**Field Visit to Strengthening Approach for Maximizing Maternal and Neonatal and Reproductive Health (SAMMAN) Project at Dadheldhura District**

**April 2015**

Field trip at Dadheldhura lasted from 13th to 18th April, 2015. This was the first field visit to SAMMAN project sites. The primary aim of this visit was to build understanding on how SAMMAN project practically functions at district and community by speaking with people of different sectors namely project staff, government staff and community people, by interacting with them also by doing observation of the of the field sites. Furthermore, it was aimed to explore how project supports in providing services on maternal and child health in rural Nepal, mainly; what they called by providing technical support to the government of Nepal in the sector of MCH in rural communities.

Before moving to Dadeldhura, I made contact with Santa Bahadur Dangol (SBD), project manager of SAMMAN project, whom I spoke a couple of times in January, 2015 for arranging field plan to district and some of the communities it. As a project manager, he has an authority for managing overall project. Such things includes managing financial aspects, handling administrative part and technical component of the project as well, if he/she has from technical background, this context, from medical background. Apart from this, SBD, works with the staff in monitoring of the project sites, coordination with staff and working partners.

This time again, my call was to inform him about my arrival at Dadeldhrua district for conducting field work and to ask him for some potential field sites and references of field staff of SAMMAN project. On the phone he informed to me that he will not be available in his office at Dhangadi as he is in Kathmandu these days and recommended me to meet Bhuwan Baral (BB), monitoring evaluation and advocacy officer SAMMAN project based at Dhangadi to move ahead to district at Dadeldhura and some communities of it for conducting research.

On 12th April, 2015 reached to Dhangadi from Nepalgunj and informed BB about my arrival at Dhangadi. I received his contact number from SBD, BB gave the location of Care-Nepal’s office at Dhangadi and asked to visit BB tomorrow first hour at his office and then I obviously agreed to do so and conversation was concluded.

Following section will explain the everyday activities and accomplishments made in daily basis.

***13th April, 2015***

As per appointment taken with BB, I made call to BB before leaving to meet him also I reconfirmed with him and left the hotel to meet him. I reached to Care-Nepal regional office with the help of rickshaw puller. The office is located at place called Hasanpur; Dhangadi. It takes 10/15 minutes for rickshaw to get there from main road. The building of office is 3 storied concrete house of yellow color. The board of organization with name of on it, is placed at the top of the building facing towards road, which has made easier to find the office for new ones (Please, see picture). The office is quite sophisticated and nice looking. Due to office’s clean surrounding, nice looking, drinking water filter placed next to door, the register is kept on the other side of the door, these things perhaps made me feel, it is definitely better than that of the government office from where their counterparts work.

As I reached to the gate of office, I knocked the gate a young lady security guard with uniform of private security company had opened the gate then asked to me that, to whom did I want to meet? I replied to her that, I was there to have meeting with Bhuvan Baral, monitoring; evaluation and advocacy officer, and appointment with him for meeting has already taken. Guard then, like in other offices, asked me to do registration and in the meantime she made call to BB to inform my arrival at office to have meeting but as his phone line was busy she asked another lady, should be her colleague to show BB’s room to me which is located at second floor.

When I reached to BB’s room along with another lady, BB was on phone I then stopped for a moment at outside of the room also thanked to lady for showing room and she returned. BB was almost end of his phone call once I entered into his office room, he signaled me to take seat on one of the two sofas which are placed near the door facing towards BB’s table. I took seat at the sofa, when his phone call was over, my introduced myself with BB in person and gave him one page introduction of project, Nepal Health Research Council (NHRC) ethical clearance along with his business card also like with other new person/staff mentioned outline of the project and purpose of visit to Dhangadi and Dadheldhura and some communities of it.

After listening to me, BB gave recent brochures of project along with some forms and leaflets. And he mentioned that, 2 days planning workshop is going to take place at the district and BB is going to district tomorrow. OC what sort of plans will be made? Who will be participating in the programme? BB, the first phase of SAMMAN project is going to finish soon. It is likely to go for the next phase, which is not officially approved but most likely we will get fund for it. The second phase of the SAMMAN is more or less similar with the first one in terms of the activities they implement in the communities. In addition to covering previous three districts, second phase is going to cover two more districts. As earth-quake struck the country in April, 25; new district for second phase yet to decide. Nevertheless, originally before quake appeared we were thinking to select Sindhuli and Kavreplanchwok, most likely these are going to change and Gorkhka and Dhading are likely to be selected instead. As stated earlier, final decision is yet to be made (part of this information is based on phone conversation made 25/6/2015).

BB further mentioned about the workshop, so in this planning workshop, we will discuss mostly about planning of three years on logistics, programmes, events, financial management of all those proposed activities etc. All this will be focusing on MCH and staff from district health office, staff from Nepal National Dalit Development Welfare Organization (NNDSWO), partner NGO of Care-Nepal for SAMMAN project at Dadeldhura district, and staff from Care-Nepal including DHO will be participated in the workshop.

I requested to BB, can I participate in the workshop? Also if it is possible, can I go to Dadeldhura with you? BB, replied to me that, off course, “you could participate in the workshop. I will give you call in the evening for going together to Dadeldhura, I am not sure how many of us are going there?” but most likely there will be room for you to go with us, BB told to me. Then, BB further explained that, planning workshop is scheduled on 16th and 17th of April. So we are thinking to leave on 14th from Dhangadi. If we do so, we will have at least a day in between with us preparatory works at district BB added. As far I understand, from what they did in the day they allocate for preparatory work; it is mostly quick discussion of entire planning, feasible and appropriate arrangement of logistics such as best venue for meetings/workshops, potential participants between focal person and care-staff and maintaining relationship to the some extent.

