**Transcribing of Meeting at Nepalgunj**

Field worker: OC

Interviewees: ER

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali and English

Interview Transcribed by: OC

Place: ground floor of the Swastik Hotel, New Road Nepalgunj

Time: 8:00 - 9:00

Date: 14 January 2015

**Note**: Verbal consent was taken with interviewee for the recording of conversation prior to its inception.

**Major Highlights:**

* SRH main focus is on beneficiaries.
* SRH project not only constructs birthing centers at the remote of the country but also it installs solar panel on them so as to operate equipment at the centers.
* Mentality of community people towards I/NGOs is, these are very rich organizations.
* While implementing project in any community, it would not be good idea to ignore the management committee of that particular community.

OC, for the recording purpose, could you please tell me your good name and designation? ER, my name is Ekta Rana. I am the focal person of SRH project. And, I have involved in this project from the second year of its inception. In the first year of the project, while we were lunching the project, we did not feel we might have needed a focal person for this project.

In the second year, for the communication, what sort of lacking is there, since the project is being implemented in Kalikot district, project assigned me as a focal person of the SRH project.

Apart from that, SRH project is Strengthening Reproductive Health Project. This project has come through ADRA-Japan. The fund is given by Japanese government to us. Where the money, fund came from starting is, the fund comes from Japanese government, and from Japanese government fund goes to ADRA Japan, then fund comes to ADRA-Nepal then ADRA-Nepal and SMNF, (Safe Motherhood Network Federation) our organization, we are partners for this project.

Our main focus is in beneficiaries and since we work directly with the donor, because our representative, I do not know, if you have met her, Mai, Mai Ogawa, she is from ADRA-Japan. Our direct link is with donor, she goes to the field visits, so she is like based in ADRA-Nepal as her posting in Nepal, and I must say, she is an intelligent person, because she has got experience as well. More than intelligent, I think ‘experienced’ would be a better word. She has been working in Nepal for a couple of years, OC, she said, she was in JICA or somewhere before. ER, not in JICA, perhaps she worked in municipality, as far as I have heard, she worked in municipality or somewhere else. So, she has got very good Nepali, might not very good but she speaks fluent Nepali, so she knows, how does system works?

Now, our project, focuses more is, it focuses on direct beneficiaries, OC, meaning? ER, I mean, perhaps, it does not need to give you a definition of strengthening reproductive right, OC, yes, ER, we work on direct beneficiaries, the fund that comes for our project is goes to direct beneficiaries, in the sense it goes into the community, women form the community, and this is kind of different project than the usual one. What we do is, we construct birthing centers, we build *prashuti ghrihaharu*, birthing centers, and we do not make it just for the name shake, overseers and engineers are involved in constructing birthing centers, engineer gives us a lay out of the birthing center, we work on the linkage of the government of Nepal, as we work in linkage with the government, it has given us a standard map for making a birthing center at the community, OC, so you construct birthing centers according to the guideline provided by the government of Nepal. ER, for construction of birthing center, OC, you construct according to the guideline given by the government? ER, yes, we do. And, making changes in this guideline is not in our control, what extra we add on it is, the fencing around of the birthing center, sometimes, because, we did not keep fencing at birthing centers in our first year project, which might lead to the destruction of them to the some extent and also there is chance of throwing trashes in and around of them, we have kept fencing around the birthing centers for security wise, so internally we do not go beyond the guideline but externally we put fencing for the protection, that is only thing we added.

Besides that, this project not only works on infrastructure but also provides equipment required for birthing centers, for providing equipment, there is need assessment of the equipment, before we give the equipment, so in this a yearlong project we not only work on to construct birthing centers we also support in providing equipment. Along with equipment, in the remote area there is huge problem of electricity, it was not so in Dailekh to some extent but in Kalikot, there was electricity facility but it was not available latter. For this reason, we do not want to take a risk, in some places there is electricity facility but voltage is not enough for running equipment, for that we provide solar system, inverter with solar power, while distributing solar power, we give the solar power which could be able to run smoothly to those equipment that were given to the particular birthing centers. We give inverter, solar panel, converter and things that are required for it. All of these stuffs are provided only after proper need assessment.

