**Field Visit to Suaahara Project at Nuwakot District**

**March 2015**

I made a quick field visit to Nuwakot district during 17th to 19th of March, 2015. The primary purpose of this field visit was to make deeper understanding of Suaahara project at district. In terms of how Suaahara project works with other partners such as implementing NGO, usually they called it PNGO, partner NGO, The Kakani Center for Development of Community (KCDC) is the partner NGO in Nuwakot district to work with Suaahara project. Also, government organizations/departments and officials. In addition to this, to collect information on Aaama Surakchya Programme and build up the picture of this programme especially, how this programme is being present, functioning and reaching to the mother and child at the community.

After 4 and half hours of travel on Micro Bus from Kathmandu, nearby new bus park Balaju, I got into the Bibur Bazar, a municipality and district head quarter of the Nuwakot district. Bidur Bazar is approximately 72 Kilometers far from the Kathmandu. Although I had travelled through place a couple of times earlier, quite a long ago I was not sure, how long it actually takes to get there from Kathmandu. One of the staff at Social Science Baha, who is from the same district told to OC that it takes only 2 and half hours to get there. I prepared accordingly but it actually took him to almost double time than he was told. On the way, after travelling 2 and half hours OC asked to fellow traveler, who sited next him and looks young plus 2 graduate; usually how long does it take to get to Bidur Bazar from Kathmandu on micro bus? It takes four and half hours, however speed of the vehicle makes difference of half an hour earlier or later.

As I reached to the Bidur Bazar, and asked to a female shopkeeper, whose shop is near to the main road and she was having her snacks; about the location of the Suaahara district office, she came out from her shop and showed to me the building of the Suaahara district office. I then moved to the district office of Suaahara with thanking her. I reached near to the office within few minutes from the shop where I got off from the bus.

OC saw board of Suaahara, placed outside of the tall (4 storied) concrete building with light pink color, and top part of the building is yet to color, which located in right side of the road (while going from Kathmandu) and takes less a minute of walk from main road, situated in between two houses, one situated at the left side of the office is partly dismantled and there is small meat shop opposite to the office.

When I was heading to towards office, I saw two or three young female were managing the pamphlets as I saw them (pamphlets) from distance, I was not quite sure about them as those young female making rolling them in round shpe, that should of Suaahara project, who look like field supervisors of the Suaahara project (FSs), community level staff of the Suaahara project, who work in community usually in two VDCs and are employed through partner NGO and they are mostly based on community and visit to district on monthly basis to attend meeting and reporting of their monthly accomplishments. I asked them, in which floor Suaahara project office is located? One the field supervisors told to me, it is located in in third floor. I moved ahead accordingly, as I reached to the third floor, I saw poster of Suaahara project posted on the door. I entered into room with permission from one of two staff who are working on their laptops near to the door on the cabin half way partition with aluminum.

When I entered into room he briefly mentioned to them later came to know they were thematic officers (WASH and agriculture) of Suaahara project about the purpose of Nuwakot visit along with outline of the research project. After listening to OC one of the two staff asked me to go and sit in the room right to main door and next to meeting hall. It looks to me that he (staff) went to inform somebody else about my arrival at office. I went to the room and sat on the one of the four chairs placed in the room.

Office room looks sophisticated, well carpeted and half partition with ammonium and in each partition nice table and laptop are placed, later I came to know each thematic representative of the Suaahara project works from. And, the staff, OC spoke at his arrival at the office was one of them. The room I was waited for a while was found be a room of district coordinator (DC). The room next to DC’s room looks like meeting hall, it sounded that people were having meeting inside this room.

After a while, an adult person, looks like he was in his fourties, came into the room, I introduced myself with the person and mentioned shortly about the outline of the research project along with the purpose of field visit at Nuwakot. Meanwhile, I gave one pager project introduction and his business card to the person. Apart from that, I quickly mentioned about ours’ (JS and OC’s) recent visit to Myagdi district at Suaahara project. After listening to me, person mentioned that he is Shri Krishna Paudel, district coordinator (DC) of the Suaahara project at Nuwakot, who worked in HELVATS, based at Dhagadi, far-western Nepal it was for a short period of time, before joining to Suaahara project prior to HELVATS, he was working with Japanese International Cooperation Agency (JICA). DC was originally from Tanahun, western Nepal and now has migrated to Bhaktapur. In Nuwakot, he lives in rented apartment.

DC asked to OC that whether or not OC has brought any official letter from the Suaahara project from the central level or not. OC gave him an ethical approval from NHRC and along with Nepal Introduction prepared by JS. DC saw them and told to me that none of these letters is addressed to DC, he made comment as he gone through them.

He then, asked to me that, whether I mentioned to central office of Suaahara about his field trip Nuwakot or not. I replied, we did so when they made field visit to Myagdi but this time, he did not mention to central office. If it requires, I will write an email to Pooja Pandey, mentioning that I am in the field at Nuwakot for a day or two, and will spend time at district office without hampering regular work of the staff. DC, suggested to go ahead with this option, he further mentioned that, if you (DC) send an email that will be really helpful for me (DC) to move ahead with the process officially. As a researcher, you need to collect information on the contrary without the permission from the central office/authority we cannot provide information that you are looking for to collect in your visit at Nuwakot. As I did not bring my laptop with him, DC asked one of his staff to provide a laptop to me for a while so that I could send an email to the central office of Suaahara.