If you are going to community after workshop I will put you in contact with community health facilitators (CHFs), BB told to me. These CHFs are community level staff of SAMMAN project and are employed by NNDSWO. They are usually from health background, like auxiliary nursing mid-wife (ANM) and community medical assistant (CMA). Who work in more than one VDC, as they are district based staff, they stay in rented room while they are in the district. I spent one day in community with two CHFs one is young male, coming from chhetri community and the other is young female belongs to dalit community.

After listening to BB, I appreciated his idea and told him that, this support will be helpful in introducing myself with CHFs which I think are key to join project and community and probably knowing them in a close way. And, will also be supportive for going to field perhaps together (if they are going) and interact in the community. After speaking with him for a while, I found BB cooperative and quite open so I approached him recording our conversation and he was agreed upon the condition. The transcribing of this conversation will be made separately. Please see, the transcribing of an interview with Bhuwan Baral, Monitoring, Evaluation and Advocacy Specialist, at Care-Nepal, regional office; Dhangadi.

When we completed our conversation we left together for lunch, unfortunately the hotel he takes lunch did not have lunch for extra people hotel owner told me after checking out food stuff. I had gone to elsewhere for lunch and returned to Care-Nepal, office again to speak with Shova Gurung, MNH officer for Kailali district but she is based at regional office, she sits next to BB’s table. I spoke with SG quickly before lunch and expressed my interest to speak with her about her working experience regarding MCH as MCH officer at Kailali district.

After lunch I again came to SG’s office room, when I was there she was working at her desk as she saw me at the door heading towards their room, she came out and asked me to sit for conversation at next room, which is project manager’s office room and was lucked as he was not in the office. SG opened it and we sat for conversation. This room was spacious and looked better than BB’s and SG’s room in terms of outlook. The transcribing of this conversation will be made separately. Please see, the transcribing of an interview with Shova Gurung, MNH specialist, Kailali district. Once our conversation was over I left Care-Nepal office by thanking both SG and BB and returned to hotel. Also, I requested to BB to inform me just in case any alteration would take place in plan to visit Dadeldhura, before leaving.

I saw newsletter of SAMMAN both Nepali and English languages posted in the notice board which was hanged on the wall near Shova Gurung’s table. Apart from SAMMAN newsletter other with other pieces of information were also posted, on the other side of the wall files and documents were placed in the cupboard, from the same cup BB picked up some brochures and leaflets and given to me, as I mentioned earlier elsewhere.

*Reflection*

*Existence of office and staff at the region shows that SAMMAN project is functional at various levels. I saw it in at least three levels, community, district and region. By seeing the office, speaking with staff, moving along with them to the district, I have developed the sense that regional office functions as a facilitator between government staff and NGO staff to get things done, namely activities of the project in the district and the communities.*

*The way BB speak with focal person at DHO and project staff at NNDDSWO in a very familiar and intimate tells that he visits to district quite frequently*.

**14th April, 2015**

As per our plan, we moved from Dhangadi to Dadeldhura in the morning of 14th April. Although, he told me that his colleagues might join the trip, he came alone and I joined with him from the hotel I stay in.

On the way, BB mentioned that, community health scoreboard (CHSB) and self-applied technique for quality health (SATH), are the main two techniques/models through which we are working in the community which we want to replicate in other wider area of society beyond health and Care’s projects. He was also emphasized on these two concepts as well-functioning models of Care-Nepal to operate in the community smoothly. As I understand CHSB and SATH both of these are collectively monitoring tools by the involvement of community people. CHSB exist and operates at VDC level whereas SATH prevails and functions at community levels. CHSB mostly functional through local health facility and it can be seen explicitly in the wall of health facility and SATH can be observed at FCHV’s home in the form of social mapping as printed at flex. Both of these tools not only do collective monitoring of MCH status of VDC/community but also clearly mentions about existing condition of MCH in the VDC/community including other aspects of health.

BB further explained on how CHSB functions, we call meeting in coordination with NNDSWO and local health facility. This (CHSB) meeting will formally called by the in-charge of local health facility, which takes once in every six months. Health post in charge informs to all the community people, which includes local elites, FCHVs and service providers/receivers. As all the people representing every sector of society are participating in the meeting, this meeting works as function of social audit of the services and facilities available at health facility for health and for maternal and child health. This practice contributes in maintaining accountability and transparency of the works/projects one involves as well. Perhaps, accountability and transparency not only have become commonly use in organizational works as well as day to day politics and pertinent issues in every sector in country these days, if these models/techniques are successful in health sector, could be replicate beyond health sector as well, I added to BB. BB, said further we could set the indicators according to the sector that we are going to adopt, for instance, in agriculture or irrigation, obviously, indicators will be different then that are set in health, he emphasized. CHSB meeting takes for two days where services providers and service receivers get chance to interact among each other, where Care-Nepal staff play a role of facilitator in making interaction smooth as well as addressing all the issues have appeared in the floor.

One of the brochures of SAMMAN project explains CHSB as community based monitoring tool that is hybrid of the techniques of social audit, different participatory rural appraisal techniques and community score cards. It uses community as unit of analysis and focuses of monitoring at the local health facility level. (Borrowed from SAMMAN brochure) (Please see picture) of CHSB, that has made on the wall of the health facility of Nawadurga VDC.

Apart from CHSB, we also applied SATH which stands for self-applied technique for quality health for providing services to mother and child in the community. This technique is channeled through mothers groups via FCHVs in the community. He further explained that, community people gather at specific place of the community, for this gathering, like in CHSB, staff of local health facility take initiation in coordination with the staff of SAMMAN project. People at gathering, draw the social map of the community and ask women themselves to find out the houses of pregnant and delivery women, health facility, house of FCHVs and the like. After the completion of drawing social mapping, women themselves put *tikas*  of different colors on the respective houses of pregnant women and delivery women. The colors of the *tika* indicates the months of pregnancy, delivery places (home or institutional).

