
Index:

I: Interviewer

P: Participant

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I: I am going to record our conversation now. W.H.O recommended in 2020 that it would be more effective for the children if stimulation and nutrition program is launched in parallel. We will be discussing related to this topic only. In context of Nepal, for early childhood development, stimulation is required. Do you know anything about the policies related to this?

P: To talk about policies I will start from what is most recent because recently National Planning Commission has recently developed national ECD strategy. It has not been public yet, but I came to know that NPC has developed a national ECD strategy for 10 years. They have been working on how ECD can be integrated with especially with nutrition sector and programmes from other sectors. A document has been released on how to we can work improve on over child's growth and development. to talk about the recent development... besides this to talk about the documents that are directly linked with nutrition... Ministry of Health and Population and Ministry of Education collaborated to develop National School Health and Nutrition strategy has also been developed in which the role of ECD was highlighted... Joint Action Plan was also made developed ... because ECD related programs are launched via Ministry of Education ... But along with that we need to combined nutrition related programme with that plus to combine hygiene related programme in collaboration with Ministry of Health and Population ... so how can these ministries work together in a combined manner... to guide this since 2005 these two ministries have developed joined strategies... and recently I think they have been reviewing and updating this strategy. I used to work in UN where

there United Nation development assistance framework (UBDAF) and UN countries strategies plans both of them included things related to development and implementation of integration of ECD and nutrition and other WASH, social protection related integrated programmes. Lastly, to talk about a bigger strategic level... we have MSNP ... MSNP II which is from 2018- 2022 that also includes ECD related things especially how nutrition can be integrated with ECD and for ECD how we can capacitate facilitators to improve early childhood development ... these things are discussed in MSNP II. These are the key documents.

I: There are various things going on if we do the listings. Could you say about the implementation of this in ground level as well?

P: If we talk about the implementation at the ground level, I will talk about programmes I have been involved in... I used to look at the programme in Dhanusha as well. I have also run a program called integrated management of acute malnutrition (IMAM) in Dhanusha as well supported by UNICEF. In that programme, we used to give trainings related to nutrition to ECD facilitators. We used to help them in screening as well especially by measuring the MUAC (Mid Upper Arm Circumference) ... because children below 5 years of age would generally come to the ECD center. We used to check using the MUAC tape for those children under five who comes in the ECD centers to check and identify if any of them were suffering from moderate or severely acute malnutrition or not ... and their referral ... We did the training for this mechanism. We also worked on some other districts as well... like while working in the Action for the hunger along with the UNICEF in districts including Makwanpur, Nuwakot and Rasuwa. We gave orientations to the ECD facilitators as well and supporting ECD facilitators for screening and reporting them in the resource centre... We also worked in this mechanism of reporting these things in the Education resource center... But in between the country went into federalism and every structure began to decentralise. Even in the Ministry of education ... There used to be District Education Center that used to look after the activities related to ECD. It has been dissolved now. We can still find some bodies of Ministry of education at the local level but again they don't seem to give interest to prioritise and work further for ECD related works now. The old mechanism that we had

established does not seem to work recently now. It's not that nothing has been happened in terms of implementation... Some work has been done in ... Even through the School Nutrition and Health programme Nepal government has done some work in the field of early childhood development stimulation. They have been providing first aids, mid-day meal, handwashing, nutrition, kitchen garden and many more ... these all has been linked and their implementation has been supported by the school health and Nutrition programme. But now this momentum is now in the state of pause due to the decentralization ... We won't find human resources in many places after the decentralization. We won't find ECD facilitators. Currently, National planning commission has developed a good strategy ... because it has setup a minimum standard ... like what should be the minimum qualification of the ECD facilitators, what is their job ... what kind of training they should have received ... duration of their trainings... ECD strategy have stated the minimum standards... I do expect that gradually this will move towards the implementation.

I: Sir, you said that because of decentralization, it has affected the previous activities, right? What are the other reasons for it? What might be the factors that have influenced it from higher (policy level) to the community level? What were the barriers for it? (00:08:31)

P: If we look at the present context or even when there was central level government, we are more focused on sectoral level programming. How can we integrate? ... What activities should be done for the overall development of children? ... in discussing these things there used to be many against this before when we had central level government...

I: Sir, your voice is getting low. Please carry on.

P: Talking about the central level factors, our approach for integrated programming is very limited. Before at the regional level and now in the provincial level as well they do not prioritise this ... We don't seem to have strong health and education department at provincial level... If we talk about integrating this with the nutrition related programme, then ... we do not have nutritional related positions at provincial level who could advocate for the nutritional related activities who would talk about integrated implementation of programmes ... there is no such position there ...? In education, more

focus is on early childhood education (ECE) rather than early childhood development (ECD).

I: ECD is for kids above 3 years old. What about those kids who are below 3 years? Kids below 3 years old stay in house usually. What is going on for this level?

