**Field and Interview Note**

Field worker: OC

Interviewee: SS

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali/English

Note Transcribed by: OC

Place: 1st floor, technical secretariat of Save the Children; Teku

Time: 11:45 -12:45 PM

Date: 12 September 2014

**Major Highlights:**

* Most of the institutional delivery in Nepal does not occur as per the guideline of the of safe motherhood programme.
* IMNCI is the recent project implemented in only three districts of the country.
* Government system lacks the motivational factors for staffs.

With prior appointment, OC arrived at family health division (FHD) to meet Pawan Ghimire, a senior demographer who was also attended the inception workshop held in July at Hotel Annapurna. OC reached to his office quite earlier (about 15 minutes) than the given time. OC went to his office; his room was locked, returned to the ground floor and sat on the chair put next to the main door. After about 10 minutes of sitting OC made call to PG and inform that OC is arrived at FHD to meet him. PG replied it takes quite a long time for him to get at the office, about an hour, OC told that, take your time OC will see you once you arrive at your office. Then OC move to upstairs thinking to talk with one of the other staff who works on Aama Project with whom OC introduced himself in previous visit but she was also rushing for her work only OC was able to say hello to her quickly then he moved to down stair at the main door he met Dr. KR, director of FHD, OC greeted her mentioned her that, he came to FHD to meet PG as he has given time to OC. KR told that PG has gone out for now. OC then moved to Department of Nutrition, thinking that if he gets chance of see GS, Director of Department of Nutrition, office of GS was also locked as well. He then walks to the teashop to have tea.

After having tea OC walked to CHD technical secretariat of Save the Children, where he met SS, a staff based on secretariat, who has been looking at coordination and logistic of the project under Save the Children from last 2 and half years. OC met her first in his previous visit and brief quickly about research project. This time OC made informal talk with SS at her office regarding her quite long (14 years) working experience on maternal and child health sector of the country.

SS mentioned that she has been working in the field of maternal and child health from the last 14 years. She had begun her work in this field from the child survival project in 1998 at Care-Nepal. By then she worked at VDC level coordinating between health facility and community people and from Care-Nepal she moved to JSI and worked at JSI as a field officer on MNH project for 6 and half years and from the last 2 and half years she has been working in Save the Children.

She argues that most of the institutional delivery in Nepal does not occur by following the guideline given by Safe Motherhood Programme (aama surakchya kaaryakram). OC reminded her that according to report of Demographic and Health Survey (DHS) institutional delivery has significantly increased in the country. It was 3% back in 1996 and was reached to 36% in 2011. She further argued that only increase of number or figure does not reflect the actual scenario of the quality service women are getting at the community during delivery. She further explained that, almost 70 to 80% of the institutional delivery in the country is occurred under even in the absence of basic facilities/standards. She told to OC that, it is not recorded data nor is it an empirical findings but she is saying it on the basis of her observation and working closely in the sector from long. Recently she has visited to 6 birthing centers in different communities for the monitoring of quality of services but she did not find even basic facilities in 4 birthing centers out of 6. Only 2 of them are providing services with basic facilities to clients in the community. The actual reality of the community level is terrible she added. Only one health staff is in duty for 24 hours at the health facility for providing care and services in such sensitive cases and in many cases health workers assist pregnant woman only with the help of delivery kit (*sutkeri samagri*). She raised a question, should we call it institutional delivery?

In the name of providing health care services to women from rural and marginalized communities government of Nepal initiated air travelling facilities for the pregnant women during the primeministership of Madav Kumar Nepal, she said, that is costly, inefficient and ineffective as well. The amount that government invests to make a woman delivery at the health facility would contribute significantly in building birthing center in her own community. But that initiative did not last for long time.

She also explained about Integrated Management of Neonatal and Childhood Illness (IMNCI). This project is built on the findings of Community Based Newborn Care Programme (CBNCP). After implementing of the CBNCP in 41 districts of Nepal it was about go in all the districts of the country meanwhile, an assessment report published in 2012 shows that CBNCP is not as effective as it stakeholders thought up, and CBNCP was not expanded to rest of districts rather another integrated project was developed. This project is now implemented in 3 districts i.e. Nuwakot, Rasuwa and Nawalparasi and funding comes from DFID. Furthermore, as Integrated Management of Newborn and Childhood Illnesses (IMNCI) is in the initial phase, TOT package is in the developing phase, once it is developed, TOT will be given to at health facility (health workers) and also to the community level (FCHVs). She mentioned to OC all of these she explained to OC are not official information, as she is working in the organization or as an internal it is just updated information. OC told her back, he will keep it in the mind.