NNDSWO helps in making the flex of social mapping and providing *tikas* of different colors. This social mapping is usually kept at house of FCHV and she provides services and counseling to women of her community accordingly along with CHF, BB added.

Through social mapping, one will get idea of health status of community and available health services and facilities also can develop health indicators for the community. I like idea of SATH more than that of CHSB but Nirmala didi, health programme coordinator, based at central office; likes CHSB more than SATH, BB told. He also mentioned that, you could do comparative study between those communities where there SATH is implemented and SATH is not implemented, SATH is not implemented in all the communities/VDCs of the district.

After listening to BB, I told him that, I found CHSB and SATH are more or less similar, former is implemented at VDC level which is quite wider in terms of coverage of area and later is implemented at community/ward level which is obviously smaller in its coverage. I will get further information on both of them from health post in-charge and CHF and FCHV when I will make field visit to VDC and communities in few days. However, you also already mentioned quite a bit detail about them, when we had conversation at your office yesterday.

In the meantime, BB mentioned that DHO is most likely not going to participate in the planning workshop as he is on leave and is spending time at his home in Nepalgunj. Since today is Nepali New Year, after a couple of days there is Friday and Saturday. It looks like he will be coming to office only from Sunday onwards. As a civil servant, he could easily make valid excuse for not being in office in between (*tapailai thaha chhadaichhani, sarkaari karmacharihuru yastai hun*). As you already know, civil servant are like that. Nonetheless, those days are given and finalized by himself. I also, mentioned to SBD that it is unlikely to have our workshop in those days as these days are right after Nepali New Year, BB told to me. He further clarified but SBD also told me that, as these days are given by DHO, please go ahead and coordinate accordingly to make programme happen.

I knew it already, our schedule is not suitably made, as these are followed by holidays, BB added. Now, we are not sure whether planning workshop will take place as per our plan or will it be postponed, I cannot tell you, but if we go at the district, we could speak with focal persons and with available staff from NNDSWO. And, you could visit to communities as well, BB told further.

Finally we reached to Dadeldhura, Tuphandanda; at Maheshowori Hotel, I did not get room at the hotel so went elsewhere to stay. Before we leave each other, we agreed to make visit to district health office at the first hour tomorrow.

*Reflection:*

*Conversation with BB somehow resembles the larger discussion that we could frequently encounter regarding to the nature and working style of staff from I/NGO and of staff from government staff in the country.*

**15th April, 2015**

As per plan, BB and I went to district health office of Dadeldhura at the first hour. I do not have to worry about how to get to district hospital because BB is familiar to trail to district health office and staff. When I and BB got into to office most of the staff were not present including, office rooms were either empty or locked. This could perhaps be the consequence as BB discussed with SBD.

DHO office is multi storied concrete building with yellow color on it. The building of this office is located a bit down to the hill from the road (Please see picture). After reaching to the office, BB went straightly to the second floor of the building in a room next to ladder at the right side. BB and a person at room, Lok Raj Paneru, (LP) focal person of community based integrated management of childhood illness (CBIMCI) at district health office. He has been working in the post from the last two years. We exchanged greetings among us. He was working on his table before we approached to his room. He offered me a chair which was put in next to his table and asked me to take a seat on it. In the meanwhile, BB introduced me with LP. BB facilitated in the conversation process between me and him. BB mentioned that, he (OC) is there to conduct research on SAMMAN project and maternal child health in the district and communities.

After listening to BB, LP asked me that do I come up with any formal letter from ministry of health and population (MoHP), FHD, CHD for accessing/collecting information form district. On the other hand I already put NHRC ethical clearance letter, one page introduction of project along with Nepal introduction and my business card on my hand, I, answered to LP that I have not brought any letters from FHD, CHD and MoHP but obviously have come with NHRC ethical clearance, which basically allows us to conduct our research in any part of the country and few other documents along with it, those I gave him instantly. After this, BB encouraged LP to share his working experience in relation to maternal and child health with me. BB further said, unlike other he (referring to OC) will not focus himself on statistics and figures rather interested to listen your experiences/narratives, stories in relation to health and maternal child in the communities and district at large. He is doing qualitative research on this sector, am I right obindra ji? I replied 100%. BB further added, providing statistic to you (OC) is a bit difficult task for both (BB and LP) of us without formal permission from our authorities, right sir, LP agreed upon BB’s statement.

Meanwhile, LP quickly saw on those documents, I felt he did not read them properly and asked me to submit them to admin also told that LP will speak with me once he will be done with BB. I went to admin and submitted documents there accordingly. Before submitting them, I quickly introduced myself and purpose of my visit to Dadeldhura very briefly. After submission of document, I asked about focal person of *Aama Surakchya Programme*, an elderly person other than who received documents, informed me that she is not in the office rather has gone to field in the community for screening of uterus prolapse, probably she will be coming to office a couple of days from today. This information from an elderly person who looked like admin staff and absence of DHO made to feel that, I might not be able to collect information on *Aama Surakhya Programme* in Dadeldhura. But, posters of *Aama Surakhya Programme* posted on the wall on the way to LP’s room, which I saw and recognition of focal person by colleague, I could tell that, this programme is functioning in the district.