P: If we look at the household level... the barriers and problems in early childhood development at the household level, there is higher household workload especially for women ... women or mothers were mainly engaged in taking care of their children. They have high household workload. From nutrition point of view, we promote for responsive feeding. This is directly related to childhood development. But mothers do multiple works ... they have to go to fetch water... they have to go there... Many people in our country are involved in foreign employment as well. Dhanusha is such a district where majority of male people are involved in foreign employment. So, the mother has household load... Not responsive feeding but feeding is one of the main problems here ... how many times should she feed her child ... the type of food that they have to feed their children ... what are the things they need to take care of in child health .. these are the subject that we need to question first ... another thing is we say that her should give time to the child to feed them in a responsive manner, by playing and interacting with them but that's not there... there are issues related to food diversity and responsive feeding... these are big barriers Another thing is grandparents could also support in this responsive feeding but again our society is patriarchal and according to the social norms in the society, only female are supposed to take care of the child and feed them and male do not need to support in that... these kind of gender bias in the society is also affecting these things...

I: So, this has been affecting it as well. Certain nutrition program is currently going on in the community from the government, right? According to you, which program or intervention related to nutrition is appropriate to merge it with the early stimulation program? This stimulation program would increase its sensory motor by playing and interactions which would help in the development of children? Which ongoing nutritional program would be appropriate to be launched with this stimulation program?

125 P: In my view, we need to target on multiple level because if we want to target children
 126 under five years or want to target children under three years only
 127

128 I: We will be focusing on kids below 3 years only. As Nepal government ECE centers for
 129 ECD development. We are targeting on kids below 3 years. (00:13:52)

130 P: even if you say below three years... right now the situation is that if we visit these ECD
 131 centers, we could also find kids below 2 years as well there. It is difficult for mothers to
 132 work as well so it is easy for them ... mothers would leave their 2 years child in centers
 133 and go for work. So, we can find children below two years in the ECD centers as well...
 134 We can link ECD for children below three with various nutritional related programs
 135 rather than a specific programme...because we have multiple programs available like
 136 micronutrients supplementation related program. We call it Baal vita distribution
 137 program which is started after 6 months from the birth of the child because that is directly
 138 related with the complementary feeding... Once the child completes six months mother's
 139 milk is not enough and along with that, they should be fed complementary feeding as
 140 well... and when we talk about feeding complementary foods then responsive feeding
 141 comes along with this. So, we need to counsel the mothers after this. We take this
 142 counselling and sensitization synonymously in our context. Once it is said then its
 143 finished... In my view, micronutrient supplementation program is best because we will
 144 be in touch of the children from six months.... Another is that we provide community
 145 counselling sessions through community health workers because we have health mother's
 146 group and we have saving and cooperative groups in which mothers are highly engaged.
 147 We can do the intervention from there as well... where we can directly link with the
 148 children ... Again, in this we can do our community nutrition counseling and
 149 sensitization work from here as well ... Another is I also talked about IMM (Integrated
 150 management for acute malnutrition program) as kids under 6-59 months kids are involved
 151 in it as well ... in this programme Female health volunteers visit oat household level
 152 because they do the home visit ... one of the missed opportunities we have is through
 153 FCHVs we can take many activities forward at household level such as how to stimulate
 154 the children in the household , how to provide counselling, what could be the activities of
 155 development... I think infant and young child nutritional program, micronutrient

supplementation program ... I think through most of the nutrition programme we can take this ECD related activities at household level.

I: What are the benefits of taking the programme in this way? (00:16:44)

P: Talking about the benefit at overall if we look at the outcome of this, it helps in child development is the biggest benefit. We see growth and development from nutritional point of view. Another is mothers may not know many things such as instead of focusing more on the nutrition, utilisation of that nutrition is related to stimulation, wash activities... so we can update their knowledge and support in the implementation of the programme... and overall, at outcome level we can look at the growth and development of a child. This are the benefits I see...

I: Are there any disadvantage of launching these programs together?

P: There might be some disadvantages. We need to think about the solutions... like what will be the mode of intervention, what will be the medium ... We need to think about this when designing...because ultimately like I talked about the nutrition... In many of the health and nutrition- related programmes We are dependent on female health volunteers because they are on the frontline ... their words are more effective than a trained doctor said words in the community ... at the same time their workload is more. If we give them the responsibility of ECD, counselling about ECD at household visit ... if we give them all these responsibilities we might face problems ... there will be issue of work burden...At the same time when we are designing the intervention we need to think about what are the activities that could be delivered through them and what are the activities that may be ECD facilitators or other kinds of volunteers or if we are planning to add another category of human resources ... and what kind of interventions we can carry jointly because they have more face value in the community. What are the types of work they cannot deliver... even in ECD centers if we have children who are above 2 how can we combine health and nutrition there.? we need to think about these things.... If we don't consider about mode and medium, then at the end we might ultimately be dependent on female community health volunteers only ...

187 I: Talking about FCHV, you said that taking these interventions from them can be
 188 overburden to them, right? Can you elaborate this? (00:19:40)

189 P: FCHV are the pillars of our community health. They do many activities. For example,
 190 any work related to IMCI ... from testing ARI to they distribute ORS (*jeevanjal*),
 191 contraceptives, provide counselling services, running community health mother's group
 192 and many more. They have many roles. Because their potential has been recognised not
 193 only from the health sector but from other sectors as well, they are being intervened. To
 194 give example, Private sector is also trying to get grip of their goodwill. Like, I have seen
 195 mobile money programme (transfer of money through mobile) which they have promoted
 196 through the saving and cooperative groups via FCHVs. So, everyone knows the
 197 importance of FCHV in the community. Because of that everyone wants to use and
 198 mobilize them. At the same time, we need to consider about the quality as well. If we
 199 engage them in many places and then whether they were able to deliver quality of work
 200 or not ... or whether they could do or not ... we need to think about this was well... In
 201 these terms we also need to be cautious. I am not saying that we should not give them
 202 100% of the task because many things can be taken in a combined manner... If they are
 203 giving counselling on infant and young child feeding, then information related to
 204 responsive feeding automatically comes with it... if in that we elaborate information on
 205 ECD like we can add information on mother development they can deliver it easily.
 206 But my concern is that the package that we think about maybe they won't be able to
 207 deliver all of those ...

