**Field and Interview Note**

Field Workers and Interviewers: RA and OC

Interviewee: NS

Note Taker: OC

Note Checked and Edited by: JS

Language of the Interview: Nepali/English

Note Transcribed by: OC

Place: first floor, Sanepa, Lalitpur

Time: 10:00-11:00 Am

Date: 8th July 2014

**Major Highlights:**

* Care-Nepal begun to work on MCH project since 1999.
* Care-Nepal has been working in 6 districts of Nepal.
* All the projects of Care-Nepal are community based.

OC reached to the Care-Nepal office Sanepa, quite earlier than that of given time. As OC found the office of Care-Nepal and wait RA to go to the office together. Meanwhile, OC received call from RA, it was for asking location, OC provided location on phone and RA met OC at the entrance gate of the Care-Nepal. OC greeted to RA. Then, RA and OC went to the office by registering their names and other details in the register at the gate. When RA and OC entered into the room, RA sat on the sofa at the corner and OC informed to receptionist that RA and OC came to Care Nepal office to meet NS, and receptionist made call to NS and quickly informed us that NS asking to RA and OC to come upstairs. Once we received information from receptionist, we moved upstairs to see NS. While RA and OC were heading towards the office of NS, she was coming out side of her room to see us. As she saw us heading towards her room, she asked us to come inside the room. As we sat on Sofa at her office, she asked for drinks water or tea/coffee? We went for plain water and she brought by herself for us.

As three of us sat comfortably on sofa at the office room of NS, OC asked RA for her visiting card as RA gave her card to OC, he gave his own and RA’s card to NS and briefly mentioned about RA’s background information including her PhD thesis on Nursing retention in UK and quick overview of the research project and Nepal Inception Workshop which is going to be held on 28th July 2014 at Hotel Annapurna.

After OC, RA mentioned that it is a research project but today we are here for not to collect data, mainly we are here for to get introduced each other. RA further mentioned that she is coming from Malawi to Nepal a week ago. NS was going back to OC’s point about RA’s PhD dissertation and told that it sounds interesting. RA added she was a nurse at Santa Bhawan Hospital the then missionary hospital. Hence, RA studied history, and transformation of social and professional lives of nurse for her PhD. NS again mentioned that thesis sounds interesting, how could we access for reading it? RA replied to NS, RA could provide digital version of it to NS.

After listening to RA, NS explained briefly about the Care Nepal’s focus in the health sectors over the period of time including some agendas which could hit the demand of funding agencies. She further mentioned that from the 1999 AD onwards Care Nepal began to incorporate Mother Child Health (MCH) program with child survival funding from USAID. But Care Nepal already included health as a component of multi-sectorial program since 1978.

Once child survival funding project of USAID was completed then Phase II of this project came as Family Health Project with global bidding. During this project focus were given more in contributing Millennium Development Goals 4 and 5 to make them success by the given time. Several aspects of child health such as new born care package, care for children under 5 years etc. are taken into consideration for project. As part of it, community people are empowered and enabled by raising awareness on maternal and child health which include modification and change of behavior of people regarding to maternal and child health in terms of providing care and services.

In addition to that at some other stuff like behavior of health workers, community environment play significant role in shaping health care behavior of the people. Also usually there is health facility management committee formed by diverse people from the community itself which include head of the VDC, in present context secretary of VDC, representative from women group, ethnic people and in-charge of health facility will be member secretary in the committee.

RA asked question to NS that, what your job is. NS replied we empower FHCVs as women, try to create gender equality and women leadership by reflecting right based approach. To achieve that we provide and facilitate related training to FCHVs as they become multi-sectorial persons, they come everywhere. For service providers we provide them orientation programs on MCH, organize interaction programmes so as to fulfill the health needs of the community. On top of that we organize ‘bridging the gap workshop’ between service providers and service receivers at the district level where Care-Nepal facilitate the workshop and listen the complaints from both sides on the basis of all those evidences come from workshop, we will develop the health indicators for the community, find out the status of maternal and child health at the community and district level. Finally we will reach to the conclusion that who will do what, among various stakeholders such as role of Care-Nepal, Village Development Committee, Health Facility and so forth. NS further explained that certain policy also bring significant changes in service delivery. For instance, after introduction of ‘Free Health Policy’ in 2008 had dramatically increased receiving services from the health facility. Likewise, from 2009 free maternity service at health facility has significantly decreased maternal and child mortality and morbidity. Still three delays i.e. delay in seeking care; delay in reaching care and delay in receiving care have remained major challenges for Nepal. On top of these disempowerment of women is another factor hence to address women empowerment government has taken the initiation to provide incentive as government thought financial weakness could one hurdle for visiting to health facility for delivery began to distribute allowance to delivery women according to geographical regions i.e. mountain region Rs 1500, hill region Rs 1000 and tarai region Rs 500.

