**Field and Interview Note**

Field worker: OC

Interviewee: SD

Note Taker: OC

Note Checked and Edited by: JS

Language of Interview: Nepali/English

Note Transcribed by: OC

Place: Top floor of Care-Nepal office, Dhobighat; Lalitpur

Time: 10:00 -11:00 AM

Date: 1 September 2015

**Major Highlights:**

* To involve in overall planning, implementation and monitoring of the project at various levels is duties and responsibilities of the project manager.
* While hiring consultants from outside, Care-Nepal selects the best ones from roster it has already maintained.
* These days, a VDC secretary works for multiple VDCs and is a leader of VDC in the absence of locally elected body, which has made difficult to manage time with him at the one hand and lead to the crisis of ownership of the project on the other hand.
* Geographical difficulty and time it requires to reach out the community has remained a challenge for a joint monitoring of the project.

*Context*

*This is a first meeting with Santa B. Dangol, project manager of SAMMAN project who used to be based at regional office of Care-Nepal at Dhangadi and oversee three districts. I had not met him when I was in fieldwork at Doti and Dadeldhura districts as he was on leave by then. These days, as he is transferred to central office at Dhobighat, I requested him for his appropriate time to speak with me on SAMMAN project. As Dongol was agreed to meet and talk with me. I visited him at his office in the agreed time.*

*The aim of the meeting was to have further understanding on SAMMAN project through the working experience of project manager. And, it was first meeting, I introduced myself and briefly explained to him about our project and handed over a one pager introduction and said our earlier meetings with Care-Nepal’s staff.*

OC: Would you mind telling your good name please for recording purpose? [I knew him through his fellow staff and spoke with him a couple times in phone]

SD: my name is Santa B. Dongol, project manager; SAMMAN project.

OC: how long have you been working in SAMMAN project with the capacity of project manager?

SD: It has been two years,

OC: prior to move into SAMMAN project, where did you work?

SD: prior to this project, I worked in the project called FHI-360.

OC: in which capacity?

SD: I worked there as a technical officer. Family planning, community health, what it is called CHBC [community health home based care], care and support of PL HIV [people living with HIV]. I used to see these components.

OC: As a project manager, what are your duties and responsibilities in the SAMMAN project? Would you mind telling briefly on that?

SD: talking about duties and responsibilities, to coordinate the planning, implementation and monitoring of the overall project. At the planning level, involve in the planning of the project then implement the project and do monitoring of it. Basically, my works involve all the activities I have mentioned.

When we mean doing planning, it involves central level planning and district level planning which we do with our partner organization.

OC: what do you do in central level and district level planning which eventually goes up the community level?

SD: it involves doing 2/3 activities, overall, for instance; on the basis of the budget we have, how much budget do we have? In line with that budget of the project along with the policies, plans and priorities of government on these basis we do the planning of the project at the central level. While doing planning at the central level, we have to ensure that government policies, plans and priorities are met through project or not?

OC: how should you do that?

SD: doing that means to whether project is in line with the government’s planning procedures or not? For instance, in many programmes, government has prioritized several programmes on that basis we will know activities we allocated are contributed to the government’s programme. For example, we have announced to support in millennium development goals (MDGs) 4 and 5. So, we work on the basis of the activities that government has identified so as to contribute in achieving MDGs 4 and 5 of the government. In that way, we ensure while doing planning at the central level and the same model goes to the district and community levels through trickle down approach.

OC: Indeed, what sort of activities are included in the support that you provide in the planning process?

SD: we provide support for preparing manuals if we talk about our support to the government at the central level, we provide that sort of technical support. For example, we support and facilitate in organizing workshop.

OC: what sort of activities Care-Nepal does while organizing such workshop?

SD: we work as a facilitator in organizing workshop.

OC: what sort of activities of Care-Nepal are involved in facilitation?

SD: to explain you on what we do is, we help in organize the programmes, and then we also do the coordination at certain level. For instance, who are the most essential organizations to invite for that particular event? Apart from this, we also do the technical facilitation.

OC: what sort of activities are encompassed under technical facilitation?

SD: under this, in some cases, we support in making available of resource person for the programme help to write report and then we do financial support for the programme.