In the meantime, DC also mentioned that all the staff are busy on preparation of semi-annual review meeting that is going to take place at Kathmandu from 25th to 26th of March. Which was written clearly on the board placed on the wall above DC’s table at his office room as well. As one of his staff provided me his laptop shortly I began to write an email DC went back to meeting hall. I sent an email to Pooja Pandey mentioning that, OC has arrived at Nuwakot for the field work and met Shri Krishna Paudel, DC of Suaahara project, also spoke shortly but DC asked formal permission to conduct a further research, so could you please, provide me access/approval to move ahead to conduct field work at Nuwakot. Apart from this, I came to learn that semi-annual meeting is going to be held soon, I wrote an email to Pooja Pandey, with request to participate in the review meeting which could allow me to understand the project. After I sent an email to Pooja Pandey giving copy to DC and returned to the DC’s room.

On the other hand, DC mentioned that as we are Nepali brothers, *dajubhai* I will cooperate you in providing information but it is always good if I (DC) get permission officially to do so from my authority. This particular situation, reminded OC about how official norms and practical norms exist side by side, which was explained by JS to OC during Myagdi field visit. Also somehow resembles the similar attitude towards data/information of in charge of health post at Rakhu-Piple VDC.

DC’s room was spacious with the four chairs around and a tea table in between near to the door and then there is table and chair next to them from where DC works from. At the right wall of the room the map of the district is hang and it tells that there are 61 VDCs, 3 primary health care centers (PHCCs) and a municipality in the district. The entire map was divided into three different colors OC came to learn later that these colors represent electoral constituencies of the district.

DC and OC were talking, a staff came to see DC and DC then briefed about the presentation, he (staff)is being making for the semi-annual review meeting, DC encouraged him to do it very nicely and complete them including making photocopy of the documents in Nuwakot because there will not be electricity facility in the capital as we need. DC further explained that when we reached to Kathmandu, context will be different than of office here, we will be with family, so all the tasks should be completed here before we leave for Kathmandu. That staff, latter introduced with OC, he is a Bhogandra Kumar Thapa, an agriculture officer/representative at Suaahara district office, who used work at CIPRED before joining to Suaahara, with short conversation with DC mainly on presentation, he left the room.

DC asked to me, have you been to Africa to conduct the research? I replied to DC that he has not been to Africa, there is research team to conduct research, and OC is based on Kathmandu; Nepal. Meanwhile, another staff visited to DC, who is one of those two staff OC saw initial while he came to office. He was WASH representative at district office of Suaahara project who came to make approval of the invoices of his earlier field visit, DC approved by going through the documents he came up with and once approval is done then WASH representative left the office, he looked busy he informed to DC that he was going to attend meeting tomorrow. In the meantime, support staff brought tea for me and DC.

While OC was sitting on the chair at DC’s room, DC was working in his laptop and quite often mentioned that by 5:00 Pm this evening he has to submit draft report of semi-annual report to central office and DC asked thematic representatives do you finish compiling stuff for the report, OC heard from those representatives going on/almost completed. DC further mentioned to me that you the work loads of staff at NGO, sometimes we have to work till 8:00 in the evening and the other times office tasks will be completed even before 5:00 Pm.

In the meantime, DC asked me about where he going to stay tonight? I, actually do not have any idea, probably at hotel near around, do you have any suggestion for it? DC suggested to stay at Hotel Saptarangi, which near to the office, 5-7 minutes walking distance from the Suaahara office. About, 5:40 as everyone seemed busy on their works DC asked me to go and take a rest in the hotel, every is busy at the office they are not sure how long it is going to take them to complete tasks. After this conversation with DC, OC left Suaahara office, telling him I will come to speak with DC tomorrow (18th March) and will go to visit KCDC and will go to see focal person of Aama Surackya Programme at district health office (DHO). When I was leaving from Suaahara office, everyone else was working on their laptop.

During my stay at office DC received 2/3 phone calls, on those calls he talked about somebody is going to leave job on the project and who will be potentially joining to the project something like that. As I was listing to one sided conversation, I was not able to give total picture with context.

I saw printer and the box of first aid was placed in table outside at the left hand side of the DC’s room. The stickers of USAID were put on both printer and first aid box likewise one can see these stickers almost everywhere in the office room, apart from its support for maternal and child health programme, it also somehow tells the importance/presence of USAID through project. In addition to this, posters of contraceptives and family planning are hanged on the wall of the office.

In the evening, I did short evening walk through Suaahara office, I saw light of the office rooms was still on while he was returning to hotel as well, that tells staff were still working to complete the report for submission, which was already to me by DC. Also that working situation made DC’s claim valid. This is also shows the practical norms of staff to complete the assigned tasks by given date line is different from that of the official norms.

At the hotel before dinner, I shortly talked with hotel owner, who told that he has been doing this business in this particular place from the 4 years. He further mentioned that, whoever comes at Suaahara office stay at this hotel. Suaahara had conducted a programme at District Development Committee (DDC) a month or so ago and we served all the food required for the event, however I did not know the main focus of the programme. I know that was Suaahara’s programme and since then, I began to know Suaahara’s staff.

