**Transcribing of Meeting at ADRA-Nepal**

Field workers: RA and OC

Interviewee: CT

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali and English

Note Transcribed by: OC

Place: 1st floor at ADRA-Nepal, Sanepa Height

Time: 3:00 - 4:00

Date: 23 December 2014

**Major Highlights**

* Japanese people keep on doing monitoring of the project upto seven years even after completing of the project.
* We did similar type of project called vulnerable community problem project in three districts Rukum, Rolpa and Salyan, that we replicate in these three districts (Dailekh, Kalikot and Jajarkot) through SRH project.
* ADRA-Nepal had implemented project in five districts of eastern Nepal which was completed in 2006.
* SRH project was highly appreciated by then prime minster of country as it has covered both hardware and software portions.

This is third meeting with staff of ADRA-Nepal. But it is the second one with CT. First meeting with CT was took place at her office on 24th of the November, 2014 which was kind of introductory and more focused on how to move ahead for getting access to SRH project as case study for New Norms and Forms of Development…. In addition to that CT asked OC to submit certain documents as part of process to access on SRH project.

CT, we worked with her together at Pokhara and Tansen. I was campus chief and she was warden while we worked at Tansen, RA, oh yes…yes… CT, I was campus chief and she was warden. RA, were you working in Tansen? I also worked many years in Tansen Hospital. CT, I stayed in Tansen three times, how it was ended up not meeting each other? RA, it was surprising, I was in mission. CT, perhaps, your faced has been changed right? RA perhaps that may not be so but I was really thin in the past, yes, I feel like, I have heard of your name, CT, yes, RA, were you there at the time when Ambikadidi worked as warden? CT, yes, at Tansen, RA I used to worked at hospital ward. CT, then she transferred to Pokhara, then Muna Thapa, came to Tansen, who is currently working in Birjung as campus chief. RA, now I just began to remember about you, it has been appearing in head to the little extent. You see. (Laughing...) CT, my get up was quite a bit different, I did not have my hair cut, rest of other style is almost similar. RA, I was really thin, I do not think there has been changed in face, but…CT, Ambika, was talked about you also Laxmi did. RA, Laxmi Shakya, CT, yes, in my tenure Ambika was there as a warden. I stayed there three times in Tansen and once at Pokhara. Muna, Muna Thapa Magar and Laxmi Shakya, RA, when I was there in the beginning, Gomati didi was there as a campus chief, CT, after Gomati didi, who was there, RA, after Gomati didi, Narmaya didi was there at once. CT, yes after Naramaya did I was there. RA, oh really, yes…CT, yes, after Naramaya did, I was there. RA, the one whom we talked about, OC, who works in USAID project now.

CT, when Naramaya didi went to study, after Naramaya didi I was there, her appointment was there, there was a temple, what it calls?? *Bharaibthan*, right. RA, yes, *Bharaibthan*, CT, she told me, I had a sacrificial offering (*bhakal*) to *Bharaibthan.* She was visiting there after she returns from her study, perhaps which was for clearance and her attendance after returning from study. RA, do remember Berna di Ragen? Campus, hospital, matron, matron, I was there during her tenure. CT, yes.

RA, I have taken classes down there sometimes, CT, she is elder or younger sister of sister Ragen right? RA, yes, CT, I also had been there, they asked us for meal at the occasion of Christmas and the like. RA, it has been several years from now, 25/30 years that is why, I need to asked, and I saw Ambika didi yesterday, I asked her about Aruna but did not talk about sister Ragen. CT, sister Ragen, was passed away, RA, she was passed way, I heard of that. CT, she was at her job, I worked with her. I worked with her at Bharatpur. RA, it was really long ago, right. CT, which was my first appointment, RA, which batch are you? Where did you complete it? CT, from Mahabauddha, in 34Vs. pass out in 1978. RA, I was also pass out in 2040Vs. CT, in 2042 Vs. I had completed MSc public health. My entry was in 2040Vs. It was not in 2040 Vs. it was in 2048 instead, it was BN in 2040 Vs. RA, BN, CT, pediatric.

 Let’s come to the point of conversation, perhaps you have time constraint, RA, anyway, I feel happy to meet you, when brother (Obindra) told me, I felt that, I heard of you, CT, I left message to Swaatiji, a receptionist ADRA, that if Obindraji would come to visit me, informed him that, I will be returning to office to meet/talk with them as I committed to speak with them.

RA, we talked to the some extent at our last meeting, Obindra had come last time, CT, yes, right. RA, you are now informed about our research project, CT, yes, I am. RA, now I am based in Edinburgh, CT, in Edinburgh, RA, at University of Edinburgh. CT, are you based in here or there? RA, in fact, it is more project based, now I am based in Edinburgh now, but here and other project is in Malawi. I often travel. CT, I also been to Malawi, RA, in Malawi, we exactly the same work, we have to visit there quite often. I also had visit Nepal last time, and now came again here to push some of the project tasks forward.

