**Interview and Field Note**

Field worker: OC

Interviewee: HB

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali and English

Note Transcribed by: OC

Place: 1st floor of Family Health Division (FHD), Teku

Time: 3:00 - 4:00

Date: 27th January 2015

**Major Highlights:**

* NHSSP does not have its own agenda for implementation rather providing supporting role in implementation of government programmes.
* While providing support to *Aama Surakchhya Programme*, it contributes largely covering three aspects of the programme.

As per the appointment taken with Hema Bhatt, a focal person for *Aama Surakchhya Programme* for Nepal Health Sector Support Programme (NHSSP). OC, reached to her office at Teku. As OC reached to her office, she was working at her computer, as soon as OC saw her, they exchanged greetings among them, and then HB asked OC to take seat on the tool which is put in front of her table. In the meantime, HB asked OC to wait for few minutes to begin to talk, she just need to check an email, OC replied to her that, take your time, OC has arrived 15 minutes earlier than the given time.

After done with her email checking task, HB asked why are you doing this research? Is it for someone’s PhD research or something else, she further told although I had quickly gone through the one pager document, you had given me in earlier visit.

OC, explained to HB about the objectives and outline of the New Norms and Forms of Development… to her along with some background information regarding *Aama Surakchhya Programme* and objective of the meeting with her as it has already mentioned her in the email communication.

After listening to OC, HB asked OC, what sort of information OC is looking from her? OC replied to her as *Aama Surakchhya Programme* has been taken as of the case for detail study, I am interested to know the holistic information about it with specific details. At the same time, OC, asked for permission with HB to record the conversation, but HB, seemed reluctant for recording of the conversation and told that taking note would be good idea for this time, if it needs, we can do it next time. OC then agreed with HB and took note of the conversation.

HB, we are technical agency to provide support to the government’s health programmes particularly to Nepal Health Sector Programme 2 (NHSP-2). We provide support in implementating the programmes of government as per its work plan also we work in identifying the problems in the system and provide technical support to sort them out. We do not have our own agenda for implementation rather we play a role of supporting agency of the government.

Talking about *Aama Surakchhya Programme* in specific, we contribute in supporting largely covering three areas of the programme i.e. ongoing review of *Aama Surakchhya Programme* which takes once in a six months, unit cost study/analysis of travel incentive given to delivery mothers by government of Nepal and Universal Health Care, how to move ahead with the *Aama Surakchhya Programme* after 2015.

She further explained that we provide support in assessing the status of *Aama Surakchhya Programme* in the country through what we call rapid assessment (RA) of *Aama Surakchhya Programme,* which take place twice in a year. Apart from that, we also contribute in reviewing the guideline of *Aama Surakchhya Programme.*

The next task we work to support is, in analyzing the unit cost given to the mother as travel incentive according to the ecological regions, sufficient or not. She added, the amount for travel incentive was set back in 2009. In so doing, technical support is also provided for conducting research, making or remaking protocol for specific programme.

The third aspect of the programme we put our input is adopting in the modality of *Aama Surakchhya Programme* after 2015. How does we could move ahead after post MDGs. What short of changes do we need to make in the programme? If we do need to make?

In addition to this, we also work find out the day to day challenges associated with maternal and child health be it at the organizational level or at the community level. For instance, putting effort to make the payment of travel incentive timely to the mother at the time of institutional delivery. If we came to know that, mothers have not received travel incentive timely then we inform it to family health division (FHD) then FHD immediately send a letter to particular district asking to make due payment of travel incentive to mothers at the communities.

She added, institutional delivery (ID) has increased in the country after 2009 and which has brought positive impact in the maternal and child health. Previously delivery used to take place in the cowshed while these days, most of the deliveries take place in the health facility say for instance, 80 out of 100 babies born in the health facilities.

While making suggestions for New Norms and Forms of Development… HB, told that it would be better to make representation from all ecological regions, also urban Vs rural dichotomy should be included in your study.

She also gave a bit historical account of *Aama Surakchhya Programme*, in 2005 there was a programme called maternity incentive scheme (MIS) which was renamed in 2006 as safe delivery incentive programme (SIDP) which was implemented in 25 low human development index (HDI) districts of the country. Then in 2009 *Aama Surakchhya Programme* emerged as a nationwide programme. Likewise, from 2012 onwards government has begun to provide incentive as Rs. 400 for 4 times checkup of the anti-natal care (ANC) for pregnant women including travel incentive for intuitional delivery. These two programmes are well-known demand side financing (DSF) schemes in Nepal among others.

While supporting in implementing the health programmes in the country at different levels, we contribute largely in following sectors:

* Supporting in formulating policies
* Providing technical support in conducting research
* Advocacy (she told which we do not do much)
* Health Financing
* Monitoring and Evaluation

She told further that my position is under Health Financing, we have a group of four staff. With this talk conversation was concluded, OC thanked her for time and cooperation. Before leaving her office, OC mentioned that he could come to meet and speak next month, how is your schedule look like? She, replied for the time being not any has been made go out office in that time.

*Reflection*

*As people come in and go out in her office room OC was frequently distracted during conversation, perhaps HB also might have felt this to the some extent, not only for disturbances that occur during conversation but also talking about her working experience with government staff.*

*HB, told to OC that perhaps, for the next meeting the place we were in may not be appropriate and we will sit somewhere down stairs may at the meeting hall. OC and HB were walking down stairs HB told to OC that I am afraid for recording of our conversation as we are talking about sensitive issue, OC replied her that privacy and confidentiality of the participant will be strictly mentioned.*