**Interview with Sri Krishna Paudel, DC Suaahara project at Nuwakot District**

18th March 2015

As per the talk with DC last evening, I went to meet DC at his office after nine o’clock in the morning. When I reached to the office, the main door was closed, then he knocked, one of the staff opened it and I got into the room, every staff was working on the their lap top, OC moved to the DC’s room DC was also working on his laptop, I entered into his room with his permission and greeted him and sat on the one of the chairs. DC asked how was OC’s stay at the hotel where he suggested to, OC replied, it was comfortable enough. In the meantime Essential Nutrition Action (ENA) officer, Upendra B. Bogati (UB) came into DC’s room, DC and UB talked shortly, their talk was mainly focused on the preparation of the meeting that is going to be held in Kathmandu. DC was ensuring him often that if everything is ok with UB’s part or not, does he compile all information properly or not. UB replied everything is going well, while UB was about leave from the DC’s room, OC made request to UB that, I know staff are busy on preparation of the meeting but can you arrange your valuable time in the late afternoon like after 3:00 PM? OC is interested to speak with you regarding Suaahara project in general and your job in particular. UB said, of course, we can do that, then UB left form the office.

In the meantime support staff brought tea for OC and DC as UB left from the office, DC mentioned that, people will come and go in the office, should we begin our talk in between, OC asked to DC number of Field Supervisors (FSs) at the district, their educational backgrounds etc.? Although, OC knows that required qualification for the post was plus 2 or equivalent to it.

DC, mentioned that there are 33 field supervisors altogether in 61 VDCs of the districts. 1 supervisor looks after two VDCs normally. He/she is looking at least one VDC and maximum 3 VDCs. out of 33, 22 are female and rest of the 11 are male. And two of them are from outside of the district. As far their educational qualification is concerned, 5/6 of them have health background like Health Assistant (HA) with plus two or Community Medical Assistant (CMA) with plus two or Bachelor in Public Health (BPH) degree but some of the staff are belong to general subjects. DC further explained in terms of marital status of them, it is like 50% married and 50% unmarried.

From our side we provide coaching, counselling to the Field Supervisors (FSs), especially thematic representatives will provide coaching and counselling to them on the basis of particular theme. For instance, essential nutrition action (ENA) officer counsels or coaches on nutritional staff to the field supervisors so with other thematic representatives do. Apart from this we provide various trainings to FSs. It took about 3 months for them to receive trainings on nutrition, health, hygiene and rest of the other themes involve in the project.

In the part of training, we provided 6 days training to FSs on Integrated Nutrition Plan (INP) which was primarily focus on the overall concept and outline of Suaahara project. Like INP training was followed by 3 days long training on water sanitation and hygiene (WASH) which also aims to teach FSs about the basic/fundamentals of drinking water, sanitation and hygiene of mother and child. Likewise, another initial training was on home stay food production (HFP) it was concerning to provide ideas on producing food at home for consumption which helps in making availability of food at home.

We also encourage locally produced organic food for better and sustainable way for consuming nutritious food. Apart from that, we counseling on exclusive breast feeding and its importance to child. In behavior change communication, we broadcast radio programme called *bhanchhin aama,* a mother tells, on Thursday and Saturday twice a week.

In part of coordination, DC mentioned as Suaahara is dealing with multiple sectors it has to coordinate with 7 ministries at the central level and 7 particular themes compatible with project at district such as district health office (DHO), district agriculture development office (DADO) and the like. Every related office at the district is informed about Suaahara is implementing in the district and permission for implementation was taken from related authority at time of project designed and project had singed the memorandum of understanding (MoU) with various related ministries at central level as well.

We are not going to create a separate system but we are implementing programme through existing system of government, sometimes making time compatible for each of us for lunching the event is really hard because government has its own programme to run throughout the year and we find difficult to find their time so as to be collectively present in the event. It could be resulted in delaying in conducting programme than that of given time for the particular programme and eventually ended up in not meeting the target in given time frame of the project.

In terms of coordination, we speak with related government authorities and inform about the purpose of the programme, modalities, supporting part which is usually they call technical support. This technical support involves providing equipment to the health facilities, giving khaja allowance to the participants of the meeting at HFoMC. Our role is more supportive one for making things happen smoothly in government’s programme, DC added. In case we have some problems regarding to coordination, district development committee (DDC) is the place we suppose to ask for help in resolving the problem but we have not gone through such tough situation so far.

Reporting and meeting are ongoing activities due to already fixed activities/schedule these do not take as expected. Particularly for the meeting among all stakeholders at district level, there is lack of time as everyone else has something to do as part of their job at the office.

In terms of our reporting mechanism is concerned, all the field supervisors submit their monthly activities and plan to field coordinator (FC) and data documentation and management officer (DMO) keeps the record these two staff are based at the office KCDC at the district and DMO reports to DC. We also participate in the district review team as a watch dog. Apart from this we all of our staff make frequent field visit to the community to inspire our staff at the one hand and also to get the real sense of existing scenario of the community on the other hand.

DC further mentioned that, we provide ‘supportive supervision’ to our staff meaning we not just make visit to the community and observe what they are doing but we provide required support to them while we are making supervision visit to the community. In addition to this, we try to address the grievances of field supervisors appropriately they have to walk a lot, they might become sick.

It has been just 7 months that, Suaahara has begun to work in this district, so we do not have lot of experience of working at the community we are just reaching to them very recently. In the initial stage we are providing counselling on proper use of nutritious food. Nutritious food could be out there at the community but we are encouraging community people how to use nutritious food properly in order to maintain the good health of mother and child at the community. We do not want community people exchange their nutritious food with junk food, DC added.

In addition to this, we provide counselling on ANC, PNC visits, delivery care and potential dangers associated with it, regular checkups, proper breast feeding techniques, complete breastfeeding and the like, eventually we want to promote healthy baby. So many nutritious food is out there in the community and we are providing counselling on to make their proper use to maintain good health of mother and child. We are hoping positively, in long run people will change their habits regarding to fooding.

