**Interview and Field Note**

Field workers: IH and OC

Interviewee: RT, RK and DM

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: English and Nepali

Note Transcribed by: OC

Place: 4th floor, meeting hall, Suaahara Office at Airport

Time: 10:30 - 11:30

Date: 23March 2015

***Context***

**[***Before leaving to conduct an interview with Ravindra Thapa (RT), senior monitoring and evaluation and accountability learning manager for Suaahara project and his colleagues at his office at Airport, from SSB office, IH and OC were discussing on some of the points as suggested by JS while discussing OC additionally mentioned to IH about structure of Suaahara Project at different levels i.e. central, regional, district and community then also showed him some pictures from Newakot field visit to explain about scenario of district office of Suaahara, and its partners NGO office, field supervisors and pots they distribute to health mother group and 1000 days mothers also sent him some documents of Suaahara which included baseline survey, annual report, behavior change and communication.*

*Apart from that, OC also mentioned to IH as the first phase of the Suaahara project is going to be end by 2016; Suaahara has announced call for the End line Survey was made last week, which OC saw in the newspaper when he was in the field at Nuwakot. After a while of discussion, we reached to the conclusion that, we will talk/discuss with him on data or evidence generation, precisely what they are doing with the evidences they are collected in this project? What is rationale of collecting all the evidences? Likewise, understanding partnership building among members involved in the consortium and beyond at many levels. These includes, collaboration with various ministries at the central level, NGO and line agencies and related government offices at district, selecting partner NGO for implementation of project at the communities etc*.]

**Major Highlights**

* Suaahara use evidence/data/ information to report donor.

IH and OC left the SSB office to go to the Suaahara central office at airport to conduct an interview with Ravindra Thapa, senior monitoring, evaluation, accountability and learning manager for Suaahara project. When they get there, like in previous visits with other staff, we moved ahead by following their rules. As we reached to the reception of the office, OC mentioned to the receptionist, they have a meeting with RT, which is scheduled at 10:30 am and we had already taken appointment for it with him. She asked us to go to the fourth floor and she will inform him in a while as his line is engaged at the moment. IH and OC reached to the fourth floor, a young lady asked us, to whom are you coming to meet? OC mentioned to her, they are coming to meet RT, and she showed us the RT’s cabin, by flowing direction she has given to us, IH and OC reached to the RT. We greeted him, after exchanging greeting and short introduction of each other we sat on the two chairs placed around his table. While he was on the phone, his computer screen was displayed with ex-cell sheet.

After short introduction, we were about to initiate talk, in the meantime RT asked us to go to meeting hall and he also informed with his two other colleagues to participate in the meeting. On the way to meeting hall, RT asked us to take tea/coffee as we like, which is placed in the room near to meeting hall. As we sat for meeting at the hall, two other staff were also joined the meeting who was Dr. Mishra (DM) who has been working in the health system of Nepal from last 25 years by involving in government organization and non-governmental organizations like UNICEF. In Suaahara project, DM works for the system development. (I do not think we have detail information on this regard). And, the other participant was Rajani Kayastha, (RK) senior monitoring, evaluation, accountability and learning officer in the team.

As all of us, five people sat for the meeting at the hall, RT introduced himself and asked his colleagues to do so. After the introduction round IH gave outline of the our research project, he further mentioned that, this project simultaneously goes in Nepal and Malawi, Africa and Suaahara is one project among four that we have considered to study in a detail manner in Nepal. He also further explained the methods that we used in our research project, which comes from social anthropology and qualitative in nature, we do not use fixed/particular survey methods rather we use broader/flexible checklist to collect information. In this meeting we would like to discuss on data/information/collection its, methods use of evidence and ultimate purpose of evidence collection. And the second one is coordination within the consortium and beyond, with other stakeholders government staff and NGO staff at many levels. We like to understand this relationship in a bit detail as well.

Apart from that IH also briefly mentioned about his involvement in the research of Tuberculosis (TB) and human immunodeficiency virus (HIV) with Global Fund, and study of evidence collection from study Misoprostol programme in Nepal prior to this (New Norms and Forms...) research. IH also further explained that, relationship among working partners looks complex at all levels.

