**Field and Interview Note**

Field workers: RA, OC

Interviewee: SK,

Note Taker: OC

Note Checked and Edited by: RA

Language of Interview: Nepali/English

Note Transcribed by: OC

Place: Top floor, District Health Office, Sindhupalchowk District, Chautara

Time: 10:00 -11:00 Pm

Date: 3 January 2016

**Major Highlights:**

* There was no place to provide services to women and children after earthquake hit the country nonetheless no any infrastructure has reconstructed yet.
* The institutional delivery rate of the district prior to earthquake was 41% and this year the percentage is down to 17%.
* . 90% of the health facilities were all collapsed. All of them are providing services from the tents.
* There is huge crisis of human resources for providing health services in Sindhupalchowk district.

*Context*

*One of the objectives of the Sindhupalchowk field visit to explore further on Aama Surakchhya Programme, mainly on how it has been functioning at the post-earth quake context in one of the 14 worst hit districts in the country.*

*We went to the District Health Office of Sindhupalchowk district, Chautara, district headquarter in the following morning of our arrival at the district to meet and speak to DH/PO, focal person of Aama Surakchhya Programme. When we arrived at the premise of DHO the scenes of its surrounding a numbers of tents set next to hospital building of different sizes and types with names of donors on them, locked and damaged hospital building clearly expressed the immediate impact of earth-quake on health infrastructure and emergency and regular services in the district. After 10:00 am, Sita Kunwar, focal person of Aama Surakchya Programme and Tara Sunuwar, a nurse at district health office, came to office and we had discussed with them at the top floor of the office. Conversation lasted for about an hour and half. Both looked willing to share their working experiences with us.*

RA: we are coming from Kathmandu to explore and understand mainly about Aama Surakchhya Programme, it is a government programme. We also study the Suaahara project. We basically study how programme has been functioning in district level.

TS: where are you come from?

RA: we have a partner organization, named Social Science Baha. But, the other partners under this research project are Ministry of Health and Population and USAID’s project. This research programme is a bit bigger. And, part of this programme is going on in Malawi as well, an African country and University of Edinburgh at Scotland. In Nepal mainly MoHP is our partner and Social Science Baha is an organization which conduct research in collaboration with larger team. [I will give you card in the meantime]

TS: where is your home?

RA: my home is in Palpa.

TS: from the last eight years, I have been working here in [District Health Office at Chautara, Sindhupalchowk]

RA: your name is Trara?

TS: yes.

RA: Tara Sunuwar. Where is your home then?

TS: My home is in Okhaldhunga, eastern Nepal.

RA: Sunuwar is not found in this location?

TS: yes, not live in this region.

RA: do you know Manu Sunuwar?

TS: yes, I do know her. We are relative.

RA: As you are mentioned as Sunuwar, so I asked about her. I know her very well. If you are a nurse, you know people from different parts.

TS: yes [laughing…] and in the health sector, we find known persons everywhere.

RA: where did you study?

TS: I did my study from Mission, from Okhaldhunga, not from Tansen.

RA: really, is there nursing education in Okhaldhunga, Mission too?

TS: yes, I was the first batch of Okhaldhunga.

RA: perhaps, it was started very recently. I was also the project of mission.

TS: me too but not of Palpa.

RA: I studied in the Mission in Kathmandu. I did my study long ago. Also, I did work in Mission for long period of time.

TS: I was offered job in Mission but I declined it, I did work in project about six/seven months and then began to work in government.

RA: does UMN [United Mission to Nepal] hospital in Okhaldunga shut down these days?

TS: it has not shut down.

RA: who has run the hospital there?

TS: Hospital, it has been quite a long time, I have not visited there, and people said that it is functional. One of relatives is working in that hospital.

RA: really?

TS: yes.

RA: sorry, although it is not a site track, it is an important one. As there has been changed at organizational level in Nepal, many programmes have shut down due moist insurgency. UMN’s programme at Gorkha district was closed down. And, programme at Tansen was also phase out now, I used to work there. People say that the programme is phase out there, Mission [UMN] does not involve in making it functional but it has been functioning as in Okhandhunga.

TS: so it is functioning in Tansen too.

RA: Yes. Now, we can start our discussion now. Your working experience regarding to Aama Surakchhya Programme, what sort of programmes are being conducted? How do you feel regarding these programmes? You can describe on these regards? Although, you [referring to SK] are from another district, you might have seen programmes and activities in western region, regarding Aama Surakchhya Programme that is also worth listening.

OC: where did you work prior to this work here [DHO, Sindhupalchowk]?

SK: I worked in the Dang district.

OC: did you work as a focal person of Aama Surakchhya Programme there too?

SK: No, No. This is my first time I work as public health nurse in here in Sindhupalchowk. I worked there as a general nurse.

OC: so you did you work in maternity ward there?

SK: yes.

RA: did you work in hospital?

SK: I worked in the hospital, PHC [primary health care center].

RA: Your working experience of Aama Surakchhya Programme, regardless to region where you have experience it will be useful for us to listen. It does not have to specifically be from Sindhupalchowk.

SK: what should I explain? How programme has been functioning? First of all, free delivery services at the health care facilities is one component under this programme and then comes incentive scheme as it was not as effective as it is expected even after free services for delivery. To make it more effective, government introduced incentive package, which incorporates NRS. 400 for woman who makes 4 ANC visits as per protocol in the health facilities. Likewise, transportation cost for delivery at health facility NRS. 500, 1000, 1500 in plain, hill and mountain regions respectively. Since, the incentive scheme has been implemented, this has not only been an effective one for institutional delivery but also has contributed to raise awareness among women for institutional delivery. There was higher neo-natal mortality rate when there had common practice of home delivery and women felt that one should go to the institutional delivery for not letting their new-born die at the time of birth.

Recently government has introduced a programme called *nyano jhola* a warm bag which is provided to a mother at the health facility after her delivery. This warm bag consists of 14 items mostly for new born and a gown for a mother. In Dang district, Suaahara was just began to work at the district and expanding to community level whereas here [Sindhupalchowk] it is already been five years of its implementation.

 RA: in the Dang district.

SK: yes, in Dang Suaahara was just began to work. That programme is also effective.

OC: In what ways?

SK: That programme looks at nutritional aspect and currently there is a high prevalence of malnutrition in the in Nepal. It is mentioned that about 41% stunting and 29% malnutrition is found among new born Suaahara focuses mainly on nutritional aspect but it includes overall aspects such as awareness, hygiene, rest diet and so forth. This programme particularly focuses on pregnancy to child under 2years. These days our target is make around 60% of institutional delivery, although we have not achieved this target but we are very close to it.

OC: are you talking about the situation of here [Sindhupalchowk]?

SK: it is in Dang. Perhaps, the scenario of here was better prior to earth quake here [Sindhupalchowk] but virtually all institutions [birthing centers/health facilities] damaged/destroyed it is almost like programme is collapsed after earth-quake.

OC: really,

SK: there is no place to provide services to women and children. No any infrastructure has reconstructed yet. Prior to earth-quake, maximum 10 deliveries used to take place in one birthing center monthly which has reported to increase four or five deliveries over the course of 4/5 months. Lately, few days back we published/calculated a quarterly report of institutional delivery. It was about 15%.

OC: how many? 15 women came for institutional delivery or how did you calculated it?

SK: In total, based on the total MWRA of district.

RA: we should say 15% institutional birth in Chuatara.

TS: it is not only about Chautara but it is about entire Sindhupalchowk district.

SK: Yes. Including two private birthing centers, there are 22 birthing centers across the district.

