**Interview and Field Note**

Field worker: OC

Interviewee: BS

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali and English

Note Transcribed by: OC

Place: ground floor of district public health office, Bhrikutinagar; Nepaljung

Time: 2:00 - 3:00

Date: 14th January 2015

**Major Highlights:**

* Delay in releasing of the annual budget of the country makes it difficult to pay travel incentive timely to a delivery mother.
* MMR in Muslim community at Banke district is still higher.
* Policy should be made for paying to the works of FCHVs and their selection as well.

At short meeting with district public health officer (DHPO) a day before at district public health office at Nepaljung, Banke, DPHO informed OC that, he could meet to focal person of *Aama Surakchya Programme* tomorrow but OC has to come up with a request letter from either ministry of health and population or key departments, where New Norms and Forms of Development…has been working closely. OC then replied that he has not brought any letter from ministry or departments although research team closely has been working with family health division (FHD), child health division (CHD) and MoHP. OC has ethical approval granted by Nepal Health Research Council (NHRC). Then, DPHO asked OC, how long will he be staying in Nepaljung? OC replied one or two more days in Nepaljung, actually thinking to get back to Kathmandu the day after tomorrow, i.e. on 15th January, 2015.

DPHO looked busy on approving documents, he was making signature on documents and was talking to other person who was sitting next to him, who letter introduced with OC that he looks nutrition section in district public health office at Banke.

OC reached to the district public health office of Banke at Brikutinagar, Neplajung in the afternoon. Once he gets there, asked receptionist about the focal person of *Aama Surakchya Programme* at the district she then told OC to go next room, as per the information OC went to the next room where he saw two ladies were chatting, perhaps they were focal person’s fellow workers, he then asked can he meet Bishnu Shrestha (BS), focal person of *Aama Surakchya Programme* one of those two ladies replied she must gone somewhere around? Please wait for a while, she will get back to office soon.

After a while, a young lady came to the office and introduced herself with OC as public health nurse/focal person for *Aama Surakchya Programme* after listening to her OC briefly told her about the objective of meeting her along with the overall objective of the New Norms and Forms of Development… and in the meantime OC gave her one pager document of project introduction and NHRC ethical arrival. As BS went through few lines of one pager project introduction, she asked OC what are you going to do with the information you collect? And who will be benefited from this research project?

As has been mentioned earlier, this research project is attempting to unravel the chain of foreign aid through maternal and child health projects in two countries i.e. Nepal and Malawi (Africa). After the collection of the information this research aims to inform about the actual scenario to policy makers, academics and the like with reference to the evidences. Furthermore, the prime aim of the research project is to inform policy makers with evidences.

If the findings of this research will go into policy formulation then primarily mothers and children of the two countries, perhaps beyond other stakeholders will be benefited, OC added.

Before the initiation of the conversation, OC asked BS for her approval to record the conversation but she refused to do so then as the conversation had begun OC took the note of the conversation.

She has been working as a nurse in the district from the last ten years but from the last five years she has been working as focal person of *Aama Surakchya Programme*. This programme has been proved as one the most effective programmes (*ekdamai ramro*) in the maternal and child health because it has contributed a lot in maternal mortality rate (MMR) also has supported in raising awareness on potential dangers of pregnancy, anti-natal care (ANC) and post-natal care (PNC) among women.

Incentive given to pregnant women for their ANC checkup and travel to health facility also has helped a lot in visiting health facility for ANC checkup and institutional delivery. Per delivery health facility provides Rs. 500 to a delivery mother as her travel cost to health facility in Tarain region. There are 32 birthing centers across the district which incorporates public and private health facilities including bheri zonal hospital. Among these 32 birthing centers, comprehensive emergency obstetric care (CEOC) service is provided in one center. Where CEOC is available, pregnant woman gets blood transfusion and cesarean section if it requires she added.

Although, *Aama Surakchya Programme* has been proved itself as one of the best programme in bringing improvements in maternal and child health in the country, it has some challenges as well. There is no provision of travel incentive for those deliveries which take in referral centers, however, it is institutional delivery. For instance, if there is complication in delivery and birthing center cannot handle it and refer to any referral centers for delivery, in such case a mother will not receive travel incentive, she added.

Likewise, there is problem in receiving incentive of ANC visits. If a pregnant woman makes 4 ANC then she will get Rs. 400. In many cases pregnant women do not receive it, even though they make 4 ANC, because, the ANC card is not being properly fill up. There is a provision in the guideline that if the card is not being fill up as strictly as per the guideline no travel incentive will be received, she added, health institution will not consider any minor mistake to provide travel incentive, it does not consider even 1 or 2 days of ups and downs in recording of their visits in the cards. Health institutions ask to follow the guideline at the one hand and pregnant women take it for granted on the other. And, sometimes pregnant women make first ANC visit in 5th months of their pregnancy which should be made on 119 days of their pregnancy.