208

209 I: sir, you talked about the quality of work provided by the FCHV. How can we do better in
 210 this? (00:21:54)

211 P: We have been doing refresher trainings timely ... even in nutrition we do that ... it is not
 212 enough to provide training just once ... they need repeated practices ... even we provide
 213 training on counselling services. To talk about IMAM, they are involved in measuring
 214 MUAC at community level. Which means that the more they practice the more they
 215 become experts on this. We could do these kinds of work ... another is they need
 216 supportive supervision and monitoring. Incentive provision is also in action in many
 217 places. But they are volunteers. So, if we incentivise them, then there may be many

negative impacts as well ... like what I am trying to say is if we provide them incentive on per day basis for running ECD program say like 200 or 400 per day, then they might be attracted to that program only and they might leave other assigned work and be involved in this one only. That could be one matter of concern as well... Otherwise, we can involve them in via motivation only. They are provided with incentives while participating in trainings and visiting for supervision. We can also provide the incentive as per Nepal government. Beside this, we can also provide them materials supports like bags, umbrellas, caps, and torch light. We can also support them like this. Like we have been supporting them in Vitamin A programme as well ... we provide them cap, umbrella, torch light because if they are working in the remote area then there might be the issue of electricity... they are provided with uniform support... we can also motivate them through this material support.

I: Sir you also talked about adding an alternate category like ECD facilitators. How can we do this? How can we add them in existing programs? (00:24:16)

P: Local government has become strong in recent days after the federalism in the country. Local government is in very good position ... If we discuss with them and work, then there will be no difficulty... even now if you see at the municipality level... They have hired many volunteers in municipality like there is volunteer available for multi sector nutritional plan. In some places they have developed the model of village farmer, where volunteers are available... these are minimally paid volunteers... If we coordinate with local government and through them if we can mobilize these locally available human resources, then it I think it is possible ...

I: How will this affect the existing FCHV? Suppose now government plans to add new people for the ECD program. How will they take this? (00:25:29)

P: I think it won't be conflicting. We can use the face value of volunteers in the introductory stage of the program. They need to introduce the program at the community level, and they will support the programmes because they have their own roles. They have been delivering, directly and indirectly, ECD-related components when working in the nutrition programmes. They could develop part of the parcel or disseminate the

programme, and the rest could be done by the ECD facilitators. The introduction should be done by through FCHVs so that we don't miss the integration part ... we don't miss the nutrition and stimulation part and another person who will work parallel from the municipality they can conduct the programme and tomorrow if there will be any refresher then they will be involved... If we do these things, then there won't be any problem...

I: We used to give 2000 to FCHV. But some governmental organizations are giving them more than that according to their policies. I found that in my field. Now if ECD facilitators are hired as volunteers. Now we need to do the payment. How is this going to affect the utilization and availability of resources? (00:27:17)

P: According to rules, if we engage any FCHV on per day basis, we are supposed to pay maximum of 400 rupees as an incentive. They were given 800 for working for 2 days in the National Vitamin A campaign. They are provided in the same way when they take part in any training or meeting or seminar. Besides that, local government has the right to give them any amount of money. Like you said they can pay FCHVs NRS 2000 per months as well. They could be paid on a monthly basis... They can pay 1\NRS 10,00 on a monthly basis as well... It relies on the decision of local government. Like, recently in municipalities of Kapilvastu, I have seen if FCHVs identify any severely malnourished child and if that child was enrolled in the center and their treatment was completed then FCHVs were given NPR 500 per child. I call it an additional facility given by the local government. If we are planning to engage them in ECD then what is the total time of their involvement needed...that needs to be calculated... based on that we have to provide them NPR 400 minimum per day. But beside that if the local government say that they will provide some additional or they want to do or if we can provide them something additional through the programme that we develop then it's up to them...

I: Sir, we got the opportunity to discuss with health volunteers as well. They said why to add one more category when they were already there. They said that there might be collision of another category were involved in this. They said that they were working for 4 days from the government. Now they could work for one more additional day and make

it 5 days, but they need to be provided with the added incentives as well. It is not a burden for them, and it won't be a workload as well. (00:29:51)