Nonetheless we pay attention, not get disturbed by local feast and festival for our field movement sometimes official events of 7 line agencies get overlapped many times as there are a lot of programmes going on the district. Besides, district, we also participate in ward level interaction (WLI) which helps us to identify 1000 days mothers or helps in identifying the beneficiaries. At the end, DC mentioned that overlapping of programmes among 7 line agencies/partners is one of the challenging tasks for the project. As stated earlier, each one of our line agencies we work has their own respective programmes schedule, and sometimes they overlapped each other and we are not able to participate in each event as we expected to be. Likewise, rural urban fragmentation, not all the VCDs are well covered with transportation which is another obstacle for the project.

Before concluding the talk, DC ask where do you going to disseminate the findings/outcomes of this research. OC replied we are planning to make in country dissemination after completing the research project which will take place one at Nepal and another is in Malawi.

And DC suggested that it would be great if you could make it among different staff at district level as well. Or if there is any interaction programme take place you would be able to make participation of district level and community level staff then you will listen their perspectives as well.

After speaking with DC, I came to KCDC which is located in the 5 minutes of walking distance from the district office of Suaahara and situated at near to the main road at the left side of road (while coming to Kathmandu) at red color concrete two storied building. At the ground floor of it there a juice shop at the one side and hotel on the next.

The office of KCDC looks nice neat clean and well carpeted rooms. As I reached there he saw many staff moving around and two people (DMO and FC) OC found later constantly busy on dealing with FSs. Some of these FSs were filling out the travel form went to Field Coordinator for its approval and the other were consulting with DMO regarding to their data issues. This office looks lively and later FC made his comment on it, you know, for 3/4 days in a month we have to be so busy in handling all the activities about tasks completion of FCs and their plans for coming month, issuing an advanced for each FS.

About 10/12 FSs were still in the office of KCDC and rest of the others already completed their work on district and left the district previous day. OC asked to one of the remaining FSs why they are still in district while rest of their colleagues are already left. She mentioned that the given days for meeting and accomplishment of the work of FSs in the district is not enough, so who are done with their works has already left and who have not completed their works are still in the district.

OC shortly spoke with one of the male FSs who mentioned that, there is a team of three FSs, himself and two others male colleagues who work to manage all these goods like buckets, soap cases, towels and soaps. Basically their works involves bring all the aforementioned goods from the store to the office and distribute among colleagues. He further told that office (NGO) makes payment to store on its own we just bring the stuff and distribute among us which takes a day or two. He made me visit to the store room of the office, where a lot of buckets are piled, soap cases are placed, and he was distributing them to his colleagues along with some seeds packets. And field supervisors distribute these goods to the health mother group at the community.

He further explained that we spend first three months in receiving trainings on various subject matters that Suhaahara is incorporating. For instance, we received 3 days training on integrated nutrition programme (INP). This three days long training incorporated notion/concept of nutrition and malnutrition its impact on people namely on mother and child. This training was provided by essential nutrition action (ENA) officer, Upendra B. Bogati. Likewise, we also received five days training on Water Sanitation and Hygiene (WASH). He further explained that like earlier training, this training also taught us about pure drinking water, components of sanitation and hygiene etc. His colleague asked him to visit pot store and so he left and went to utensil store to bring goods.

After a while, I managed to speak with three field supervisors (two female and a male). One female FS has qualification of Intermediate in Arts (I.A) along with working experience in similar field. Another FS has done plus two degree and health assistant, she looks really young and the guy has done Masters in Health and Physical Education ( M Ed in HP), and he was teaching in school before moving to this project. This conversation took place in Executive Director’s room, it seemed that he was absent for that day. I sited on the tool placed near to ED’s table and these FSs were sitting on the desk placed at the corner of the room.

I initiated talk by asking how you get into this project Suhaahara and what you thought of this project before applying/joining to it.

They collectively response that vacancy announcement for the position of FSs at Suaahara project was made in local newspapers. Later we came to know that approximately 300 applications were submitted for the 33 posts. Out of total applicants over 100 were selected for the final interviews by appearing in written test and finally 33 were selected as successful candidates. Two of these successful candidates (both of them were male) were recently quite the job as one of the these two candidates was able to be successful candidate in public service examination and going to begin the govern job soon and the other one was selected as an alternative candidate in similar test so he left and preparing for the test to take in the next year.

While applying for the job, we were thinking this job involves fieldwork as the and counselling to the people at the community however we did not know what sort of field job will it be in exact sense. I was mentally prepared for walking in the community for this job, as post mentioned field supervisor, a male field supervisor added. He also further explained that, I feel really happy with the work I was selected for, as it involves exchange of ideas/thoughts with people at many levels from community to district and beyond.

The other female field supervisor, who has I.A and work experience, mentioned that apart from what we assume, home visit and counselling help us to know the difference between the actual cultural practices of the community people and the idea/guideline that Suaahara project proposed for the better health through nutritious food. She further told that mothers at the community do not follow the idea of exclusive breastfeeding as per the actual guideline given by the Suaahara project, but their breast feeding techniques are still influenced by the way that is practiced in the community. For instance, Suaahahara teaches exclusive breastfeeding for six months which even include not feeding water to the baby, feeding milk whole black part of breast not only with nipple. Likewise, feeding both breast to child one by one, while doing so, mother should do it only when one completely done because first there will be less milk and more water, so both should be given to the child completely. To change the behavior of the people at the community it takes times. We counsel community people especially mothers, mother in laws and husbands for the better use of nutritious food for the better health of mother and child.