OC: you mean, throughout the district.

RA: who owns to those private birthing centers?

TS: one is called *Sadabahar* and another one is called *Bhotechaur saamudayik.*

RA: are these private hospitals?

OC: you mentioned 15% institutional delivery rate of the district right.

SK: Excluding the statistics of those two private hospitals.

OC: what was the institutional delivery rate of the district prior to earth-quake?

TS: prior to earth-quake, institutional delivery rate of the district was not measured in percentage, when we prepared a quarterly report the number of institutional delivery was 144 deliveries. We report on daily basis. This is still continue even after earth-quake too. Ministry [Ministry of Health and Population] asks us to report on daily basis and we do it accordingly.

OC: do you mean 144 deliveries over the 4 months of time?

TS: yes. It was the total of 4 months. By then most of the birthing centers were not functional, for instance, 4/5 birthing centers did not function.

OC: by then?

SK: It has been a while, those functional birthing centers were begun to function.

TS: places where damaged were happened, there was no place obviously for siting/resting nor was there instrument.

OC: I was trying to understand what the institutional delivery rate was prior to earth-quake in the district, which is now you mentioned as 15%.

TS: we did not keep the record in percentage of the institutional delivery rate in percentage before earth-quake. The total number of deliveries of four months was recorded as 144.

OC: if so, can you provide us numbers deliveries of the 15%? How many deliveries are there of there?

TS: yes, there is number, it is 325 deliveries.

SK: if you go through the MWRA of that fiscal year, we will be able to draw the number. Is it 325 in total?

TS: it is 325 deliveries.

SK: I mean, is it a total numbers of deliveries across the district?

TS: yes, this is the figure of the deliveries of four months across the district.

OC: anyway, in your experience, institutional delivery rate has decreased after earth-quake?

SK: according to sister’s [referring to TS] statement, the number has increased than that of last fiscal year.

RA: It has increased.

TS: it is not about the before last fiscal year but when we saw the record of institutional delivery of three months after earth-quake it is recorded as 144.

RA: we should say it in this way Obindra, [whether you agree or disagree] prior to earth-quake, there was no accurate data/information regarding to institutional birth.

TS: earth-quake hit the country on Baishakh, [April/May] right, and annual information/data should be reported and see out come on Shrawan [July/August] earth-quake had disturbed in the process of reporting.

SK: he was meant even before that period.

RA: even one year before that time.

TS: before one year ago, the number was 17, 00/18, 00 in total.

RA: how percentage will there be, if we convert this number into percentage?

TS: It was 41%.

OC: it was 41% in the previous year which has dropped to 15% this year?

TS: it was 41% and this year the percentage is down to 17%.

RA: so it should be counted on the basis of Nepali year. The percentage of institutional delivery in the year 2071/72 vs. was 17% and 2072/73 is 15%.

TS: in the year 2070/71 the percentage 41% and in 2071/72 17%.

RA: the trend is decreased.

SK: recently we have we provided a SBA training to 20 participants for strengthening services at birthing centers. We are working to stabilize the services. We will go to the monitoring of the programme soon. We are on the process to make those birthing centers better.

RA: you mentioned that there are 22 birthing centers in total across the district and two of them are private ones one is in Bhotechaur. Where is another located?

TS: another one is Sindhusadabahar,

SK: where is it located?

TS: It is located at Khadichaur.

RA: and, rest of 20 birthing centers are government ones. How is their situation, given your own experiences?

TS: only in 4 birthing centers have given delivery service in a quite well manner and in rest of the other birthing centers only 3/4 births take place on average in a month.

RA: and, are there SBA trained staff in all places?

TS: yes there are, although all places are not fulfill with SBA staff. At least a staff is providing services in the birthing center.

SK: to provide 24 services, there should be at least three staff in the centers. There is lack of staff well. Most of the staff are local. These days, as we have given priority to the staff with SBA training, there are quite a lot of staff with SBA training. And, those we do not have this training we refer for the training. Two staff are also recently have gone to participate in the SBA training.

RA: really,

TS: once the public commission service sends staff to this place as they successfully pass the exam after six months of their appointment in this place, staff begun to transfer elsewhere so always there is vacant positions from 35% to 50% here. The total positions of the staff are never fulfilled in the district, because no one lives here for long all of them go to Kathmandu. Now, 35% of the total position is vacant.

OC: even now as well?

TS: yes. In many organizations a contract staff has been running an office. There is no permanent staff, there are such places.

OC: is there no permanent staff in all twenty birthing centers?

TS: There is no permanent staff in two birthing centers, out of 20. I mean, including paramedics, forget about nursing, even paramedics are not there, this is a situation out there. There are always vacant positions in Sindhupalchowk.

RA: have both of you received SBA training?

TS: yes, we have already received SBA training.

SK: there is huge crisis of human resource in the district. And, the April 25th Earth-quake had damaged all the existing structure which has hampered the programme at greater extent.

TS: It takes 5/10 years to return to the previous condition from the damaged this earth-quake had caused. 90% of the health facilities were all collapsed. All of them are providing services from the tents, even now.

OC: all of those 90%?

TS: yes. 90%.

RA: UNICEF has also revealed the similar statistics right after earthquake. 88-90% health facilities were collapsed in earthquake, if I remember correctly.

TS: out of 20 government birthing centers, only six are functional to the some extent.

RA: would you tell it again?

SK: NGOs and INGOs have supported to the health system including human resources but they have not worked in the construction so far, perhaps, they have their own protocol.

TS: right after earth-quake, number of I/NGOs visiting in the district were mushrooming. I had kept the record of that, number was about 23/24. They mentioned that they will construct birthing centers in the communities but they have not done so. [Laughing…] The situation is as it is.

SK: NGOs usually implement programmes in only certain VDCs and people from rest of the other VDCs complaint to us that as they have not received the services and facilities as opposed to the people from project implemented communities.

OC: you mean, can you explain it a bit further?

SK: an NGO implemented project only in 15 VDCs. It selects 15 specific VDCs based on particular criteria and provided relief package along with other programmes for these VDCs whereas rest of the adjacent VDCs do not have such programmes and this situation create discontentment among the people who live in the project unimplemented VDCs. They kept saying, we did not get any relief packages or programmes although we were in similar condition.

TS: In this district, MDM has been working from quite long time and it has provided support to we should appreciate it.

RA: It is something called doctors without boarder at the down at the tent was that it?

TS: It is called Medecins Du Mondo. It has done a lot of support.

OC: what sorts of supports does it provide then?

TS: these days it has supported in construction of prefab building. For instance, building of District Health Office (DHO) and it is yet to handover.

RA: really.

TS: and it has constructed several such prefab houses which includes Kupinde, brahabise health post,

OC: does it make schools or birthing centers?

TS: it has made birthing centers in all places and it has also supported instrument for birthing centers. And in few places, One-Heart [World-Wide] has made birthing centers of bamboo in few places and SWAN has made birthing too.

RA: who has made?

TS: One-Heart, and SWAN has done so too.

SK: One-Heart Nepal has implemented programme in this district.

TS: SWAN has made not only health posts but also constructed birthing centers as well.

OC: while they construct such buildings, how they do it? What is the process?

TS: before construction of prefab building, an NGO coordinates with DHO and moves ahead for constructing the building based on the agreement with DHO. Doctor has also visited to the few places to the see condition of houses as houses are fine these have been expanded in few other places. But these are made out of bamboos.

RA: yes, they are constructed birthing centers but there are no staff in centers right.

SK: yes, although birthing centers are not made in every places and obviously there is lack of adequate staff and now.