P: the thing is that if you look at the survey done on FCHV you will never find anything about their workload... they will never say that their workload has increased, and they won't work. They will always say, "We will do it ... we have been doing this for very long..." because they have understood the value. I think we started FCHVs programme in the past 2045 year ... since then to now they know the face value and the reputation they have in the community. You might have found many FCHVs who could not read and write as well in the field. Now Nepal government has also brought the Golden Handshake programme. FCHV should have completed SEE which was called SLC before ... they should have passed at least 10 class in minimum... because with time all the reporting and recording tool have been updated which are difficult... it is not like before where they could draw line and tally to report the number of houses... So, considering these things Nepal government has brought the Golden Handshake programme and tried to replace them...but they have understood the importance of the position, so they are not willing to leave the position. So, because they do not want to leave, whenever new program launches, they say, we want to do the program ... we have been doing the work ... you can add additional few days too and we will do the work." If we see this through micro-level analysis, one there can be issues in quality and secondly, they are very old... I respect them as I have worked with 72 years old FCHV ... their problem is they can speak but at the same time there will be problem with the recent knowledge, things related to technicalities, recording, reporting ... They don't want outside human resources to be hired for the program in their community. FCHVs mostly from terai region like Dhanusha and Sarlahi they don't want to leave at all ... it is difficult... We have replaced many FCHVs in hilly region. If you go to Chitwan, you will find a FCHV who have completed masters level education as well ... You might also find volunteers with bachelor's degree ...FCHV who have completed Bed education as well. If we want to maintain the quality of the intervention because we are always results oriented... in that sense, we have to be cautious otherwise FCHV will never say that they are being overloaded with work and they cannot do the job....

310 I: Sir you gave good reasons. Health workers work very closely with these FCHV's. They
 311 have not emphasized this thing as well. Why did you think this? (00:33:22)

312 P: Health workers also promote their local FCHV. They never promote others as well. If we
 313 ask any local government, they will also want local FCHV as they have been represented
 314 more. They have more value as they have represented more. You can ask [Jane] also as
 315 you have worked with her. University College London has researched which was an
 316 NGO. They have promoted MIRA volunteers. They have done in Dhanusha and
 317 Makwanpur. As they had to collect research-related data and all, they used to promote
 318 MIRA volunteers more because they took into consideration of the workload of FCHVs.
 319 They had introduced MIRA volunteers through FCHVs ... In my view also health
 320 workers will not recommend other besides FCHVs. If we consider education as a priority,
 321 we might get different thoughts and perceptions because many know that FCHVs are
 322 overburdened... To say they have almost become like paramedics. They diagnose
 323 pneumonia and give ORS as well, they measure MUAC as well. If you look at their
 324 reporting format, it had become dense then before... majority of the register filling is
 325 done by their husband, if not then their daughter-in-law or grandchildren. even in the
 326 campaign their grandchildren fill up this often ... this practice is there.... this type of issue
 327 might come up in future ...

328

329 I: Sir, you talked about the alternate volunteer according to the situation, right? How can we
 330 manage this? You said that we could use the face value of FCHV. Another thing you said
 331 is using volunteers locally as local government is strong these days. How can we manage
 332 this strongly? (00:36:24)

333 P: The most important thing is we should develop an accountability mechanism. If people
 334 are not accountable, then the work won't be done. Even the health workers ... they are not
 335 as accountable as they should be if we see in the municipality... to maintain this
 336 accountability mechanism that volunteer that we have hypothesized either these
 337 volunteers should be accountable with the structures that we have under Ministry of
 338 Education ... I think making them accountable under the health sector then much of the
 339 work will not happen... In health I don't think it is possible to make accountable and take
 340 this thing forwards ... but we have resources center at schools or through existing ECD

centers if we can establish some sort of accountability mechanism then we can effectively mobilise the additional human resources that we have talked about...

I: This is for the human resources, right? Let's talk on implementation again, okay? We talked on the ground floor of how we should go in the community, right? Since there is federal government and local government now. Who should take this responsibility of integrating nutrition to another program in the community level? (00:38:12)

P: In provincial level, there is no position available related to the nutrition. I say that this is weakness of our health sector... If we look at the federal level, we have at least one section on nutrition within the health division ... But at province level we do not have that.... Recently what has been happening is that people in the previous post have been given the responsibility as a nutrition focal person and they are working... if we want to take an integrated ... at the provincial level we have strategy and planning department (*Niti tatha Youjana Ayog*) ... according to that in MSNP planning there is a MNSP committee... we call it Nutrition and Food Security coordination committee or steering committee ... we have that committee in all seven provinces... so maybe we can make that community more responsible and accountable... because in both nutrition-sensitive and nutrition specific programmes they have been monitoring, they collect information about them, provide necessary technical assistant and invite subject experts.... this committee have been doing these activities... This is happening in 7 states of the country. Ministry of all seven provinces also support the Strategy and Planning Department. Social Development ministry looks after Health and Education sector at province level. So, Strategy and Planning Department can directly work with the Social Development Ministry (*Samajik Bikas Mantralaya*), which again can be done through the multi-sector committee... Similar kind of establishment in the federal level is the joint venture of Ministry of Health and Population and Ministry of Education is School Nutrition and Health program and we can also take the integrated programme through this...Or at the provincial level Nutrition and Food Security coordination committee formed under the National Planning Committee (*Rastriya Aayojana Aayog*) we can take through this as well...

