and  
1027 monitor regularly to keep this programme sustainable. We also should pay focus during  
1028 planning stage as well. We need to follow up. We did talk about many things, but these  
1029 are the main and highlighted aspects of our conversations. Do you have anything to add  
1030 in this?

1031 P: No, nothing like that.

1032 I: Sir, you gave a lot of information's to us. We learnt many things from you.

1033  
1034 **End of the Interview**  
1035

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