TS: such birthing centers are constructed in Sunkhani as well. [Cell phone rang...]

SK: now at least delivery service at birthing centers is not being stopped.

OC: at least in those 22 [20] birthing centers and perhaps in private they manage on their own. In those 20 birthing centers, do ANMs provide delivery services? Do they SBA training as well in all centers?

SK: there are 13 SBA trained ANMs and 5/7 non-SBA trained staff and two of them are currently receiving SBA training.

OC: how do you select them while you send the for SBA training?

SK: we request the need of training to the National Health Training Center (NHTC) and then once it approves then we send participants to the respective training center.

OC: I mean, how do you select participants from your institution while sending them for SBA training?

SK: we select participants based on the priorities. While we prioritize first to staff who is less likely to transfer to other places soon. And, where new birthing center is going to establish is our second priority. In this way we are processed the selection criteria for SBA training.

TS: MDM has also supported for staff and buildings and logistic it has provided overall support for providing equipment required for birthing centers. This project was phased out now. They left in the December, 2015.

RA: really, it is so sad right. As it has been providing support and when it left then there will be vacant.

TS: it is about to begin the research, people had told that, it will implement other projects/programmes. They will not design project on safe motherhood. But they [MDM] has been working for quite long time here. As far as I remembered, they have been working in this district from the last seven years.

OC: you mean MDM?

TS: from the beginning they supported to the nursing staff, they had implemented project in only 25 VDCs across the district and in those VDCs they had supported in nursing staff as well. They had also provided SBA training to nursing staff for about 2/3 times. They had supported in a very good way.

RA: as you rightly mentioned earlier, once participants received training they do stay no longer in the district rather go to the Kathmandu.

SK: these days also we have contract staff who will work until [Aashad] June/July, it is like if we do not send these contract staff for SBA training then it will directly impact on the quality of services but if we send them for SBA training then there will be higher chances of quitting the job as training helps in broadening the job scope.

They could go for taking test on public services commission, *loksewa* they can also be successfully complete this exam and they could move the place as they like. This is what the current condition is, it is difficult.

RA: This is right to the some extent, as government should be able to manage proper job placement. It should be able to provide opportunity to inter districts SBAs.

SK: also should be able to formulate appropriate laws for sustaining of the services. If staff have access, they even do not stay until probation period in one organization they transfer to the convenient places. If such practices take place, then will create problems in providing services.

TS: we provide training but organizations are always in problems for providing services. And, for doctor as well, he/she receives training and transferred to elsewhere and health facility is always in the problem of providing services.

OC: if we think it in another way, wherever they transfer across the Nepal, they will provide the services, isn’t it?

SK: that is true sir. They become skilled.

TS: it would be good, they could use their skills where they are transferred, and if they are not appointed in the proper places for instance, a staff from here [DHO at Sindhupalchowk] transfer to the Bir Hosptial and Kanti [laughing…] such things were happened in Nepal that does not make proper use of skills. Two SBAs from here transferred to Bir hospital,

RA: such things have taken place at greater extent.

TS: SBA in Bir hospital is not a proper place. The skills learn from the training are not utilized.

RA: It makes greater sense, if transferred to Thapathali [maternity hospital]. It is completely inappropriate. To go back to the earlier point of *Nyano Jhola*, is it implemented in this district as well?

SK: yes, it is implemented in this district.

TS: yes it is.

RA: do you have *Nyano Jhola?*  Can I see it? I will see it once, you mentioned that it contains fourteen items, right. [***When the interview was over, SK showed us Nyano Jhola, Please see pictures***]

Now let’s talk about incentive to the some extent, you [referring to SK] mentioned that, it was not as that effective but once the provision of incentive was initiated then it [institutional delivery] [become more effective]

SK: when there was no provision of free service one had to pay for it and as the provision of free services for institutional delivery came it improved the situation although the situation of the maternal child was not up to the mark as expected.

OC: why do you think that it did not happen as expected?

SK: It consists of a lot of things, in the context of Nepal particularly in the countryside, women do not have access to decision making in any aspects, and however the situation in the urban area is a bit better. And, when pregnant woman goes into labor, then her fellow women from the community take it as a natural process and they suggest to home delivery rather visit to the health facility for institutional delivery. When the situation turn into the worse, then decision is rest on male member of the household or other guardian rather than on pregnant woman herself. Apart from this, it requires money for transportation and these days also one has to pay for the transportation but she can pay from the incentive she receives from the health facility.

TS: The amount that provides from the health facility as travel incentive is not enough to pay for travel cost. One has to pay more than provided amount if woman come health facility from remote village.

SK: Although, the given incentive as a travel cost is not enough… this programme has been effective to those places where health facilities are pretty near or close by from the communities whereas communities are located far from health facilities and has to travel a lot for visiting it, the allocated amount is obviously not enough. The allocated amount for travel incentive is Rs. 500, Rs. 1000 and Rs. 1500 respectively in plain, hill and mountain regions respectively. And, Rs. 1000 is not enough to visit to health facility for pregnant woman on reserve vehicle.

TS: woman gets Rs. 1500 in Sindhupalchowk as travel incentive because it is regard as mountain region and it increases to Rs.1800 I think, the amount is even increases more than this.

RA: If we maintain neutrality at greater extent, you [referring to TS] have experience of several years working in this sector, then we see the incentive system a bit critically, it is mentioned that, provision of incentive has increased the number institutional delivery, along with that there are other factors as well, ratio of education has increased, for instance, women of your generation prefer to go to health facility for delivery,

SK: yes, education has also influenced on this aspect, [institutional delivery]. Awareness has been also increasing.

RA: please sit in a comfortable and safe way. Doctor has also gone to Kathmandu.

TS: what I would like to say regarding incentive is, it has been eight years, I have been working in the Chautara, but I have not found any differences between the initial days and as of now in terms of the effectiveness of the incentive. I have seen the effectiveness of the incentive more or less similar in these points of time in this district. I do not feel that incentive has increased the rate of institutional delivery to such extent.

OC: when you first begun your work here in Chautara, incentive provision was not implemented right.

TS: it was not implemented, I began my work in 2063 vs. [around 2007 AD].

SK: Incentive provision was implemented in 2065 vs. [2009 AD].

TS: so I do not feel that [incentive has increased the institutional delivery] but I feel the ratio was higher before the provision was implemented. Before it used to be about 30 to 40 deliveries per month but this number is limited to 20 deliveries per month these days.

OC: if so, do you have record of home delivery of the locality with you?

TS: we do not have record of home delivery too. The number of institutional deliveries 30 or 20 per month was recorded and when I joined work initially the number was 40 per month.

OC: you mean institutional delivery.

TS: It looks like, institutional delivery seemed increased. Now I do not find significant different, awareness and decision making also come into play. Sindhupalchowk district was declared as one of the higher education rate districts just two years ago. And, there are educated people as well, but people do not take maternal health care practices seriously and follow them even though they are quite aware on these aspects. Perhaps, people have gone to Kathmandu for such services as Kathmandu is nearby from here. Because we do not have Caesarian Section [CS] however, our district hospital is one of the nearest district hospitals from the capital city, we have not been able to conduct CS service in our hospital so far. We have done a lot of process to initiate CS facility here in our hospital, budget for it was came two years ago. FHD [Family Health Division] and Ministry had also taken initiatives to start CS in this hospital. They [authorities from FHD and Ministry] came and mentioned that, CS service will be begun within a month. When they came they promised for many things to do but as they returned from here, they will forget their promises.

SK: and now earthquake had made easier for everyone. [Laughing…]

TS: once they (government authorities) return from here and forgot their promises.