A male supervisor, explained about an event, he encountered approximately a month and half ago, happened at Samundratar VDC, one among 61 VDCs in Nuwakot district. When he made field visit at the community, he saw new born was feeding mother’s milk through bowl, as mother was not aware about the proper position/techique for feeding milk to child. As we saw situation, and we counselled to mother for the proper positon to feed milk to baby, as mother follow it, new born begin to suck the breast of its mother after 9 days of birth. Once, counseling begin to work perfectly, that made me perfectly happy, actually I am proud of my job he stated.

I then asked to them, what community people called them? He told to me that, some people at the community called him *doctor Saab,* usually old people and even they asked for medicine with us. And, some people called me *Suaaharako sir* , a staff of Suaahara and some other tell us sir or miss or sometimes *bahini and didi* it is depends on the age of the individual who call us what. Talking with these three FSs made feel to OC that, the academic qualification of them are ranges from I.A to M. Ed. In terms of the gender composition of the field supervisors’ 25% are male and rest of the 75% are female. With this conversation, they left to room and went back to accomplish their remaining works.

After short talk with FSs OC moved FC’s room, still; he was busy dealing with the stuff of FSs’ but one of the FSs told to me that, she is free now so we can talk? This particular FS has done graduation in Bachelor in Public Health (BPH) from Kathmandu recently, and had already worked with KCDC before Suaahara came to the district. She has also done school level education at Nuwakot district. And, one of the two VDCs she works under Suaahara project is her own.

Apart from this, she further explained that when I saw vacancy announcement for the post at the project for the district, I found it appropriate for many reasons, such as, I need at least 2 years of working experience prior to my Master in Public Health (MPH) which I am thinking to pursue in the future. Next, as I am from the same district, I am familiar with the people, place and culture which make me easier to adopt for working in the area and more importantly, the vacancy was announced in the health related field.

She further explained, like her other colleagues, we spend first three months on various trainings of project. I work in Tupche and Deurali VDCs, I am belong to Tupche VDC, and for the time being there is less work in the Tupche than that of Deurali, because Deurali was luckily selected as one of the 18 VDCs in the district for home stay food production (HFP). Speaking honestly, I feel better working in the other VDC than that of my own because, people at community of my village have seen me grown up from my childhood, people take my work taken for granted until I convinced them with proper and adequate contents, at the she added.

We begin our work with the ward level interaction (WLI) at the community which last for 2 days. The first day is devoted in knowing the primary beneficiaries i.e. 1000 days mothers, and pregnant women, we usually get support from FCHVs at the community. And we introduce our project among mothers at the community and further mention them about the main objective of the project its benefit. Apart from this, we provide counseling on ANC, PNC, Iron tablets, family planning, contraceptive, nutrition and so forth. The first day of the WLI is explaining about the Suaahara and its objectives and benefits among the mothers at the community and it is also an opportunity for getting to know each other for further work.

Second day of the WLI, is more or less similar in terms of the subject matter discussed in the interaction programme but we do it among supporting family members, who are decision makers, but actually we are not we do not called it rather we called them supporting family members. I feel the second day of the WLI is quite tough than the first one. As it requires to counsel to husbands and we also counsel them on the use of contraceptives, sometimes I wonder how they perceive me, as young unmarried lady, counselling to husbands on contraceptive birth interval, which I is found quite difficult, and there is some level of hesitation while counseling to husbands she added. Sometimes it makes me feel that, are they making negative image of mine among them? Apart from that, community people are kind and cooperative.

She further explained that, Suaahara project is well-received among community people, however while we first informed among them, they twisted their faces. Gradually we explained them further, and request supportive family members to send their wives, mothers to the meeting. When primary beneficiaries when they attended meeting and gained knowledge on nutritious food, hygiene and sanitation for mother and child, still these are all useful for the rest of the family members as well. Apart from that we encourage mother and child to have four types of food at least in a week.

For the sustainability and easy availability food items at the home we also have been promoting agriculture among people at the community where we encourage community people to involve in agriculture as well. Under agricultural programme we inspire them to go for multi-cropping which is not only benefit community people from the health perspective but provide opportunity to taste various foods.

The work of the project has been going well, staff at all levels are corporative and supportive among each other, but from the community level, at the very beginning of the project, there was a problem to lunch this project at Nuwakot district. Some people blame Suaahara project as one of the corrupted ones, *paisa khane project* and then there was a disturbance for conducting VDC orientation programme for lunching Suaahara project at the district and eventually VDC orientation was cancelled for that day, this scenario emerged only in 2/3 VDCs of the district. Even 75% of the people were very positive for lunching project in the district via communities but rest of those 25% were against it, she further mentioned that, she was not aware about the root cause of the protest and did not have a bit detail information regarding to this initial problem.

Eventually we are able to conduct VDC orientation programme after two days of the first cancellation date, I was willing to do it in next day and we could do that as well but we did not conduct as we did not want to upset the community people because we are going to implement the project at their community and going to work with them in years to come.

You know sometimes experience matter a lot said FS. Once, I was explaining to the mothers about the breastfeeding techniques at the community, I realized from their gestures and attention, they were not convinced, young, unmarried girl explaining about the breast feeding techniques, soon I realized that I changed my approach to explain those techniques, FS added.