After submitting documents and shortly speaking with an elderly staff, I returned to LP’s room and he asked to sit on the chair he has given me earlier. I took seat, BB mentioned to me that, as SAMMAN project is primarily focusing on neo-natal health, we (Care-Nepal) are closely working with focal person of CBIMNCI at the district. I observed that when BB arrived at the DHO office, he directly came to LP’s office room, they exchanged greetings, and they were doing it in a very familiar way. BB told to LP that he is here to work on the preparation of the workshop but it is unlikely to be held as per our schedule because of DHO’s absence in these days. LP further told, DHO is on leave he will return to office only from Sunday onwards, whereas planning workshop was schedule for 16th and 17th, Thursday and Friday of the earlier week. It looks like, it is going to be postponed, LP added. As it did not look feasible in the absence of DHO, Prativa Basnet (PB), MNH officer, Dadeldhura district, who is also on leave; to conduct workshop, BB and LP thinking to reschedule workshop for 26th and 27th of April. And BB asked LP to inform these dates to DHO and BB will also send formal letter to inform him officially. LP told to BB I will, hopefully he will be agreed upon these dates, unless his emergency departure from office.

Until this point LP and BB were discussing verbally but after rescheduling the dates for planning workshop. BB told that, I think it is better to open the laptop and discuss and note down some important points. He opened his laptop and showed information about upcoming workshop to LP and further told that, all of these are in improving stage so your feedback and cooperation will all be very helpful in accomplishing task in a better way, BB told to LP, and LP replied, he will provide from his side if there is any, and looked willing to see at BB’s laptop.

BB had looked at his laptop and begun to discuss some of the issues one by another with LP. These includes, he said, to begin with, let’s talk about sharing roles and responsibilities for preparing district profile, which has to be ready by the time planning workshop it going to be held. LP had agreed with BB and their discussion moved ahead. BB, we (Care-Nepal) already have quite a lot of information required for making district profile and I will send these information to PB asked her to write for, I will have look on it once she will be done with it. What you have to do is, please provide whatever information you have regarding health and maternal child health, perhaps staff from our partner NGO will come to collect those information. For write up of profile Care-Nepal and our partner NGO will take responsibility but for providing information please you and other staff at DHO should work further, BB made clear to LP.

Before rescheduling dates for planning workshop, BB and LP were discussing on who else is on leave? When they will be returning to office? LP said, DHO will return to office from Sunday onwards, BB, said PB will return to her office from next week onwards so, they said when will be the best time for conducting this planning workshop? They found 26th and 27th as best possible dates for workshop. Likewise, they discussed, where will be the best venue to organize workshop? From logistic point of view, walking distance for participants to visit and participate in the event and so forth.

Similarly, they also included potential participants in the programme list of participants incorporates community health workers, pharmaceuticals, management staff, supervisors of the respective programmes at DHO and are from non-health backgrounds. In the meantime, LP was kind of curious to know about the incentive given to participants/trainers in the workshop, he then asked to BB, how much does get for per day as an incentive? BB, replied to LP, it will be good for trainer, trainer will get Rs. 1500 per day and tax will be reduced from it.

BB, during the workshop we will make planning of health facility level trainings at various appropriate venues of the district, we should also keep in the mind that how much we have to pay for hall rent for each session of training. We need to conduct training on 2 phases; one will last for 6 days and another will last for 3 days. These two trainings will be provided to health workers by district based trainer who received MTOT from Nepalgunj. Former will be provided to those who have not received training on provided by CBNCP earlier and later will be given to those who have already received training provided CBNCP.

LP asked to BB, can we do these trainings at hotel? BB, the one which will last for 6 days most likely to be held at health facility but we could organize another one which will last for 3 days at hotel. Still, I need to approval from my colleagues for it, BB added.

Similarly, BB told that, he has received information on how district planning was done at Kalikot district? As his friend work there, BB received form him and transferred to LP through flash drive and requested him read it once before planning workshop. After this BB told to LP that, it seems we covered most of the things for our planning. Issues that we were discussing shortly today are the issues of detail discussion for our entire workshop, which will come repeatedly come by then, all of have to mull over them, develop plan for next three years, I will leave for now, and BB left the room and came out the LP asked me to start conversation. I joined to him to talk.

This conversation was take place at his office room, detail of this conversation will be transcribed separately. Please see transcribing of an interview with Lok Raj Pnaneru, CBIMCI focal person at DHO, Dadeldhura.

Once I was done conversation with LP, I left the room and came down where BB was waiting for me, he told me that please take your seat, I will go up and ask LP to come with us for having tea together near around. As they came together, we went to the tea shop named ‘Bakery Cafe’ few minutes of walking distance from district health office.

While having tea, LP and BB continued talking on possible arrangement, DHO will be responsible for handling practical/clinical part of the training that could mostly be allowing and guiding participants for observation of cases. Also they were discussing on who will be the best trainer to approach, who looks like potentially be able to make visit from CHD to district etc. In the meantime, we were done with tea. LP returned to his office, BB and I went to NNDSWO.

When we reached to NNDSWO, BB introduced me with Shrijana Yogi, district project coordinator (DPC) of SAMMAN project; based at NGO. Similarly he introduced to me with Bhim B. Saud, community health facilitator (CHF), with whom along with another female CHF I went to the community next day.

While introducing me with staff at partner NGO office, BB generally mentioned to them OC is a researcher doing research on maternal and child health in Nepal. In that process, they are studying SAMMAN project in a detail manner. His purpose of visit to Dadeldhura is to explore how SAMMAN is working at practical level, he finely explained about my job and purpose of visit to them.

This made me quite easier to approach them for further information and taking some of the pictures at the room as well. In a while, I took some pictures of office room, two banners were put in wall of their office room. Their office room is pretty congested two tables, and some chairs are put, from one table SY was working, a printer was placed in one of the chairs at the center of the room. As soon as we entered into the room BB told to me this is how our room look like? And this is where we work from? As every one of us took our seats and settled pretty comfortably then BB asked SY to make updates about her visit to Kathmandu. SY, did not say much, it was nice and due to strike I was not able to complete all my works that I was thinking to complete. I came to participate in the planning workshop, otherwise I would have travelled the other days. SY is just arrived in district few years ago from Kathmandu and directly joined office.