RA: it has made easier to the greater extent. Actually it is a sad thing rather than making things easier. And, where do you refer for the case of obstetric emergency?

TS: we refer to Kathmandu. The nearest hospital to refer such case is to Dhulikhel but I heard about Dhulikhel hospital is they charge money for services although Aama Surakchya Programme is implemented in the hospital. I heard it from the public health nurse of the hospital and the clients as well about charging of money for the delivery services. Clients told me that they paid Rs. 20,000 in the hospital.

RA: in Dhulikhel hospital, as it is private one.

TS: but Aama Surakchhya Programme is implemented in the hospital.

RA: although Aama Surakchhya Programme is implemented a delivery mother receives only Rs. 1500.

TS: Although it is Rs. 1500, a mother should not be charge for CS as well. This service should be provided to her in free of cost. It should be there but it is not. Pregnant women are aware on making four ANC visits. It is found almost every community. Women do ANC checkup regularly and regarding institutional delivery, the reason that it is increased in the Chuatara hospital [district hospital] is one because Kathmandu is near this place and another CS service is not available in the hospital. We have to refer eventually if pregnant woman needs CS service.

SK: we do not have blood transmission service as well.

TS: As we do not have CS service and other facilities to handle complicated deliveries in the health facility itself.

SK: we do have services and facilities for newborns as well.

TS: if we see the data from other districts, we found that they have quite good institutional delivery rate whereas in our birthing centers, usually 3/4 deliveries take place in a month. Even if we see the statistic of four months in average the number of deliveries is 2/3 in a month. If we say it directly, institutional delivery is not taking in a good way.

RA: do you know the rate of home delivery?

TS: we have not seen the significant rate of home delivery on the other hand. I have not seen greater number of home deliveries are recorded, nonetheless the rate of institutional delivery is recorded as very low, and almost all go to Kathmandu for receiving service. Because, if we look quickly in the area of constituency numbers 1 and 2, all of them have their own hoses in Kathmandu, only low [financial status] people live in this localities and sometimes if privileged women from urban area come for delivery service, they do not receive their incentive rather as to give other women who are in need.

OC: you mean?

TS: they said they do not need delivery incentive. In such cases, we received incentive and give it to the other women who are in need.

RA: yesterday we visited to the camp down and we were told that there are some VDCs which are really remote. Perhaps, people from such communities might not be able to go to Kathmandu.

TS: pregnant women from those communities do not visit to Kathmandu rather prefer home delivery.

SK: they prefer home delivery.

TS: I had prepared a case study from Selang [a remote VDC]. For instance, five people from same family fell sick at the same time, he could not bring all of the sick members of the family to the hospital at once, and he belongs to Tamang [an ethnic group] family, is not educated. He does understand our language he was in such condition, it was a case arrived in the hospital four years ago. He brought his two kids to the hospital after a month of suffering from fever. And, doctor told that they have had paralysis. As we looked, it did not look like paralysis, and they also begun to unconscious, *beshor* we did take care of them nicely. I was myself on the duty, and as we went on examining them, we did find any significant diagnosis even from lab test. It shows normal. And then, fever was at the rate of 101, 102. And we ask one of our fellow tamang staff to translate our conversation and it was told that he was suffering from fever only. And, food, malnutrition is highly prevailed this area about 4% of the population suffer from it. It was found that, malnourished and fever were the main cause of his sickness. It was not the cause of paralysis and others causes.

And gradually we searched the fund for feeding them [one was eight years old and another was fourteen years old] we coordinated with Tuki-Sangh (an NGO which also a local partner of Suaahara for Sindhupalchowk district). We have canteen facility for feeding patients in addition to food, we provided them eggs and meat twice a week and we make their stay longer in the hospital with the treatment of the hospital and food their conditions improved over a period. To make their condition better, I contacted to Patan Hospital, WHO and they will pay for treatment expenses including transportation. We were requesting them to bring other child as well but they refused the idea. They spoke only their mother tongue. They told that, they do not have people to handle works at home and it was only fever, nothing harm will happen he stays at home instead. Finally we were able to bring rest of those two kids as well. Poor status, work at home and language barrier, they only speak their mother language, all these matters a lot in coming to hospital for seeking care. This case represents the situation of the majority of the patients who visit to the hospital from that particular region.

RA: how many days does it take to visit this hospital from that place?

TS: it takes about two and half hours on bus.

RA: from upper Selang to here.

TS: it takes whole day of walking if one walks.

RA: we heard that, it takes two days of walking to visit district headquarter?

TS: from upper Selang, it takes one or one and half day to visit here but from Golchhe, Gumba VDCs it takes two days of walking to reach there from here [district headquarter].

OC: oh yes, these were the names, he mentioned to us.

TS: Golchhe and Gomba VDCs have such problem. So these are places where we found high nutrition. Also, we found in Tatopani VDC as well. And in Melamchi, we found such situation in the Bhimtar area.

RA: 25 years ago, motor reached to Bhimtar, not exactly in Bhimtar but adjacent to it. I stayed in Bhimtar. Is it same situation in Bhimtar as well?

TS: we have found prevalence of malnourished cases in Bhimtar as well. After operating for two years, our rehabilitation center was destroyed by earthquake, hence we are not able to make it functional these days. We are planning to make it functional again, an organization has also interested to support on it. It is known as IMC. They will work on this fiscal year.

RA: In both yours’ opinion, about how many organizations work in the sector of maternal and child health in the district? Do you keep any record of such organizations?

TS: In my opinion, there are 5/6 organizations which are working in the maternal and child health sector.

SK: one NHSSP, another Suaahara, One-Heart [World Wide] Nepal another and then WHO also work in the area.

TS: there is new organization which just begun to work in the district, Health for Life (H4L).

SK: they have just arrived in the district, they just finished first day orientation and they also work in the maternal and child health.

TS: NHSSP, they worked in safe motherhood and now work in the family planning.

SK: do they work in family planning only?

TS: they work only in family planning only. Next is Tuki- Organization, it implements the Suaahara project in the district.

OC: how have your working experience been mainly working with these non-governmental organizations work across the district?

TS: It has been good. Working with these 4/5 organizations, although MDM also resumes it works soon I do not sure it will work in the safe motherhood component. They have done good job.

OC: you mean?

TS: I mean, they provided any equipment that are lacking in the birthing centers which they found during monitoring and evaluation of the centers. They provided whatever lacking in the birthing centers including furniture. They [MDM] provided such equipment even in the district hospital too. Other organizations are telling that they will work in so and so area but I have not seen what they are actually working at practical level.

Another point is Suaahara work in the area of nutrition they have coordinate with mother groups at the community level broadcast radio programme called *bhanchhin aama* , a mother tells but I have not seen that any improvement been made in reality.

OC: why do you think that it [Suaahara] has not made any improvement at greater extent despite it has done a lot?

TS: either they [Suaahara] have not been able to make their message clearly understandable to the public or public may not be able to understand the message of Suaahara. What happened was a [pregnant] woman from Bhimtar, madam [referring to RA] also stayed in the same place, came to the rehabilitation center here in the district. I told her that, presumably, you know about the *Sunaula Hazar Din,* golden thousand days, and you are also made educated on pregnant woman has to have four important meal in a day, *harek baar khana chaar*. While discussing about nutrition with her what she said was if baby does pee like in a frog position then it cause *bhayagute roga,* diphtheria. I informed this in the monthly meeting of Suaahara as well. Your [Suaahara’s] staff conveyed such message to a pregnant woman.