Previously I used to explain and demonstrate all the breastfeeding techniques with the help of their babies and mothers themselves. These days I told them that once I will have my baby, I am going to adopt the following techniques while making breastfeed to him/her and I explain all the techniques that Suaahara prescribes, in the meantime I ask them for their suggestions/corrections if I make any error. I have found this approach been much more effective than the earlier one.

In terms of behavior changes, sometimes it seems very difficult to bring change among community people, she further explained that, a mother of six months old baby is already pregnant with four months, and she is not even illiterate and is a member of village model farmer (VMF) at her VDC. Once she come to know that, she is pregnant then couple are happy because, her husband is planning to go aboard for foreign employment and by the time he will be returning to home their both kids will be grown up.

Although there such difficulties and work pressure to us, one of the best thing about this project is community people take us (staff) as we are working at the community for the benefit of the community people rather than coming/visiting for the sake of job, such perception of among community people about us really motivate us to move ahead with the work. However, we are overloaded of the work, she added.

After this conversation, I managed to speak again with two those male field supervisors, who left to bring goods earlier. Both of them told that they are experiencing fun from the job as it involves interacting with many people, and knowing perspectives of the people at the community. Apart from this, the first male supervisor with plus two and HA background mentioned that, one VDC where I work is populated entirely with the Tamang population, and women from this community are not open and receptive in matter of health issues in general and issues on family planning in particular. They feel shy and hesitant while counselling on family planning and use of contraceptives. But we encourage them not to hesitate on such things, these are normal things and rather not the matter of shame.

At the beginning women look shy for listening about contraceptives, gradually they begin to listen about it realizing it is useful for their health still we cannot go into very deeper level as our female counterpart do. We have to create conducive environment for counseling on family planning and contraceptive use to women. Again it depends on the individual skills of the field supervisors, if women do not feel comfortable talking about such things at all, we reach to them by FCHV or educated female fellow for counseling them on such subject matter.

In terms of the walking, it takes 4/5 hours to reach form one VDC to another after getting off from the bus. And, we make home visit first at the one community and move to the near or adjacent communities once one VDC is completed then we move to the next VDC, we need to make 20 home visits per month.

The other male supervisor with M. Ed. in HP mentioned that, community people in the initiation perceived us as NGO workers as people who come visit to the community and prepare report for the sake of their job but while we gradually perform our job at the community, community people take us differently.

While working at the community, mostly we walk also use available transportation some of the common problems that we encounter frequently are geographical remoteness, which requires a lot of walking, cultural problems, and language problems, when we have language problem, we get support from FCHVs in the communities.

Like another FS, he also mentioned that, to bring change in the behavior of people in the community is time taking process, it is partly due to misconception on services/medicine among community people. He explained further that, we counsel to women for ANC/PNC visits, iron tablets for iron supplement during pregnancy, but in the past neither they visited to health facility for checkups nor did they take iron tablets, one of the misconception among community people particularly among women was having iron tablets will help to make baby bigger especially head of the baby that will create problem at the time of delivery FS added.

While talking about nutritious food, he mentioned that community people know about nutritious food already to the some extent but as we counsel them about it and its impact on the health especially on the health of mother and child, that help them to bring change in their practice regarding to fooding habits in their everyday life.

Apart from this while explaining about breastfeeding techniques, we should deeply understand about the these techniques while receiving training and explaining to them in simple and proper manner, I feel if we explain them correctly, then that will further motivate to mothers for practicing breastfeeding techniques properly. He further explained that, even a male tell about these techniques correctly and properly, why should not we make it practice in a proper manner, women make such comments, he added.

When we do home visit, we provide counselling and form fill up go hand in hand. We fill up all the information on the mobile. Because this task takes quite a lot of time, we need to create favorable environment to talk about it with the mothers and find the time of mothers to speak with us in this regard. And, sometimes if we ask direct question, it is unlikely to get true answer, for instance, if we ask to the mother, do you use soap for hand washing? Then most likely all answer will be ‘yes’ but if we talk with mothers, in a more conversation mode, then we might get true information. It takes time, if we do home visit very comfortably with adequate time, we will be able to complete only 2/3 homes in a day.

As the conversation with these FSs concluded, OC moved to district office of Suaahra, as DMO and ENA and FC officer asked OC to visit to speak with them. But when OC reached to the office both of them were not at the office. After waiting them for a while, DC suggested to OC that OC could meet ENA officer and FC at the office of PNGO, while DMO was already left form the district office.

OC left the district office to PNGO office at PNGO office FC, ENA officer including one FS with whom OC spoke in the afternoon were having chat, and it was already after 4:00 pm in the afternoon, so OC could not have meeting with them. He left the office mentioning that, further talk OC will perhaps visit next time, possibly we could meet on semi-annual review meeting at Kathmandu.

**Interview with Sanu Maiya Rana Magar, focal person of Aama Surackhya Programme at Nuwakot District Hospital**

19th March 2015

OC collected her contact from her fellow staff at the district health office at Nuwakot. When OC had visited to the district hospital to speak with her, she was not at her office, as she has gone elsewhere to attend training on maternal and child health (MCH) followed by monthly meeting of focal person of Aama Surakchya programme at Barrater, Nuwakot.

When OC received her contact number, he made call to her from she mentioned that she is busy in the monthly meeting of focal person of Aama Surakchya programme at Bhadratar health post, and when meeting will be over, she will be moving to Kathmandu strait way as she lives in Kathmandu, Chapali close to OC’s place. She further mentioned that, there could be possibility to meet in Kathmandu rather in Nuwakot, but she asked us to make call in advanced for meeting.