CT, I feel happy to meet you, RA, anyway, I feel happy too. RA, the main programme of today is, CT, interaction, RA, interaction, and in this research project, it needs to select four cases and study them, those are related to maternal child health and funded by foreign aid. CT, ADRA one, perhaps you mentioned, Save (the Children) RA, we are thinking to consider one project of Care-Nepal. CT, and then, RA, next on, Suaahara, CT, yes, there is project called Suaahara, RA, USAID funded. CT, Suaahara RA, and the other one is, we are thinking to go for *Aama Surakchya Programme*. CT, the government fund programme, RA, yes, the government’s programme, but several donors are involved in it. CT, yes, several EDPs (External Development Partners) are supporting in their implemented district, where there is absence of EDPs government has done on its own.

RA, we will do in-depth study over those selected cases, while doing in-depth study we will explore, what is the mechanism? Basically, what we are trying to look is, what is the funding mechanism? How is maternal and child health programmes run? Nepal has remarkable record globally, just three days ago, listened or not, I was amazed, life expectancy of Nepal. OC, was that about increasing of life expectancy of Nepali people by 12 years in last 25 years. RA, 10 years, so rapid, rapidly CT, it is around 64 and 68 years or so right, RA, it increased to 70 years. CT, I saw it somewhere in the newspapers, oh, it increases, which is good, RA, more of the things are gone through maternal and child health. May be, improvement in maternal and child health has contributed at the greater extent, as there is decrease in child mortality, OC, there is control in diarrhea and other communicable diseases in the countries like Nepal, which has helped to increase the life expectancy, where as in the developed countries non-communicable diseases like Tuberculosis which helped to increase the life expectancy, that is what it is reported.

RA, do you have that newspaper? OC, yes, I have read it in *Swasthaya Khabar Patrika* today. RA, oh really, I am going to look at there. CT, that would be an easier way, RA, anyway Nepal has good record globally in maternal child health, MDGs 4 and 5, has achieved in very nice way, CT, MDG 5 is already achieved in a better way and 4. RA, 4 also has achieved in a nice way. We basically compare our country with Malawi, in this project, it is not absolute compare, but as this project deals with two countries, when we have seen them, we are far ahead.

CT, Malawi, I have also been reached there, I travelled alone, such long distance, ADRA-Malawi. RA, Is there ADRA in Malawi as well? CT, yes it is. RA, we have not seen it there. CT, there is ADRA-Malawi. RA, oh really. So, we want to finalize the access and approval for the detail study of case and we want to get suggestion for how to move ahead? We have already got ethical approval from NHRC for our research. OC, I have already sent it to her in email attachment, CT, oh, was that the one you have sent earlier mentioned as clearance? The one I meant, you to send me was quite different one.

Clearance means, we have also provided support to the government, if you make clearance from government, then we will make call to our staff for necessary support. They have their own project works to make field visit together with them, you might need to go to the field on your own, we have really tight schedule as this project is going to be completed by April 2015, ADRA staff have really tight schedule. If they are going to field, you might go together with them. RA, ok, that is the way we want to do.

While talking about Jajarkot district, village development committees (VDCs) are widely spread to very river at the one corner and Rukum, another district, up to another corner. District headquarter is lies at the bottom of the district, other districts have their headquarters in the middle of them, and VDCs lie in the peripheral area, but Jajarkot has at the bottom, and all the VDCs are at the distance from headquarter. The nearest VDC from the headquarter is called *Dhime*, it takes whole day for round trip on foot from headquarter for the person who can walk faster than the normal speed, otherwise it takes longer time. RA, what sort of programmes are implemented in Jajarkot? CT, in Jajarkot, one part is community mobilization, and another is infrastructure development, it is for the enhancement of service delivery, and next is capacity building.

Under the infrastructure development we are constructing birthing centers at six VDCs one each and these birthing centers are of SHP (Sub-Health Post) level. Birthing centers are of different levels such as SHP level, HP level, PHC level and district hospital level, we are constructing six birthing centers of SHP level. Among those six, *Archhani*, *Dhime*, *Sunawali*, *Punama* what are those rest of two? OC, I have taken them in my note, CT, you have taken them right, birthing centers are constructing in those six VDCs and we are supposed to handover all of them in April, constructing is going on rapidly, RA, are you going to handover them to the government? CT, government means, to local health facilities of the community, we handover to the DHO. Safe motherhood network federation is our local partner to implement project in that locality, our human resource are, one project coordinator previously project coordinator was based in region but now is based on Kathmandu, project coordinator is an engineer, then at the second level comes training officer, who is based on Nepalgunj, more than fifty percent he travels to Jajarkot.

