***Field and Interview Notes***

Field workers/interviewers: JS and OC

Interviewee: ST

Note Taker: OC

Note Checked and Edited by: JS

Language of the Interview: Nepali/ English

Note Transcribed by: OC

Place: 3rd floor, Ministry of Health and Population; Ramshahpath.

Date: 9 June 2014

Time: 3-4 Pm

**Major highlights:**

* Options is the lead-management contractor for NHSSP III, which is being planned and OPML, Liverpool School, Crown Agents and Save the Children are also a part of the consortium.
* He made a point saying that donors also encourage/foster corruption, although this point was not discussed in details in this meeting.
* As someone who has worked in Nepal health systems, and has worked previously with Options, he is going to one of the key informants for our study.

 JS took appointment, a couple of days ago through email, for an initial meeting with ST, a senior health financing advisor of Oxford Policy Management Ltd (OPML) who was working at NHSSP office located at third floor Ministry of Health and Population (MoHP) Ramshahpath. The main purpose of the meeting was to get introduced to each other, and get some general understanding of what is going on with NHSSP. This meeting originally was scheduled for 12 o’clock in the noon. As ST has to attend urgent meeting request with the person from World Bank at same time, our meeting was postponed for 3:00 PM in the afternoon. To attend the meeting, we (JS and OC) left Baha, about 2:30, then we caught a taxi for MoHP.

We went to the office of NHSSP (Nepal Health Sector Support Program) at top of the building, as we reached at the top floor, JS opened the door and we got into the room, as we entered into the room first JS, greeted to a receptionist, a lady with purple dress siting at her desk and I did so too. JS told her that, we came to see ST, after listening to JS, she told us that he is in meeting and asked us to sit in Sofa near her desk. As per her request we sat there (on sofa). We reached there five minutes before to 3 PM.

We sat there for a while in between an expatriate (probably an European) man came into a room and a receptionist asked him for the approval of the budget for reception party that is going to held next day, so she told him, it is a kind of urgent, only after approval of the budget, she will go for shopping. Then, in a while he called the receptionist, probably form his cabin/room he was saying that he approved the budget that a receptionist was asking for, when he was coming to reception. It looked that the budget was approved even without signing on budget sheet. He approved the budget verbally. I kept thinking that it was very informal way of dealing with stuff and semi-professional way of handling the task.

After a while a tall man with white shirt and black paint came out from the locked room in front of us, he came to near us and JS introduced himself and made OC introduced with him. Then he asked us to come with him to sit in his cabin, which is located at the corner of the room quite further from the place where we sat at first while we reached at office.

As we moved and reached to his cabin, he sat in his seat and in the rest of two chairs JS and OC sat. After courtesy of exchanging visiting cards, JS; provided an overview of the project to him, which included chain of entire activities between a mother in community to donors such as DFID or USAID funding office. OC started to jot down the major points of the conversation among us. Meanwhile, ST asked us for tea/coffee? As JS preferred to drink water, he asked his staff to bring water for JS but in a while his staff a lady came up with two cups of milk coffee and a glass of water. She gave water to JS and left coffee for us on the table and then she left the cabin.

JS further clarified that the whole idea of research project is to explore, how to make all projects effective from community level works with FCHVs to major global objectives such as MDG-5.

While two people JS and ST were talking, ST looked very attentive to JS and very interested in discussion also seemed willing to provide information to us. Meanwhile, a tall with saved head with black glass on it, person came and spoke to ST shortly and left. It seemed to they were talking about attending next meeting. JS asked ST, is there another meeting? ST answered, there is.

While discussion, went on JS informed to ST he was involved in research project looking at misoprostol, but ST told that there is ongoing controversy on misoprostol, so we should not talk further on it. (Several members of the government officials involved in misoprostol were detailed by anti-graft body, CIAA, in Nepal, and now there is case filed at Special Court about the purchasing of low quality medicine at a very high price. Several people JS met during that project are now behind the bar. This also raises some sensitivity around doing fieldwork and doing interviews with government officials in Nepal).

Meanwhile, ST mentioned that he had meeting with World Bank (donor). He further told that it was urgent meeting as representative World Bank is leaving Nepal half an hour after meeting was over. He also told us that corruption is promoted by donors themselves and was not just the fault of the government officials. And he also mentioned that, they initiated ‘AAMA’ program in Nepal and he worked in the same program for 5 years as a technical expert with Option Consultancy. He claimed that as ‘AAMA’ program was part and partial of government system so it went smoothly. The budget went through the government system/red book. Only 20% of total amount was funded by DFID and responsible for rest of the amount Government of the Nepal has begun to responsible in recent years. He also further argued that all the public health programs should be all the way down to earth.

JS asked him a question as: Is the model of DFID or USAID different?

DFID works by having agency/contractor like option. DFID follows direct funding mechanism.