After this BB begun to talk about logistics and participants for upcoming planning workshop. BB further mentioned to SY due to unavailability of some key persons like DHO, PB we postponed dates of planning workshop for 26th and 27th of April. Which is in a way beneficial for us because we have adequate time for preparation, BB added.

Then, BB mentioned that logistic aspects should paid adequate attention, number of participants in the workshop, amount required to give allowance for them, and also equipment need for the workshop, how these equipment will be transported from Kathmandu to Dadheldhura, obviously, it will going to be much more expensive from air travelled, BB said. He further said, brining all those training manual (book) from Kathmandu to Dadheldhura is quite challenging. Per book is about 2 Kg of weight and there are 300 pieces of such books, we have to bring at the district anyway. BB further told that, it should be brought by bus.

SY said, planning is messed up? To BB, refereeing to the postponed to the dates for workshop. She further told that, it is not only limited to district, but is true in all levels, perhaps, it is because no final planning on budgetary as done yet, she revealed.

I was thinking to speak with SY but as she has arrived to office just few hour ago from long travel and begun to discuss with BB on workshop planning, I was asking with her of schedule of next day, she replied to me, she will be able to speak with me during first hour. We finalized to meet and speak next day at the office of NNDSWO around 9:00 o’clock in the morning. Before leaving, SY and BB also asked BS to speak with his colleague and informed her, we were going to community to Nawadurga VDC tomorrow along with OC.

After a while, all of us left office as it is already five o’clock SY, BB, BS went to have snacks at I came to with thanking all of them.

*Reflection:*

*SAMMAN project does exist in the district. After listening the conversation of BB and LP, I felt that Care-Nepal Staff are quite often make visit to the district get updates on project status, coordinate and support in making events of project happen district and communities in collaboration.*

*For quite long time from now, I was wondering what these words ‘coordinate’ and ‘technical support’ means to me/us particularly in the context of collaboratively run projects/programmes, here between government of Nepal and I/NGOs. I have heard these two words most often in the field visits and meetings I/we attended with every level of staff. This field work at Dadeldhura has provided me a certain level of understanding on these two terms namely, what project staff actually do under ‘coordination’ and ‘technical support’.*

*Project staff visit to district health office of respective district according to their project sites and discuss with generally DHO and with focal persons based at district health office, according to the focus and theme of the particular project. They then, briefly mention about the outline of the proposed event/programme under the ongoing project. Then, both of them (project staff and government staff) make discussion on things like, potential participants for the programme, expected number of participants, potentially best appropriate venues for event, if it is training, then, they discuss who will be the potentially best trainer(s) etc. Then, they also discuss on logistic aspects of overall training, apart from venue, they also discuss mutually on the required equipment, transportation of equipment/goods such as equipment need for conducting CBIMCI training at health facility etc. to the place of event they list out such things.*

*In addition to these they also converse on financial aspect of programme as well. This include hall rent, allowance for trainers and participants (if there is provision), stationery, refreshment, transportation bills etc. and draw the tentative sketch of the amount.*

*Both (government staff and project staff) check out the key persons’ availability for programme in proposed dates. Who are on leave? Until when they are on leave and resume to office? Then, proposed the suitable dates for the proposed event/programme. They then will reach to the point of making certain dates as final one and agreed and shared responsibility to inform all of the stakeholders including key persons accordingly.*

*On the other hand, project will be responsible for providing all the necessary equipment to the project sites at the district and community level, in this case; project provides necessary equipment for health facilities and district hospitals; particularly for MCH services and care. Similarly, building infrastructure for health services. Apart from this, project staff also contribute on reporting and recording of the information which are running under the health facilities or district hospitals.*

*All these things and including many others are the things which project incorporate under ‘technical support’ that project does to the government and government’s programme. Hopefully, I will be able to build larger and actual picture on these frequently heard terms in days to come.*

***16th April, 2015***

As we agreed to meet and speak around 9:00 o’clock in the morning, I went to office of NNDSWO little earlier than that of the given time. After a while, BS and SY also came to the office. We exchanged greetings among us, SY then opened her room and asked me come inside the room. I think we should we should start our talk so that, it will be easier for you all (indicating me, BS and Damuru Tolangi (DT), another CHF, yet to arrive at the office) to leave sooner for the community visit, SY told to me. I went, initiated talk, sitting on chair, in front of her table. Detail information of this conversation will be transcribed separately. Please, see transcribing of interview with Shrijana Yogi, DPC, SAMMAN project, Dadeldhura.

In the meantime DT was also arrived at the office and SY introduced DT with me. Without doing any delay I along with two CHFs left the NNDSWO office for community visit at Nawadurga VDC. Before selecting Nawadurga VDC, BB and SY asked me, what sort of community you would like to visit? I replied to them, I am open to go any community, but as I have been hearing from you both (SY and BB) about CHSB and SATH, I am interested to visit in the community where these two programmes are functioning and want to have a closer understanding of them. Would you please provide me suggestion?

After listening to me, they discuss among themselves and told me that Nawadurga VDC will be the appropriate one. As it is approachable, only 35 Km far from district headquarter. One has to walk only half an hour to 45 minutes to reach in community from the motor road. SY also mentioned that, it takes 4 hours plus walk to reach to the farthest community from the district headquarter. And, as this is the peak wheat harvesting time, mothers, perhaps FCHVs, pregnant women and health facility management committee (HFoMC) will not be found to speak so, SY and BB asked BS and DT make calls to in-charge of the health facility, FCHV, pregnant women and see if they can make their time to speak with us nor not, in potential communities including Nawadurga.

DT made call to two pregnant women and a FCHV and requested them for their time to speak with us for a while despite their busy work schedule. Likewise, BS did same with the in charge of health facility. On top of these, SAMMAN set the first CHSB in the Nawadurga VDC in the district so, they suggested me to visit Nawadurga.

