**Field and Interview Note**

Field workers: JS and OC

Interviewee: KR

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali/English

Note Transcribed by: OC

Place: 2nd floor, Family Health Division, Teku

Time: 12:00-1:00 Pm

Date: 13 August 2014

**Major Highlights:**

* Formal interviews have not started yet. It was an initial introduction meeting. KR was aware of the research project.
* KR had questions on sampling, access and analysis of the study. She felt that sampling or selection of cases was very important, and it had implication on generalization.
* KR did her MPH in Edinburgh, which made interaction much easier.

With the prior appointment, JS and OC reached to family health division (FHD) Teku to meet Kiran Regmi, director of FHD. It was almost 12 at the noon, outside of the room we informed to a staff that we have meeting with KR at 12:00, with whom OC spoke many times on phone for arranging appointment with KR. After listening to us he went to inform KR about our arrival at the office for meeting, after informing her he had asked us to go inside her room, and then we went and sat on the sofa. JS initiated conversation by introducing himself and OC to KR. Meanwhile, OC gave one page document, short introduction of the research project to KR.

After listening to JS shortly KR told that she also did her MPH from University of Edinburgh and had move to elsewhere in the US for her PhD.

JS: we aim to have the better understanding about the donor funded projects in the sector of maternal and child health in Nepal and Malawi, in a simple way we are trying to explore the role of different intermediary organizations at different phases of projects such as at the designing or implementing phases. Furthermore, looking at such things we are aiming to develop connection between global systems to local systems so has to find out how this very system function? to translate ideas into actions (projects). We have taken Nepal and Malawi for the study, which help us in building comparative analysis such as quality of care in Nepal and Malawi.

To add few more things on project, we are doing mapping of all the projects on maternal and child health since 1990. Once we will complete this task of mapping, we will then select 4 projects/programs funded by USAID, DFID for the detail study. We yet to develop the overall frame for the selection of the projects for detail study. JS added, we have already applied for ethical approval at NHRC and it on the process so we are not conducting any formal interviews for the moment.

KR: what is the sampling procedure for the selection of projects for the study?

JS: after completing the mapping process of entire projects on maternal and child health in Nepal, we will go for the selection of 4 projects out of all.

KR: it sounds challenging.

 JS: it is indeed. But we will carefully select diverse range of projects for the study in terms scale such as one small and another big; similarly we also see geographical diversity of the project implementing area, nature of funding, and support by bilateral or multilateral or funding comes from big consortium and so forth.

KR: are you looking at the project funded by single donor?

JS: we are not rigid for such criteria. We could study a project where there is involvement of multiple donors.

KR: why are you going to study only 4 projects? Have you made decision to take only for the study?

JS, once we select 4 projects, we will then conduct detail study of them by employing ethnographic method. We will collect thick description about them, and we could make compare and contrast among them. Perhaps given time will not allow us to take more than 4 projects for such detail study. We are aiming to explore from MoHP via FHD, CHD at top level to FCHVs at the bottom.

KR: doing ethnography is good which provides opportunity to understand new cultural norms and values of the community however, it is difficult for many reasons.

JS: we have 2 years of duration to accomplish the given project so we are hoping to conduct it in a proper manner.

KR so project in Nepal and Malawi is going simultaneously?

JS: yes, almost in similar pace. Malawi is also highly donor dependent country, big donors or contractors like JSI, Options work in Malawi as well. There could be chances of study the project of same donor in both countries as same donors have projects in both countries.

KR: does this research will help in policy implementation and finding the gaps in the sector?

JS: the prime aim of the research is to document of the actual practices as they along in the realm of maternal and child health first, we will not make any judgment over such practices. After documentation, we will think, reflect over again and we will see what value could be added in this two distant of worlds.

KR: will you conduct FGD for the study?

JS: besides in-depth interviews, we will adopt participant observation of the meetings so as to get information on how interaction at the meeting takes place? How agreement is being done? And so forth.

KR: I think you need to take approval to attend the meeting?

JS: yes we need to take approval for our access to participate in meeting.

KR: you should meet Dr. Padam B Chand once at the MoHP

JS: we met him already once.

KR: how do you analysis your data?

JS: on top of manual technique of data analysis, we might also use NVIVO and Atlas ti.

KR: grounded theory will be more efficient; however whether you are going to use it for this research or not is different thing.

JS: we had worked previously on BHESA project and we are looking at misoprostol under the family health and Dr. Naresh KC was the director of FHD by then. Evidence was generated on how was the trial of misoprostol moved forwarded? While we were doing that research we signed the MOU with NFHP. We were looking at how misoprostol project was success? How evidences help to inform policy?

KR: that project had gone in piloting for long time. How it has changed into program, it was in 20 districts in the beginning and now it has been implemented as many as 50 districts.

JS added to KR, even these days certain VDCs of the project implemented districts might have neglected or overlooked in terms of the availability of services of maternal and child health hence situation has to improve yet.

JS: getting to know each other is extremely important; today we are here just to introduce each other. If you could provide a list of projects those are done under FHD, would be great for our mapping projects.

KR: I also like qualitative research, which helps in providing suggestions and solutions of the problems in a better way. But quantitative research highlights the problems only.

JS: major challenges for this project are selection of samples, acceptance for the study. We will do institutional ethnography and we will explore how things are operated and get done in institutional settings.

With this talk we concluded meeting with KR and we left from her office.