***Field and Interview Note***

Field worker/interviewer: OC

Interviewee: RS

Note Taker: OC

Note Checked and Edited by: JS

Language of the Interview: Nepali/English

Note Transcribed by: OC

Place: 2nd floor, Green Tara Nepal, Toodaldevi, Baluwatar; Kathmandu

Date: 24th June 2014

Time: 2:00-3:00 Pm

**Major Highlights:**

* Entire projects implement from Green Tara Nepal is funded by Green Tara Trust, UK, based a Buddhist charity organization.
* Women are institutionalized at the community level at present than that of the past.
* Activeness among women significantly increased in recent years.

 OC made call to RS and inform him that OC is just arrived at Toodaldevi temple of Baluwatar as Ram Chandra Silwal, told to do so at the time providing location map, RS told OC on phone that RS will arrive near temple to receive OC within two minutes. OC agreed with RS. Within few minutes, a tall and fair complexion person with a mobile on his hand came near the temple, OC felt that he must be RS. OC asked tall man, are you RS? He responded to OC that yes I am RS. OC introduced himself with RS, and made hand shake as a part of curtsey. RS asked OC how did you travel? OC answered, he traveled by taxi. RS then, asked OC to move ahead for his office and both walked a bit further towards north from the temple. In a while of walking, we reached to his office. On the way RS asked me that, he was also involved in misoprostol study, where IH and JS were there and further asked whether findings of that study was published or not? OC answered to RS that, he was not well aware regarding this matter. Meanwhile, we reached to his office. He brought a table fan and asked OC to move upstairs. We sat on the second floor. RS told me that due training for field staff and storage of equipment in office room, his office is a bit chaotic.

As we sat on separate chairs in a face to face manner, RS asked OC about the primary purpose of the research project? OC explained to RS that it is a multinational research project simultaneously conducted in Nepal and Malawi by primarily focusing on foreign aid, development and health. Particularly, this research is attempting to unravel the entire change of aid flow from top to bottom by taking maternal and child health service delivery as case for study. OC further describe to RS that while exploring this entire change, we will visit to numbers of individuals, organizations such as Green Tara Nepal and gathered information on what works well and what does not works well? What are the challenging factors? Success stories of from the communities including funding mechanism of the organizations.

Although we study foreign aid, our particular interest does not lie in knowing the nitty-gritty of the amount of funding/resources but lies in exploring the system of funding or aid in terms of how it works or flow from top to bottom. Who are the intermediaries in this chain? How they work?

After listening to OC, RS was curious to know about members in this research team then OC mentioned that IH, JS, RA, DT and OC are involved in the research project and OC works based on Social Science Baha, Battisputali. RS mentioned that he knows Rekha Khattri, who worked for misoprostol project back in 2009 and she is now in HERD. OC told to RS he knows RK as well. In between RS made call to his staff and asked her to bring soft drink for us. In a while, a lady came out side of the door and greeted OC and asked for soft drinks, OC preferred plain water and she came with two glasses of plain water and put them on the table OC thanked her for water and she left.

OC told RS that as briefly mentioned in the phone conversation, the purpose of the visit is getting to know each other and inform you about Nepal Inception Workshop which is going to be held in 28th and 29th July. Also want to listen from you on how have your projects been in this sector? What are the challenges you are facing so far? Including Funding mechanism, overall experience briefly

RS told OC that let me start describing shortly from organization itself. Green Tara Nepal is an NGO established in 2007 AD. Funded by Green Tara Trust United Kingdom which is UK based Buddhist charity organization. Moreover, all the activities conducted by Green Tara Nepal in country are under the funding of Green Tara Trust. There no local and national supporters for funding to Green Tara Nepal. Green Tara Nepal designs the projects on the basis of local need at the community and inform it to the Green Tara Trust UK and then we concurrently design the projects. To the large extent we jointly design the projects. Once the project is finalized then fund of the project comes from Green Tara Trust UK.

While moving to objective of Green Tara Nepal RS further adds, we work for evidence based health promotion. We baseline survey and evaluation in our study area for Maternal and New born Child Health (MNCH) program and go to the intervention with evidence. For baseline and evaluation on MNCH program on study areas University of Sheffield and Borne Mouth from United Kingdom technically assist. Both universities are part of organizations to provide technical support for research. People form universities come and voluntarily contribute in conducting research activities at the communities jointly design by Green Tara Trust UK and Green Tara Nepal. Currently we are working in only four Village Development Committees (VDCs). Dakschinkali and Chhaimale VDCs of Kathmandu and bhujahawa and hilokhairetawa VDCs of Nawalparasi District.

OC asked RS to describe about health promotion modality that Green Tara adopts then, RS explained that, they hire a staff for VDC level with qualification equivalent to Auxiliary Nursing Midwife (ANM), Community Medical Assistant (CMA) or plus graduate with health education whom they called health promoter.