OC, how do you do need assessment? Who involve in it? ER, now we have community officers, they collect data, while we work, we have adopted more participatory approach, and we work in collaboration with HFOMC, (*byabasthapan samiti*) management committee is very important while working at community. OC, why it is important, in your opinion, ER, because, our project is like certain project which come for, like, directly talking about this project, it is a project of only three years, we do not have follow up for it, that is the matter of once it is completed but, until people do not develop the sense of liability, they will not take the sense of ownership, so why HFOMC is important here is, in this project we have just work to build the base of it, the users of the project is ultimately community people, so if we could include HFOMC in the project then project is building in local partnership.

Then comes the need assessment of land for building a birthing center at the community, this task we work jointly with HFOMC, so I told you earlier, we also work in linkage with the staff of the government for this project. OC, actually, how is the process like of the need assessment? ER, as this project is dealing with the medical side, we collaborate with district health office (DHO) once we talk/brief at DHO they will then give us certain area, because we have certain limit of capacity to construct certain limit of birthing centers, for the time being, we have our own limitation, so they give us certain areas, you can implement your project in these particular areas of the district, because we need land to build birthing centers, it is going to be very expensive for us to manage everything by ourselves, so if I have to give you an example, it is a cup of tea, if I take two rupee from you for this cup of tea, then it keeps importance for you, things that come in free of cost or things that you pay to minimum cost, if things that come in free of cost, people take it for granted, what we are trying to build… the mentality of community people towards I/NGOs is, these are very rich organizations, they take money for themselves, only then they come to community to build such things, which is not libeling in everything. It is not going to suitable in everything and what we feel is, community people would be able to take the ownership of the project, if they invest to the some extent in the project, they then will project of the project, and we are trying creating feeling of ownership among community people towards the project. HFOMC provides land to build the birthing center at the community, if we have any problems with us we then go through them for dealing those problems. So this is why HFOMC is important, we work with HFOMC, not completely depended on them, but in a way yes, depended on them.

To implement project in any community, it would not be a good idea to ignore the management of committee of particular this particular community, then it would obviously be difficult as well, so, we work jointly with HFOMC to make things haven in the community, sometimes, we get help from HFOMC, just in case, we encounter with any problem in the community.

Now, next thing, our focus is not only limited in building of infrastural aspect, equipment, solar panel but also this project thought of, if there is not well trained staff in the birthing centers then what is the point of providing equipment to the birthing centers, we then provide different to ANMs from communities where we are going to build 6 birthing centers under this project, OC, what sort of trainings you provide to ANMs? ER, for instance, SBA, Skill Birth Attendance, Implant, again with our limitation, we include the participants from these six birthing centers, plus if there is some extra, we give different training to them.

If we talk about the third year of the project, our trainings are more focused on family planning. OC, is it about different contraceptives? ER, yes, it is on contraceptives and why family planning is important? We organize certain training. OC, who are the trainers for providing this sort of trainings? And how these training are provided? ER, we organized, MTOT (master training of trainers) in that training trainers were from central level, government staff were included and they gave training to the participants.

OC, who are you refereeing by calling government staff here? Are those staff from NHTC or from elsewhere? ER, I was also confused, might from family health division, or I think, they were from FHD. Now, I forget the name of the person, OC, anyway, ER, so, to know the process of providing training, we had trainer from central level plus we had team of ADRA-Nepal, and then we have trainer officer of the project as well. If you have met him, Tilak sir, OC, I have met him, so we have training officer, district coordinator, this year as our main focus is on family planning, this project was primarily looking for candidates who have bachelor in public health (BPH) and master in public health, and we hired all candidates who have BPH for community officers, and for the district coordinator we hired candidates who have MPH as qualification wise.

So trainer who was from central level had provided training to those all staff from communities, districts and region. We focused on all 30 VDCs, OC, are those of the Jajarkot district? ER, Yes, 30 VDCs of the Jajarkot, once our staff received the training, community officers deliver the information at the district with the partial involvement of district coordinator, because he has a lot of responsibilities.

OC, so what is the responsibility of ADRA in this process? What sort of role has ADRA been playing in providing training? ER, in providing training, in this particular project staff from ADRA have involved to the greater extent so they are more experienced so the training officer from ADRA facilitate the training. What is the overall role of the ADRA, besides, facilitating of training, in managing or organizing entire training programme? ER, role of ADRA? OC, yes, ER, sometimes, ADRA team is with us from the first year of the project as I said, our community officers are came in third year so, there is lacking of guidance in many things, during that time, they help in providing guidance as well.

