**Interview and Field Note**

Field worker: OC

Interviewee: CN

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali and English

Note Transcribed by: OC

Place: 2nd floor, meeting hall, Care-Nepal; Dhobighat

Time: 10:00 - 11:00

Date: 3rd December 2014

**Major Highlights:**

* Care-Nepal has long working experience in the health sector including maternal and child health of Nepal.
* SAMMAN project is the second phase of HIPP project and it is likely to extend for next phase as well.
* Private donors have policy to reinvest 20% of their profit in the sector of development as part of CSR.
* Government is the strategic partner for implementing programmes.

OC arrived to office of Care-Nepal at Dhobighat for meeting with Chiranjibi Nepal, sexual and reproductive health specialist at Care-Nepal, with whom OC had not met previously. Like in earlier visits OC mentioned to receptionist about his meeting with CN. She then made call to CN to inform him about OC’s arrival for meeting, after talking with CN she asked to go upstairs meeting hall at second floor where JS and OC had meeting with NS, health coordinator of Care-Nepal.

As OC reached to second floor, he met a young and smart looking person with whom OC asked he is there to meet CN, then CN told he himself is CN and made handshake as a part of courtesy. Then CN told welcome to Care-Nepal and asked tea, coffee before sitting for meeting. OC replied he is fine for now. He might take a glass of water after the meeting. Then moved to meeting hall, CN came and asked how long our meeting will be? OC replied, he will try to conclude as sooner as possible.CN also explained briefly about the research project, although I had quickly read the one page document he said by showing the one pager. OC explained about project briefly. Then moved to asking some specific questions about the Strengthening Approaches for Maximizing Maternal Neonatal and Reproductive Health (SAMMAN) project, a three years project implemented by Care-Nepal and funded by Glaxo Smith Kline (GSK) effective from July 2012 to June 2015 in three districts of far western Nepal.

Care-Nepal has long working experience in the health sector of Nepal including maternal and child health. Health has incorporated in the project of Care-Nepal since its inception in the country way back in 1978. Apart from that, Care-Nepal completed series of projects on child survival i.e. completed in 4 series, funded by USAID. From the initial time onwards, Care-Nepal not only has kept engaging itself in developing innovative modalities and approaches to implement programmes and projects at the communities from the learning but also has initiated to build relationship with private donors like GSK.

On the other hand, private donors have policy to reinvest 20% of their profit in the development sector as part of Corporate Social Responsibility (CSR). So there are many factors which had collectively helped in triggering the idea of SAMMAN project. Obviously, long work experiences and lesson learn from previous projects in general and learning and success of Health Infrastructure Partnership Project (HIPP) in particular contributed to give solid shape of the idea of SAMMAN project.

He further explained that SAMMAN project is actually a second phase of HIPP and we are working for the next phase of SAMMAN which is preliminary stage. Home country, from the network of Care International helps in receiving fund for the projects to Care-Nepal such supports involve from the designing phase of the project, such as informing to Care-Nepal about the bidding process, enlarging of concept note prepared initially by Care-Nepal, contribute in developing proposal according to the required format, making match between financial statements and programmes, inform about the updates about the current status of bidding process until project is finally awarded. In the case of SAMMAN project for instance, Care UK has played vital role for coordinating between donor and (implementer) Care-Nepal. In the case of USAID funded projects Care-USA takes such responsibilities.

So far the designing of the SAMMAN project is concerned, ‘I was not involved in it because I was working in different project, although it was under Care-Nepal, I worked in HIV/AIDS project as project manager, based on Dhagadi, a district headquarter of Kailali; district lies in farwest Nepal’. Although, I worked in different project I was familiar with the working modalities and approaches to work at the community level, he added.

To work in the health projects of Care-Nepal, two staff are based at the central level; NS, health programme coordinator and CN, Sexual and Reproductive Health (SRH) specialist. He further explained, roles of the staff based on central level involve in coordinating with different organizations working in the sector maternal and child health in the country including government ones and dissemination and sharing of the finding among stakeholders at various levels, reporting the status of current projects to donors and government, attending meetings of network, contribute in policy amendment.

