**Field and Interview Note**

Field worker: OC

Interviewee: JRS

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali/English

Note Transcribed by: OC

Place: 1st floor, MIRA; Thapathali.

Time: 11:30 -12:30 Am

Date: 12 November 2014

**Highlights:**

* UCL awarded MIRA with this research project ‘Socio-Economic Inequalities and the MDGs: Building Evidence to Support Equitable Improvement in Maternal and New Born Health in Asia and Africa’ to work as a country partner in Nepal.
* MIRA has its own guideline for hiring staff.
* MIRA has internal and external monitoring and evaluation system.

With prior appointment, OC visited to MIRA to attend a meeting with JRS, a coordinator of organization. (JRS is known to our research project as OC conducted an interview with him once few months earlier as well) Meeting was held about half an hour later than that of given time as JRS did not arrive office at the agreed time. The purpose of the meeting/interview this time, is to discuss more specifically about the project named ‘**Socio-Economic Inequalities and the MDGs: Building Evidence to Support Equitable Improvement in Maternal and New Born Health in Asia and Africa’** which was begun in July 2011 and will end by September 2015. JRS as coordinator at MIRA is not be able to provide every details of the project as focal person of the project does. OC felt that JRS might not able to provide every details of the project as per he expects. Prof. D. S. Manandhar is the key person this research project who left for the field this morning (12th November, 2014) along with Prof. Anthony Costello, key person of the project based on University College London (UCL).

This research was first lunched at the 43 Village Development Committees (VDCs) of Makwanpur district, a district lies at the central development region of Nepal. Out of 43 districts 24 districts were taken for Randomized Control Trail (RCT). Technical and financial support for this research project is provided by UCL. Technical support includes providing suggestion on the process of research including the feasibility studies for conducting research project. Academic background of the person who provides technical support for the projects usually has PhD or at least Masters in Sociology, Anthropology and sometimes technical advisor comes from medical background but he/she comes with additional social science degree.

After receiving positive feedback about the project at Makwanpur district, government made inquiry about it and seemed more curious to replicate such type of project in other district as well. Then, this project is replicated in Janakpur district now this project is extended to two districts of Tarai region i.e. Dhanusha and Mohottari.

**Role of Mother Infant Research Activities (MIRA)**

UCL was awarded by ESRC DfID for ‘**Socio-Economic Inequalities and the MDGs: Building Evidence to Support Equitable Improvement in Maternal and New Born Health in Asia and Africa’** then UCL awarded MIRA as a country partner to conduct research in Nepal. On top of conducting research in different sites of the country, MIRA works as overall coordinating body and coordinates accordingly from local to central levels. These activities involve approaching and gaining approval for the research project from the government via Ministry of Health (MoHP) and getting approval for Social Welfare Council (SWC) and also coordinates accordingly with the related health institutions [District Health Office (DHO), District Public Health Office (DPHO)] at the district level and community level as per the needs and requirements of the particular project.

**Staff Selection Process at MIRA**

MIRA has its own guideline for hiring staff. It follows the guideline at the time of hiring the new staff. First, it announces vacancies for required candidates in the media especially on newspapers with certain dateline. Then interview board of the MIRA will short list the candidates for interview, among all the applicants. Then short listed applicants are informed for the interview and board will conduct interview of those shortlisted candidates. When interview is over, board will go for final selection. Once the final decision is made who is to be selected for the vacant post, then selected candidate will be informed.

Once selected candidate joins the office at MIRA, internal staff will provide orientation and training to newly appointed staff according to the job description.

Some of the challenges associated with hiring new staff are not primarily related with the process of hiring but something beyond it. JRS mentioned that one of the major challenges for hiring staff is requesting or recommending one’s own relatives (*aaphno maanchhe*) to appoint for the announced position namely from our counterpart at government such as Chief District Officer (CDO), Local Development Officer (LDO), (DPHO) and local people. JRS emphasized that vacancies are announced with certain criteria, whoever meet the criteria for the post will be selected. He added, if recommended ones meet the required criteria for the post they could be selected but we do not give priority to those who do not meet the required criteria but are recommended by people.

**About** ‘**Socio-Economic Inequalities and the MDGs: Building Evidence to Support Equitable Improvement in Maternal and New Born Health in Asia and Africa’**

Government of the Nepal is more concern and curious to know about the various aspects associated with the health of mother and child in the country at the one hand and research team of University College London (UCL) is also interested to conduct research in Nepal incorporating different aspects of mother and child health. Then people from MIRA and people from UCL negotiated in common interest and then UCL developed proposal consulting with people from other countries as well. After developing a proposal, it applied for funding then UCL was awarded for the project then UCL awarded MIRA as a country partner to work in Nepal. JRS mentioned, although funding comes from ESRC/DfID, MIRA does not deal with DfID for financial and logistic arrangement for this research project. MIRA gets such support from UCL.

JRS explained that UCL has vital role for making this project (Socio-Economic Inequalities and the MDGs: Building Evidence to Support Equitable Improvement in Maternal and New Born Health in Asia and Africa**)** happen in Nepal. He also added that many background studies/projects were done and required information was collected prior to this one. (JRS did not provide specific details about previous studies and projects had done before this one) He added, there was a meeting among different stakeholders prior to this project, which had included people from Ministry of Health and Population (MoHP), Department of Health Service (DoHS), Nepal Health Research Council (NHRC), Ministry of Women, Children and Social Welfare, NGOs and INGOs particularly those who work in the health sector. On the basis of this stakeholders meeting, UCL tailored the research project in collaboration with MIRA.