OC: for instance, lunch for workshop participants, travel allowance for them. On top of that are there any other things under financial support?

SD: in fact our financial support includes all these.

OC: after planning, you mentioned that you work for implementation, right, what are your roles in implementation of the project?

SD: while talking about planning, what we do it in the central level and district level. When we go to the district level, we do planning collectively by sitting together with the partner.

OC: Do you with work partner NGO at district level?

SD: Partner plus district (DP/HO). In terms of district planning, we collectively work with our partner NGO and DHO for planning at the district. Right Shovaji. [*He was affirming with his colleague who was sitting next to us and working in her laptop*]

OC: while doing planning at the district level collectively, how do you share the roles? Who does what? Can we discuss a bit further on it?

SD: there is clear defined of roles for activities. For instance, while doing planning, DHO (district health office) and partner NGO also participates, as I talked earlier, given the identified activities to support MDGs on the basis of those identified activities we do the planning. And, DHO takes the leading role on the overall implementation of project. Their role is to take leadership of the project. They are in the driving position. When the roles of partner NGO come, its roles are more to facilitate the process and to support in implementation of the project at large.

OC: so what does this support in facilitation involves then?

SD: Partner NGO helps in finalizing the plans of implementation to DHO finding appropriate dates work for all stakeholders to organize event. While implanting the plans, partner NGO does work in overall support to DHO.

OC: what exact activities are involved in that overall support of partner NGO?

SD: we have provided partner NGO with budget. Given the budget limit, does activities to support to DHO. And budget also channelizes through partner. Apart from this, partner NGO plays the coordination role as its other part of work. For instance, at the time of implementation, we do planning at district level but programme has to be implemented at community level for that partner NGO employed staff to coordinate from community to both district with partner office and DHO. In addition to this, partner also support in monitoring.

As partner NGO has networking at community level at different communities and they mobilize their network. This not only a network of their community level staff but also they have a network of their members who are associated with their organization.

OC: Do you mean members of NGO here?

SB: yes, they can mobilize these members to understand how the project activities in the communities have been moving ahead? What is the status of the project? So it could be seen as a certain level of monitoring.

Especially, DHO takes the responsibility of implementing programme at community level and things like doing coordination, financing activities and channelizing activities [from district to communities] are of the responsibilities of partner NGO.

OC: Indeed, if we have to understand the coordination role of NGO; what kinds of problems/challenges an NGO has to go through? How NGO does coordination with DHO and Care-Nepal? Apart from this, NGO works at the community directly? How has your experience been in this regard? Would you mind telling it briefly?

SD: one thing NGO does is to support in resource channelizing and it has network at the community level.

OC: it has employed staff as well right?

SD: yes, they have staff, network, and even some organizations have their volunteers. Especially, let’s say they have their members at the community level. NGO establishes relationship to the community through these members.

OC: who are these people?

SD: these are the members of NGO, they could either general members or executive members of NGO. For instance, you have been to Dadheldhura right? A local person form *Aalital* VDC could be a member of NNDSWO, an NGO who is implementing SAMMAN project in Dadeldhura district. So, this person can report or support with his/her capacities, to board of NGO in issues or problems related to SAMMAN programme emerged in the *Aalital.* In case, where there is no members belong to NGO in the communities and just in case any challenges or problems are raised then members of executive committee do this job. For instance, we have talked about community health score board (CHSB) right. We basically talks about community mobilization on it. While talking about community mobilization, to mobilization or to mobilize mass; it is easier to mobilize through local level leaders rather than that of those staff.

Staff do how all these things should manage with reference to own themes/objectives, and basically how community mobilization could properly can be better done by local leaders,

OC: who could be a member of NGO?

SD: yes, a member or an executive member. In this way it could be done. As you mentioned, in that way work have been channelized. Now, how NGO is working as a bridging? Care-Nepal works through partner NGO. Care-Nepal supports to capacitate partner NGO to work. They (partner NGO) do regular monitoring of their own work as well. Again, Care Nepal capacitates partner NGO for coordination, implementation and implementation of the project works. And, partner does works with DHO collaboratively. In this level NGO works.

OC: if so, what sort of role Care-Nepal does play form the central level?