In addition to our roles, we jointly work with government of Nepal and Non-Government Organizations (NGOs). Government is our strategic partner, with whom we work together to find out the gap between policies and practices, to the existing problems at the community level. While doing so, we (Care-Nepal) provide technical and financial support or in cost sharing of the programmes and projects as per the requirement and agreement.

On the other hand we work with NGOs as local partners to implement programmes at district and community levels. NGOs are our implementing partners, *Faya Nepal* at Kailali district for instance, is our partner NGO who is working in collaboration with Care-Nepal to implement SAMMAN project at Kailali district so is the *Source Nepal* in Doti.

While working with government and NGO at the district level Care-Nepal adopts collaborative approach. Care-Nepal provides an orientation at the district level among its stakeholders to shed the light on what is the programme all about? How the programme will be implemented in particular communities? When will it be begun and end?

Apart from this, Care-Nepal emphasizes on the capacity building aspect of the partner NGOs too. It provides training on how to do finance management properly also provide coaching from central level to regional and district levels according to requirement and compliance of donor along with the guideline of Care-Nepal itself.

To work at the district level, Care-Nepal employed a staff as Maternal and Neonatal Health Officer (MNH) officer at every working district who is based on District Health Office (DHO). The main job of the MNH officer is to coordinate between DHO and Care-Nepal at the central level along with reporting and making update about the ongoing project at district level to central level.

Project coordinator at the partner NGOs is the focal person of the project who is responsible for overall tasks of the project and point of contact for particular project for implementer as well. While person for this post partner NGO has primary role but Care-Nepal also involves in the process jointly so as to ensure skills, potentialities and qualities of the person to assign the job.

Likewise, to handle financial aspect of the project, NGO employs a staff as finance officer, who might work only for single project or might involve in several projects under same NGO.

Community Health Mobilizer is a staff who works at community level mainly for social mobilization and community mobilization. Certain number of VDCs are allocated for one CHM as his/her working area. To be selected as a CHM candidate should have at least intermediate level or work experience in health project.

Every year Memorandum of Understanding (MOU) is being signed by Care-Nepal and partner NGOs. While doing so both parties review the tasks accomplishment of the particular project, financial document along with action plan of the project. On basis of this documents we move ahead for further accomplish of the remaining tasks.

Although we had worked in partnership we worked with slightly different approach, when we received the grant from donor(s) for particular projects and we collaborate with local NGOs at the district level to implement programmes at the community level, we used to call sub-grantee for them until recently, he added about 3/4 years ago used such terms. These days we treat as equal partners, no longer the hierarchy of grantee and sub grantee is existed. Now all of our partners stand in equal ground and Care-Nepal respects the human resource policy of its partner NGOs along with other policies.

Conversely, while there is contradiction of policies between two organizations, if it is between donor and Care-Nepal in such case, Care-Nepal has to obey donor’s policy or modify the policy with reference to donor and if such case is happened between Care-Nepal and partner NGOs, NGOs have to obey or modify the policies according to the terms and conditions of the Care-Nepal if they like to move along with the completion of project. In some cases where there was contradiction in major points with donors, Care-Nepal had history of quitting the project rather than moving ahead.

Care-Nepal has long working experience in the sector of health in the country hence it has gained trust and acknowledgement from other stakeholders for its contribution. In addition to providing technical and financial support to the various programmes, Care-Nepal also contributes in finalizing the annual report, jointly identify the existing problems in the society and contribute to solve them and supports in social mobilization. At the central level Care-Nepal works with Ministry of Health and Population (MoHP), Department of Health Survey (DoHS), Child Health Division (CHD) and Family Health Division (FHD) for the health sector.

While working with partners at different levels, mostly the nature of relationship among working partners is formal, although informal relationship also influence to things get done to the some extent. But grossly one has to go through certain process as per the rules and regulations of the organizations for getting things done.