OC, what is your organization does in this training? ER, all the districts and community level staff are of the staff of safe motherhood network federation, a district coordinator, three community officers, three overseers, an assistant finance officer and a support staff for this district, all of these people are staff of safe motherhood. OC, is it an alliance of NGOs who work collectively on safe motherhood? ER, no, OC, is it your safe motherhood network federation is an alliance of organizations who collectively work in safe motherhood? ER, yes it is but the staff what we have selected for this project is are the staff of safe motherhood. We announced vacancies for the SRH project, in this special selection, all of these staff are of safe motherhood.

OC, do you mind telling about the staff selection process? Did you involve in that process? ER, yes, in the third year project, sorry, second and third year project, I was already involved with Strengthening Reproductive Health Project, first we announce vacancies for the post, OC, through what you make vacancy announcement? ER, we do it through newspapers. After certain time of the vacancy announcement, we make the proper analysis of CVs out of the applicants, we also make sure that it is transparent with the donor as well.

We include the certain staff form ADRA-Nepal in the process of selecting new staff. OC, what would be their role in selecting new staff? ER, their role would be like, there are certain level of scrutiny, we can do by ourselves, whether candidate has met the given criteria or not? For instance, if we set academic qualification as MPH, who have MPH degree among applicants, we see that, as so many candidates apply for the post, we collect CVs though online, then print them out, we then move to see candidates’ work experiences, if we are ask for 2 years of work experience, so MPH, 2 years of work experience, OC, so some of the screening of CVs is done by yourself. ER, yes, plus we follow the marking system as per the set criteria, we give certain points according to qualification and experience, while giving points to the candidates we include ADRA so as to maintained the transparency in selection process, because we are working together, tomorrow as we are working together we do not want any differences there, so in our process is very like, very easy to see and transparent with the donor, so they come and participate, after screening, we call selected candidates for interview, we call them for interview, then, there will be interviewers for the interview? OC, who will be the interviewers? ER, for executive board members from safe motherhood, plus staff from ADRA-Nepal and Maiji, if she is available, she will send her representative from ADRA-Nepal, or she herself comes for it, in this way, after final interview we select the new staff, OC, thank you. ER, so what was your question then?

ER, oh yea, how do you do the need assessment? When our community officers make visits to districts for training or for the purpose, at the moment they reports for available equipment and needed one… process of providing equipment, we follow the guideline of the government which tells the necessary equipment required for a birthing center, we work with that limitation, we then think we may be the requirement of the birthing center, we are a bit flexible, on top of the guideline of government what other things might be required at the birthing center, an interesting thing is that, there was a delivery bed and baby basin, delivery is like where, baby is born, the baby basin after the baby is born we keep it there, afterwards what we realized was, it is in our learning process, it is like lesson learn, woman gives birth but there is no place for her to take rest after delivery but only for her baby. That is how, we have been learning from one case to another, we then talk about it when we have meeting at the central level, what we decided was beside delivery bed, we also need to give a patient bed at the birthing centers, because it is difficult to ask recently delivered woman to go out of the room or ask her to sit in the chair, so this what we did is, we put the patient bed in the birthing centers, so that it is going to be easy for delivery mother take rest after giving birth to a child.

OC, it is lession learning from the previous year, ER, so in this way we have been learning lot of lessons. ER, we, in the social welfare council (SWC), actually, I told you this a bit earlier, we did the midterm evaluation of this project recently, I also heard that, it was easier for us to get the project because SWC was very happy with the proposal that we were put in, because 70 to 80% of our project is for the beneficiaries, I might be wrong in actual statistic, it well went to the community, it was for the building, it is on building infrastructure, then equipment and solar power and then training.