Our funding agency is the government of Japan through ADRA-Japan, staff of ADRA-Japan is based here (central office of ADRA-Nepal Kathmandu) Maiji, has gone to Japan today, Maiji, and at the district level, team of safe motherhood network federation works for this project. District team is functioned under the district coordinator of SNMF, (Safer Network Motherhood Federation) this team includes 3 overseers and 4 community officers. These community officers have BPH (Bachelor in Public Health) level of academic qualification. Apart from that one support staff and one admin finance assistant are also included in the district team.

This district based team reports to project coordinator and our training officer, there are two parts, one is construction and another is health. In the later part, community officers work and in construction part overseers work, DC (district coordinator) has also MPH (master in public health). Overseers are responsible for the conducting overall work for construction and it includes the building of SHP (sub-health post) level birthing centers, and for the design of those birthing centers we adopt the guideline of NHSP (Nepal Health Sector Programme). Adopt means we follow the protocol given by it, according to this protocol there is no provision of quarter for ANMs, it says two rooms building but for slush, sterilization, delivery number of rooms increase up 4/5. Earth quake resistance measure is adopted while building the birthing centers. Earthquake resistance and technology friendly are adopted while making building for birthing centers. In Kalikot we made concretized (*dhalan*) building. Perhaps, in there is also the similar of kind, and there will be placenta pits as well. We also provide equipment and instrument as per the prescription of government of safer motherhood section. Building alone is not enough, it requires necessary equipment, so we also support in providing all the necessary equipment require for the birthing centers.

Apart from that, if there is ANM appointed by government, that is fine otherwise VDC also hires one so we provided skill birth attendance (SBA) training to those ANMs either appointed by government or hired by VDC. On top of all, we also install solar panel in those birthing centers. As there is less electricity facility available, solar panel helps to run equipment 24 hours. While installing solar panel we calculate, how many watts of solar panel does it need to install to run all the equipment including bulbs for delivery room? So we install high capacity solar panel in those birthing centers.

So these are in three districts, Dailekh, Kalikot and Jajarkot. We have already completed our project in Dailekh and Kalikot, we worked first year in Dailekh and second year in Kalikot, and third year is ongoing in Jajarkot. So there are birthing centers with solar panel, trained HR, SBAs along with necessary equipment. We also provided Implant training to staff from those birthing centers we supported in construction. And, these SBAs, there are only six ANMs from six birthing centers for our project, if there are two ANMs, actually, standard measurement for birthing center is there should be two ANMs for a birthing center, we do not give salary for HR, as we have financial capacity to provide training upto 12 participants, so we provided training to 12 participants, we provided training to ANMs from the neighbor health facilities nearby of our construction sites. Likewise, we also provided Implant training to ANMs, perhaps to six ANMs. RA, Implant training means, training of family planning? CT, yes, it is of family planning. We also provided training on Implant as well. After providing Implant training, delivery service and family planning service go hand in hand. So, if there is set up, trained HR, equipment, and all things are ready but there needs to the flow of client as well right, there should a flow of mothers at the at the health facilities, so how do we increase this flow? Access to service is not enough so we need to create demand as well. For the creation of demand, we lunch community awareness programmes, to the some extent, there is mobilization part of FCHVs, next HFoMC, and do you know HFoMC? Health Facility operation Management Committee, RA, yes, CT, we also provided Health Facility Management Committee which is known as Result Oriented Leadership Programme (ROLDP).

This training is given to HFoMC, which explores the actual need at the local level. Actually, the concept of ROLDP is to make one separate project and to teach on how to access to the local resources, that is a separate package. If we want to teach the full course, it takes about a year, as our project is short one, going thorough detail and ask HFoMC to make challenging projects of small scale, rather focus is giving on how to sustained those birthing centers which are made at the communities, how to maintain them, and how to mobilize the HR who are trained in SBA and Implant? How to do monitoring of them? And, how to activate the ongoing programme even after phase out of the project? such things are taught in the training of ROLDP.

HFoMC make work plan to accomplish the above mentioned activities, and then the community mobilizers of the SRH project monitor whether work plan is being implanted in the practice or not. Another job of community officers is to monitor the works of SBA and Implant trained staff, whether they have been performing tasks according to the checklist or not.

For instance, a SBA is expected to keep record on reproductive age of the married women in her community, among them how many are adapted the method of family planning? How many of their husbands are migrated to aboard? How many of them are single? How many of the woman out of total are nearly to menopause? A SBA should have ideas on all these things. Apart from this, SBA should also be aware on whether women are making 4 ANC visits or not at her communities. If they competed 4 ANC visits, how many of them had EDD in that very month, if women had EDD in this very month, how many of them came for institutional delivery? And how many of them chose for home delivery? How many of them were complicated deliveries? Likewise, how many of the deliveries were referred to the referral centers? How many delivery mothers made PNC? Whether there is coverage of immunization or not? And, how many of them are adopting family planning method etc.? The community officers should monitor all of these things in coordination with health post in charge.