372 I: Beside human resources, what other resources we might need? Could you tell me about
 373 this? (00:41:08)

374 P: If I have to say about this broadly, like I said before about Joint Action Plan (JAP), which
 375 is joint planning of Ministry of Education and Ministry of Health and Population. They
 376 used to make it for 5 years before. I don't know about recent plans. If we want to take
 377 ECD or if we want to take the ECD and nutrition activities at the community level, then
 378 we can also manage a Joint financing ... that means we need to ask Ministry of
 379 Education about how much they need to invest on because they can also do the
 380 investment from the federal level. Similarly, how much investment can MOHP do ...
 381 because we might also take come component through FCHVs ... MOHP can also
 382 contribute to many things. Talking about the resources we can take it to the local level as
 383 well as municipality and rural municipality make their own budget. When local
 384 government are planning their own budget, if they realize and if they are sensitized that
 385 this should be made a priority then they can put as a yearly plan in the activities
 386 planning... They can put this in the activities planning and allocate certain budget for
 387 this. Fully or partially to what percent they can ... In terms of budget, they can do it ...
 388 Along with that at the provincial level financial resources are available. If multi-sector
 389 nutrition committees which have all the sectors like health, education, sanitation and
 390 drinking water, agriculture ... If they separate some budget at the provincial level and
 391 hand over to the local government. Local government could allocate most of the budget
 392 on its own if they realise the importance and if additional budget is required, then federal
 393 as well as provincial government could help them. We can also allocate this budget for
 394 human resources, necessary infrastructures and for purchasing materials...

395

396 I: So, we lack in planning the budgeting We have the money but lack planning, right?

397 P: Yes, if we look at the expenditure ... if I have to talk about the health sector... we only
 398 spend 27% of the budget. Fiscal year finishes in *Asar*, we are in *Baisakh* now ... Our
 399 total capital expenditure is 27% only in a year. You can analyze it on your own whether
 400 we have lower resources, or we have low expenditure capacity....

401

402 I: Sir, lack of realisation is one of the barriers, right? What are other barriers for lack of
 403 proper planning and implementation of the budgeting? (00:44:21)

404 P: Main is that there should be a realisation because unless it is included in the planning,
 405 there will not be budget allocation... After budget allocation, it needs to be spent ... The
 406 problem in our planning is one that once the budget planning is done there is delay in the
 407 budget allocation (*Nikasa*) in our system as we start our new budget in *Shrawan* 1st ...
 408 Our fiscal year finishes at Asar... So, if we have to begin the expenditure from *Shrawan*
 409 then the budget allocation should be in time as well. But there is delay of minimum four
 410 months in budget allocation. So, the money will not reach until the month of Kartik
 411 (which is four months later the actual allocated date for expenditure) ... First is that
 412 budget allocation is the biggest challenge.... Another challenging factor is procurement
 413 process (buying) for example, you might have to buy materials or recruit human
 414 resources ... We have to follow procurement act for that... this will take another two-
 415 three month ... because we need to develop a notice and ... So, in this way our
 416 implementation is delayed ... Not just today... it has been 30 years already this planning
 417 process has started ... delay in timely release of the budget, long procurement process ...
 418 everyone has realise these things but still we have not been able to amend this...
 419

420 I: What can we do this to overcome this? What could be the solutions for these all barriers
 421 like lack of realization, budget allocation and delay in procurement? What could be the
 422 solution? (00:46:28)

423 P: It is one of the chronic issues and it is difficult to say exactly this should be the solution
 424 because these are system-related issues ... If we can advocate in all the ministries about
 425 the budget allocation and if they can speed up the process then this can move forward...
 426 It is also not possible to change the procurement act as well because is it a big task. But
 427 advocacy work has been done. What I have seen is when we are planning activities those
 428 things that could be done through the local resources... because Local government has
 429 many income sources... they collect as tax from roads, and house in the local community
 430 ... these money is readily available to them... which means they don't need to wait for
 431 the money provided by the federal level for activities which they can immediately start...
 432 If in those activities if the local government prioritises ECD then it will be easy to take

the work forward... Another thing is the support provided through the projects... like any support they can take from the organisation... because these are the controlled sources in the plan, and they can be readily mobilized. If these kinds of resources can be mobilized, then we can work ...otherwise due to our financial process delay, once the budget is allocated ... Government faces pressure in next 6 months of the fiscal year... They don't face any pressure in first 6 month but in next six months the pressure is high.... Government has less work in the first 6 months of the year that is Shrawan, Bhadra, Ashoj, Kartik and Mangshir, and they have more work in last 6 months from Magh to Asar. Almost every day they have a programme.... If we want the work to be done and that it moves forward efficiently then the budget which has been allocated from the projects and other budget allocated from the local government if we can utilise them earlier, then all the work would be done, and financial availability will increase....

I: I would like to talk about realization aspect again. You said that there is lack of realization in ECD and nutrition related programme. You also talked about advocacy in this. Could you tell how can we increase this advocacy in various level? (00:49:30)

P: I will give you a clear example from nutrition. Currently, the country is in federal system and the local government has been established. Previously, all the health-system was regulated by the District Public Health Office ... All the health facilities that we had health post, PHC ... they all used to report the DPHO ... After the implementation of the federalization, all the health-related matters are looked after by the chief (Mayor) in municipality or ward president in rural municipality. So, municipality has been leading health now. But the human resources in the municipality are not the health workers ... they have not studied health related subject... The ward mayor or ward president do not have an understanding about health. So, health is not in the priority... forget about nutrition ... because due to election their priority are roads, factories, electricity, and many more like this. They don't have realization about health and nutrition. We conducted 2 days nutrition-related orientation to all the leaders who were elected in one of the municipalities. They were taught about what is nutrition and why it is important, what will happen if there is poor nutrition. We organized an orientation programme to sensitise them...We repeated this nutrition-related program again in the interval of 6

months. We did interactions...We engaged them in nutrition-related communities. To help them understand the value of nutrition...We took them to supervision and monitoring of the activities... what works are being done ... how are they being delivered...How does a malnourished children look like, what are the treatment provided to them.... how are counselling services provided ... after that what they will realize is that nutrition is also important, and it directly affects the GDP and if we do not support them. if we do not support these children then the future generation will surely migrate abroad for work and there is no other solution to this... they came to realise this.... So, we need to develop similar package and take time to do this work because their priority will not change immediately tomorrow. You can visit the municipalities and rural municipalities and ask what their priority are is ... education is a priority in some places, but health does not even make up to top 10 of their priority list.

