**Interview and Field Note**

Field workers: RA and OC

Interviewee: RD

Note Taker: OC

Note Checked and Edited by: RA

Language of Interview: Nepali and English

Note Transcribed by: OC

Place: 1st floor, office room at National Health Training Center, Teku

Time: 11:30 - 12:00

Date: 2 January 2015

**Major Highlights:**

* Skill Birth Attendance (SBA) training in Nepal is initiated in 2006.
* Since 2006, 6000 (six thousands) health workers have received SBA training in the country.
* There are 21 training sites across the country for SBA training and training runs year around and 8 to 14 participants participate in the training.
* So far government of Nepal has not contributed in delivering equipment necessary for SBA training to any of the training sites, this job is done by EDPs.

As per appointment taken in advance, RA and OC reached to the office of national health training center (NHTC) at Teku. We together went to Ramila Devkota’s who is medical officer and looking closely at the skilled birth attendance (SBA) training from the side of government of Nepal. We reached to her office she asked us to take seats on the chairs put in front of her table. We sat in face to face manner with her. We get introduced each other. After introduction OC gave one pager document to RD and requested RA to brief about the outline of project to RD. A female was sitting near to RD and working on her computer, latter RD introduced her with us, she is working as a consultant for DFID she looks monitoring and evaluation of 21 training sites of SBA training across the country.

After mentioned briefly about the project, RA also mentioned, although SBA is not a primary focus of our research project we are interested in understanding SBA’s role in promoting institutional delivery at the community level. Furthermore, she also highlighted access and approval for studying the projects has already granted for most, only one project needs to be finalized. We are looking forward to study those projects ethnographically. Perhaps we are going to finalize it today, we have meeting with Dr. SA, focal person for safe motherhood, safe abortion and reproductive health right after this meeting.

RD, 6,000 (six thousand) health workers were received the SBA training in the country till the date. These days majority of the SBAs are auxiliary nurse midwives (ANMs). This number is approximately 8 out of 10 participants. Rest of these two are staff nurses. She added, this programme of SBA training was initiated back in 2006.

SBA training is more humanity embedded programme, as it is primarily concerned with death turnover of newborn and management of complexities and possible danger of maternal child health. It cannot take place in vacuum. Therefore, this training has its own unique importance. We also provide training on integrated management of childhood illness (IMCI) and comprehensive abortion care (CAC), vasectomy, minilap compare to these trainings, SBA training is more oriented towards humanitarian and carries own importance.

There are 21 training sites for SBA training across the country. From the inception of such training in the country, government of Nepal has not contributed in sending/delivering required equipment for SBA training, this job is done by external development partners (EDPs) like UNICEF. Equipment for SBA training is so expensive to buy, she added. (*Names of the 21 training sites are written in the white board placed in the wall of the room*)

Talking further about SBA training, she mentioned that trainers of this programme must take part in clinical training skills (CTS) training before providing SBA training to health workers. This package basically teaches trainers about the fundamentals of organizing training for example, how to make balance between theory and practical classes while providing training, basic skills of understanding the training manual. So far 315/420 trainers in the country who received CTS in the country.

At the mean time of our conversation, RD’s cell phone rang, she received the phone. After she finished her talk at phone, she told us that that was from one of the EDPs who had calling for extending support to organize SBA training but DA refused to receive the support from him because about 2/3 months ago, somebody file the case against NHTC for misusing fund for allocating for trainings. These days we are stop getting support from EDPs and focusing only on government’s allocated fund to mobilize and get things done as per the given time by the government of Nepal.

SBA training runs throughout the year. And, 10 to 12 trainees participate in the training in one session which lasts for 2 months. Although, donors have adopted direct pay system to participants of the training, which means accountant of donor’s came to the training sites and pay to the participants directly some of the people (*kaam napayako manchheharule*) file the case against NHTC.

Meantime, RD made introduce her colleague, who was working at her computer beside RD, is Kamala Rai, hired consultant for DFID who closely work in monitoring and evaluation of 21 training sites and make follow up visits as per required. RD also suggested us to talk with for detail information regarding 21 training sites.

RD, further told that although SBA training is concerned with the turnover of neonatal death, trainees of it these day are so young and inexperienced at the one hand and not competent due to low quality of education at their college on the other.

Some of the other challenges are some of the contraceptives are less popular among women for example, Intra Uterine Contraceptive Device (IUCD), Cuper T. Likewise, not favorable environment for receiving and providing services on maternal and child health in the country. In many health facilities there is not only lack of basic/fundamental equipment for institutional delivery but also the delivery room lacks adequate light or sun rays.

Moreover, services and facilities for maternal and child health care should equally be distributed across the country, a mother should be benefited from adequate care and service require at the time of her delivery. She should be accompanied by SBA at the time of her delivery and all kinds of attitude related problems, should not bring obstacles on it.

If a mother makes require anti-natal care visits to the health facilities, she will get Rs. 1000 in the hill, in the some communities FCHVs are less active in performing their jobs. After this discussion she left her office and went to account section upstairs. She will return in a while.

Meanwhile, we see on the white board in quite detail, it says that from 8 to 14 trainees are participating in the training of SBA. Obviously, 8 is the least number of the trainees in the training sites and 14 is the highest one. Out of 21 training sites, SBA training is going on in 9 sites.

RD returned to the room again and we talked shortly. She mentioned that he has great experience of working with partners. As they closely work/look the programmes which they are involved in and they also complete their work timely including financial aspect of the project.

After this, RA made question on what is the next step for post MDG? RD replied that perhaps policy makers are working for next step so they might answer it in a better way.

OC made probe on the earlier issue of what was the major reason for stop collaborating with EDPs? RD’s answer was not that very clear. With this conversation, we left NHTC for FHD for next meeting with Dr. SA.

Reflection:

*OC asked follow up questions on why NHTC stop getting support from EDPs? But did not get answer of it. This is something that OC discussed with RA post meeting as well. It seems that we need to explore further in such this in days to come.*