In addition to that, support to FCHVs and also helps to local who works for safe motherhood at the community. Similarly, attend mother group meetings, ANM also has to attend the mother group meetings to support them, the records of all these come from mother group meetings, and see whether such things are taking place or not. Then we are going to organize review meeting on 13th and 14th of January 2015 on that occasion also community officers will look whether trained staff are performing their job assignment as per the guideline or not. Then, they are asked to make re-plan, for instance, whether staff can use misoprostol properly or not? Are they using it? or they do not have to use it so far? Also have an idea on the status of the given equipment, we yet to provide equipment to the Kalikot district, in some context, while I have been to Kalikot, I had to yell to ANMs, although I was not from the government, after the 3 months of receiving SBA training, there was not a single delivery at health facility, so I told them why VDC should pay for you, it pays 10/12 thousands per month per staff, we need to spend almost 75 thousands to provide SBA training to an ANM.

RA, for receiving training, where should participants need to be? Where do we get such training? CT, we provide training at Nepalgunj. We had provided SBA training on Nepalgunj it was not in Nepalgunj it was in Dhangadi instead, it requires a lot of money, it requires about 75/76 thousands per participant, its needs to manage the accommodation for participants for 2 months. Two months long. RA, such a long training right? CT, SBA has two months long working days training, we need to provide about two and half months allowance to the participants right, we are investing such big amount and trained staff are staying in the health facility without making single birth. Then, I asked them to about their contribution after yelling to them, institutional delivery increased remarkably in the later year.

RA, oh, really. In the case of Jajarkot, we are going to look at it in January, I have heard that there has not been even a single delivery at one birthing center we have constructed, I mentioned to participants during SBA training at Dhangadi, referring to the case of Kalikot. We do not provide instruments to such places, if you are not conducting institutional delivery then why should we have to provide you instruments, although I told them during training, I have heard that in few places, there has not good performance.

RA, where does review meeting is going to be held? CT, at Jajarkot. We are thinking to conduct it at Jajarkot, on 13th and 14th of January. I will be participating on that meeting. RA, will you be going to participate there? CT, yes, I will be going there. RA, I also really like to participate in that meeting but I will not be in Nepal. CT, oh really. CT, mother groups and HFoMC also monitor to health staff, the primary aim is by creating demand among women and increase the number of ANC visits, PNC visits and use family planning services as well.

Then capacity building, community mobilization and infrastructure, there is branch office of safe motherhood network and then after the completion of the project, we will hand over it to the HFoMC and DHO, safe motherhood branch office will look after it to the some extent, that is are expected objective.

This project is a good one, it is a good one, although my claim is not enough, external should proof it. We did similar type of project called vulnerable community problem project in three districts Rukum, Rolpa and Salyan, that we replicate it in here.

RA, try to understand it, you had begun it in two districts, Dailekh and Kalikot? CT, the major component of this project, micro planning under family planning, why micro planning under family planning is, we have achieved MDG-5 but we have yet to meet the component of family planning, under family planning, it was targeted to make CPR (contraceptive prevalence rate) 67, by 2015 and 2015 is approaching and the current status of CPR is 44, actually 43.6 something which is stagnant, which is known to all, how are you going to make this target then? Either, objective of its should not have to be revised while midterm evaluation was performed, but this is the time to find the gap, then should be analyzed it accordingly and implement micro planning under family planning, so we provided TOT of micro planning at Jajarkot, what we talked in that TOT was, total population of that area, prevalence of FWI, prevalence of MWRA, and what are the resource gaps? Which means, gap of commodities? Gap of trained HR? Gap of cost? Then gap of human resource? Analysis the actual scenario of all those gaps along with the existing situation of the area, present MWRA, how many of them are using family planning methods? How many of them are yet to use family planning methods? Why does that happen? We need to find out the reason, then staff set the target for making contraceptives available use at the communities, such condom distribution should be increased by certain percent in coming years, likewise, in other contraceptives like Implant, Depo, IUCD, how we should approach to increase minilap, vasectomy in the community, we covered these issues in the TOT of micro planning. To provide, TOT of micro planning we were along with central team of government, Dottelji and Mangalaji. These TOT were given to selected health facilities, PHC and district health facility. As we provided TOT to government staff and ADRA, then they are planning to provide that training in such manner at the lower level (i.e.*Ilaka level*) and then similar training will be provided upto FCHVs. FCHVs keep the record of every women, for instance, there are 90 women in my community, how many of them are using what contractive method? How many of them are not using? Who are the potential ones? Potential ones will be counselled at the meeting of mothers group, and encourage to go for family planning. FCHVs also set the target for sending certain number of women for contraceptive. So, government is implementing this kind of micro planning, the one where we are working is the fifth one, government is trying to scale up this programme.