The main objective of the training is not only to create awareness among health workers but also how to move ahead in the days to come, these characters has made our project, I think, so far I believe OC, added value on it, ER, support it from overall way, yes, in this way, this strengthening reproductive health project, that is how it works. OC, yes, it sounds great! Incorporating both aspects, hardware and software, How have your experience been working in this project? ER, in safe motherhood? OC, yes, basically in SRH project? ER, so, in SRH project, I think, there have been a lot of difficulties too, I will say that it is as easy as it sounded. OC, yes, ER, earlier, I explained you that, we build infrastructure, and other things as well, we have had a lot of problems too. OC, can you briefly explain them? ER, sometimes at the of announcing the tender process for constructing birthing centers, people tell us that tender process was not announced in the way it should be, one thing is our documentation process is like, this is something I learnt from strengthening reproductive health project is, documentation is very important. OC, why it is very important? ER, sometimes problems, first, actually in second year, problems were raised from the side of contractors.

How we go into contract process is, we make announcement for tender and we award tender after awarding tender to one, other applicants feel grudges as they are not awarded with the tender, they might feel why I am awarded with tender? As we have proper documentation, we could actually explained to them why you were not selected? And, we do not focus on the government tender process. OC, do you have your own policy guideline for it? ER, in terms of policy, we use donor’s policy guideline. OC, so, you have donor’s guideline? ER, yes, we do.

In tendering process, at the initial stage of it while making announcement for it, we do not award the one who is the lowest bidder. If you see the tendering process of government, it awards among the lowest bidder, whereas in our case, that is not what we do, what we do is, we clearly mentioned in our one clause, we award the tender to realistic bidder, because, normally to build a building in our experience so far, it requires 30 to 40 *lakhs* (hundred thousands) sometimes, what we see in the documents, building is completed in 20 *lakhs*, 15 *lakhs* in such case, our question is what sort building a bidder going to make? So there is almost double difference in pricing, and we have very strong technical support in ADRA for strengthening reproductive health, ADRA assigns Suraj sir for engineering the project, he is an engineer, he does proper calculation, how much does something might cost? So, award according to the proper calculation of the project, when we award tender to the bidder, we followed the similar protocol, we told them, this our tentative cost estimation, what we did was, we selected the bidders who have 20% up and down of our estimated cost for the project in the starting.

Apart from that we also see their work experience, how many projects have they been completed before this one? What they did? How much amount was allocated for the project? whether bidders have completed works on given timeline or not? Because this, project that we do is like, one year project in one district, and in this time, we do not even have extension, April is the last dateline, we could not extend it further than that, if it will be extended just in case, we will have to go through different process where, no cost extension, this provision is also not there, so our target is to make six birthing centers, complete trainings, supply equipment in those birthing centers, and install solar power within a period of one year.

OC, it sounds a lot of work burden right? Do you have working committee for selecting bidders for tender and other things? ER, yes, we do. We have got procurement committee, in this committee, representative of safe motherhood, ADRA, ADRA-Nepal and ADRA-Japan so two of us, we sit together, while application comes for tender, it is not an individual process, that we do. We do not see any tender application individually, safe motherhood alone does not open the application, even though we have the right to do so, we can say that but we will not do that, from earlier, I have mentioned time and again that we do things process wise, both the parties, because, ADRA-Nepal more than a donor it is implementing partner. OC, it is an implementing partner as well. ER, it is an implementing partner more than a donor, because the fund for the project is provided by ADRA-Japan. In this project, as ADRA-Nepal is our partner, we have meeting of our procurement committee, in this meeting, two people are from safe motherhood and 3 people are from ADRA-Nepal including ADRA-Japan. One people from ADRA-Japan and 2 others are from ADRA-Nepal. We have also provision for a couple of invitees in the meeting, who will be from safe motherhood and ADRA-Nepal. While making announcement for tender, all of us sit together before finalizing it.

OC, how often this procurement committee meeting take place? ER, procurement committee meeting take place according to the need of the project, for example, like if we understand it normally, in the beginning, I told you that we do need assessment for the equipment, once the assessment report is completed, to analysis this report, procurement committee meeting takes place. Then, to announce the tender, and how to announce this tender process to discuss in these issues we call procurement committee meeting. After announcement of tender process, procurement committee meeting will be held to discuss how many applicants have applied for the project. Meeting is usually held while we initiate tender process, then next meeting is called for doing analysis of the applications and another meeting then will be held for tender award. In the meantime, if any complication is raised in such case procurement meeting will be held. Complications in the sense, sometimes if something that has to be rearranged, or shut out difficulties of any kinds.