RA is providing incentive program universal? NS, mostly Care-Nepal support only in its working districts in the country. Care-Nepal has been working in 6 districts, Bajura, Doti, Kailali, Dadheldhura, Rupendehi and Nawalparasi.

NS further explained that Care-Nepal is working on neo-natal care program, safe motherhood program and family planning program. We try to focus on bringing change in community behavior and put effort to reduce malpractices prevail in community regarding to mother and child health issues through raising awareness among community people. Moreover, we also support to health facility at the community level by providing equipment related to new born care package, contribute in health facility building repairing, build delivery room. Likewise, Care-Nepal supports in providing training to health facility staff and FCHVs on maternal and child health. We also monitor of the projects and programs along with government system, we also keep ourselves update with HIMS data, in some districts neo-natal death is significantly decreased, for instance; it is found to be13 at the community where we work whereas national scenario is 33.

At the national level Care-Nepal contributes in ‘package development’ of maternal and child health as one of the members of consortium. It works with MoHP, technical working group. This group is so fast at global path in terms of doing massive consultation for new programs for every stage, mobilizing fund. Besides that this group coordinates and collaborates in national, regional and local level. We also contribute in reviewing the annual report of the district last year. So, unified kind of effort has been putting in this sector. There is interrelationship and assistance among various stakeholders and working partners. I have not found any difficulty so far doing that but obviously, new comers in this sector has to work hard.

RA in those 6 districts, do other organizations also have their projects? NS yes other also do have their projects, we also do on package for instance, and in our package of neo-natal care package we have included 6 components. All the programs are community based.

RA how is your relation with other organizations who work in same sector? NS we have created a network at national level, network organizes meeting. Besides that there are 6, 7 national networking groups of sectorial working groups under association of international NGOs in Nepal (AIN).

NS, how do you ended up bringing research project on health? RA because, we have been working in the same sector from long time ago, NS what are the similarities between Malawi and Nepal?

RA, both of the countries are highly donor driven, both of them are new democrats, landlocked and corruption is common for both countries. NS added to the point of RA, corruption is higher in health sector.

RA, explained more about Malawi, comparatively, there is small and interconnected network exist in Malawi. If you do not know people, and once you meet the one group of people you will get to know more or less representative of all group of people. Comparatively in Nepal there is no/less corruption at community and district level but it is higher at national level but it is completely different in case of Malawi, I felt there is higher level of corruption.

While talking about DFID and USAID NS, told that, it is development process and we are lost in chain of it. Only 10% of the total amount goes to the community level.

Meanwhile, phone rang after responding phone quickly NS returned to talk to us again. NS told us that there is no/lack of leadership in Nepali bureaucracy for managing fund properly or appropriately so donors are always dominant position, in many cases donors order to work on certain sectors in recipient countries. For instance, there is no funding from USAID for drug abuse but see in the health.

RA any funding challenges? NS funding comes in two ways, one fund comes in the Red Book of the government, and she further explained that 99% of funding comes out of the Red Book. Talk further went on discussing about different funding agencies like bilateral funding agencies, INGOs like Save the Children, Helen Killer International and so forth. In terms of emerging donors for Nepal like China and India also Korean and Taiwan, NS replied she is not really much aware about those countries projects and programs.

Talk concluded with talking about newly coming policy regarding to foreign aid in Nepal. NS told which could bring problem of spending budget. Once we concluded talk we departed form Care-Nepal’s office, OC returned to office at Baha and RA went on her own.