SD: our role mainly in facilitation only. For instance, what does partner NGO needs? What is the capacity of NGO? We are planning to implement new package, so to implement this new package does our partner has capacity or not? For example, if we plan to implement a component of safer motherhood or want to implement a new component of IMNCI, whether available capacity at partner NGO is enough or not. We asses that and further work on the capacity buildup of the staff and NGO members who could not only play vital role in community mobilization but also important for the sustainability of the project in long term.

OC: How does Care-Nepal do task of capacity building?

SD: Through orientation and training. These are the ways.

OC: who involves in providing such orientation and training?

SD: for partner NGO Care-Nepal provide such training.

OC: how do you manage trainers? Where do they come from? What is a mechanism for it?

SD: our own colleagues who work in the project are well-trained. They provide such training and orientation.

OC: you mean, colleagues from within a project?

SD: yes, we hire trainers for things that we cannot do on our own.

OC: can you tell me, what is a provision for hiring trainers outside of the organization?

SD: while hiring outside of the organization, if we need consultants then we will hire them.

OC: how do you do that? Do you make an announcement for it?

SD: we have a roster of consultants. We will select the candidates from that roster given the nature of the work we have to do. For instance, we need the consultant to enhance the capacity of monitoring then we will select the candidates from our roster who have already worked in the monitoring. We will select best three/four CVs from our roster. Then will assess out of this selected CVs and go for final.

OC: Who does this assessment? Does Care-Nepal has its own board for this job? Or project staff are involved in this process?

SD: we work as a team for this job. Staff from project, procurement, the specialist who work on that issue in the overall organization decide for the final one.

Next thing, you were asking about challenge, for the time being there is not an elected body at the community level which poses a challenges in taking responsibility of the project sustainability of CHSB, SATH and other activities we have been running regarding community mobilization after project is over. Who is going to be responsible for it? This have remained a challenge for us.

OC: In such challenging context at the community level, who have been taking ownership of the programme like SATH/CHSB in the community?

SB: Female Community Health Volunteers (FCHVs) are taking this responsibility for SATH for the time being. The Health Facility Management Committee has been handling CHSB. We have been done follow up the activities. This means, our partner organization is making follow up of everything we have done so far. Had there been elected body local level, we are trying to generate resource for maternal and neonatal health through community health score board. We would like to transfer certain amount to the maternal and child health from the VDC budget for the sustainability of result.

While doing this, let me tell you what would happened, these days VDC secretary has taken the leadership role in the absence of elected body, as we are working with one secretary there is one level of understanding once he/she is transferred we have to explain entire story to new secretary. So, if there is a VDC body, this body works at least five years in the village that would be easier for us to work. It is a challenge rather than a problem. Despite of this lacking, we have been working in the communities.

OC: as you mentioned at the community level, the ownership of SATH is taken by FCHVs.

SD: ownership of SATH has been taking by both FCHVs and local health facilities.

OC: what sort of roles health facility and FCHVs in SATH at the communities?

SD: FCHVs work directly in the SATH.

OC: what are the roles of FCHVs SATH?

SD: FCHVs invite and regularize the meeting of mother group in the community. Apart from this, their roles also involve making participation of women in the meeting covering most from the catchment area and tracking the facilities (maternal child health facilities) are receiving in the community and ensuring women are receiving facilities.

OC: how do they ensure the facilities in the communities?

SD: we have provided a flex of social mapping to FCHV.

OC: [*I have seen this flex in a VDC of Dadheldhura district and had taken a picture of it*] and they put tikas on it right.

SD: exactly, there use tikas. Community women prepare a social mapping including the households in the given area. Then, they will identify the houses of delivery mothers, pregnant women. For instance, if the house number of one belongs to person name Kamala, and she is a pregnant then a red tika put on her house at the social mapping. This tells that a woman lives in this house is pregnant. And then, if a woman makes a pregnancy checkup once then another tika is added on her house at mapping likewise, if she completes four ANC checkups the four rectangular tikas are put at her house in the map which means she has completed her ANC checkups.