OC, it has been more than two years, your project has been started, have you ever faced any complications so far of that kind? In terms of procurement, tendering etc.? ER, as I mentioned you earlier, in the second year of our project, we have had some problems from the side of contractors, but it was, we had a strong documentation we actually explained to them we put the provision at our clause that only realistic bidder will be awarded, if any problems would came in construction, equipment or in solar, it is shut out by ourselves. We call the meeting and shut out the problem, that is how it would, in terms of process, we make sure we follow the proper process though.

While we announce the tender, and award the tender, is it 30 days? Laxmi ji, we accept bides’ application till 30 days of its announcement, we reply to them accordingly, so that process is there, OC, Ok. LK, I will call to taxi to go to airport, OC, please take your time to do so. OC, we have 15 more minutes.

What would be your role in review meeting which was held at Jajarkot district, we were not able to participate in that one? ER, which was not happened, OC, that was happened but we were not able to make our participation there. ER, review meeting did not take place, you would be confused on it perhaps, you were talking about the review of SBA and Implant but why were trying to go there is to conduct the review meeting of our project. OC, so project review did not happen. ER, yes it did not. OC, were there two review meetings? ER, there were two review meetings, in review meeting of our project, what are the accomplishment so far? Our main focus is what sort of works we have been able to complete so far, and more than that, are there any deviation in the project as per the plan of action we have had designed, if such deviation is raised then why are they raised? We have got a very positive partner I must say, what we focus is, it is not that, you destroy the work or why does not something happen? If there is deviation, how should we cover the deviation, how could we meet them? OC, yea, how to tackle with them technically? ER, how to catch up? so as to complete the work in time with quality result, so in review meeting, our main focus would be on that aspects, how to find out the proper way out for the deviation so that we finish the project timely with quality result. So in review meeting, what works we have completed? What are the things that are not happened which are supposed to be finished, and what sort of actions are required to meet up those remaining tasks? Then we revised the plan of action, in that way we work. OC, was that only the review of implant and SBA? On that we were also planning to do the review of project but that was not happened right? ER, yes. We planned the review of the project on 12th of January, government staff do not provide their time to other people, and normally they do not give to others during office hours, so in the morning, at DHO, yes this is another thing I forget to tell, as I mentioned you earlier that we provide solar power to birthing centers, that we provide to district health office (DHO) as well, depending on the need.

How we find need at the district is, we consult with our district based staff for providing solar panel at the district, which one we could provide at the district? But again, we are constraint by our limitation of the budget as well, so we cannot go more than that. So with our due limitation, how much support do we be able to provide? We felt, providing solar panel to DHO is more effective than giving it to other health facilities, because larger number of people visit to DHO. So we have given to solar panel at DHO from the first year of the project, in the second year we gave cold changing room of DHO as well, in this way we work to strengthen government’s project including our own.

So, on 12th January 2015 our plan was, there was already an installation of solar panel at DHO, handover this panel to DHO there was one programme and then we were planning to continue review meeting our project, which was not happened, but when we were planning, our sir why we were not able to shift it was because all the letters to DHO have already been sent and DHO has distributed them accordingly and invitees will be coming there and will be good idea to inform about the cancellation of the programme, rather the solar panel has already installed, you now can used it but official handover, we will organize meeting later.

OC, how SRH project is going to be benefited from the review meeting? If you would be able to participate or attend it? ER, this review meeting is again the meeting among our staff only. If you are confused in this regard, while we do the review meeting of our project, we do not put any other staff but our staff only the staff of SRH project whether it would be from safe motherhood district, safe motherhood central or ADRA-Nepal or ADRA-Japan, so this review meeting within our staff, internal staff of SRH project basically.

In that, as I told you, what has been completed so far? What are the remaining tasks to be completed? How are we going to meet up those remaining tasks? In some cases, contractors do not complete their tasks in time, tasks are not completed according to contractors’ plan of action, what could be potential way out for that? Should we send them letter them to complete tasks timely? Warning letter? Or how could we motivate them to complete tasks timely? Because in our clause it was mentioned that, by any chance if the contractor does not complete his/her work on time and leaves, safe mother hood and ADRA-Nepal should complete that remaining task jointly, till the project time. So, that is there, in a way you can say it’s like a plus point for us, if contractor has not worked in the given speed, we look for it rather than making delay in completion. OC , you put your effort jointly, ER, yes that is like our, we have thought, if you are not been able to complete work on time as you made promise with us and we feel that the pace will not going to meet the target then we can terminate the contact, but again with the proper process. Like how many times should we send them letters? How much work has contractor been able to complete after a week or 15 days of sending letter? All these will be taken into consideration.