Major duty of staff is to work for health promotion as well as to empower women socially and educationally at the community level. To achieve these goals, staff form women group(s) adolescent group(s) and run monthly discussion on Anti-Natal Care (ANC), Post-Natal Care (PNC), and Gender Based Violence (GBV). Moreover, Green Tara has its own curriculum which is largely adopted from similar organizations. Green Tara has been using it as guideline for promoting health and raising awareness among women at the community level which consists above mentioned contents among others. Additionally, health promoter himself /herself makes home visits to those who are missing in the meetings or in the groups for making them aware about the contents they have discussed in the meeting and encourage them to participate in the meetings and discussions. On top of that, Green Tara composes street dramas about Mother, New born Child Health (MNCH) by involving local people/actors and performs on the occasion of social gathering or cultural event like *Teej,* a festival commonly known as women’s festival in Nepal falls in August/September.

RS told that to make advocacy vibrant and strong on MNCH program at the community level Green Tara coordinates with Village Development Committees (VDCs), Health Facilities (HFs) and Female Community Health Volunteers (FCHVs) also with local stakeholders including NGOs work in same sector at the community.

RS further told that, we are planning to advocate at national level on the basis of community level learning. RS explained that we had organized a national level conference last year for health promotion and RS stand up from his chair and opened his cupboard and gave OC a book of the last year conference he just talked about. It was two days conference actually held on March 30 to April 1, 2013 entitled “Strategies for Changing Behaviors in 21st Century” National Conference on Health Promotion. OC thanked to RS for providing proceeding and requested RS to talk briefly about the learning they have learnt from community.

In OC’s concern of learnings from community, RS explained as we mostly focused on group based activities for women. The great challenge is to bring all the women into the group. Women who are not included in the group may not be less aware or inform compare to their counterparts included in the group for asking and receiving services regarding their health. Preconceive beliefs, taboos against medicine, such as iron pills should not be taken during pregnancy as it causes to increase size of baby, also physiological reaction like feeling of vomiting or nausea cause by iron pills, peer suggestions and family members’ recommendation are common hindering factors among others for not bringing all women into group.

Likewise, knowledge of women is substantially becoming higher in recent years which results in increasing demand of services and facilities at the community level for themselves and newborn. For instance, women can ask for institutional delivery, as women could able to identify danger signs of mother and newborn women are more likely to go to health facility for services in such cases no longer adopt ‘wait and see’ technique for curing as it used to be in the past. This awareness among women brings overall improvement in ANC visits. Although whether or not all pregnant women make recommended visits for ANC, it is still an issue for further discussion and exploration. RS further told that majority of the women visit health facility at least once for ANC checkup during pregnancy.

RS then moved to discuss about the available facilities and services to address the increasing awareness among women. He adds quality of services is another major challenge that women and newborn facing in the community. For instance, woman comes for institutional delivery at the health facility where she will not get hot water if she needs, client should access it from outside of the health facilities and same is with foods and some other necessary stuff. While talking further on institutional delivery RS mentioned success rate of the institutional delivery is not 100% so women make negative comments by taking failure cases as reference. RS emphasized that, improving quality care, increasing success rate of delivery are still some of the challenges of institutional delivery. Conversely, more and more women are prepared for receiving services from health facility.

In addition to the challenges, RS mentioned some positive aspects of learning as he witnessed in the community. Women are institutionalized at the community level which has helped them to be empowered, these days women involve in several knowledge gaining activities, awareness raising campaigns instead of spending time on causal gossip and bantering at the tap. Similarly, activeness among women is increased in recent days. They involve in various fund raising or generating activities and support to organizations, demand for services no longer satisfy with the existing one, able to identify the potential danger signs of mother and new born, well prepared for receiving services. Moreover, women are responsible for community level health as well, for instance, works of FCHVs’. Their works have contributed a lot in reducing maternal and child death rate at the community. Also participation of women at the community level has been increased; their voices are being listened at the community.

OC asked about the some names of other NGOs who primarily contribute in the field of mother and child health care services, RS mentioned as there is lack of mapping of such NGOs and effective and proper networking we could not get systematic list of such kind. RS told further, of course there are several NGOs working at the community level at the sector of mother and child health sector. On the other hand there is challenge on the sustainability of NGOs themselves so they come and go although, Green Tara is away from such challenge as its entire activities are funded by Green Tara Trust UK.

At the end of the discussion, RS mentioned that Mother and Child Health (MCH) is not a single entity rather it is an integrated one hence, RS feels that, reduction of poverty and increasing ratio of literacy would definitely bring positive impact on maternal and child health. OC thanked RS for his valuable time information that he provided including end remark. Finally, he reminded date for Nepal Inception Workshop and told RS that OC might contact again he needs further clarification and left the office.

 Note: *RS is currently a country director of the Green Tara Nepal. He has been working as a country director from the last two years. He is also a board member of organization which was founded in 2007 AD. He has more than 20 years of work experience in the health system of Nepal including project on misoprostol.*