After walking about half an hour, I along with two CHFs, we reached Nawadurga Health Post, a health facility at the community. When I saw in-charge, I thought that, I have met him at district health office yesterday, while I had gone there to submit documents. As I greeted him, he told me that we saw each other at district health office. He further said that, I (in-charge) saw you while you were submitting documents at the admin. So, now you know why I (OC) am here? I told to In-charge. More or less because, I overheard the conversation between you and admin staff yesterday, In-charge told me.

In-charge further told that, when BS called me and mentioned that someone is coming to talk with me on MCH and CHSB, I made guess that you (OC) could be the one? Because I already listen to you yesterday. When we were there at health facility, in-charge was sitting outside and told that it was so hot inside as there is no electricity we cannot run fan, so sitting outside was a bit helpful.

After a while, in-charge asked me to visit inside and showed me different rooms of it. I felt like this was one of the well-organized health facilities. It has separate OPD room, separate room for ANC and PNC checkups with curtain for maintaining privacy of women. Also, it has a delivery room with a bed for visitor. All the records of deliveries have taken place at the health facility, ANC checkups, PNC visits are posted on the wall on ward wise, with names of women and received amount as incentive (Please see, picture). This visit was followed by conversation, with in-charge. Detail information of this conversation will be transcribed separately. Please, see the transcribing of interview with in-charge of Nawadurga Sub-Health Post, Dadeldhura.

After speaking with in-charge health facility I shortly spoke with one of the field supervisors of Suaahara project. He said, he is there to repot the situation of community namely, of maternal and child health status to in-charge. He further told that, he works in the health indicators of community, he always informs in-charge about community health situation. In charge has played an important role in making improvement in the health situation of the community, without proper coordination with health staff any programme in the community might not be as effective as it should be. With this sort conversation and thanking health staff I/we left from health facility.

Then, we (I and two CHFs) went to have khaja teashop near health facility. After having khaja, as per our earlier plan, we moved ahead to see and speak FCHV and two pregnant women so as to develop understanding regarding to SATH. We walked more than an hour we reached to the house of the FCHV. FCHV was not at her house, by the time we get there. Her mother in law was there was looking after three children and one was under 1000 days. She informed us that, FCHV had gone to field to bring wheat after waiting you people till afternoon. We arrived at her house quite a bit late than that of expected time. Mother in law also informed that, two pregnant women were also already left because, if would till late afternoon, it would be difficult for them to return their houses. As we reached to the house of FCHV, situation was appeared almost as similar as DT’s speculation.

On the way to FHCV’s house, DT explained that perhaps, we might not be able to speak with anyone at the community because we spend quite a lot of time at health facility and having khaja. The women I spoke with, might have already left the place and gone to their respective works/houses. It is peak time for wheat harvesting sir, she added. I told her let’s hope for the best.

While walking further, at one point of time, DT mentioned that government of Nepal via public service examination, has announced a vacancies for ANM, in different parts of the country. I am thinking to take this examination, DT mentioned. Do you know one thing sir? Please go ahead, government staff do not regard NGO staff especially to field staff, not as staff. She further added, government staff seek more respect and honor from us. It is sometimes, really difficult to work with them, (*yeti dhearai namaskar garnu parchani sarkari karmacharilai, sangai kaam garnu paryo bhane)*

I talked with BS on his working experience with women in the community especially while counseling them on contraceptives? BS told me that, women feel hesitation to the some extent, while initiating talk on use of contraceptives. But we try our best to convince them and moved further and told them that, it is not the matter of shame and hesitation rather a matter of women’s health or reproductive health. After convincing to women, situation will be more favorable to talk further but shame and hesitation will still be there among women to the same extent, though out the counselling on FP.

I put same query with DT as well. Her experience, unlike BS’s is quite opposite, she further said, perhaps, I myself is a woman, no woman hesitates or feels shame while I discuss with them on the matter of using contraceptives rather they become more curious to know further information regarding FP.

(I should have asked to BS, his experience of FP counseling to men and DT to her experience on FP counseling men)

BS mentioned that, although SATH has made greater impact on maternal child and health of the community some of the things are still lacking, such as *Tikas* are not updated according to current status of pregnant women, there is not uniformity in *Tikas* among districts. Although, we all the encourage them to maintain neat and cleanness of the surrounding of their house including house itself but, they are least bothered about such things.

Taking rest for a while, DT asked mother in law, how long does it take to get into your field? Mother in law replied, it is quite far, DT told to mother in law that I will carry the baby and requested her to go further and yell to her daughter in law. Thankfully, mother in law agreed to do so and went towards the field to shout to daughter in law by giving a child to DT.

About waiting an hour later, FCHV came to her home by carrying wheat on her back. In between DT told to me that, we counsel women in the community on the adequate care of their babies, see; sir even FCHV left her child home for hours and gone to work outside. If FCHV does so, you could easily make guess on the condition of mother and child in the community. I asked her, why do women including FCHV do so in the community? Perhaps, due to place, people and lack of awareness and somehow compulsion of women as well, she added. I felt that, having knowledge and making it into actual practice often two contradictory things in everyday life of the community people in many extent. (As Jeevan sir explained to me about official norms and practical norms)

As FCHV arrived at her home she greeted to two CHFs and to me. She went to the roof of the house and put wheat there and came back to us and sat on the wall next to us. After a while BS, told her, we are coming to see and speak with you about how SATH has been functioning in the community? He (refereeing to me) is a researcher, researching on status of mother and child in the communities. I again greeted her and tell her my name. BS further told can you tell your working experience regarding mother child health in community in relation to SATH?