For implementing the programmes, Care-Nepal receives the fund from donor after following certain procedures and meeting standard requirements of donors. Some these processes are submitting concept note at first then enlarging the concept note as per the donor’s request and requirement along with programmes, activities and budgeting.

When donor transfers fund to Care-Nepal for particular project, then the project is registered in Social Welfare Council (SWC) and SWC reviews the project and once the process is completed it grants the approval for the project to move forward after that it goes to MoHP via specific division according to the issue of the project. Before moving to MoHP and specific division, an approval letter for project implementation at the particular district and communities from DHO of the implementing district should be granted and put it in annex when submitting documents at SWC. This approval from district is one of the mandatory documents, he added.

At the community level, Care-Nepal jointly involves with DHO and DHO takes the lead role in every project implemented at district and community levels.

After implementation of the programmes monitoring of them is essential or mandatory. It is also mentioned under the compliance of SWC that, for 5 years project we conduct three evaluations baseline, midterm and final one whereas in 3 years projects, we conduct only baseline studies and final evaluation.

While conducting such studies for monitoring purpose, Care-Nepal hires external consultants. He further explained that at the time of monitoring of any project, we make public announcement for bidding then invite for applications from potential consultants. Once the applicants applied for it then board will select successful candidate and award the amount for the monitoring of the project. The selection board of the Care-Nepal consists of a person from procurement unit, focal person of programme, focal persons of finance and admin along with country director and assistant country director.

Evaluation of the project is conducted by using the log frame indicators which include output, outcome, input and impact among others. Apart from indicators mentioned in the log frame, we add certain indicator for the evaluation process depending on the context and progress of the project. Like in monitoring evaluation of the project will be done according to the duration of project. In 5 five year long project, midterm and final evaluation will be done but in 3 years long only final evaluation is conducted. Evaluation of the project is also done by the external consultant and process of hiring consultants is as same as in the monitoring of the project.

While talking about perception of local women regarding maternal and child health project in community is concerned it felt and reported that health seeking behavior has been changed among women at the time of problems, especially for service seeking nature has been increasing at the community level these days in comparing with that of the past.

On the other hand, at the institutional level, access to health service, quality of treatment are relatively better at the community level these days. Existing problems have been minimized jointly by Care-Nepal, partner NGOs and government. There is an interface meeting among different stakeholders such as service providers and beneficiaries which not only reduce the gap that exist among service seekers and service providers but also promote mutual trust among all stakeholders. On top of this, remote parts of the countries are still facing critical challenges of lack of human resources and equipment for proper treatment. Supply side of health service at the remote villages of the country is still weaker, he added.

Health project should not be implemented at isolation so we intentionally develop partnership with government which helps in feeling of ownership in the future and supports in promoting accountability of any project from the side of government. Government staff perceive all health programmes positively although, there seems not compatible in case of allowance for government staff and NGO staff. Such incompatibility leads to the dissatisfaction among government staff but we receive necessary help from them.

Some of the major challenges seen among government staff are difficult to balance adequate time for every project we collaborate with them due big volume of the work they involve in, frequent transfer of the staff, although skills of staff are recognized elsewhere in the country. Likewise, stay on deputation (*kendrama kaajma basne*) at the central of staff who are appointed at other parts of the country. Similarly, sometimes not getting adequate corporation from local people at the community is another obstacle facing by staff.

Finally future of the SRH project is looking good because all the stakeholders like community people, government, donor and implementer are satisfied with the overall activities of the project so far. We are working for the 2nd phase of the SRH project, preliminary work has been almost completed for it, although we are yet not sure about the coverage of the area for the 2nd phase whether we are going to cover wider area or work in the same area as in the first phase.

We work through the chain of government and all the approaches of Care-Nepal is well-known to government staff and we ultimately going to hand over the programmes to community health facilities in long run. Community Health Score Board and Self Applied Technique for Quality Health (SATH) are few examples of Care-Nepal’s previous projects implemented at community level.