For different project, it is for UNFPA we just had meeting with them 2 or 3 days ago. It is for nine districts. This FP (family planning) micro planning is to increase CPR 67. Let’s see how effectively it will work, that is major component.

In the Japanese project, initially we had kept birth preparedness package in our proposal, for Dailekh, while we keep birth preparedness package, as NFHP has already given such things, we provided only refresher at that time, as all things were already taken place. When we came to Kalikot, although these things are mentioned in proposal, we worked in strengthening the existing reproductive unit of government, we worked in scaling up the ASRH (adolescent sexual reproductive health) there. When we came to here (Jajarkot), rather than working in ASRH at 30 districts (VDCs) as country’s need is to increase CPR, so better to implement micro planning to increase CPR, usually project should be moved ahead according to the proposal, as the donor staff is also based in Nepal, we implement programme as per our need. This component is being implemented in three districts by incorporating three different things. Which did not affect negatively as these are not implemented parallely, that worked pretty well. We worked in FP component under SRH project very closely with government, in fact we work closely with government in all projects.

RA, project was implemented in Dailekh and Kalikot in initial years and when did this project begin? OC, 2012, RA, in 2012, and from 2012 to going complete this year. CT, this project is going to complete by April, 2015. Actually, it has to be completed by December 2014, we asked for extension of project with SWC, as it was approved from SWC, while working, start up, new district, we hand over project within 7/8 months, everyone is amazed, but is very difficult. OC, what sort of difficulties? CT, sometimes problems rise with contractor, in bidding the quotation? Lack of human resources, remoteness is the obvious one, contractors has its own, it is now time for strikes, likewise, unavailability of goods, difficulty in transportation of goods, difficulty in getting skilled human resources locally, at the same time it is difficult to get even unskilled labors.

RA, why was that? People from that area might migrated? CT, due to migration of the people of that area to India, and next thing is weather, it is not in Jajarkot, but in Kalikot, after afternoon (2/3 o’clock) wind blows then that brings obstacle in working, it was become so cold then, labors join work in the morning but they could not work whole day. Likewise, lack of electricity for fitting things, lack of petrol for running generator etc, it looks small problems but create greater effect for the entire project, such situation demands the presence of our engineers and overseers at the construction sites throughout. Sometimes overseer also stay without works that there is not labors at the construction site.

RA, perhaps, that is less populated area right, as it is rural district, due to remote district. CT, I need to see the statistic, RA so far ADRA has implemented project of this kind in three districts? CT, it has implemented such projects in other districts previously as well. RA, has it implemented such projects earlier as well? CT, this project is developed latter, before this, we had implemented project in Kavre district as well, RA, similar to this project? CT, I will not say similar, the construction is similar, have you been to Koshadevi of Kavere? Where they are adopting in birthing center. 8 birthing centers, then we had made the another one at Damcha before than that, we also support in constructing school building, we have made 8 buildings for sub-health post in Kavre, after completion of project at Kavre, we have made 15 birthing centers in Rukum, Rolpa, Salyan, five birthing centers in each district, from the experience of previous project, we then came to this project, all of these are similar in kind, Rukum Rolpa and Salyan. We had also installed solar, we made there sub-health post.

RA, do you have future plan to expand this project in other districts, except Jajarkot? CT, except Jajarkot, this project is going finished here, for follow up, Japanese projects, people keep on doing monitoring upto 7 years even after completing of the project, RA, oh really, after finishing the project, CT, after finishing the project, they come until seven years, they make visit annually in Kavre, to see the condition of the things they had made, so it needs to make follow up, so we are working/writing for follow of this project, it will on small scale for three districts, to monitor from the Kathmandu.

For other project, we applied for DFID GPAD, it is time to publish the result, it has not published yet, next one is we also applied for IMCI project for the Jajarkot district itself, it is almost granted but we yet to get final approval, it is for the Jajarkot district itself, IMNCI.

RA, what does it means for IMNCI? CT, integrated management of neonates and childhood illness. OC, it was IMCI and now N is added on the previous one. CT, yes, N is added here. OC, stands for neonatal. CT, yes, that stands for neonatal. That was not in maternal and child health, that was written by headquarter of ADRA. That is in small scale. OC, is it going to begin? CT, perhaps, we are going to start it soon.