FCHV, meeting of SATH takes place once in a month. It takes place at the home of FCHV on the 9th of every Nepali month. I always inform to all the women of my community beforehand but majority of them do not follow the given time, some arrive earlier and other much latter and few even do not present for the meeting. Lack of sense of punctuality among participants of the meeting is one of the major challenges which has constantly been present through out, FCHV stated.

She further told that, I have been working as a FCHV in the community from the last 3/4 years. She begun to work, once previous FCHV; her *durani* husband’s younger brother’s wife, had gone to India and community remained without FCHV for quite long time. In that context, community people, staff from SAMMAN (she was referring to BS) nominated her as a FCHV of her ward.

I asked her, would you mind explaining about your working experience with SAMMAN project? FCHV, after beginning to work at the community in the field of maternal and child health, this project has brought a lot of improvement in this sector of the community. These days, almost all the pregnant women of the community go to the health facility for receiving service and care needed for them. She added, pregnant women visit health facility for ANC checkups, go to health facility for institutional devilry.

Have women been receiving incentive for ANC checkups and institutional delivery? Yes, they have revived it, FHCV told. Have you heard that of delivery mother who have not received incentive even after her delivery? I have not heard so. Now home delivery at the community has been decreasing, it is very less in comparison to figures of past.

Do you counsel on contraceptives use? Or distribute them in the community? In terms of contraceptives, Depo-Provera is common among women followed by pills. Sometimes, women reported that their husbands are using contraceptives, it is especially in cases of those who are coming from India to home for vacation. Women further told that, their husbands adopted it in India before coming for vacation so, women could not tell or know further what it is? FCHV told to me.

She further told that there are 77 households in the community and 2 of the women are pregnant. They are having iron tablets. Apart from this, FCHV, whom we spoke to herself gave birth to a baby boy three month ago. But, as has been mentioned earlier, she has left her child with her mother in law and had gone to the field to work.

In the meantime of the conversation, BS and DT requested FCHV to bring social map of the community, to show to me and explain accordingly. She went and brought map and unfold on the ground. It is a social map of the community printed in flex. In this map, first and foremost thing is identification of pregnant woman in the community by herself and FCHV, which is discuss and inform in monthly meeting as well. Once women become pregnant they come themselves t to FCHV’s house and put *tika* on their own house. Over the time, colors of tika will differs with months of pregnancy, services receive from FCHV and health facility and types of deliveries, either home or institutional.

This social map gives quick glimpse on the status of pregnant women and delivery mothers, types of deliveries prevail/practice in the community along with services and cares, those mothers have been received from FCHV and from health facility during pregnancy and delivery.

As flex was not properly folded, and perhaps *tikas* are not properly pasted over its exact place, an outsider might not understand as easily as SATH envisioned before implementing it.

*Refection:*

*Geographical remoteness is one of the major practical challenges, community people have been facing for receiving facilities on health or MCH. Somehow, negligence of women, socio-economic status of the family, absence of male/husband in the family, lack of awareness on health and maternal child health are common challenges I was told by two CHFs also myself felt from my observation and interaction with the people in the respective community.*

*On top of these, I found that SAMMAN, local health facility, FCHVs are putting their collective effort for making better in terms of accessing services and eventually improving the condition of health in general and of mother and child in particular*.

**17th April, 2015**

I mentioned to SY that I am interested to talk with focal persons for CHSB and SATH of the government at district health office respectively. As SY mentioned to me that, to implement their (Care’s) project in more effective manner we request government staff based at district health office as the focal person for our project. For instance, we have two focal persons for CHSB and SATH in the district. But, today, government declared as public holiday in the morning of late ex-prime minister, Surya Bahadur Thapa. Still, let try to call him (focal person of CHSB), whether you (referring to OC) go and speak with him at his quarter? SY said.

She made call to him and asked for his availability for some time in the afternoon or whenever he is free, to speak mainly on CHSB and to the some extent on SATH. He replied in phone to her that, he could be available to speak not in the office, but in his quarter. Once phone was over, SY informed me accordingly. As BS and DT already came to office, after listening to SY, I went speak with DT and BS. I was about to initiate talk with them in the meantime SY came upstairs and informed me due some personal reasons, focal person will not be free in the afternoon so he is coming to talk with you now. Instead of talking with BS and DT, can you speak with focal person first. With the consent from DT and BS, I agreed to do what SY told me to do.

After a while, a person and SY came to the room where was and SY introduced him with me as Kabindra Bista, focal person of CHSB at district. Then, I introduced myself with him and briefly mentioned about the outline of our research project and purpose of Dadeldhura visit. He seemed willing to talk with me. SY told that OC please begin your talk with him, I will be at downstairs, and she left the room. I thanked her for cooperation and support. In the meantime, I handed project introductory documents to KB and we initiated our talk. Detail information of this conversation will be transcribed separately. Please see, the transcribing of interview with Kabindra Bista, CHSB focal person at DHO; Dadeldhura.

This was followed by speaking with two CHFs at the same place. Detail information of this conversation will be transcribed separately. Please see, transcribing of interview with Bhim B. Saud and Damaru Tolangi, CHFs, SAMMAN project.

After these two consecutive meetings at NNDSWO’s office I moved to Suaahara district office, as I came to know from one staff that, field supervisors’ meeting is going on? So I went to Suaahara district office, where I met only one staff who informed me all the staff have gone for the meeting at Hotel Classic, which is located in few minutes’ walk from office.

As I came to know, name of district coordinator (DC), Lokendra Bista from the staff I met at district office. I asked to the guard at hotel? Can I meet with Lokendra Bista? A guard told me he is having meeting upstairs, we could go there and knock the door.

I met the Lokendra Bista, and introduced myself with him and briefly explained to him about his purpose of Dadeldhura in general and with him in particular. Also requested him that, I am allowed, I am interested to participate and to make observation to build my understanding regarding to Suaahara project. LB seemed welcoming, he told me that, we could do it, please come inside the room.