In addition to this, she told that education was also not provided to her. I raised this issue in their meeting, how their staff are conveyed the message in the communities.

SK: who told that such message on if baby pees on frog position then that cause *bhayagute roga*, diphtheria?

TS: Suaahara has community level staff called FS [field supervisor] they conveyed such message at the community level.

RA: what does this *bhayagute roga* mean?

SK: it a diphtheria,

RA: so *bhayagute roga* is called diphtheria.

TS: I told to this matter to the district coordinator of Suaahara that your staff has had conveyed such message in the communities. You have not taught your staff about nutrition properly. He told me that, they should not have done in that way.

SK: people look at programme by linking it with financial aspects of it these days. For instance, mother groups these days not active rather they are very passive from the perspective of health, it is provision that at least mother group has to spend an hour to one and half our talking on health issues but things do not go as per provision rather they collect Rs. 5/10 per person in the meeting and they leave. And if snack, *khaja is* going to be provided in the meeting then they will bit longer, sometimes few organizations provide *khaja* for them. Lately, we both participated in the meeting of mother group, nearby place called *chhapa*. All the FCHVs say the same thing. They do not provide time to us do not pay attention to our talk rather they say we have been keep listening such things. We know all these things, they behave in this way so how do we organize meeting with them? They expect minimal allowance at least for *khaja*. We do not have provision for providing *khaja* to them. One-Heart World Wide Nepal had organized a training programme on Misoprostol for prevention of [PPH] Post-Partum Hemorrhage. We provided this training to them [FCHVs] recently. As a part of training we were assigned to inform/share message among mother groups. When we went there for supervision in the community, they were reading in a group. It was for a snack, it provided Rs. 1000.

OC: was that amount per group or individual?

SK: It was per group. And it provided tea, egg and chickpea, *chana* mothers were participated for that *khaja.*

TS: they were pleased too. FCHVs told us that at least there should be a provision of *khaja* in such meeting.

SK: at least there should be provision for the allowance for the days FCHVs because these days, people links things with financial aspect, FCHVs are not paid, they have to leave their entire work to attend the training and there is even no provision for *khaja* to participants from the government of Nepal. Words do not work at practical level, they could collect a load of fodder, *ek bhari ghasa* which matters a lot in their everyday life.

TS: FCHVs do not interested to participate in any event as they call that trainers receive salary so they work.

SK: mother groups have not been effective. Mother groups are the focal groups for health if they ignore about it then it will not be effective only we know and mothers groups don’t and even it does make real sense only FCHVs in the communities know about MCH issues.

RA: do you have any meeting with mother groups around communities within these few days? I will be leaving two days from now. If there is any we would love to participate on such meeting?

TS: we do not have such plan.

SK: we do not have such plan. These days they conduct meeting once in a month in a specific day. We could have participated in the meeting if they are going to have meeting immediately. They just had a meeting recently.

RA: do you have any recommendations attending such meeting then that will benefit our research. If you provide any suggestion, we would like to go to attend such meeting in nearby by VDCs where it is feasible to go.

OC: if you know such meeting is taking place around please let us know.

SK: what could be such event at the community level one of such kinds was just held just few days back?

TS: in that same day, meetings of all mothers groups were taking place across the all nine wadas of the VDC.

RA: oh really.

OC: mother group meetings of all nine wardas in the same day.

SK: yes in all nine wards. Such meetings were taking place in the other VDCs as well. These days, such events are not taking place.

RA: In your personal experience, you understood that to bring women in the meeting there should be a provision of *khaja* for participants.

TS: yes, such expectation was clearly seen so it is important to provide *khaja* for participants of the meeting.

SK: FCHVs also mentioned to us that there should be provision of *khaja* for the participants of the meeting. If there is at least a provision of the *khaja* for the participants of the meeting, it would be easier for us to invite participants for meeting and we also could mention to them that there is a *khaja* as well. If there is a provision of *khaja* in the meeting then participants [women] participate in the meeting. When we were participated in the meeting, they were there and provided time for the meeting.

OC: what was your role when you participated in such meetings?

SK: we just obverse the meeting. How things are being done in the meeting. To what extent FCHVs are able to convey the message to the participants in the meeting.

OC: what did you feel, while observing the meeting then?

SK: It was great, *ekdamai ramro*.

OC: you mean?

SK: The FCHV of the meeting we attended was educated she made them understand in a nice way.

TS: she made active participation of the participants in the meeting.

SK: she [FCHV] explained about misoprostol and chlorhexidine (CHX) and also Kangaroo Mother Care (KMC) in the meeting among participants. These three were focused during meeting.

TS: Mothers were happy in the meeting as there was demonstration of CHX on doll.

SK: a doll was provided to FCHV for demonstration.

OC: I think, JSI does CHX thing right.

TS: These days, One-Heart has done it, previously JSI was supported in doing it.

OC: let’s talk about the impact of earth-quake on maternal child health sector, although you mentioned that the rate of institutional delivery was decreased, beside this, what other impacts it has made particularly on pregnant women, delivery mothers in the district and the communities.

SK: right after earth-quake, it has made impact on all of the aspects of their [pregnant women and delivery mothers’] lives. They do not have proper shelter, do have proper clothes and do not have access to nutritional food, after earth-quake there no adequate water for irrigating vegetables in the kitchen garden although it is mentioned that there was adequate water in this district prior to earth-quake. These days there is not even adequate drinking water.

TS: regarding to water, people were saying it for the sake of saying but water is always scared in this district. This issue appears in news once in a year. There is water scarcity in the Sindhupalchowk district.

SK: people said like we used have adequate water in the past but after earthquake hit the country, all the water sources were dried.

TS: There is always water scarcity 4/5 days in a year. And, such challenging situation was covered in the newspaper several times [laughing….]

SK: if they like to grow green vegetables in their kitchen garden that is not feasible [due to lack of water] it is very difficult almost all of them are spending their time under tents, new born are also kept under tents, earth-quake has made effect on whole health sector.

TS: if there a water source, *muhan* which is collapsed due to earthquake and other new ones are appeared so it has made difficult in accessing water easily. I myself had spent ten days of in water scarcity in this district, by then it was covered in all newspapers. It happens once in a year.

SK: These days they [pregnant women and delivery mothers] are having quite difficult timing which includes fooding, clothing and others.

TS: after earthquake, many people are displaced from their own communities and are compel to live in other places. For instance, people from Golchhe VDC are settled in Selang by cutting the forest there. There are 200 households resettled from Golchhe. They told us that they went to their communities just to plant crops, when we asked them recently.

SK: total people from Tatopani area are also not in the communities.

TS: and people from many VDCs are of the district are now live in Kathmandu. For instance, seven FCHVs of one VDC were displaced. They have left their communities. Likewise, seven FCHVs were died in the earthquake including one health worker, who was wife of our fellow staff.

OC: seven FCHVs were died during earthquake in the entire district?

TS: then 14 people injured including health workers. One health worker, seven FCHVs were died due to earth quake.

OC: do we have any record of the injury happened to pregnant women and delivery mothers as earthquake hit the country?

TS: several pregnant women up to 4 months came to the hospital and many of them did abortion. As I mentioned earlier, many women did abortion. I was also injured, I was also counted as one of the injured health workers. In day of earthquake [25th April, 2015] we provided delivery service in open space we just fenced temporarily with curtain even we were not able to provide simto, we did delivery without simto, but the baby is healthy.

SK: a woman came to hospital for delivery in same day of earthquake happened.

TS: a woman came around 12:00 o’clock in the mid night. But there were abortion cases, I provided abortion service for 5/6 women.