After listening to IH, RT mentioned that he will mentioned on the data/evidence generating part and RK also add on in this part. In the coordination and relationship among various partners, DM will give further information.

RT, explained that one of the Suaahara’s goals is reduce stunting, we are expecting to show it with the evidence. As we implement the programme, this process of information gathering helps us to know the impact of programme at the community level also supports us to be aware on whether programme is in the right path or not. Apart from implementation of the programme (through NGO) we also involve in the designing of the routine monitoring of the implemented programme. This routine monitoring is usually done by the internal staff of the Suaahara project. He also mentioned that, they have developed a brief survey method which they call Lot Quality Survey of Samples (LQS). This brief survey helps us to see the changes over the period of time namely from the beginning of the project to the present time. In other words, LQS is a monitoring track of the Suaahara project itself. It helps to give the information from the planning phase of the project to find deviations if there is any, and meeting the specific target for project.

In addition to LQS we also conduct Most Significant Change Study, which is also like routine monitoring, is also conducted by the internal staff of the project. While channeling the outcome and recording the progress of the project, staff felt that qualitative aspect of the project is missing RK added to RT. The prime goal of the Most Significant Change Study is to know/measure the changes that happen after the implementation of the Suaahara project at the community.

IH, how did you do this study then? RK responded that, they conducted focused group discussion, interviews with the people, see; observe the people at the community. When all the changes that people mentioned during focused group discussion or interviews we asked people to rank the changes from the most significant at the top. We follow the same process at many levels from the from village development committee (VDC) to district and beyond.

This study helps to know the perspectives of different stakeholders on the benefits of project at various levels. IH asked, how do you do it? RK, we select the stories from the collection we collected from the community during research. This selected stories could be individual or could be community of the community as well. The staff of Suaahara involve in the process of selection of the representative stories. Community people themselves involve in facilitating the stories, once all the stories comes with support of the community people we will go for the final selection of them. RT commented that this is a very good type of participatory process. All internal kind of monitoring is conducted by Suaahara staff themselves. We provide them training to improve their skills and abilities to perform the assign job.

In addition to this, we outsource for the research project like baseline, midterm and end line of the project. While outsourcing the research projects we invite proposal from potential organizations. We make announcement in English or Nepali national dallies, like the one we have recently done for the end line survey of the Suaahara project. We go on the beating process among the applicants, RT added. Proposal come in sealed envelope, on top of other criteria we also look at the methodology and price of the research while selecting/awarding to organization for the research project. To perform this job, project form a committee at a time who goes to a selection process with given guideline prepared by the staff of the project internally. RT added for the big impact study like baseline, international research organization involve in it, like International Food Policy Research Institute (IFPRI). RT added further, not many organizations in Nepal can perform the given job for the research that does not mean there is no single institute in county, there only few can do the given job.

New Era was conducted a base line survey of the Suaahara project, RT further explained that out sourcing for the research depends on the consultant and organization, context and the size of the study as well. And RT also mentioned that, we have recently announced for end line study of the Suaahara project, if New Era will not apply for the project, we will have to find the another organization to conduct the research. We do not know whether New Era will apply for it or not? IH, do you have to get NHRC approval for conducting this end line survey? RT, we need to get ethical approval/clearance for conducting end line study, but once we will select the organization for the study then we will apply together for ethical clearance at Nepal Health Research Council (NHRC). IH, are you aware that NHRC is forming its branch like organization for granting approval for this kind of research, such as Norvic Hospital, RT, I am not aware about that.

RK, till now; the trend of impact evaluation is not a common one in Nepal although, it is emerging these days, which is really good in terms of measuring the impact of the project. This trend was not before, only Nepal Demographic and Health Survey (NDHS) was administered to measure impact. She further told that we are not only collecting data but we have very strong research design to collect information/evidence.