We have health project in Palpa, Kapilvastu and that is of other kind, do you need to talk about it as well? As it is also under ADRA, if you need to know about it then, will explain otherwise, RA, it is just to develop our understanding? CT, Palpa, Kapilvastu and Rupandehi, this is also different one, it has uniqueness on it. There are women groups who are involved in saving and credit, we want to promote that saving and credit in cooperative, we want to strengthen those saving credit groups, there are 8 such groups, and teach them business literacy, women are not illiterate, but promote them in entrepreneurship, we provide them classes on agriculture, vocational training, after vocational training to certain number of women, then market training and after marketing training upgrade them into entrepreneurship and strengthen the cooperatives, teach them cooperatives software, make them affiliation to cooperatives, and we are thinking to integrate family planning in that project as so there is another project of family planning as well.

The project of women’s group is going to complete by June, 2015 and project of family planning is going to be completed in January 2016. To increase access and coverage of family planning, through women group on family planning, there is project called TICA, technical integration coverage and access, aim of this project is to increases access and coverage of family planning through women groups by creating awareness and knowledge among themselves. Under this project, there (three items) available at the sub-health post, short acting, long acting five, for long acting, we provide training on Implant and IUCD at there as well, we are running family planning camps, VAC camps, these are of long acting camps, and we are working to increase the client flow through peer education and women group we conduct awareness programmes. We provided literacy class on vocational training and entrepreneurship previously but now classes on family planning and reproductive health are being provided, these class takes place twice in a month, through this literacy all the people who yet come for utilization of family planning and have awareness on among them, are taught available services of family planning, where should one has to visit for receiving such services? These things are taught in the class which takes place once in a two weeks.

OC, who gives these training? CT, we gave 8 days training to our local resource person after receiving training these persons conduct classes in the communities. OC, can you tell me the background of these local resource persons? CT, they have SLC (School Leaving Certificate) education, plus 8 days education and they already worked in economic development project, OC, so they already worked in the similar project of ADRA earlier? CT, yes. We have 1800 women who are divided into 60 groups, where classes take place twice in a month upto six months. Our expected out is, how these classes are going to support family planning.

CT, it is more integrated project. RA, if we see quickly, ADRA’s projects do not narrowly focus on a single thing rather they are more comprehensive ones also more flexible as well.

CT, Only Japanese funded projects are flexible, TICA project is funded by USAID, the other one is funded by Australia, and these are not flexible in comparison to that of Japanese ones. It depends on the donors. USAID projects are not flexible at all. We have to follow the given protocol strongly.

OC, how have your experiences been working with different donors for such a long years? For instances, some donors are flexible and others are rigid? CT, we have to follow the compliance of donors anyway and on the other hand, we also make contract with our local partners according to the compliance of donors. Besides these, we have project on health funded by UNFPA, it is focused on strengthening the system and provide support to the government.

So, donors have their own challenges as well, we should have idea on the compliance of donors, as the focal person of Japanese government appointed in Nepal, we have both privileges and pitfalls. Privileges in the sense that, we get chance to maintain transparency in our overall activities, in some cases which are more embedded with Nepali context but not appropriate in Japanese one, Japanese strict we well, for instance, providing meal to the participants of the meeting, they strictly do not allow us to provide even tea and water to the participants, because in their country, water from public tap also drinkable where as in the context Nepal it is not so. They said that people have tea at their home, why should we give them tea at the meeting. We are allowed to provide such things in the workshop only. It is quite a bit difficult.

If there not the presence of donor at Nepal whether might call meeting as workshop or not? Laughing…..they are such a strict one. They told us, we are not allowed to give even a cup of tea to the participants, they ask us, and do not participants drink tea at their home while coming for meeting? RA, if they make such protocol, there is no chance of misusing their fund. CT, they tell us that, we are not allowed to have tea from fund, in our training programme, may be due to poverty, expectation of getting some allowance and snacks number of participants always exceed, whatever strict mechanism we follow, number of participants always exceed, for instance, if we call 20 participants, actual number of participants reach as high as 28. And then donor ask question that why number of participants exceed? And sometimes it is difficult to convince them.

Donors make on the spot checking, in the case of SRH project as well, she (Mai) has made to the field (Jajarkot) many times than us. She has travelled all the VDCs. RA, they have different work ethic or culture. They are really devoted, right. CT, she just has returned from Jajarkot 2 days ago and she attended meeting yesterday and she has gone to Japan today. She has made frequent visit to field sites. Other donors, do not have time to make such frequent visits to the field sites. If there is not here it would be difficult to the some extent as well. Her presence makes difference. Our strict monitoring mechanism also working quite as well. Although they are not flexible in some respects. Dr. Arzu told that, we just read the x and y models of Japanese but she has adopting z model. Arzu told that, Mai works in z model. She further told that when I worked in Japanese project, they hired me as a consultant but they monitored from the computer so as to know what staff do at the office, such strict.