Once OC returned to Kathmandu he made call to SM and meeting was set up for 3:00 Pm in the afternoon but she postponed it for 5:00 Pm and took place in one of the coffee shops at kings’ way, central of town. As SM mentioned that, she could speak with OC after five around central Kathmandu, OC reached there and made call to her, and waited her around, a tall, fat woman on jeans and sport shoes with sun glasses on the head came, OC approached her are you Sanu Maiya, a focal person of Aama surakchya programme at Nuwakot district? Yes, I am, so I am Obindra, I am the one who made few calls for meeting with you. OC asked her to take a seat at one of the chairs put around and request shopkeeper to bring coffee for her and me as well.

Before initiating the conversation, OC gave her NHRC ethical clearance along with Nepal introduction letter as she was asked OC whether he has any official documents to conduct research or not?

She quickly gone through the given documents and OC also explained to her about the outline of the project and purpose of the Nuwakot visit as well. SM joined Nuwakot district hospital about 3 years ago, in 2068 VS. Before joining to Nuwakot district health office, she already worked in various hospitals including Thapathali maternity hospital, she worked in post-operative, ANC/PNC ward for 11 years in maternity hospital at Thapathali so she is known among many staff at the hospital. She received SBA training only three years ago.

She further explained to OC the she is not a public health nurse, she is actually promoted ANM, designated at 6th position in the ranking system of government of Nepal. When she initially begin her work at Nuwakot, there was no staff to look at the public health aspect in the district health office and office was really in chaotic situation at the one hand and I was not known to guideline of the Aama Surakchya programme like incentive for institutional delivery and ANC visits, safe motherhood programme on the other hand.

In situation, medical superintendent (MS) who was then DHO of the hospital, asked me to handle the situation as a focal person of the Aama Surackhya programme. Then I began to work as a focal person of Aama Surakchya programme but without knowing requirement for filling up the form and verification mechanism for it. Issues like delay in payment for delivery mother was already there, it was partly because delay in release of the annual budget of the country still MFoMC could support in the timely payment of incentive to the delivery mothers at the time of their discharge from the health facility, unfortunately that could not happen.

As there was not verification mechanism and adequate evidence, sometimes one delivery mother claimed incentives for two times. I gradually develop my own system to record information so that will help in the process of verification so then I began to keep the detail record of pregnant women (she showed me a form she herself develop to keep the record) which includes name, age, address, I also create a provision that one has to come up with the Xerox of citizenship to receive the incentive, in case a mother does not have citizenship, then she has to submit the citizenship of the couple or close relatives. Later this provision was revised and Xerox of the citizen was replaced by phone number.

She further explained that, if we are able to provide incentive at the time of the discharge of the delivery mother then only she will get money otherwise not sure. I strictly adopted verification mechanism at the one hand and also maintained adequate information about pregnant and delivery mothers at the district and once I found the error at the information brought by in charge of health posts that will not be moved further for the incentive and such initiation created tension between me and account section at the district hospital, resulted in unnecessary delays in releasing of funds for other programmes I am involved. I am not an administrative person rather I am a technical person so I am not well versed with the administrative works also could not handle both job alone, she added.

And she complained that there is no concerned authority to listen such malpractices or such things are ignored by the people who are at authority. I am not afraid to tell about the things as they are and, I do not know about others, perhaps they have compulsion or they think that they will get punishment if they make complain on such things or they do not want to be transferred frequently from one place to another.

She mentioned that focal person of Aama Surakchhya programme of government at FHD asked her that expected cases for institutional delivery are decreased, and then SM replied to her that there are two types of data, one is factual as per actual cases in the community and fake as fabricated by staff, which one would you like to go for? ‘I did not get answer from her’ she did not speak anything SM added.

Although it takes time to verify each and every information of mother for giving incentive, I do not forward those false cases for incentive, I did not forwarded 50 cases for incentive as all these cases are found to be false as a result of it I have to bear pressure from health post in charges, account. But I firmly told to the chief of the hospital that, I do not think these cases are true ones. Account by passed me and made payment to the Rs 50000 to HFoMC and Rs same amount to the in charge of the health post in the absence of chief of the hospital, she further said, account might have thought that he would be able to make the signature of chief of the hospital when he returned but he was not.

I have gone through a lot of troubles and workload related to my profession, that you cannot capture all in one sitting better you come to my office and I will show you documents as well so you will know how actually I have been working and have maintained system, she added. I paid Rs 50000 my own money as due, money that I did not spend, neither had they given me proper guideline/instruction for spending money nor did they keep accurate record of spending. Anyway, I paid Rs. 50000 on my own, although I paid this much amount I am self-satisfied with the work that I have done.

Apart from this, she participated in 6 days long training on MCH conducted by Save the children at Bidur Bazar, Nuwakot, and she was in review meeting of the focal person of Aama Surakchhya programme at Bharadratar, while OC made call to her for meeting. She further mentioned that as information is not being kept properly, the review meeting was useless, you know, health information management system (HMIS) has not reached to the community level, she made comment on the review meeting she attended.

When meeting was over, we were thinking to move to Kathmandu with a colleague who works as a focal person of CBNCP programme at Nuwakot district, suddenly in charge received a call from person who was asking him to make home visit to provide service to his wife for delivery, rather in charge asked them to visit at the health facility, which would be better for services. She blamed to that person, as he did not inform to in charge about the actual condition of his wife i.e. placenta has already come out from her vagina, which remained greater mistake.