RT, adding to RK mentioned that, from all the collected information/evidence we will use for largely two things: (a) monitoring, and (b) research/impact study. Under monitoring, we compile all the evidence/data which helps to know whether project is on the track to meet the target or not and if there is any deviations, then how can they be overcome, and setting the target for coming year. And, on top of all, we use collected information to report the donor.

Apart from reporting to donor, we use information/data for further research and impact study which is mainly focused on what sort of improvement and progress need to bring at the programme for the further improvement. RT further, mentioned that which helps to management the indicators and district team should supervise to the community staff. Research and impact and learning to be used within the Suaahara team and outside.

IH, do they (donor) allow you some flexibility? RT, if there is no flexibility we cannot use the findings we cannot change everything we like on our own, we can go for change after we get approval from the donor. He further mentioned that, it is the first time, we are going to make intervention at national level. Suaahara is the Nepali name of this project, it is actually an integrated nutrition project (INP) DM added. It an integration of agriculture, health, hygiene and others. Before this, there was not such an integrated project in the community. IH, how do you find the process of integration? In behavior change, nutrition? DM, mothers do not know, when, how to take nutritious food? Essential Health Action (EHA), and Essential Nutritious Action (ENA) which not only helps in behavior change but also contributes in reducing Infant Mortality Rate (IMR), and Maternal Mortality Rate (MMR).

DM further argued that only change in behavior is not enough so people have to bring changes in the practice of food habits, i.e. consumption. Children are not consuming nutritious food neither they have proper hand washing behavior, nor do they drink the purified water. Maternal and child health projects are encouraging to consume, Iron, Folic Acid, and Vitamin A and more precisely Suaahara project is emphasizing on the behavior change of the mother child at the communities by focusing on both demand and supply side. Under this scheme, we not only persuade to mothers but also include family members as well. DM further explained that, having knowledge is not always enough to bring change in the practice, he gave an example of medical doctors, and perhaps every donor knows he/she does not have to drink alcohol or some cigarette, but they do in practice. We are persuading to bring changes in their (mother’s and child).

Suaahara project is primarily build on consortium approach, as one organization is not fully skillful in performing job in every aspect of the society. Hence, ENA, representative and officer work for promotion and counseling of the nutritious food and its benefit for the mother and child to maintain good health. DM further argued that, consortia approach is new in at least in the sector of nutrition in Nepal, there is similar kind of integrated project Ethiopia which is named as *Engine* if we talk about outside of the Nepal. In the Suaahara project, 7 partners are involved in consortium with specific skills and abilities in particular sectors, for instance, Helen Keller International (HKI), NPCS, NEWAH and the like. We deliver service our partner NGOs. Government of Nepal the services effectively and efficiently across the country due to various reasons, limited capacity of the government, untimely release of the annual budget of the country are common among others.

We are working to enhance the government service delivery system, we are not making/creating any parallel system to provide services to the community people rather we are going through the same government system he added, NGOs are working as catalyst. We are just supporting government to accomplish its tasks in a smoother manner. Government alone cannot achieve all the goals and Suaahara project; achieve the goals of government of Nepal.

While explaining further about fund dispersement DM mentioned two ways of channeling the fund in the project one is through Red Book, which has to through government system, as we mentioned earlier, due to untimely release of the annual budget that does not only hider the government programmes but also make delay in other supportive programmes as well.

In respect to Suaahara project, we do not go through Red Book; we ourselves deliver the fund without making an agreement with Ministry of Finance (MoF). These days we make sub-contract with NGOs at the district, for instance we do sub-agreement with radio programme. Making sub contract with NGOs is also quite new trend.

When we talk about 24 years ago, there was no any fund neither was there strong human resources to implement the programme at the communities, there were only limited programmes which included diarrheal disease, malaria and TB. He further told that may be 10 years later diabetes and other non-communicable disease will be prioritized for intervention.

JHPAIGO is the component of John Hopkins University technical support in components of the health, especially research and strengthening and delivering services. Likewise, JHUCCP providing support on behavior change and communication, we are not directly implementing the programmes but we help to capacitate government staff.

With this discussion we left meeting hall, IH went to HERD and OC returned to SSB.