RA, they are strict. CT, Japanese are really strict. RA, their work ethics is really… CT, they have really strict work ethics. If donor is from Australia, they are not as strict as Japanese are. RA, I met a person, it would be slightly out of context, I just remembered, it was in Malawi, a person who was our driver, while we were making field visit there. I created a hypothetical situation, if I made you president of your country, his name is Sam, if I make you president of Malawi now, and you have power to change anything you like, you could change anything you wish, and there are several donors in Malawi, you can chase way all of them or you could invite even more, if such power is given to your hand, who then will be away from country and who are those will be remained in the country? Which model do you like best? Malawi is such a Christian country, British colony, ex-colony, it has link with Britain and American and European donors have given a lot of fund but Japanese, has not given to such extent, Chinese has given to them, Japanese has not, what Sam told me that, I will chase away all the donors including British, British model has also failed in Malawi, American also similar one, European model also no longer functions well, I will adopt Japanese model initially and allow them to support certain year also allow them to adopt any modalities they wish to implement in the country, such a trust. That is a matter of trust, work ethics, commitment, no corruption, these are the things, and European has their own vested interest, Japanese are derived by work ethics, rather than personal interest, CT, US has its own vested interest, they call it fly American, whatever they conduct, they have to make visit by themselves. RA, they visit until seven years even for a small project is not a minor thing, CT, they make visits, annually, CT, American, and USAID has their own vested interest. RA, I find it more interesting, so we already had implemented similar kind of project in other districts as well, although all the components are not exactly similar. More or less similar type, you worked more on western region. Do you have projects in Eastern region? CT, we worked earlier in the Eastern region, we do not have projects currently there. We completed project there about 2006. RA, which district was it implemented then? CT, the project was implemented in five districts in eastern region that was a big project of USAID. 1.3 million. It was for five years. Panchthar, Khotang, Okhaldhurnga, Sankhuwasawa, Tehrathum and Dhankuta were districts for that project.

We worked about seven years in those districts. RA, these days, we heard that donors are not interested to implement projects in eastern region, how has your experience been? How many donors are working in eastern region? CT, we do not our project there, while donors choose region to implement their project first they see human development index (HDI) and other indicators, relatively or comparatively all these indicators are less in western and far-western region, that could be the reason, many donors are interested to implement project in far-western region, in eastern region is comprised of hill and plain, I do not know why donors are less interested to implement projects, I do not why? We also worked in eastern region in the past, we had our project there in the past, and it is far less projects are implement in eastern region, why it is so in your opinion?

RA, it is new thing for us too, we just begun to heard about it. CT, rather than less interested to implement project in eastern region, concept for proposal project is developed by seeing the indicators? Perhaps, that could be the reason. Apart from that, while bidding the proposal, bidder calculates the per unit cost, if one design to project for Humla, Mustang and Mugu then per unit cost will be very high, if one does not receive grand they who will go for there to implement project? If bidder is less likely to get fund from donors then, they do not apply for such places. For the mid-western and far-western region, Nepalgunj, Dadheldhura and Dhangadi are the hub for the region, and there is air travel facility and indicator is also low so these could be the region.

While designing the project, donors will see the indicators and consult with the government then move further. RA, can we get some older reports? What have been done in the past, just to make our understanding more comprehensive, and if we like to review them? We do not need them now, CT, if you go through our evaluation report that will give you some information. RA that is what we are looking for that.

OC, I already browsed the evaluation report of SRH project conduct by social welfare council (SWC), CT that was the midterm evaluation of SRH project, we have post that including others you could access to them on websites. Why do you need all the reports? You could get information from that evaluation report? RA, we should be able to allocate time require to go through all of them. OC, if you like to go through it, I will send it on email attachment.