Before explaining detail about this particular delivery case, she asked OC that has he been to birthing center. OC, yes but if you mean, whether I have witnessed the delivery at the birthing center or not? Of course not. Then she argued that, if you see, or observe things as they are that will make your level of understanding always different/better.

She showed a picture of women with her husband and also a picture of complication she explained it as curd prolapse, she is having capture on her mobile. Then she explained about the case with details. There were in charge, CBNCP focal person, who is HA and myself and an ANM. In charge was requesting us to present us to be at the time of mother’s delivery who is coming to health post soon. They arrived to the health post, in charge took blood pressure of woman it was recorded 100/80 and in charge tried listen fetal heart sound (FHS) he was able to listen through stethoscope but rest of two were not able to listen any beat, and then I asked woman to sit with the proper position, what see called PB, then she noticed complication, as soon as she noticed complication, she asked to come mother in law who came along to see it, who mentioned that it was happened at home, as it was happened at home why did not they mentioned it on the phone while speaking with in charge. As I mentioned the actually condition of the woman to the in charge he was worried, she asked to put saline (IB cannula) to woman.

 She said that it was not normal delivery, woman has curd prolapse, as I observed her there was no labor pain with mother, high head of the baby, she cannot find or touch the head of the by with her fingers, no palpitation of baby is realized through curd, the color of the curd does not look normal which means blood jam or thumbing that cause no circulation of air to baby that lead to the death of the baby. She further mentioned that as I observed mainly three situations on woman (a) there is still contraction, the way for baby was not adequately open (b) head high (c) no labor pain to woman, so I told to patient party that we could not handle this case in this birthing center, as it is not normal delivery, we referred this case to maternity hospital thapathali, we can only handle normal delivery in this birthing center, she added.

Certain facilities/services required for handling complicated delivery such as induction (initiating labor pain), caesarian section (CS), blood transmission are not available in the center, so I wrote an referral letter, mentioning that patient is having curd prolapse, G2 P1 meaning second delivery and earlier child was in home, patient condition is stable, injecting saline, blood pressure, pulse rate was recorded and mentioned in the report. She showed me picture of referral letter she has taken on her mobile. She also mentioned that if we do further delay in sending her to the referral center that will bring more complication, one it could lead to anti-partum hemorrhage (APH), and two patient could go into shocked.

In the meantime we managed ambulance and I made call to maternity hospital to inform that complicated case from Nuwakot, staff work at maternity ward are familiar to me and also she will get services as soon as she get there. While visiting to maternity hospital Kathmandu, along with her family members (husband and mother in law) she was also accompanied by ANM of the birthing center.

Before leaving, I managed the half coming placenta by softly folding it and supported by a pile of clothes so that it will be infected during travel to the hospital and cause further problem to a woman and in the meantime I counselled to mother in law and herself, I told her that it might need to perform an operation, we are not sure about the baby but we are working to save your life. I could not say that, your baby is already expired. As she heard our phone conversation, she asked me about the condition of her baby, and I told her that hopefully it will be ok, I was telling her so just to support her psychologically.

After counselling and woman and managing of placenta, I removed bangles from her wrist, but before removing the bangles, she requested me not to break even a single one, I ensured her not do to so. SM asked OC do you know. Why woman was asking me not to break bangles while removing them? OC, I know, about the common notion of such thing, perhaps if bangles are broken while removing them, that symbolizes something bad is going to happen, but it will be good if you could tell why she was telling you not be break any bangles while removing them, she told that more or less the same thing, and I was able to remove all the bangles without breaking from her both wrists. That supported a lot her psychologically, she added. In the meantime Ambulance came and they left the health facility for Kathmandu. We also left there for our home at Kathmandu.

Later in the evening, when I came to Chakrapath, ring road I received a call that, she gave a still birth after induction and the condition of mother is normal now.

If we see the history of the woman, she has made 4 PNC visits according to the protocol at the same health facility where she came for delivery, still she has gone through complicated delivery. She will be discharged in few days from the hospital.

She also narrated another case, 23 years old woman died after giving birth to twins approximately a week or so ago. She further explained that, woman had cervical tear and as doctor who involved in it did not manage it properly even up to for referring to the referral center and bleeding did not get stop that lead her to death. She further told that, the doctor who involved in her delivery was DGO, she explained it means a year course on gynecology on top of MBBS, she sort of blame to that doctor, for not taking the case seriously.

She further mentioned that instead of putting only two pads he could put sponge holder she explained that it is far better to prevent bleeding in such case.

After I begin to work in the district, reporting of the delivery has been improved in terms of reporting only factual and actual cases, I would say 90% of the reported cases are true. Apart from fake reporting, some of the other challenges that still exist are not paying properly to the health staff for their night duty, question of quality services available at the birthing centers are found to be pertinent issues to be addressed properly.

With this conversation we concluded our meeting, during conversation she often asked OC to visit to her office so that she would so the forms or other documents to OC. OC replied to her that he will make visit to her office sometimes again but it would be good if he could be able to attain monthly meeting of focal persons of the Aaama Surakchya Programme while he make visit next time.

*Refection*

*It was a very quick field visit to near out skirt of the valley. Even though it was near to the capital city geographical difficulty in specific region of the district as complained by DC and FSs resembles the most common challenges reported across the country for accessing MCH services. Apart from that, I feel to spend some times with focal person of Aama Surakchhya programme to build further understanding on the contested issues of incentive distribution has occurred in Nuwakot district.*