OC, Ok, it was with the proper process. I was about to ask a question on, how do you terminate the contract? ER, it was written in our clause, we issue the warning letter to the bidder is it two/three? LK, we wait till second warning letter, once we reach to the third one that is almost the termination of the contract. OC does it have certain time gap between in sending first to second or third warning letters? ER, we do not have such provision, rather than certain time, we issue the first warning letter, and after issuing of the first letter, we made them clear that, you have to increase in your working speed by certain percent up to certain level because we have got an overseer and an engineer who look after the project, these colleagues make visits every time just to see if everything is ok or not. For instance, first beam, second beam, put window, all these things are monitored by our overseers. Now we have three overseers for the project who looks two sites each. Each of them look after two sites, so they provide suggestion in a realistic way and to complete tasks in certain time interval, if tasks are not been completed according to the advice of the overseers then we will have to issue another letter. So, yes there is timeframe for issuing warning letters but, it is not like letter has to give in two weeks otherwise it will be invalid. So, we give certain days after issuing the letter, you need to complete certain tasks within a week or fifteen days. In case, there is lacking after warning letter in that situation we will have to issue another letter. So, that is how the process moves forward and I think the third letter, second, I guess third letter, even after the 15 days issuing third letter, if the bidder has not working properly then contract will be terminated.

OC, Ok. What I was trying to ask your earlier was, what sort of benefit SRH project would get from the result of the review meeting? And next, how it would contributed to the movie of ADRA-Nepal? And the third one, how it could support to your own organization? Probably safe motherhood lunches several other projects like SRH? I am just assuming, let’s talk about those things quite a bit.

ER, in these aspects, rather than me, talking about safe motherhood what would be the profit and benefit or what would be the benefit of ADRA-Nepal. From the very beginning, I have been saying that we have been working as team, be comfortable telling you about, how it would have helped the SRH team? How SRH team is helped from the review meeting, at the district level, it is not possible for us to visit districts every now and then, being a focal person, what I do is, I get overview what has been going in the district, and then I like, my job is to making the flow of information. Sometimes, information is lacking, in terms of proper information, if there is ups and downs in the information, in the review meeting we go and motivate our staff. We tell them, it is not depends on individual capacity, project will not run by the mentality of single person, so what we do is, the whole team from central level and regional level, we go to, we have, and we have district team and we have a review meeting where we motivate our staff, we look for way out because the pressure is not only on our district based staff but also we has have the equal degree of pressure. How do we complete the project with quality result in time, the work pressure is equally on us as well. So, we sit and actually discuss about it, what are the ways out? If it is going well we then appreciate it.

OC, how there is information lacking? ER, rather than information lacking in some things, we have our CCM, which means central committee meeting, in CCM what we do is, with partner organizations, safe motherhood and ADRA-Nepal, certain decisions that have to be taken at the central level, cannot be taken individually. Safe motherhood cannot tell alone and ADRA-Nepal can take its stand, on its own so come together, combine, sit have a meeting where we have our executive members/board members and human resource of SRH project from ADRA-Nepal, we sit there and come for discussion, for example, as I mentioned you that fencing at birthing centers, what we mentioned in the tender is only for birthing centers we then gradually realized that we also cover certain other aspect as well, so can we do this? Further approval for budget, because, it requires extra budget, or any other problems that we need to discuss at the upper level, then we go through central committee meeting. We get approval from CCM for those things, how to move ahead in days to come.

OC, how often does CCM take place? ER, it is not held in every month that we have said, but again depending on the requirement, the necessity of any decision to be made how fast, in that case it takes place accordingly otherwise it takes place once in a three months. OC, Ok. ER, we have discussed about the project, and then, we motivate our staff through review meeting, rather than lack of information, if we participate in such meeting that is held in the district and listen their experiences individually, we sit together with partners and further plan for what could be done in the coming days, main benefit of the review is to find out the proper ways out.