RA: It could be due to stress. As they were anxious then that causes many things.

TS: and then, many people are having mental health problems due to earthquake. Lately, we went to conduct a health camp to provide health services at Attarpur, people reported such problem that community too. A father mentioned to her [TS] that his son is studying in plus two but after earthquake he keeps talking does not stay in the home. We some 2/4 such cases in that community. We also have found such cases here too. This has also become one of the challenges at post-earthquake situation.

OC: let’s return to the point of incentive and talk a bit further on, when and how does incentive [travel incentive for institutional delivery] distribute? Or what are the challenges of incentive distribution? If you are [referring to SK] not involved in distributing incentive in this district, you could explain your earlier working experience of Dang district as well? Did you distribute incentive here as well after you join your job?

SK: it has been distributing.

OC: what sorts of difficulties are associated with this process? What kinds of documents are required to be submitted? Do you provide incentive at the time of discharge? If there is no fund at hospital how do you do it? Can you please explain them a bit further?

SK: The budget for this purpose allocated from the Family Health Division. According to the guideline, we have to related health facilities in advance. And health facilities receive the advanced amount with reference to the number of target deliveries in the communities in monthly or quarterly basis whatever way health facilities like to receive the amount. And, when pregnant women come for delivery at the health facilities, they have maintained the ANC cards. If they have done four ANC visits properly as per guideline, in case of this district, they will receive Rs. 1900 at the time of their discharge. We have a voucher [would you like to see it, ok we will see it, I have seen it in other districts too] for it we fill it out and then ask them to do signature on it and then we put their contact number and provide them cash.

OC: there is no any problem associated to incentive programme then?

SK: there is no any challenges for distribution of incentive although as some health facilities do not submit the required documents in time then that delays in disbursement of budget.

OC: that is due to health facility.

SK: that is due to health facility as I have seen this programme in Dang district. The programme is very effective. The supervision of the programme takes place we also saw the programme put get the necessary contact numbers and did the surprise inspection, *chhadke* to know whether the case is real or not. We also contacted and talked with the clients whereas in this district the contact number of clients is not included.

OC: so you did cross the check then?

SK: yes, to do cross the check, we need a contact number of the person. Now we have asked them to put their contact numbers. We told them that we do not accept your documents if it is without contact numbers. They [pregnant women] said that they do not have their own contact numbers, in such cases we ask them to provide contact number of their guardians. This has not been difficult one.

RA: I will ask one difficult question, this provision of incentive is a new one, and it was not there in the past, before 2009. If this provision is stopped in coming 2/3years across Nepal and does this decreases the number of ANC checkups and institutional deliveries?

SK: I feel it will not decrease to the greater extent.

TS: I think absence of incentive will not decrease the ANC checkups and institutional deliveries to the larger extent because people are educated,

SK: people already understood the positive impact of ANC checkups and institutional deliveries for instance neonatal deaths, uterus prolapse, *aangh khasne roga* of mothers. They realized that these problems are curbed, the sustainability of this incentive was not provisioned even in the past as well. It was mentioned that, incentive was for making women habitual of [these required services] this programme will be stopped. Even after ceasing of this incentive programme, people who have to some level of income will not stop visiting the health facilities for ANC checkups and institutional deliveries, although the cases of poor might be different.

RA: do you think that women who visit health facilities for institutional delivery do they all (100%) of them receive the incentive or they don’t?

SK: I think 100% of them have received the incentive.

RA: if women receive the incentive in the district, what might be the case of central, Kathmandu?

SK: women do not receive the incentive in central.

TS: incentive in central, they receive in central as well.

RA: they have to.

SK: Oh right, right. They do not receive *nyano jhola* there. Incentive is implemented across the Nepal.

TS: when there are 12/13 deliveries, then all the fill out forms are sent to account section and then women receive the amount. They do not receive it in the ward because it is not possible to distribute in the ward as well.

RA: I heard, women receive incentive in Tansen, in Kathmandu valley as well, there are hospitals which are implemented Aama Surkachhya Programme,

TS: In Kathmandu KIST, and there is another one what it is called,

RA: many rich people go to the private hospital they may not take incentive too? There is a hospital called KIST,

TS: yes, aama surakchhya programme is implemented in KIST, I came to know this as my younger sister delivery was took palce in the same hospital.

RA: it is implemented in Patan hospital as well.

TS: It was not implemented in Patan hospital two years ago? May be programme was implemented from the last year?

RA: yes, it depends on how regular it is being implemented? Anyway, in your opinion regardless to the condition of incentive programme, institutional delivery will not be decreased from now onwards.

SK: but it should be continued to the sometime because still it needs to be improved a lot. May be it may have negative impact to women right after ceasing the incentive programmes but after few years, stopping of incentive programme will not impact in ANC checkups and institutional deliveries a lot.

RA:[suppose] you have freedom and independent power for making decision and implementing the programme, there are so many organizations working in the country, which organizations you will let to work further and which organizations you ask to stop work further in the sector of maternal and child health?

SK: what should I say to answer this question, question is difficult [laughing…]

TS: with respects to NGOs?

RA: NGOs and other types, for instance, Aama Surakchhya Programme was also implemented by NGO initially now it has become government’s programme, we do not now, how long will it continue?

TS: I think, we heard that it will continue till 2017, I do not know actually how long will it last for? In this respect, DHO has main role to play. DHO looks at the necessities of health facilities of VDCs? Do these health facilities meet the need of the communities? Do they need support or not? On this basis, relevance of organizations find their importance.

RA: our research project is indeed about foreign aid, to what extent, this foreign aid has supported in the sector of maternal and child health in Nepal. It has supported, we have seen it, suppose you are health minister today how many of them should work? How should they be selected? How long should they continue working? We should have our own planning of the country? To make the situation better, what initiations ministry of health should be have done?

 OC: then, aid would work in an effective way.

TS: In this regard, what I feel is, for instance this Aama Surakchhya Programme, if I become health minister, let’s imagine, I would continue the inceptive provided under Aama Surakchhya Programme also initiate incentive provision for health workers and establish the reward system for health workers and delivery mothers who does health checkups as per guideline or protocol. I think we should adopt these things. And, to add another point on this, we have to make provision for separate counsellor.

OC: what you mean here?

TS: I mean, counselor for Aama Surakchhya Programme, if there is a proper counselling services for clients then they will know where to look for services, for instance, a person become confused for visiting the particular department, and confusing in receiving the health services, and regarding Aama Surakchhya Programme, where should we go? When should we go? There should be provision of counsellor who could provide counselling on all these thing from 10:00 to 4:00 in every health facility.

SK: the government has come up with new policy, we are not sure, when will it be implemented. Appoint an ANM for three wardas, not to expand the FCHV programme further now onwards. By replacing the FCHVs by ANMs which I feel would be effective. If ANM is appointed in certain place on salary basis then she has total responsibility to educate and provide services for this reason, I feel this programme will be effective to the greater extent. It is introduced in the policy, I do not know when it will be implemented.

OC: are you talking about the ministry of health?

SK: yes, it has introduced the new health policy, it is mentioned in that as well.

OC: I think, it was introduced in 2071vs.

SK: if that policy is going to implement then it will be very effective as FCHVs are always unsatisfied they do not have salary/allowance, which is true too. It looks like they cannot contribute to such extent without salary in the present situation. If we make provision of salary for them they are not health persons and they are not fully skilled for providing services.

Initially it was mentioned that an ANM for every warda but now it is heard that at least an ANM for three wardas, she keeps records and reports if this provision is implemented then it will be effective to raise awareness among mothers group as well. I wish, this programme would be implemented soon. [Laughing….]

