***Field and Interview Note***

Field worker/Interviewer: OC

Interviewee: SR

Note Taker: OC

Note Checked and Edited by: JS

Language of the Interview: Nepali/English

Note transcribed by: OC

Place: ground floor, meeting hall, Pulchowk

Date: 2 July 2014

Time: 3:00-4:00 Pm

**Major Highlights:**

* Maternal and Child Health programs are prioritized on among others in Country Strategic Plan (CSP) of Plan-Nepal.
* Entire activities under MNCH programs are further categorized into three different sub categories namely; awareness raising on MNCH, provide orientation on Safe Motherhood Guideline and Educating on Early Child Care Development to family members.
* Less effective monitoring mechanism is one of the major challenge in every program and project.

OC left Baha after lunch to attend meeting in Pulchowk at Plan-Nepal with Sher B. Rana. OC reached to Plan office at Pulchowk, as per the location directed at phone by a staff. OC arrived at office quite earlier than that of the given time. Like in other organizations, OC asked to a guard at gate that OC is there to meet SR. Then, she asked OC to sit on the chair and she made call to SR and informed him that OC is coming to meet SR. Once phone was over, she asked OC to fill out the detail in the register and OC did it accordingly. Then, she asked OC to go to the waiting place, which is at main entrance next to reception. OC reached there and sat on the sofa and read the newspaper. After a while, a man came towards OC and asked him are you OC? With smiling face and then OC smiled to him and replied yes, he is OC. Both of them made hand shake as part of courtesy. SR asked OC to come with him, and then both of us move to the meeting hall, which is located at next building lies in ground floor. As we reached to the meeting hall, we sat comfortably on separate chairs in face to face manner. OC gave SR one page introduction of the project and mentioned briefly about the research project and Nepal Inception Workshop which is going to be held on 28th and 29th of July in Hotel Annapurna. Meanwhile, OC also gave his business card to SR and SR did the same thing. After listening to OC and reading one page document a bit, SR told that, our organization primarily works adopting Child Centered Community Development Approach, in other words, various aspects of child are putting at the center while designing any programs and projects. He further added that organization works on a numbers of child related projects which includes from projects on child development to child protection from abuse, trafficking.

To work on overall projects we have, we make Country Strategic Plan (CSP). It is an overall plan for entre projects of Plan-Nepal. MNCH program is one of the prioritized in CSP among others. Situation analysis of the country in respect to multiple aspects of child is first step we take for making CSP. While preparing CSP information is collected from both primary and secondary sources. In terms of primary information, it is collected primarily from related stakeholders at Village Development Committees (VDCs), Community Based Organizations (CBOs) and District Development Committees (DDCs). Whereas, to get information at central level, we organize meeting with sectorial management team, sectorial specialists and gather secondary information from related government bodies such as Ministry of Health and Population (MoHP). After gathering information, it will give the picture of the present scenario of different aspects of child including status of child health in Nepal. Additionally one could compare situation of community (local) with national. To facilitate the workshop of CSP, Plan-Nepal hires consultants as well which held at national level. Final write up of the CSP is done by Plan Nepal itself. Then, first language speaker does the edit of whole plan. SR further mentioned that, one of the weaknesses SR felt was line ministries were not included in planning CSP due to its organizational limitation. As mentioned earlier, Maternal and Child Health is focused agenda.

Plan-Nepal as a part, in the program of Ministry of Health and Population technical working group, working on Community Based Integrated Management of Childhood Illnesses (CBIMCI) project as well. While, working with Ministry of Health and Population, Plan contributes on technical aspect of the projects such as working on standard service delivery by supplying necessary equipment to health facilities, developing guideline and training manual for the projects on maternal and child health as per the standard protocol provided by Government of Nepal. While preparing guideline consultation will be made with various professional from the related field, like people from Nepal Pediatric Society, Nepal Society of Obstructive and Gynecology, Nepal Peri-natal Society and Public Health Professionals and so forth. In terms of designing projects, Plan contributes on designing of overall projects by collaborating with technical working policy group, which is formed by different organizations working in the field of health. Plan as one organizations in technical working group, support in designing of projects.