If she also goes to health facility for institutional delivery then another tika will be put at her house. There is a meeting of mother group in every month, and status of woman of the house number one is discussed in the meeting. Everything about her health is updated. If we do these things, FCHV can ensure about whether every woman in the community is receiving required facilities and services as per the protocol or not. If any one does not receive facilities or does receive any receive services that she needs to get then FCHV does further inquiry on it particularly. And then, if FCHV able to find out the reason which hiders for receiving services or facilities for a woman in the community, this issue also be discussed in the mother group meeting.

OC: so community people also try to find out the solution for the problem right.

SD: we also work for finding the solution for the problem exist in the community. For instance, a mother gave birth to a child at home, then FCHV tries to explore the reason for her home delivery and reason of her home delivery is further discussed in the meeting of mother group and along with the step requires to solve such problem in the community in the days to come. FCHV works on ensuring such things in the community. Whereas, health facility does monitoring at the regular meeting of mother group so as to know whether maternal child health services and facilities are running in the community is running smoothly or not.

While doing this, a tool called SATH (self-applied technique for quality health). Health facility ensures whether process in the community is moving ahead in line with a SATH technique, even though, community health workers might not called it SATH during monitoring.

OC: Do AHW and ANM involve in such monitoring?

SD: yes, AHW, ANM and promoted AHWs who previously worked as MCHW (maternal and child health worker).

Another challenge, geographical difficulty is everywhere. Whatever effort we have put, as there is landslide on the way to participate in the meeting which has created a challenge in coordination at the community level. When we talk about challenges at district level, MDGs 4&5 are priority programmes of the government, in some cases we find challenge to fit our programmes in district as there are several other programmes are moving on. However, it has created any problem to us so far. Next thing is, the turnover of the staff also creates problem to the some extent.

OC: is it turnover of government staff or?

SD: yes, turnover of government staff. There is turnover the project staff as well but that does not make significant difference as much as turnover of the government staff does. Because, government has to take the leadership role of any projects/programmes happening at the district or community. If there is a turnover of staff at the place which takes a leading role that creates problems to the some extent.

OC: what kinds of such turnover creates then?

SD: for instance, we provided training on IMNCI (Integrated Management of Newborn and Childhood Illness) after the completion of training, it is time to implementation, meaning to go to provide service at that time staff transfer to the another place. And, another staff comes in his/her position at the health facility and who have not received the training on IMNCI.

OC: so you have to provide training to the new staff and then have to explain about project.

SD: we have to provide him training and also have to explain him/her from the beginning. And, this has been remained a challenge. For instance, we begun NCP (Neo-natal Care Programme) last year and for this year we planned to conduct IMNCI as a refresher. As we prepare a list of participants for that, about 40% of government staff are new. This has remained a challenge.

OC: which district are you talking about?

SD: it is about every district but I am particularly taking about Dadeldhura. It exists in every district.

OC: you mean such scenario exists in every district but you are talking about Dadeldhura.

SD: that is one of the problems we have been through.

OC: if we talk about the history of SAMMAN project, it is mentioned that it was built on the CRADLE project. Would you like to mention shortly about CRADLE project?

SD: CRADLE project was also especially designed for reduction of maternal mortality. Indeed, Community Health Score Board was initiated from the CRADLE project itself. On that project, it was aimed to reduce mortality rate of under 5 and maternal mortality rate. CRADLE project was also focused on the capacity building of the frontline health workers. And, SAMMAN project is based on the CRADLE project. It also focuses on the capacity building of the frontline health workers who provide services to the community people. We work for their capacity enhancement which was the focus of CRADLE project too.

Empowerment or capacitating of the health workers alone does not work effectively so we need to strengthen the health system as well. If community health system is not strengthen there is not possibility to provide services effectively. Therefore, we have to work for conducive working environment at the community level. If there is not favorable environment for health staff then that creates difficulty. And, services alone do not meaningful if community people do not get to receive them. So, we need to work for favorable situation for all. CRADLE project had begun that initiation. And, SAMMAN has been making it more advanced.

OC: which districts CRADLE project had implemented in what ways?

SD: CRADLE project was implemented in Doti and Kailali districts only.

OC: that was implemented in only two districts?

SD: later SAMMAN was expanded to Dadeldhura as well. CRADLE was not implemented in Dadeldhura district. There are 2/3 important tasks; one, capacity enhancement of health workers and strengthen the health system and community mobilization.