I: I have also seen this in Dhanusha. You talked about relatable aspects. I felt this in field visits as well about thoughts like this keeping back health and nutrition. Health and nutrition are lagging than construction of roads and bridges. I felt like this as well.
(00:53:11)

P: We don't have integration thoughts. It is good to build schools. To give an example in terai region, their schools cover huge land or area. They don't lack land or area for building school. If you look at health post... In *Terai* area health post are huge...compounds for health posts are big in terai.... If we want to do some agriculture-related programme, then we can do school gardening or home gardening and we can add same things with handwashing related activities... like development of health washing facilities... promote those behaviors.... It might be in school or in health facilities... Now it is difficult to use toilets in the health facilities (they are not clean) ... because the integration approach is missing everywhere ... We build roads but we don't make the footpaths disability friendly ... If there is someone in wheelchair ... they cannot get into the foot paths ... Infrastructures were because but how do we think in an integrated manner ... how to contribute one when making another... we don't have such realisations...

495 I: Sir, you said that local government could take help from the institution as well when the
 496 budget is delayed. The same thing came up while talking to the people in the community
 497 and health posts. They said that they might need support from NGO as well. They said
 498 that they might need support from NGO as well even if the project is governmental. What
 499 is your thought on this? What might be the roles of NGO? (00:55:12)

500 P: Talking about the present context of Nepal, many aspects are in confusion after
 501 decentralization in our country like health, education, and water. If there are any
 502 organization to provide technical assistant in each municipality then it would be much
 503 more beneficial. We also tell in many workshops of National Planning Commission that
 504 Government cannot reach every place for technical assistance. It is difficult for the
 505 organisations at federal level to reach everywhere to provide technical assistance...
 506 Community-based organization or NGO at the local level... if we could strengthen them
 507 or if they already have capacity then we must create an environment where they can
 508 support the local government ... For example, let's say if there is an NGO which works
 509 in education then they can provide technical support when they are working with the
 510 municipality. It does not have to be only financial support ... A person who is in
 511 municipality they are not health or nutrition expert. they are the general people... but if
 512 the NGO working in that place is a health specialist or they work in education or ECD
 513 then they can do advocacy as well... they can provide technical assistant to the
 514 municipality... They could give financial assistance as well. They could also integrate
 515 their activities with the local governmental annual planning they can say, "We will be
 516 doing these activities in this municipality, and this is my budget..." and if the
 517 municipality can provide some support, then they could also do joint budgeting. For
 518 example, we do screening if children are acutely malnourished or not. At local level there
 519 is budget for multi-sector nutrition programme too ... so what we do is we now contribute
 520 matching fund... like from my organisation I could say I will contribute this much for
 521 screening and then they will say from us we can contribute this much... Once we have
 522 put the money in the joint effort then health can provide some support, education can
 523 provide some support. We can also engage the third party.... Through this mechanism we
 524 can implement activities in the municipalities...

525

526 I: So, it is more beneficial if they work with local government? How will this lead to
 527 sustainability of the project? (00:58:19)

528 P: Like I talked about realization ... again same thing comes here... because we keep doing
 529 the advocacy plus, we support them as well ... In first year, support percentage will be
 530 more, like financially and human resources but in first year we will also increase
 531 advocacy component... In second year, some percentage reductions will be made ... in
 532 third year, percentage of realization might be high, and we might need to do less
 533 advocacy. So, in a stepwise manner ...Realization does not happen overnight. We have
 534 been working for so many years and still we have been continuing the advocacy work...
 535 we have been advocating for different programmes in health because people take time for
 536 realisation... We launched vitamin A supplementation program in 1991- 1992. But still,
 537 today we share message via radio to take their children to take vitamin A or either through
 538 miking or ending FCHVs to doorstep. We are continuing this. Realization does not
 539 happen overnight. We need to build framework for this. For example, in five years we
 540 will reach this level or in 10 years we will reach this level ... if we can say this and plan
 541 together with the local government then I think ultimately municipality will take the
 542 responsibility ... We have been working on health systems strengthening which as well is
 543 done under the leadership of municipality. We help them in identification of the problems
 544 within their health system... after identification we make them prioritise the problems ..
 545 which problem lies in the topmost priority... top 10 and top 15... then we discuss about
 546 resource finding... from where we can gather the resources... what NGOs sector can
 547 contribute ... what can their sectors contribute... they will develop a practice to make a
 548 multi-year plan .. within that framework, every year they can say this activity of ECD we
 549 can add into our plan... so every year they can carry out the activities...