Various organizations involve in this project. These organizations include DfID, UCL and within the country MoHP, Ministry of Local Development (MoLD), NHRC at the central level and Local Development Officer (LDO), Chief District Officer (CDO) and related district health organizations i.e. District Public Health Office, District Hospital at the district level. Likewise, Village Development Committee (VDC) chairperson, who is VDC secretary these days, Community Health Workers (CHWs), Female Community Health Volunteers (FCHVs) at the community level. Without proper coordination and actual support of all the stakeholders particular project will not run smoothly so as to meet its objective. So what we do is, at the initial stage of the project, we orient to all levels of the involve partners about who we are, what is the objective of the (research) project, who are the direct beneficiaries, duration of the project and so forth.

All the involve partners work on the basis of formal relationship. But JRS explained that sometimes informal relationship among partners also become very important. He further told that while allocating resources for programme(s) for instance, informal relationship come into play. In more simple way he explained, sometimes DPHO ask/request to support Vitamin A programme in the community or to run health camp at the community or conduct immunization programme in the community at that movement we help them out on what they are request for, he added which is mainly because of the informal relationship among us.

I don’t mean to undermine formal relationship anyway but informal relationship among partners helps in making things happen efficiently he added. He gave an example, suppose we need a medical doctor to give talk at the district level or even community level on certain health issue and if we adopt a formal procedure then we have to get approval from MoHP, DoHS and then regional director which could quite often take longer time than expected but when we request to a doctor for talk programme he could do it without waiting all these formal procedure of getting permission.

MIRA has internal team for monitoring and evaluation (M&E). It looks after the monitoring evaluation of the all projects. It observes projects from the planning phase also internal board looks at the completion of project tasks at the time of monitoring, current status of project with reference to objectives along with time total duration of the project.

 In addition to internal monitoring and evaluation, MIRA makes monitoring and evaluation of the project by external consultants as well. For external monitoring and evaluation of the projects, MIRA makes public announcement or inform to external consultants through networks for monitoring and evaluation of specific project then interested one will apply/come for the task. To select who is to be given for the monitoring and evaluation of the project, there is committee formed by people from various organizations such as DoHS, NHRC, DfID, UCL and MIRA itself and this committee select one among all the interested consultants. Besides, UCL sometimes brought consultants for the external monitoring and evaluation of the project as well. JRS argues that monitoring and evaluation is essential not only for the validity of the particular project but also being aware about the actual status of ongoing project which could be helpful in taking appropriate actions to move forward smoothly in the coming days.

Before implementing the project, all the partners and stakeholders are informed and oriented about the general outline, objectives and methods of conducting project so that people will know who we are, what we do and how we are going to do it. While consulting and interacting with people at district and community level regarding project, we focus more on participatory approach so as to listen their ideas and perspectives about the very project. JRS mentioned that, all these process help us to implement our project.

Government staff perceive this type of project as supportive and complementary to the government’s programme at large. I have not heard that any government staff take this type of project as completely of the project of private sector or isolated one; JRS added.

On the other hand, women at the community level do not take this type of projects/programmes very positively at least at the initial stage of such programmes. Mostly women complain that always these type of people come to the community and conduct several meetings with different groups. JRS further added, in some communities women even deny to participate in the programmes and mention that they are busy in their own household chores including child caring. In other women complaint that these people (referring to project workers/researchers) are here as part of their job, which pays them in dollar. They are dollar earners. But, as women at the communities get information through FCHVs and mother groups about the motto of projects/programmes then women began to change their perceptions towards projects/programmes about maternal and child health.

JRS further explained, we have different programmes for different clusters we have taken into consideration. We have taken 80 VDCs in total in Dhanusha and Mohattari districts. We provide cereal food to pregnant women in 20 VDCs. Under this scheme per pregnant woman gets 10 kg protein powder made out of multi-grain per month. Likewise, we provide cash in another 20VDCs (Rs750 per pregnant woman per month). Similarly, we conduct programme among pregnant women which is focusing on providing knowledge on maternal and child health. This programme is completed after 12 cycles and is provided by community health workers who is known as community facilitator (FC), in next 20 VDCs, such knowledge includes informing women about basic of mother and child health, importance of nutrition during pregnancy, benefit of institutional delivery for both mother and child, potential complications of mother child and their prevention and care of them and so forth. In another 20 VDCs we do not provide any intervention to pregnant women at the communities however, we support community health facilities in their system strengthening which comprises providing training to health workers and providing equipment to health facilities.

In terms of making programmes and projects sustainable, we are encouraging women to involve in income generating activities like preparing delivery kids and selling it out, making protein powder made out of multi-grain (*sarbottam pitho*). So they could engage or run the programmes on their own even if they do not get support from others. Regarding to research projects and findings, government making them survive by developing policies in the particular sector. He added, in the past there was not any policies and programmes for neo-natal except few immunizations programmes but these days things have progressed a lot.

*Reflection:*

*After interview OC felt that he could have gathered specific information in a detail manner if he could have spoken to the key person of the project for Nepal on issues like how the ideas of the project came from? Who initiated the idea of the project in reference to the link of this project with previous one? (If there is any)*