RA: An ANM for three wardas, I have not heard it before.

OC: I have read new health policy but I did not noticed this particular provision, perhaps, I have forgotten it.

RA: we talk with people like you in different districts, we look at the project like Suaahara, after collecting all the information will be prepared and we will share that report with government as well. What kinds of message would you like us to give the government? Do you have any of such things you would like to give suggestion to government? You mentioned, this few provision, do you have such kind of things to convey?

SK: government has not given priority to the awareness programmes, it mentioned that awareness programmes go through FCHVs but FCHVs themselves are not well-educated and some FCHVs still cannot even read and write, *authachhap.* What they going to say, awareness part should be strengthened.

OC: how should awareness part be strengthened, in your opinion?

SK: It should be done through health workers, there should be regular follow-up. It could be done by fixing the day and topic for discussion. The awareness part could be strengthened in a way that an ANM is appointed for three wordas.

TS: In addition to this, there should be a position for a counselor in every health facility to raise awareness among people.

RA: Health educator,

TS: yes, because a nursing staff at health facility is not able to counsel properly as she has to assist in delivery, baby care, ANC checkups.

SK: The government has to pay attention to develop package on promotive health still we are learning the hand washing techniques in every programmes. [Laughing…]

RA: it is everywhere, not only where it is a matter of attitude. In country like UK we heard, infection spread as they do not wash their hands, it is not because they is no soap or lack of water. In our country we do not have water and soap as well. People are lazy, we are not only one, it is everywhere in the world. There is Methicillin-Resistant Staphylococcus Aureus(MRSA) neonatal resistant bacteria, which is transferred by health workers among one patient to another and cause death of several people, for instance after surgery there could a child who is malnourished, weak or vulnerable if such child is affected by this bacteria it will the baby. If this bacteria reach to the wound of the baby then would not be cured there was a big problem of NRAC in UK. It was caused by poor hygiene, it is not that they do not have sufficient bed sheets to change it timely and in our case we do not have, beds are placed very nearby, they like they can placed a bed in a room and they do not have problem of soap to wash hands even then awareness should be there.

Obindra, do you like to ask anything more regarding Aama Surkchhya Programme, I would like to see *nyano jhola* and also like to know *sunaulo harzar din*, golden thousand days. Is this programme is implemented in this district?

SK: yes, it is implemented by Suaahara, it has been five years, and Suaahara is implemented in this district.

RA: It is told that, WHO has a programme too, oh World Bank’s

TS: *nyano jhola* is in the labor room please show it.

RA: so you two are working at DHPO as nursing staff. You are under district public health office right.

TS: as our office building was completely damaged, there was a training hall below down and it turned into store our office was in the place where there is a prefabricated building all the destroyed building is demolished and then this is a quarter, which is now replaced by prefabricated building which is supported by American Nepal Foundation but now we are all use that building.

RA: Perhaps, field visit comes under your role, do you have to provide training as well?

TS: yes, we should, what kinds of trainings do you provide?

TS: trainings related to RH (reproductive health).

SK: Trainings related to RH and MNH update. The budget for these things are allocated every year it includes SBA of all birthing centers and nursing staff by looking at their targets and achievements of last year and discuss and share about the six essential skills and update on this regard. And, if there is any new things are needed to be shared or informed regarding to RH and also involve in supervision and monitoring of the programme.

TS: from now onwards we are planning to establish KMC corners in all birthing centers.

OC: do you mean, Kangaroo Mother Care,

SK: It is called *Mayako Angalo* in Nepali language.

OC: Can I ask a question, who collects the data of incentive distribution for institutional delivery?

SK: it comes from the related health facility through in-charge.

OC: I think, at the community level FCHVs collect these data? Don’t they?

SK: no sir.

OC: who collects it? Who keeps the records of these data at the health facility level?

SK: you mean patients?

OC: no, I mean data?

TS: health workers keep all these records.

SK: as service is provided from the health facility, in that part the role of FCHVs is to raise awareness among women. They (FCHVs) recommend pregnant women to visit health facility for institutional delivery, they do not have such data.

OC: In your opinion, why these days people set targets to improve the institutional delivery and keep record and collect data these days?

SK: it is to make of 100% coverage of the service at the community level.

TS: apart from this, all mothers would visit health facility for delivery services. Another objective is safe delivery.

SK: data collection has several objectives, to make comparison and further planning. It helps in the further planning and also gives the comparative understanding of the now and then. And, data also shed light on availability and accessibility of services as per the targets of the programme. If there is no data available we will not be able to how many are receiving the services and how many of them are left from the services. If services providers set out the targets then we could search the clients/beneficiaries through FCHVs in the communities who is not receiving the services or our targets are higher or lower.

OC: given your experience, what are the difficulties or challenges associated with collection of data and mainlining of the records of the information/data?

SK: There is no any difficulty to collect data as we follow the systematic approach for collecting it. We have mater register*, mul darta* and we have register for maternal and child health, we have vouchers, and several other records and reports. If we maintain record and report right after we provide services to people, staff are by now habituated for it.

RA: perhaps, health facility sends you a report and

SK: yes, they do reporting on monthly basis. And then we do analysis over the report.

RA: so they send report on monthly basis.

SK: yes.

RA: and then where do you report from here?

TS: all the data entry is made here

SK: then it goes to FHD from here.

RA: do you entry data on computer?

TS: yes we do data entry in the computer.

RA: and then where does it go?

SK: it goes to Family Health Division.

OC: does it follow the HMIS system?

SK: yes, yes.

RA: maybe computer is not available at every health facility?

TS: so far, three PHCCs (primary health care centers) are provided the computers and it is planning to provide computers to all health facilities. Earth-quake has made the situation difficult we are not sure that by when all health facilities receive the computers.

SK: health facilities submit reports on paper format up to the district level and then it goes into computer.

RA: how many health facilities are there in the Sindhupalchowk district?

SK: In total there are 80 health facilities across the 79 VDCs.

SK: including the district hospital at chautara, there are 80 health facilities in the district. There was a sub-health post and *Ilaka* is called health post now all the sub-health posts are upgraded to health posts.

TS: all of them [sub-health posts]

RA: and in all these health posts is there a post for nursing staff?

TS: yes,

SK: yes. It should be there but it is not. I mean, there a post but staff is not there.

TS: positions fulfilment ratio is 35% posts are vacant.

RA: you mentioned that 35% posts are vacant. There are three PHCCs and one district hospital and rest of the others?

TS: 75 health posts.

RA: 79 or 80 health facilities.

TS: there are 79 VDCs in total and there are 75 health posts and three PHCCs and one district hospital.

RA: and how many staff are there in the district hospital?

TS: there are four staff nurses and two ANMs. One staff nurse is working.

RA: out of four staff nurses?

SK: only one staff nurse is currently working.

RA: how many posts are vacant then?

SK: three posts are vacant.

RA: and what about two posts of ANMs?

TS: Two ANMs are working.

RA: what about doctors’ positons?

TS: there are three positions doctors but only position is occupied. DHO is the one.

SK: there are several doctors, but they are on the contract basis.

TS: there are five doctors who are posted on the contract basis. They are serving here as a bond of scholarship of the government.

SK: six in total.

OC: five scholarship doctors means graduates who receive the scholarship from the government of Nepal for their education they serve in the rural area for two years as per the bond their bond with government.

SK: they have bond with government.

TS: all of them might not be here currently. They work on routine with the understanding among five but at least two out of five doctors presence at the hospital.

RA: where does they do such bond?

TS: they do such bond from the Ministry of Health.