550

551 I: It will be helpful if they plan and don't mix up. Talking about the incentive provision in
 552 the community level, various methods have been adopted by various organizations. They
 553 get some amount after participation. What are your thoughts on this? (1:01:34)

554 P: For incentives, it depends upon the rules. Like government has allocated NPR 400 per
 555 day for the FCHVs as incentives. Local bodies have also allocated incentives as per their
 556 policies... like for one full day participation in a workshop we will give certain amount...

they have made their own rule. Either we need to follow national rule for incentive provision, or if the local bodies have made some rule for the provisions, then they can follow that...policies at the local level is the first priority ... but if there is nothing planned at local level then we have to follow federal level policies.

I: This is service based incentive provision. What we found in the community was why we should come to the workshop if I don't get anything. This was the concept of people in the community. They focused more on what they are getting rather than what their children is getting with all this information. Some give money and some start comparing what they are getting from others. What are your thoughts on this? (1:04:02)

P: At beneficiary level there are mixed interpretations. Problem is that many organisations have spoilt habits in many places ... in the sense to make their project or programme successful or to increase enrolment they began incentivizing people without setting any norms... now the beneficiary has developed a habit ... instead of understanding the importance of that programme they saw more value of money... Beneficiaries have been spoilt like this. It is more in Dhanusha district. Because many projects and programme used to happen there, and they used to incentivize the beneficiaries beneficiaries in that area are already oriented about incentive. It is not a good practice. Incentive should be promoted in case where in any place to promote any behaviour. for example, if they get incentive for checkup in a health post or delivery in a health post then I would promote that ... because it will increase institutional delivery... the value of benefit is much more higher than negative side effect ... at the same time if I interview someone and then I give them NPR 1000 or 500 or if someone say something to me and if I promote those things then I will get incentive... these will have more negative effects... We did one research as well. To talk about my own experience ... on what was the percentage of repeated cases of malnourished children even after the complete treatment. We had included all those children who had recovered from malnutrition... We did not give them incentive. For behaviour promotion, we gave them soap and promoted hand wash. For small children. we gave a handkerchief to wipe hands and nose. We promoted these things which would have positive impact on their behaviour If we had given them 100 or 200 rupees instead of soap, then this would spoil their habit. I would finish

my project but tomorrow another researcher might come and when you visit, they will again ask for money ... then another person would come but they again ask for money... Monetary value is high and what the project actually delivers has less value... I don't encourage cash incentive, but we could provide materials... like to talk about ECD toys can be good which can be useful in development ... in stimulation and even in responsive feeding... if we can promote this kind of incentive then it's much better.

I: How can we unify this diverse process of incentives? One method is to make norms, now how can we make this practical. We need to address this and then go to the main issue in future. (1:08:11)

P: Government has not mentioned to provide incentives anywhere ... if we look at the government policies... until and unless there is any specific program ... like government would give incentive for transportation when they come to health post for giving birth. This has been implemented in 77 districts. All the incentives that are provided from the Social Protection programme, Government has made clear rules and regulations regarding this and taken them forward. It has not mentioned any other incentives beside this. Because this is programme specific, I don't think this will be clearly spell out... but if we are planning to give something or want to do something then if we can discuss with the local government and take their advice and at least at local level we could make something standard... I don't think this will be done in federal level. But we can make some standard rules regarding incentivizing beneficiaries at local level... otherwise, local government will face problem ... if they have to provide monetary incentive to implement any programme then they cannot run any programme... If there is a conflict that if you give me the money, then I will register the birth otherwise I won't... then they will not get citizenship... then they cannot make a passport.... A system has been made by the government. Without a marriage certificate, birth certificate won't be provided. Without this, a license, citizenship and passport won't be made.... If there are rules like this, then beneficiaries will realize at some point... They will bargain for everything ...

I: They demanded soap and locally made toys like ball, motor movement toys while interviewing with us.

619 P: They have developed this habit.

620

621 I: They asked why they need to come when they don't get any benefit from this. I went with
622 a sister in the community, and she realized interviewing with people in the same
623 community 25 years ago. She did not use to give anything for programs like this before,
624 but now they demand everything from us. (1:11:20)

625 P: Because we have spoilt their habit. There is habit of giving something ... especially it is
626 not a problem if we give materials that is relevant ... if we give materials to promote
627 hygiene behavior such as soap and handkerchief, kit then it is not a problem But if we
628 are giving money while doing interviews or for behaviour change then it will create a
629 problem.

630

631 I: Sir, we are at last now. Could you elaborate what could be the barriers while launching
632 integrated program of health and nutrition while launching via existing health systems?
633 Mothers could not give time for this as they are involved in household work, right? In the
634 top level, lack of advocacy and prioritization. In FCHV level, they have more workload,
635 and we might need to add workforce as well. Are there any more challenges like this?
636 (1:12:49)

637 P: Other challenges are regarding social norms and gender bias. Sons are given more
638 priority than daughters. You might have seen that as well. There are things related to
639 gender selection ... Daughters are kept at a distance and are involved in household
640 activities only. Those kinds of social norms and gender bias are also present in the
641 society as challenges ... Another poverty is also one of the problems. People from the
642 poor households they need to work for daily wages ... they need to go to the field and
643 work as well. They are deprived so poverty is a big barrier... Another is at the top, for
644 advocacy and to prioritize this ... we need to do advocacy for their realization ... Unless
645 they don't have the feeling that we need to do this they won't be prioritise this.... And
646 everyone in plans, policies we must begin to integrate everything.... If things are not
647 written in paper, they don't want to do any work... be it at the local level or at the federal
648 level. Like if you see in MSNP (Multi-sector nutritional plan) they have clearly spell out
649 everything in their plans and policies: this needs to be done... When that happens then

650 they think oh this point has been raised here... this document has been approved by the
651 Ministry and we need to do this ... They will have this kind of realization... otherwise if
652 we tell them verbally then they could ask questions like Where is this written? Who
653 has prioritized this? ... Why has this come? ... So, if we address this then it will be easy
654 otherwise that will remain as a barrier...

