**Field and Interview Note**

Field workers: JS and OC

Interviewee: SRU

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali/English

Note Transcribed by: OC

Place: 1st floor, Child Health Division, Teku

Time: 10:30-11:30 Am

Date: 13 August 2014

**Major Highlights:**

* CHD works in three main sections namely immunization, nutrition and community based programmmes.
* Donors are big players in terms of providing technical support for the projects.
* CHD takes leading role in every joint project.

With prior appointment, meeting with SRU, director of the child health division (CHD) is scheduled on 13 August, 9:30 am. OC reached to the office of the director at Teku quite earlier than the given time, after a while JS also arrived and went to office of director and asked to a staff, we are here at CHD for meeting with director, he asked us to sit on sofa put outside the office of the director, a staff told us that director is in DG’s office, he will be coming. He then asked us where are you from? OC and JS replied to him that we are from Social Science Baha, Battisputali, and then he informed us that, meeting with you today is written in board as well. We sat on sofa and waited for him about more than half an hour. Meanwhile, JS and OC talked about various things ranges from how develop writing skills, acquire firm understanding regarding health system and foreign aid in Nepal to how to conduct institutional ethnography. JS suggested OC you should not make same mistake over again and again. Your earlier mistake should be improved in next action, be it in conducting interviews or writing field notes or any other things. OC replied to JS, I am taking this opportunity as fellowship; I am always open to learn and improve my weaknesses. Then JS asked OC, what you understand by ‘institutional ethnography’? OC was paused for a while and told I am quite a bit confused in institutional and organizational ethnography. Then JS explained that organization is more structural, concrete like it has building and so forth. Institutions is like marriage, family, kinship not always concrete and solid but exist, a single project is institution for our study. OC said to JS I think, I should read articles on institutional ethnography, JS told OC that rather than reading and focusing on theoretical aspects one should focused on what he/she is doing in practice. What we are doing is institutional ethnography, such as visiting different organizations, conducting open ended interviews, developing field notes and so forth.

In between our conversation, personal assistant (PA) of the director made him call twice and informed us director is on the way to office he will be coming. With whom OC had spoken many times on phone for arranging appoint with director. About some minutes past to 10 am director came to office and PA asked us to go to director room as director is just enter into his room before us.

As JS and OC enter into his room, we greeted him, he asked us to take a seat in chairs in front of him. As we took seats, JS introduced himself and made OC introduce with director. In between OC gave one page document, short introduction of project to the director, as a courtesy we exchanged our business cards.

Then, JS shortly explained about the purpose of visit including research objective and its methods, current status, and future direction. He further added, we are doing a research project on maternal and child health service delivery and development in two countries, Nepal and Malawi. We are trying to explore the chain of foreign aid through maternal and child health projects and programs in two countries.

SRU: does this project include technical part of the maternal and child health?

JS: we are trying to explore more about how different intermediary organizations have contributing in achieving global targets particularly in the sector of maternal and child health, this is a research project to look at overall mechanism of foreign aid through MCH projects.

JS further explained, we are doing mapping of overall projects on MCH since 1990. SR, are you going to include whole projects? Yes, we do include. And for the mapping purpose we could go beyond 1990 as well (if they are any). Once we complete mapping of the projects then we will select 4 projects of different status in terms of their working phases, one could be in its first year of journey and another could be its last year. JS added more, we are trying to see the link at from Ministry of Health and Population at the top level to Health Facility and Community Based Organizations at the bottom with the help of how projects get done.

At the second stage, information will be generated from selected projects ethnographically. It will be after mapping all the projects.

In between, our conversation, a female staff came to director asked him to sign on the document, as the task is done quickly, she had gone.

JS requested to SRU for his advice/suggestion to move forward, and then SRU explained that, we broadly work on three main sectors namely; Nutrition, Immunization and Community Based Programmes.

For immunization programme routine funding comes from GAVI and WHO and UNICEF provide co-financing and technical support.

Likewise Integrated Management of Childhood Illness (IMCI) is USAID funded project initiated in 1996 and since 2009 it has expanded throughout the country, it basically focused on pneumonia and diarrhea and the children of under five years. And from the same year 2009 government of Nepal initiated another project called Community Based New Born Care Package (CBNBCP) which is focused on the care and service of new born (1-28 days) and mother. This project has been implemented in 39 districts across Nepal. To implement CBNCP government of Nepal has worked in partnership with various organizations which include Plan-Nepal, One Heart World, UNICEF and Save the Children among others.

Likewise, there is another project called Integrated Management of Newborn and Childhood Illnesses (IMNCI). This also community based programme FCHVs and HWs provide services to both newborn and child. Information is tracking from CBNCP at the community which FCHVs have been doing to submit it in health facility. And then from the health facility information goes to district.

We work on nutrition growth and monitoring as well. Under micro nutrient program iron vitamin A and Zinc are distributed at the community through FCHVs. Likewise, to help the severely malnourished children government of Nepal/child health division (CHD) has been working jointly with UNICEF and IYCF. Malnutrition Programs have been implemented in 15 districts in the country. Talking more about similar project, Suhaahara is another one of same kind, which focuses on nutrition, maternal and child health, and implemented in several districts across the country.

JS: how intermediary organizations work while working with government?

SRU: it is to the some extend already fixed, they provide allowance to the government staff as per the government policy at the central level and while working at the local level, Save the Children for instance, works through local NGOs.

JS: how easy or difficult it is to work with local intermediary organizations?

SRU: there is a variation in the capacity of staffs even in the same organizations, sometimes there are coordination problems at the local level similarly, and if it is direct funding then we are unaware of the funding which could lead to problem of implementing of programs. Obviously, incentive structure varies, and in terms of modality differs between local intermediary organizations and government bodies hence, we should bring uniformity in incentive structure as per the government rule.

JS: what sort of expertise you use and technical support you receive while planning and implementing projects? SRU in all kinds of joint planning CHD takes lead role, to fill out the technical gap, donors support for it. So donors are big players in terms of providing technical support. It depends on programs as well who provides technical support, in IMCI; UNICEF provides and whereas in nutrition program called Suhaahara USAID takes that role.

JS: you are working with multiple donors, how is easy or difficult it is to coordinate with them? SRU it is not difficult because we give donors list of the name of the districts along with financial norms to implement the project and at the district level donors work through NGOs.

JS: could you please provide us a list of foreign aid funded programs or projects run under CHD? SRU, you could find such information such as who are the partners? Who funded programmes? And so forth, on the recent Annual Report of DoHS.

JS: it would be useful for the mapping purpose. He added, we aim to explore information which could be useful for various organizations for their betterment, what sort of information would be more useful for your organization to improve in the existing condition?

SRU: information on better quality training, performances of staff within organization(s), different modalities aid supported by different donors and better coordination among donors, NGOs and government of Nepal via CHD, FHD.

SRU: gave reference of some other person to speak for further information with specific details; these are Giriraj Subedi from Nutrition department, Shyam Nepal IMCI, Shambu Gywali from Immunization department. Similarly Resham Khatri from Save the Children.

JS: concluded meeting by explaining about the similarities and differences between Nepal and Malawi, followed by reminding of the key questions of research which is what contributions intermediary organizations have made or what value are they adding in the chain of foreign aid by involving in MCH projects at multiple levels?

By thanking SRU for his time and cooperation JS and OC left form the meeting.