I entered into the meeting room. When I came in, all the field supervisors were working on their presentation, they were divided into many groups, each group consist of 3/4 field supervisors. Some were writing downs points on news prints and others were dictating those points to their colleagues (see, pictures). Quickly, that collective working scenario resembled me the meeting of field supervisors we (JS and OC) attended in Myagdi, Beni, although in Beni field supervisors were working on individual basis for settling financial stuff. Most of the presentations were presented with the help of news print but one group made presentation on power point slides, people called this group as Hi-Tech group, I did not understand at first why people called this group as Hi-Tech, later I realized, why they called so.

After a while, all field supervisors concluded their work and prepared themselves for presentation. Presentations were made on the basis of the supervision area which consist of working area of mostly three field supervisors who work in similar belt.

On behalf team one FS makes their presentation, presentation basically consists of their monthly accomplishments. Expenditures made on several activities, learning from the field, challenges they had gone through etc. Before leaving for the, all the field supervisors sit together with district team and formulate monthly plan of the field. Every presentation was followed by question answer session (Please, see picture).

When they present, they also mentioned that, what was their set targets for different activities and how far they were able to achieve by the end of month. Similarly, field supervisors were also made clarification why they were not able to meet the targets.

All the presentations were not completed by the evening so remaining will be continued for tomorrow. Most of the presentations of this meeting were recorded, transcribing of them will help to understand that meeting further. Please see, transcribing of district Suaahara meeting at Dadeldhura.

Before everyone else leave from the meeting hall, data management officer, inform to the participants meeting will be begin by sharp 8:00 am in the morning. But before finalizing time, LP asked DMO to set time for tomorrow and DMO asked to participants, by what time they like to be at the meeting place and begin it.

There was not uniformity among participants for the beginning time of the meeting, as majority of the participants agreed to 8:00 am then it was finalized for all. Participants further argued that if we will begin meeting early in the meeting, we are likely to leave earlier in the evening.

After presentation was end for the day, district Sahara team, staff from partner NGO sat for short reflection of meeting. LP asked me to take part in this session as well. In the reflective session, the first point they discussed was, how they can make next day’s meeting more effective and efficient than that of today? This was the common issue came from almost everyone else from the meeting. They discussed over it mostly everyone else expressed their views on it one by one. They came up with some strategic solutions. Field coordinator will be the time keeper for every presentation and discussion after it. One should not spend extra time in discussing over similar issues over again and again, ENA officer made comment and other agreed upon her point.

LP, further said from the team members side we also should keep the importance of time in our mind, so should not spend time by dealing irreverent questions we should give short and practical answer to their challenges so that could be helpful for them to overcome in future.

LP also asked field coordinator, to prepare presentation for tomorrow. He further suggested make it more comprehensive and do not skip anything, you have come up with.

As it was already evening, reflective meeting concluded discussing on mainly how to make tomorrow’s meeting better.

In the meantime, I requested, to make his time some point in the tomorrow morning before meeting begin. He was accepted my requested and asked to me to come by 7:00 am in the morning, with this appointment, I left the place and went to hotel.

***18th April, 2015***

As per the appointment, reached to the hotel. I waited to LB outside of the hotel because it was 15 minutes for 7 o’clock. After seven LB came from the hotel and asked me to come upstairs to talk. We moved together, he further told that, he already arrived at hotel and begin his work. I also actually arrived 15 minutes earlier than that of the given time but, thought we were yet to arrive and did not ask to anyone either.

While heading towards meeting hall, LP asked waiter to bring tea for us at our room. When we reached to meeting hall LP asked me take seat near to his table and next to me a person was already sitting. LP introduced him with me, he is president of partner NGO at Dadeldhura. After a while, we begin our talk. Meanwhile, a waiter brought tea for us. Detail of this conversation will be transcribed separately. Please, see transcribing of interview with Lokendra Bista, DC Suaahahra, Dadeldhura.

After speaking with LP, we together went for breakfast, by that time some of the participants were already done with breakfast other were having. Once we were done, it was already time to begin the meeting, so LP formally welcome all the participants for 2 day of the meeting. LP further said, without any delay, I would like to request remaining presentations to begin one after another. And that will be followed by the presentations of every thematic officers.

By knowing their schedule, I thought to speak with thematic officers one by one in their free time rather than spending time on meeting. Then I approached, Agriculture officer, DMO, ENA officer and spoke with them respectively. Detail of these conversations will be transcribed separately. Please, see transcribing of interview with, Krishna Tiwari, Agriculture Officer, and Suaahara Dadeldhura. Interview with Sandhya Gurung, ENA officer, Suaahara, Dadeldhura, and so forth. After speaking with these people, I left Dadeldhura for Dhangadi with thanking all of them, namely LP, all participants.

*Reflection:*

*Although, I did not expect to participate in such meeting at Dadeldhura it gave to an opportunity to understand meeting and Suaahara very closely. It was the first time, I ever participated in field supervisors’ presentation so was in reflective meeting of staff too.*

*Observing the event and interacting with people helped me to build the picture of Suaahara as larger project implemented in the country. Each field supervisor were assigned with work more or less set targets, some of the targets were achieved and others were not. Interaction especially followed by presentation made meeting more lively. Suggestion of thematic officer in the respective area of each presenter give perhaps appropriate solution to move ahead. Big round of applause was followed by every presentation discussion. This could mean congratulation to participants for their monthly accomplishments and all the best for upcoming tasks, which was said verbally as well in some cases but not in every presentation that was completed.*

*Overall Dadeldhura field trip remained productive for widening the understanding in case of Suaahara project and collecting and exploring certain amount of information on SAMMAN project. On the other hand, despite a lot of attempt I was not able to meet and speak with pregnant women in the community and focal person of Aama Surakchya Programme at the district.*