655

656 I: How can we close this gap then? How can we make narrow gap of this documentation
657 and implementation? One method is via advocacy, right? (1:15:01)

658 P: Advocacy is one of the main tools. dissemination and sharing that takes place... like if
659 you see all the documents are prepared at the federal level ... because that is the job of
660 the federal level... they make rules and regulations. If we see the penetration level, it has
661 never been in reach at the local level. Local government would not know about the
662 related policies. There are such strategies... they won't know... If you talk about MSNP
663 ... They call MSNP as project. They (the federal level) have not talked about MSNP as a
664 plan and that this we have to take as an integrated manner. This is a project, and certain
665 budget is allocated for this... After some time, the programme will finish. They have
666 these kinds of thoughts.... The penetration level is not uniform in the low level. This is
667 also a major problem ...

668

669 I: Sir, how can we facilitate this system then? You said that local government is strong in
670 community level, right? They could run this program on their own. You said that FCHV
671 who are working on ground level have more face value. We could also take their help.
672 We also have enough resources. Is there anything left?

673 P: No, nothing left ... these are the things...

674

675 I: One last question sir. There will be one day in future when we will launch stimulation
676 and nutrition program in an integrated way, right? What should be done to make this
677 sustainable? (1:17:20)

678 P: Talking about the sustainability ... We need to spell out in the rules and regulation from
679 the top level because unless it hit the governance level it will not penetrate at lower
680 level... Once it has been integrated in plans and policies... they should be added in plans

as well... The plans could be made by either health sector or education at the local government. We can also seek help from outside as well. This support must be taken in a phase wise manner... Like I said 100% in 1st year and 75% in second year. We need to develop a framework for this. After this advocacy, trainings for capacity building these are all there... If this happens then maybe in 10 years this could continue in an integrated manner.

I: I have finished asking questions sir.

P: Okay.

I: Now I am going to do a quick recap on what we discussed so far today. We discussed on how nutrition and stimulation program could be integrated via the existing health system in the community. We talked about many documents related to ECD in national level. We also talked about FCHV and their home visits. We talked about distributing Baal vita as micronutrients. You said that mother's group would provide implementation in programs. We also talked about the barriers of implementing ECD programs. Decentralization has been one of the barriers of this program as it has halted many steps. It is in reach of school level but in the community level. Many works are conducted on sectoral level rather than in community level. So, there is less advocacy. Lack of advocacy and technical personnel has created a gap too in that level. We also talked about barriers and opportunities. You also added more in the barrier's aspect as gender-based bias has been seen in community. We also talked about poverty, realization and things should be documented. We do have resources, but utilization will be effective if we do proper planning. Work quality of ECD will be improved if ECD facilitators are added as well. There is the gap in documentation done by the FCHV. It was an important point. If NGO are willing to work, then need to develop a framework as well. This could also help in the sustainability as well. I think to ask one thing. Do you think religion plays any roles for barriers? (1:22:33)

P: I don't think religion is a problem in our country. We need to catch the right way. Talking about Muslim population, we have huge population in Banke district. Their children stay in household level more than coming in the ECD centers ... they don't

712 come openly outside in the community... but in advocacy and while doing the
713 intervention if we engage their priest then there will not be such problem, then they
714 would surely listen to them and come to the centers as well. If I must add something in
715 decentralization ... System is not a barrier... System is very good because according to it
716 local people and local government should develop their local place... this is the main
717 concept...but the implementation process is slow. Even now we have seen slow hiring of
718 health workers and teachers as well. There is a lack of technical assistant in many places.
719 It is taking more time to fulfill human resources. It won't be hard to implement ECD
720 related activities if all these things are fulfilled. Many municipalities are also dependent
721 on INGO and NGO for human resources as well. Their own staff are not satisfied with
722 their job. Slow implementation of decentralization is the problem.

723
724 I: What is creating this slow implementation?

725 P: For full implementation of decentralization, power should be handed over to the local
726 level and local government should also realise their power...For example, we also work
727 in food security and livelihood. They have still not hired junior level technical assistant.
728 There is no person who is expert in agriculture so when we visit there for advocacy
729 regarding agriculture, whom should we do. We tell people from the municipality and
730 when we tell them field visit is needed and tell them we need junior level technical
731 assistant ...This post has been vacant for last 2 years. Human resource allocation is done
732 by internal affairs ministry. It would have been more effective if they have had hired that
733 person timely. We see barriers like this at local level. So, the decentralization has not
734 been completed ... it is moving in a slow pace.

735
736 I: So, this is also hampering for the process, right?

737 P: Yes.

738 I: Thank you Sir for your time. I am ending this now.

739
740 **End of the Interview**