Moreover, travel incentive programme is implemented in both public and private health facilities in the Banke district. Monthly reporting at district public health office (DPHO) from various health facilities across the district helps in keeping the record of number of pregnancy, institutional delivery and the like. On the basis of the reporting payment to the mothers will be made through local health facilities, she added.

She further explained that guideline of *Aama Surakchya Programme* categorizes delivery broadly into three main categories and make payment accordingly. Such as it calls normal delivery, complicated delivery and caesarian section. Then provides Rs. 1000, 3000 and 7000 respectively. On top of these amount travel incentive will be given too.

While paying to the travel incentive to deliveries those take place in private health facilities, first of all, private health facilities submit records of deliveries at DPHO that have taken place in such centers, then from DPHO and particularly from *Aama Surakchya Programme* amount as per the reporting of deliveries will be sent to the account of health facilities. Then, private health facilities pay to the delivery mothers.

Unlike, travel incentive while paying for the amount of ANC, it has to be approved from DPHO and in so doing, ANC card should be filled up as per the protocol mentioned in the guideline of the programme in most cases, protocol will not be followed, then a mother does not receive an amount of ANC.

Furthermore, at the other level there is lack of uniformity between public health facilities and private health facilities in filling up the card for ANC. Because, there is huge retention problems of staff at the private health facilities as well. Only limited number of staff from private health facilities participate in the training of how to keep records properly in ANC card after working for a while in the health facilities those trained staff move elsewhere then there will not be a trained staff to carry on the system, then it will create lack of uniformity between private and public health facilities in terms of keeping records of ANC.

Travel incentive scheme has definitely increased in the number of institutional delivery but sometimes we are not be able to pay delivery mothers at the time of her discharge from the health facility. Due to delay in releasing of the national annual budget, for instance this year annual budget of our country was released 4 months later than its usual timeline. In the case of delay payment, either we ask delivery mothers to visit health facility and collect their amount or we go to their homes and pay them in persons.

In case of *Rapti,* a rive *paari* across a river there is a birthing center in the community, the community is Muslim but woman hardly visit the center for care and services necessary for pregnancy and delivery, and maternal mortality rate is higher in the community. Still, Banke district is known as the district of higher MMR in the country she added. She further explained that careless among women towards their own health is one of the major challenge which is resulted in higher rate of MMR in the community and district. Apart from that, geographical remoteness, lack of transportation facility, obstruction of transportation during rainy season other factors which have contributed in adding challenges while seeking services. It takes five hours of walking from the community, which are talking about to get to the district hospital, she added.

On top of all these complications and challenges, *Aama Surakchya Programme* has contributed positively in improving maternal and child health the community. ANC visits have increased, although pregnant women may not complete total visits or this visit may not occur as per the protocol. Similarly, post-partum hemorrhage (PPH) among delivery mothers has reduced in the community. Due to the distribution of Iron tablets among pregnant women, eclampsia is reduced and timely management of preeclampsia is increased in the community.

Institutional delivery helps in reducing MMR in the community and the country as well. Still we need to emphasize on the creating awareness on maternal child health among people in general and women in particular. In the context of Banke district, health seeking behavior of the women largely depends on their husbands and mother in laws. In addition to that, rampant poverty is another hurdle for women to seek care and services during their pregnancy and delivery. As pregnant women do not have adequate food to eat, they have to work day long to manage their food even during pregnancy. Sometimes women spend day only having rice and salt even during their pregnancy.

Female Community Health Volunteers (FCHVs) are the key person in any health programmes lunch at community level. As they are key ones, these days workload for them is highest ever on the contrary they do have any regular salary or incentives. Allowances and incentives given to them are not enough as per their responsibilities and duties. FCHVs receive Rs. 400 as per delivery under the Community Based New-born Care Package (CBNCP) but this scheme is going to be stopped from this fiscal year. Sometimes, it is really difficult for us to work through FCHVs in the community as they have lot of work burden and but no incentive schemes.

I think, there should be some provision in policy for the incentive of the works of FCHVs and also the selection of FCHVs. The existing practice of selecting/nominating new FCHV is just handovering the tasks to close relative once the previous one is old enough. This practice has not provided opportunity for new comers. With this talk, she concluded her conversation with OC.