SK: doctors who receive scholarship for their education and they have to serve in the remote village once they complete the course.

TS: But what I like to say here as you come from central level [ministry] is, if such doctors are deployed at the peripheral level then they should work at six months in central level hospital before posted them to remote area. They cannot do anything here in the health facilities as they are posted right after their pass out. They do not know how to do things so it is not meaningful. Let’s say it is difficult for them to do the procedures, they are *hawadari* not serious.

SK: it is just for the sake of showing the positions of doctors are fill out in the hospital.

TS: anyway, they come to serve in the remote part only after learning and working at central level once they graduate from their course. How to do work? How to handle the case? Things should be functioned in this manner. We have to inform this gap to the central level, this is very important for doctors. [Laughing…]

In the past there was such provision for serving at the remote villages. They (doctors) worked six months to a year in central before posting to the remote villages. This should like that of the past because as they come directly they do not know anything. And they directly ask for DHO, (district health officer). Recent MBBS graduate even ask me to put gloves in their hands. [If they don’t deserves slap then who deserve it] [Laughing….]

RA: if so then, what did they study in last 5-7 years then?

TS: not sure what they learnt but they have to work before their posting at the remote villages. Such thing is clearly felt at the district level.

RA: they could learn so many things during their five years long study. Our staff nurse training is of three years. And, it used to two years training for ANM now it is reduced to 18 months. They have learnt a lot even in that 18 months long training. A recent ANM graduate does not have ask the help for putting gloves, she knows by herself so are the doctors. It is perhaps, the weakness of particular health institution rather than of ministry of health.

TS: even I myself yelled to these contract doctors, doctors from PHCC told that they do not know how to write patient discharge. I told him that I will teach you how to write discharge. [Laughing…] and like for while examining the patients, they as to remove the clothes, such trend is fund at PHCC among scholarship doctors.

RA: I wonder where they studied.

TS: some of them are graduated from Bharatpur, Chitwan and we found such trend among the graduate from Bangladesh as well. It is also depends on the individual as well colleges they studied are the secondary, it is largely the individual habits.

RA: it is individual attitudes but colleges can shape their attitudes.

TS: they are quite rude. DHO request central not to send such doctors but they keep coming to this hospital. [Laughing…] he keeps saying this. Graduates coming here are like that.

RA: what is the name of DHO?

TS: name of DHO is Sagar Kumar Rajbhandari.

RA: how long has he been working here?

TS: It has been about two years.

SK: he has been working here from the last 23 months.

RA: you two are here in DPHO what it is called DPHO or what?

SK: it is called DHO (District Health Office)

TS: as this hospital is not with the capacity of 50 beds so it is DHO. Once the hospital is with the capacity of 50 beds then DHO and DPHO will be separated.

RA: two of you, one staff nurse and who is other one?

TS: there is senior ANM too.

RA: that is all to run the district hospital.

SK: there is another one of the bond.

TS: oh yes of scholarship.

SK: we have one BN staff for two year as well who is also serving here as a part of bond with the government.

RA: where is she?

SK: she has night duty today.

RA: so she is here as she has a bond with Ministry of Health. That is also difficult part as well right, apart from binding they have provide support. Do you have any more thing to ask, I feel like I speak a lot.

OC: I think I am done for now.

RA: do you have anything to ask for us or any suggestions and advices? [Laughing…]

OC: If you like to ask please you could ask us as well.

TS: if so, I would ask, we have talk a lot, are we going to work [design/develop] any programmes and projects for this district? Is there any support? [Laughing…]

RA: according to our current programme, there is nothing. Indeed we are trying to look how to make foreign aid more effective not only in district but also across the country as there is a lot of foreign aid is coming, we are trying to find out what contribution can we make? After speaking people like you, we should also be able to understand what sort of support district is needed? If we are talking about the current scenario earthquake has created hassle.

TS: It [earthquake] has created hassle. Different organizations have been supporting in various aspects of the society, maybe it is difficult to support in infrastructural part to the some extent, and we hope that, in this chilly cold season, 90% patients and health workers have to spend time under the tents so are the public.

It would be great if there is support for construction of health facilities.[building for health facilities]

RA: yes, it [earthquake] has made disturb in all aspects, our research was initiated before earthquake, it did not consider this aspect, we already started it, it is been about one and half years. As earthquake hit the country suddenly it had made disturb a lot. It was also a lesson.

Do you know organization called MIDSON? Did they come here to support?

TS: yes, they came here. They supported in nursing staff and they left after three months of work.

RA: they told us that they had supported, how was it?

TS: it was quite good.

RA: did you ask them for additional support?

TS: It was extended for a month as we asked them for additional support, then they left.

RA: And, Nepali nurse from UK too had come to support in the post-quake situation, did they conduct camp here as well?

TS: they did not come here. They have done in the peripheral area but did not come to the district.

RA: I think, Australian were also came to support?

TS: yes, they came, Australian, British and several other nationals were came here. It was mushrooming. They were a lot who came [laughing…]

RA: In your opinion what kinds of good and bad things they had done?

TS: everyone likes to go to the convenient places/communities. For instance, no one was willing to go to Golchhe and Gomba VDCs [remote VDCs of the district]. Dr. had yelled to them (some organizations) as well, if we recommended them to go to one community (Nabalpur) they went to elsewhere (Bhimtar) so Dr. was so angry with them. A place called Hagam, we recommended several organizations to visit there for support no one went. On the other hand people from Hagam were asking as for support as the situation there was critical epidemic was spreading out. I was working with my injured leg, even we did not find the persons to bring medicines from here [district] to there [Hagam] the problem was to that extent.

It is obvious to the some extent that it is difficult to visit such remote places an organization refused to go there even through helicopter. An Australian organization came here we requested them to go to Hagam and Golchhe but they did not go there. In the case of district hospital, we received best support from Norwegian people they worked in the hospital for four months. They fully supported us. And then a Japanese organization provided support in Melamchi and Bimtar area and MDM supported in Jalbire site. Norwegian Red Cross had supported at the district level and Japanese Red Cross supported in Melamchi site for four months.

OC: what sort of good works did Norwegian do by then?

TS: they supported to the emergency patients, orthopedic cases, CS and problems related to women health.

SK: CS facility was established here by then.

OC: Did they provide any special support to pregnant women and delivery mothers?

TS: they had provided some clothes, food and shelter including babies. There was not any special support was provided beside these ones. Apart from this, transportation facility was also provided.

SK: they also supported in human resource for the hospital as well.

RA: when several organizations/individuals came for a while it was supportive to the some extent and when they left then you might have faced difficulty?

TS: it has not been so because by then Norwegian provided job to everyone who eve do not have certificate and studying in PCL nursing. [Laughing…]

RA: for rescue purpose.

TS: By then almost all people received jobs and it was said that one kilogram gold was sold in a week in chautara bazar.

RA: one kilo?

SK: as people were employed by then and earned money to buy gold.

RA: One kilo gold? Even in such situation, people need gold.

TS: some of our fellow staff also made ornaments of gold. [Laughing….] doctors and nursing staff were also received incentive as well. They made ornaments.

RA: they earned to the some extent. Please write your contact details here [RA and OC gave note books to TS and SK] so we could contact you further in case we need further information and more clarification.

Thank you so much for your time and cooperation

 *Reflection*

*Conversation went well in terms of providing rich description of status overall status of maternal child health in the district and communities at post-disaster situation. This talk did not provided us a clear picture of an actual situation of the health sector during and post disaster but also raised clear expectation for rebuilding the demolished health infrastructure across the district.*