She also explained that among many other challenges, frequent transfer of the staff at the government offices at all level from district to MoHP is a common challenge in this field perhaps in all fields in the country. As we have been building rapport with particular person at the organization, suddenly he/she transfer to another organization which leads us to the problematic situation as we have to spend our time and effort to make new person understand about the project, working style, current status and so forth. Additionally, while working jointly with government we have to go through complex bureaucratic system which might take longer time and greater effort than usual.

Next, there is lack of motivational factor to work harder in our government system; even a nurse can stay in MoHP on (*kaaj*) deputation and sometimes political intervention also influences negatively in the progress of the project. She further argued that if there is motivational factor to move ahead for the work, no political interfere, and quality service available at the community, many things will move in progressive direction in real sense.

In the meantime, an adult person, named Dillip Chandra Paudel; with pretty long beard with spectacles came in the room, told SS he is back again sat on the one of the other chairs and begun to work on his computer. I introduced myself with him and gave him JS and OC’s business cards along with one page document of project introduction and explained to him briefly too. He told that he is quite busy these days and might get chance to read the document. OC told him that you could take your time, and then told that it has been 18 years he is working in the sector of maternal and child health by involving in different organizations such as government of Nepal, JSI, NFHP, and UNICEF and currently in Save the Children. After listening to him OC told him that if you could kindly provide us time for talking, OC is interested to talk to you further in regards to maternal and child health service delivery and development in Nepal with you along with your experience of working in different organizations. Then OC asked for his cell number and got it. OC told him he will make follow up after two major festival in Nepal i.e. like end of the October. He replied do not expect much time from me, I will try my best to cooperate you.

Then he began to talk with talk with SS on their official matters then OC moved outside and made call quickly to PG, he told to OC that he is about to move from Hotel Himalaya for office, it might take little while to get the office. OC returned to room again finished the tea that was given to him sat for a while and thanked to SS and the person both and left the room and move to FHD again.

When OC came to FHD he saw PG on the stairs walking towards his room, OC went to PG’s room and greeted him also reminded him about the inception workshop held on end of the July then he told that did you select projects for further study? You were talking about selecting two from USAID and other two from DFID. OC replied to him, we have not selected projects yet, we have slightly changed in our initial ideas of limiting in projects of only two donors. We will do the mapping of overall projects on maternal and child health in Nepal first especially from 1990 onwards then selects 4 projects out of the total numbers listed in mapping. While selecting projects we will be as diverse as it is possible, such as we will select projects which are in different phases, of various scales, implemented in many parts covering wide geographical range and so forth. Today OC’s purpose of visiting FHD is to inform you about the status of project and also collect information about several projects that are executed by government of Nepal via FHD over the period of time. After listening to OC, PG and OC moved to the next room where PG introduced OC with two other people from Planning Division, and then PG moved shortly for next meeting at MoHP. After introduction, OC gave one page introduction of the project, and also mentioned about the inception workshop then one of the person told me that you guys never invite to those persons who actually work on the particularly sector but follow and invite seniors who might not attend all the programmmes because of their tight time schedule, anyway we will cooperate you in providing information on the basis of projects that we have. OC met Dr. SA focal person of safe motherhood and safe abortion at FHD. OC greeted her briefly explained about the research outline and gave her one page introduction along with OC and JS’s business card. SA asked OC to her office room and asked her female staff to bring tea for OC as well.

OC mentioned to SA that JS had recommended your name; we were trying to meet you in our earlier visit to FHD as well. OC told her it was nice to meet you and the purpose of this short meeting is to getting to know each other and kindly inform you about what we are doing? And what we will be doing? in next two years.

OC asked to SA could you please tell me where did you work before coming to FHD? SA said he was working in Tanuhun district as DPHO then she moved FHD and she worked in different position in FHD before serving as focal person of safe motherhood and safe abortion. She also referred some other persons for further information, such as Dr. Indira Basnet who is currently working in Internal Pregnancy Advisory Services (IPAS) and Mina Shrestha who is also working in IPAS and Dr. Maureen who works at NHSSP II. OC thanked her for information and mentioned he will come to you her next time so as to get detail information on maternal and child health of Nepal. SA told do not forget to get appointment, we might be busy doing other stuffs. OC replied, he will get appointment first for meeting and make visit accordingly. With thanking to SA, OC left from her office.