OC, have you rescheduled the project review meeting? that was supposed to take place on 12th of Jan? ER, we said it is not cancelled, it is not cancelled but it is like postponed, but we have an easy task, what we do is, as we are thinking revise the plan, this was discussed few months back, a month back at central committee meeting, we had a CCM before coming to review meeting. In CCM, we had a CCM in early 20s of December 2014 where we made a revised plan, because sometimes, there could deviation be appeared, we do not wait till we have a review meeting, if there is any deviation, we make sure, as I mentioned, the pressure is equal it is not only at the district level but what we do in the central level, activities are not moving ahead as per our plan, deviation has appeared, why has deviation appeared? For the solving of the deviation that appeared in the field, we have made a revised plan. A revised plan was prepared and was shared to the district as well. Now, our target was examined whether things are moving ahead as per a revised plan or not? But we can do it through email, now technology is so advanced that information comes through email, telephone, still as more like motivation, if they have their own points of grudges, difficulties or challenges, review meeting would be a platform for them. So review meeting was very important, I am not going to say, that we have already made a revised plan, review meeting is not important but it was important to motivate our staff, to look for ways out, because this time, what we were planning to have meeting with contractors. In this meeting, if there is something lacking in any aspects, how could we cover them properly? The commitment of contractors with implementing partners to work on such thing we were planning to go to district but unfortunately, we could not make it.

OC, we are almost at the end of our discussion, do you have any suggestion? ER, suggestions over? OC, over, this discussion or do we have anything left say that I forget to ask? ER, I think, we have covered up almost everything, most of the part, you know, all the important aspects. I think, strengthening reproductive health project is a very good and fruitful project, I must say because, in birthing centers, I remembered last year when we worked in Kalikot, we could actually see change while handover the project. In the beginning, people, it is not easy working in a district like Kalikot, it is not. OC, why it is not? Because what happen there is, to change the mentality of the people is going to be very difficult, I have told you, in the present communities, people perceive that I/NGOs are the organizations with heavy amount of money and they are just using their money and showing it off and like just giving a very little amount of money to the actual beneficiaries but in our project it is completely focused on beneficiaries, it is completely focused on beneficiaries because most of the facility, grants goes to the beneficiaries, we use that at the communities, we are actually very happy about it.

We were not like, it is not... mentality of the people so far is like fund comes to INGO and only 5/10% goes to the beneficiaries rest of money goes to different directions, such things are not exist at our project, all of our things are at proper process, proper documentation and what not, so for beneficiaries, actually we have been able to motivate them too. We have seen the changes, we have seen people are use birthing centers, in some places, due to lack of birthing centers at such places, women were giving birth at the home, adopted unsafe delivery practices but these are no longer there. So, we trained the people there, like ANMs, we also provide training to HFOMC at the communities, also we motivate mother groups there, we encourage them to partake, so in the area of women and children’s health we have done a good job, I must say. It sounds like self-praise. OC, actually it does. ER, I myself is very happy with this project, it is not that just to construct birthing centers and leave it. We, I think, are focusing on different trainings for the people there rather than women for instance, SBA training, Implant training and ROLDP training. Such trainings give them confidence to the some extent, and they collect courage to do certain job like CS and it has been able to make people capable. I think that is a plus point and in the family planning in this year, we have focused on family planning, I heard that the government of Nepal now they planning to lunch this training of family planning throughout the country and I think they have already started it, as far as I know with the initiation of safe motherhood, we have been working here for really long time, safe motherhood, incentive programme to delivery mother Rs. 500, Rs. 1000 and Rs. 1500 I think, that is, it all started from safe motherhood, it started from this organization itself. The commitment of our board members, who were involved in it. So, this incentive receiving scheme and little something I would like to share except for this training, we also have worked in safe abortion and then the recent tasks we have covered are family planning and strengthening reproductive health, respect for maternity care, in this project, basically what we focus is, there should be respectful behavior, because a woman who experiences a situation during the time of delivery, it is going to stay with her through, we have seen misbehavior over her, released that, the survey was conducted on it, conducted research on it as well, we are also working on getting approval from parliament to pass the bill, what is how, overall things move ahead.

OC, thank you so much for your time and cooperation, for the second round meeting we could sit at Kathmandu. ER, sure, OC, Thank you so much once again.