Plan-Nepal works for implementation of projects as well. To implement projects at district level, it organizes training packages to the district level stakeholders such training package consists of taught programs on mother, new born and child complications during pregnancy, delivery and post-delivery as well as in childhood. On top of this, training also teaches on critical conditions during pregnancy, delivery and post-delivery with some techniques of saving lives in such conditions. Such training is usually provided by mater trainers like, child health specialists, neonatologists, public health professionals, gynecologists. Plan-Nepal is responsible for logistic and financial aspects of training. It helps in hiring consultants to facilitate training, managing key commodities for training including weighing machine and Chlorhexidine (CHX).

On the other hand training at community level for health facility staff and FCHV is provided by health post in-charge or district health supervisor. While teaching about mother and child health trainers use key equipment necessary for providing service like delay suction, weighing machine during training.

Additionally, Plan-Nepal provides support to the mothers who are financially weak and could not go to health facility for institutional delivery. It also contributes in building birthing centers at the community level along with all key equipment require for the institutional delivery. Until now, Plan-Nepal has contributed in making 60 birthing centers at the community level in its working area across the country. Also it supports in providing Skill Birth Attendance (SBA) training to staff nurses and ANMs. So far, Plan-Nepal has supported in 60 birthing centers by collaborating with National Health Training Center (NHTC). It has 21 training sides at various levels.

Regarding Mother and Child Health Program, Plan-Nepal’s activities could be broadly categorized into three different sub-sections namely; (1) MNCH awareness (2) Safe Motherhood Guideline (3) Early Childhood Care.

Under the MNCH awareness, FCHVs and health workers raise the awareness among pregnant women, mothers group and while raising awareness they try to include women from all spheres of society and focused on marginalized, economically poor, dalits, ethnic group and illiterate. Awareness is emphasized on Behavior Communication Change (BCC). While educating women also two sets of activities are done. Some activities like identifying the location of health facility, settlement, numbers of houses of pregnant women, distance from health facility to settlement, house of FCHV are under social mapping.

On the other set of activities consist of special package of health services for pregnant women which includes utilization of health services properly and regularly during pregnancy and delivery. Such as ANC visits during pregnancy, use of iron tablets, vitamin, Tetanus (TT) injection, deworming tablets are observed and discussed among the pregnant women at the community level.

Plan-Nepal also support in orienting on Safe Motherhood Guideline to the health workers and FCHCVs at birthing centers. This guideline is prepared by Government of Nepal. It explains about the incentive of institutional delivery, 4 times ANC visits, danger signs of mother and child, referral condition of delivery to health facility.

Plan-Nepal also assists in preparing educational package for Early Childhood Care; it highlights contents like, require care and services during pregnancy, delivery and post-delivery. Particularly, it focuses on care and services by family members to pregnant woman. For instance, encouraging her for total ANC visits, delivery at health facility, adequate rest, importance of nutrition and nutritional foods, harm of exposure to heavy weight and smoking during pregnancy. In family members husband and mother in law is basically target for educating such stuffs. Besides, that education also given on importance of breast feeding for child and role of supplementary food items such as soft food, porridge, lentil in child’s growth.

SR mentioned that, lack of proper monitoring and evaluation of all the project activities at the one hand and over project activities are common weaknesses among others. For instance, monitoring and review meeting at the community level held once in a month but it does not look effective as it supposed to be.

SR further mentioned some of the other challenges in projects, such as ineffective monitoring mechanism, although government has developed a guideline and checklist for proper monitoring and evaluation of projects, monitoring mechanism is not strong at practical level, which is clearly seen in physical field visits at the community level. SR further argues that one of the reasons of weak monitoring system is lack of accountability of government staff to the central level at one hand and to the community people on the other. Similarly, lack of proper recording and reporting of pregnancy and delivery at the community is also another challenge MNCH program has been facing from long ago. Moreover, quality care is another challenge people are facing while receiving services, clients do not get effective services at health facility, not availability of medicine, absenteeism of staff at health facility, unsatisfactory behavior of staff towards clients, or overlooking or neglecting clients’ satisfaction are some of the common problems among others.

SR finally, mentioned that, it is not easy to work in collaboration with government. He further mentioned that working system of government is not as effective as it should be; perhaps it is due to the complex bureaucratic system, for instance, it takes unexpectedly long time to get approval for new projects, same thing with allocating budget and releasing budget for specific project. With these remarks SR conclude his talk. OC thanked him for his time and cooperation, left the office reminding him that, OC could give him in case further clarification is needed in any points that are discussed.