As discussion went on, ST also talked about the end of NHSSP II by 2014/15 and forming of NHSSP III. He further explained that the major purpose of the NHSSP III is to provide guideline to the donors. Furthermore it will provide the health plan as per the donors’ commitment for the amount of donation as individual donor is contributing. Like, how can donor coming to five years project(s), source book, also called white book, funding status and funding modality among others.

While he was talking about the major confusion or weakness in the realm of foreign aid, he pointed out that, donors follow the mostly philanthropic or charity model to assist the government at the one hand and the government failed to employ applied health economists in the related sector which remains as challenging situation. Meanwhile, he also mentioned that a meeting is going held on coming Friday at Ministry of Health and Population starts from 1 o’clock in the afternoon among donors and government authorities. And, ST also told JS if he likes to attend, he could attend, he further said he could come to the meeting and sit at the corner. JS responded he was interested to attend and for further information/conformation in this regard JS will email to ST.

ST further commented on the overall planning system or planning body, National Planning Commission (NPC) of the country. He told that our planning body is weak. He gave metaphorical name as Gonda, a place near Gorakhpur, famous transit point for short time; for National Planning Commission (NPC) as there is absence of required activities such as germination of ideas, development of thoughts regarding to planning take place. He took the reference of recent 3 years plan and commented over it as Prime Minister (Babu Ram) did nothing just repeating the history of the period of Chandra Shamsher’s regime. He probably indicated that the planning of the Nepal is still guided by feudalism to the some extent.

In terms of Foreign Aid, he further explained that, we need to locate the proper home for the Foreign Aid, now it is operated under Finance Ministry, probably it is good as has to deal with monetary issue still proper policy and structured should defined for it.

JS asked one more question to ST as: how do you find working with government bodies?

He answered, in Nepal it is relatively easy to work with government. They follow the discussion model, i.e. go on discussion over the issues from both sides; he further told us that discussion helps to bring clarity on discussed issues among people. He also talked about the international context and mentioned that in terms of international context, there is help desk at Prime Minister Office to deal with every sensitive issue like health. He also talked about the Obama’s failure in implementing health policy in US.

He also highlighted some of positive aspects that have been achieved so far in the sector of health, these are as: achieving MDG, increased level of awareness among people, less corruption, public pressure and involvement of donors and implementing partners in the projects, major among others. In the questions, which are top most in terms of providing fund or implementing programs in recent years in Nepal? ST answered, World Bank is at the top and then comes DFID and then only USAID.

Then, ST talked about the funding from India and China, we came to know that both aid comes from India and China directly goes to red book nor has anybody generally regard India and China as donors despite substantial amount of donation/equipment Nepal receives form them yearly. Indian Embassy donates huge numbers of ambulances to Nepal both China and India donate for infrastructure development like construction of health posts or health facilities building in bordering area. Talk further focused on geopolitical condition of India and china, position of China and India in the broader spectrum of aid world. He further told us that China and India rarely attend meeting of such kind as well. India attended a meeting long back but China never attended.

Aid from these two countries comes through Embassy as lose money and goes to the government, he was skeptical about the actual amount that government receive from Embassy and the amount allocate/utilize for implementing programs/projects.

This was almost end of the discussion, JS mentioned to ST that the purpose of meeting is just to get the sense of what is being happening around, and also shortly mentioned about Inception Workshop to be held in late July and its overall purpose, he was interested to participate in the workshop. JS also asked him to visit Edinburgh when he visits Oxford, he talked about mode of transportation and duration and geography. Meanwhile, he mentioned some of name of organizations work in the sectors, Crown Agents was the new for OC (they are also involved in NHSSP among others so I included in mapping of organizations for the project. This shows that a number of organizations are involved in NHSSP. Options is the lead contractor, while OPML, Crown Agents, Liverpool School of Tropical Medicine (LSTM) and Save the Children are also involved in it. The conversation was also about RTI, which was lead contractor for NHSSP earlier and Rob Timms was the leading person for it whom JS is familiar with, as JS met him earlier to interview, but now RTI has got contract for USAID’s Health for Life Program who are based at Oasis Complex in Patandhoka where NHSSP’s office is also based. ST, also told his own journey in the health sector; he started his job as a Health Assistant (HA) in 2049 vs from Jumla, a remote place based health post, about 21 years ago, he studied epidemiology, and received his PhD, from Canada about twelve years ago from now, he worked with AAMA program for five years as a technical expert, also he beats for funding, had he been succeed in beating, he would be working in Malawi. With promise to come to see him for next time we all left his cabin.

Once the talk was over, we came down and JS and OC sat together for five minutes for reflection, we did so at the canteen of NHRC.

*Reflection:*

*OC felt that, as it was a first meeting, it was both exciting and confusing. Exciting in the sense that, OC was learning so many new things closely like, how donation comes, and operates to the some extent, confusing in the sense that OC was almost lost or confused at some point of time during talked. In the meantime we finished our soft drinks and we departed from Ministry of Health and Population.*