**Interview and Field Note**

Field workers: RA and OC

Interviewees: SA and PG

Note Taker: OC

Note Checked and Edited by: RA

Language of Interview: Nepali and English

Note Transcribed by: OC

Place: 1st floor at the office room of SA and PG at FHD; Teku

Time: 1:00 - 2:00

Date: 2nd January 2015

**Major Highlights:**

* Access to Aama Surakchya Programme is gained for its detail study.
* Safe Delivery Incentive Programme (SIDP) initially implemented in 25 districts in the country which helped to increase institutional delivery by 9% over the three years of time span.
* At present there are 1725 birthing centers across the country.

Like earlier, as per the appointment taken in advanced RA and OC reached to family health division (FHD) at Teku. Unlike earlier meetings, primary aim of this meeting is to request final approval and access for *Aama Surakchya Programme* as one of the other case study as per the requirement of New Norms and Forms of Development….

When we reached to her office her room was locked and OC made call to her and informed that RA and OC have arrived at FHD to meet with SA. She had arrived shortly and asked us to come inside her room and take seats put in front of her table. In the meantime, OC introduced RA with SA. After taking seat, RA initiated talk by expressing keen interest of project team for exploring *Aama Surakchya Programme* in detail manner.

After listening to RA, SA briefly described about the history of *Aama Surakchya Programme*. She further mentioned that safe motherhood programme(SMP) was initiated in 1998 in Nepal it was continue for quite a bit long time and in 2005/6 safe delivery incentive programme (SDIP) was started, initially this programme was implemented in 25 districts of the country. This programme increased institutional delivery rate by 9% over the three years of time.

After gradual success of SIDP in the 25 districts of the country, it was expanded in rest of the other districts as well. She further added that currently there are 1725 birthing centers across the country at present. Still statistics shows that 48% of MMR in the country because it includes all kinds of death during pregnancy for instance, if pregnant woman fall down from the cliff and died then it also included within MMR.

We have achieved MDG-5, SA added. As far as the Aama Programme is concerned it is nationwide programme. Travel incentive is given to a mother according to the ecological region of the country which is Rs. 500 in tarai, Rs. 1000 in hill and Rs. 1500 in the mountain. Incentive cost is comes from pool fund of the government to the respective health facilities and birthing centers across the country. Besides mother, service provider also get incentive, service provider gets Rs 300 per delivery.

Although, all the pregnant women are encouraged for institutional delivery across the country, it is still lees number of pregnant women visit to the health facility for delivery comparing to other parts of the country because people and women in particular in the region have problems in attitudes in seeking maternal and child health care and services. This sort of attitude is mostly common in *chamar* community of the region.

She further suggested that if you like to see the differences in government health facilities and private health facilities then you also consider those area where such facilities are provide in both government and private health facilities. I would suggest to do so and chitwan would be appropriate district for such comparison, because both sectors provide such facilities in the district.

SA also further told that, as aama programme is nationwide programme, perhaps it is better to include representative places from all 5 regions and 3 ecological belts of the country. For the monitoring and evaluation of the aama programme, have been conducting rapid assessment of the district annual. We have already completed 7th around of rapid assessment of the programme, we just have completed 8th round of rapid assessment of it but report of the study is yet to be disseminated, perhaps it is going to be held soon.

There are some districts where we have still not conducted rapid assessment so far. I think, there 22 districts we yet to conduct rapid assessment of the aama programme. Please meet Pawan Ghimire, a senior demographer who also see the research sub-community he will be able to provide suggestion for moving ahead with this conversation we concluded our conversation then we left her office and move to see Hemaji next room.

After meeting with Dr. SA we came to next room to see Hemaji, a staff of DFID works for aama programme, but she was not at the office we met Manoj Thapa, coordinator of aama programme working with Hemaji. He provided guideline of aama programme and also gave the list of the districts which were not covered in previous rounds of rapid assessment of aama programme, which are as follows:

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| --- | --- | --- | --- | --- | --- |
| **SN.** | **Eastern Region** | **Central Region** | **Western Region** | **Mid-Western** | **Far-western** |
| 1. | Ilalm, Dhankuta, Terathum, Saptari, Okhaldhunga, Khotang | Dhading, Makwanpur, Bara, Lalitpur, Bhaktapur | Argakhachi, Baglung, Lamjun, Manang, Gorkha | Salyan, Rolpa, Pyuthan, Jajarkot, Dolpa | Baitadi |

While discussing with MT OC saw PG was coming to his office then OC informed RA and then went to see him at his office room and asked him that will he be able to talk to us shortly. He then replied to OC that he is going to leave office soon to attend meeting elsewhere. OC requested him that, they will not take longer time, as PG asked to make conversation quite shorter then OC went to RA and they come together to talk with PG at his office.

Once RA and OC reached to PG’s office, RA make him update about progress research project has made so far and then RA asked for any suggestion to move forward especially to go for conducting filed work of aama surakchya programme? PG said there is not outsourcing of the fund of aama surakchya programme. You could take 5 top ranking districts and 5 low ranking districts in terms of performances of aama surakchya programme. RA told that would might not be able to covered 10 districts for this programme because we have to cover other projects for their detail study. We will set the number of districts for field study once we discuss among our research team and set quite a bit realistically.

We also expressed our interest to take part in any meetings they are going to organize related to maternal child health and foreign aid in days to come. We further told him that we will not do any intervention in the meeting but participation will help us to make our understanding broader about the sector.

We conclude our conversation and left the FHD and OC returned to Baha.