RA, how long have you been working in ADRA? CT, it has been 15 years, I am working in the ADRA. I had worked 18 years in TU (Tribhuvan University). I have spent18 years in TU, I had begun by job from the assistant instructor I then went for BN and MSc. After BN I worked as campus chief twice in Palpa, I was teacher before BN, when I was working in Palpa, people from CTEVT requested me to transfer to Pokhara, in the tenure of Dr. Karmacharya, I worked in Pokhara for four years, by that time, my bond of public health was also completed, until bond was remained, I did not move anywhere, otherwise, put our name in black list, RA, such trend was in the past? I do not know whether such trend was continue to till the date or not? Perhaps, it is still continue, *Sanchaya Kosh* put names of Laxmi Bhattrai, Sakuntala were in black list, so my ethics did not accept to move anywhere during bond, RA, Laxmi Bhattarai is now working on Monmohan, CT, she is transferred to Jhpaigo from there, she is so energetic and enthusiastic, all my energy and enthusiasm are faded away, now I feel like getting retired from ADRA, I will spend my time in home. RA, so it has been 15 years now in ADRA right? It is a two years project, it has been 8 months, OC, six months completed and running in seven months, now we are like partners with ADRA, so we need to be able to contribute to ADRA to the some extent from the findings from our research. CT, you are right. RA, would get benefited to the some extent, CT, there is some good recommendation about ADRA’s project, and then people look at global level. You could suggest that, you could choose this a partner, you could refer to other that they have strength so you could make them partner. If we have to apply to EU (European Union) we are not allowed, ADRA-UK or ADRA-Germany have to work on our behalf, RA, oh really, CT, yes it is, as Nepal is not a member of EU community, RA oh yes, CT, either we have to go through NGO, INGO is not allowed to apply alone these days. RA I have heard about that provision, these days such provision is implemented and which is made in Nepal right. INGO is not allowed to apply for fund directly but NGO is allowed to do so. What a rule? CT, we have good relation with SWC, this project (SRH) is highly appreciated by itself, Baburam Bhattarai was prime minister RA, SWC means? Social Welfare Council, CT, social welfare council, prime minister like it very much as this project hardware and software, if project only focus on software, it takes time to get approval from SWC, people from council ask questions sustainable aspect of project, how providing training brings sustainability in the project? What you going to do by providing only training? Is their poverty reduced? Does transformation takes among themselves? As we cover hardware aspect in our project, we reach to the agreement/approval process fairly soon.

RA, how many staff are there in ADRA in total? CT, HR has its update, RA, maybe we could access it in internet. CT, may be that is yet to updated, I will ask to HR in that regard, they are updating it including partners organizations. Now our partners are expanded, one is in agricultural aspect and another is in livelihood, which are our expanded ones. CT, where is your home Radhaji? RA, my home is in Palpa, CT, so whose batch are you then? Did you take training of staff nurse in Palpa? RA, no, my staff nurse training was from Santa Bhawan, Lalitpur, it was long ago. Do you know Dippen? CT, I know Dippen, Dippen also become warden once, and become teacher as well. Dippen teaches here in valley. RA, I met Dippen two days ago. Dippen did from Maha Baudhha we did from Santa Bhawan, CT, your batch mate are Laxmi Shakya, RA, I was two years junior than Laxmi Shakya, CT, so you were together with Dibyashowari? RA, I was not with Dibyashowari, they were many years than me, CT, who was there? Was there Bishnu didi? RA, she was a year ahead, when I was in the first year there was Merry Nicole. CT, oh Merry Nicole was there, Merry Nicole, taught us in BN. RA Merry Nicole then went and when we were in third year Bishnu didi came there by then.

CT, I also worked there for three months, when Bishnu didi went to Dharan for development of curriculum, Indira Sundas and I, two persons were assigned for hostel management, and we saw the batch of Indira Tramrakar, Goma’s batch, RA, Goma didi, Goma Parajuli, CT, perhaps, Goma Niraula, I worked there for three months. RA, I am batch mate of Dippen, CT, so you are batch mate of Dippen, and Dippen is around here, RA, yes, I met her two days ago, CT, so you know Mina Paudel? RA, yes, I do, Mina Paudel, Dippen are in same batch, CT, Mina Paudel was in Mahabauddha right, I saw her in Television, she has become a sociologist and was interviewed in a programme at Television. RA, oh, really. She along with some other women right activists were interviewed there.

She has been working in the Kathmandu from previously as well, when I heard her name, I feel it is familiar with it, all of ours faces have been changed, as it was named as Mina Paudel, then I remembered she was a nurse.

Nurses left nursing and involved in some other professions, such as Sujita and Anita have involved in All Nepal Women’s Association, RA, Sujita Shakya? CT, yes. CT, she has become a president of central committee of it. Wife of Ishowar Pokherel, or Shankar Pokherel, RA, I do not know to whom she got married with, CT, Sujita Shakya, nurses are working in different sectors, I feel good, since it has been long, network of nursing has disperse, and from initial time we worked in management. RA, as people begin to work on TU, they are focused on management. CT, as I shifted to ADRA, I was more involved in management. RA, anyway, I am glad, I visited the website of USAID, Narmaya, Narmaya didi, and she is the person I already knew her in Tansen, CT, she became campus chief there, RA, we frequently visit each other, I told that I knew her. CT, Bhim, Bhim Kumari Pun? RA, I know her as well, CT, we met few days back at Godavari, RA, now she works in Save the Children. OC, do you know her? RA, I do, she is my sister, OC, and I worked with her once, RA, if you tell her Radha didi, we shared the room, and she is really close to me.

CT, would you like to take tea? RA, we will visit next time to conduct personal interview with you didi, RA in next time should focus our conversation on experience working with donor, OC, and we could cover that aspect as well. As she has been working with government organization and donor organization, it would be good to talk with her.

RA, lets conclude here for today, OC, let’s conclude our discussion here and approach with to get approval for participating in the review meeting.