OC: how these were done in the CRADLE project by then?

SD: to the some extent, for instance, for community mobilization it had adopted peer education concept.

OC: On what issue peer education was on?

SD: It included 2/3 things, such as HIV, and issues related to maternal and child health. As women do not openly talk about reproductive health and while we are talking about maternal mortality rate it comes with family planning. For these issues, male provide counseling to male and female counsel to female in the community.

Particularly CRADLE had introduced this idea of peer education in every ward especially where there was higher maternal mortality and prone to HIV due to out migration. And peers not only provide education but also refer to referral centers.

OC: how often did it take place in the community?

SD: once you received training on peer educator,

OC: who did provide peer education training?

SD: Care-Nepal provided this training through partner. Once they received training they continue educating on community. As a follow-up they organize a review meeting once in every three months. How is has been done? What has been done? What are the new things that are emerged? How many people are educated? Peers also provided report and if there is knowledge gap among peers then they are updated on that regard. In some cases, peer educators are migrated and quitted position in that case another will be replaced.

OC: how peer educators were selected?

SD: Community Health Facilitators (CHFs) are involved in the selection of peer educators. They identify peer educators from the community meeting conducted at worda level who could be the best candidate for peer educators. Person should be vocal, educated to the some extent, keep own self and more importantly, interested to volunteer.

OC: Is it purely volunteer task?

SD: yes, it is purely volunteer work. In this way we select peer educator. Especially, there a male and a female in a worda. After we select peer educators, we are provided 4 days training to them and they begin to work after receiving training.

OC: who provide training for peer educators?

SD: we provide training to them. Yes, we have developed a package for it on that basis we provide training.

OC: what things are basically consisted on that package?

SD: Things like what is peer education? Role and responsibility of peer educators? And, what is the concept of peer education as such.

OC: what changes it could bring type?

 SD: apart from this, what sort of education peer could provide, and contents and these are the basic things. We will also provide them reading materials for them so as to keep update themselves because there could be something things they have forgotten. In this way, peer educators provide education in the community.

Next thing regarding peer education, we give importance to the similar age of the peer according to the age of the group of the population project tries to intervene in the community. For instance, at the time of CRADLE project it as mostly focused on HIV for that reason, group of migrant people and the age group of migrants, normally 50/60 years old person does not migrant. Usually 20/25 years old people, who are in their productive age. So while we select peer, we prefer to select the same age group peers.

In terms of women peers, although female are not migrate as male do but which age group women are more vulnerable in the community, wee bear that in mind for selecting peers. The concept is similar to the present as well. CRADLE had given emphasis to the HIV but SAMMAN has given priority to reproductive and maternal child health.

OC: does SAMMAN has peer education component as well?

SD: yes, it does. We have selected peers. We have female and male.

OC: do process and criteria are similar as you mentioned earlier?

SD: yes. In the past, project focused on migration but we give importance to family planning in the SAMMAN. We do it recommendation from group along with our involvement.

OC: how does recommendation comes from the group?

SD: it means, one peer educator makes five another friends which is called as five friends. And, including a peer educator there are six people in a group. And, in case, peer educator quit the position then rest of the people in can make suggestion who could be best suited to be a peer educator out of five.

OC: to continue the education campaign right.

SD: and another person comes in the group from the community.

OC: what was the specific component that CRADLE had which contributed to build SAMMAN project?

SD: one component is community health score board. And, SATH was also introduced by CRADLE. It was also initiated by CRADLE and SAMMAN has continued it.

OC: while CRADLE initiated these SATH and CHSB tools did they focused more on HIV or were different?

SD: No, these are focused on maternal and child health it was a bit comprehensive. Peer education was more focused on prevention of HIV SATH was to improve health seeking behavior among mothers and women. It is more or less similar in the CRADLE and SAMMAN. And, community health score board, was to make health workers and members of HFOMC members accountable and community members responsible. Only there is a slight change in peer educator.

OC: we talked about the similarity between CRADLE and SAMMAN. What are the differences between these projects?

SD: one thing, CRADLE project was more focused on HIV and SAMMAN was not focused on HIV.

OC: is it less focus or not pay attention to at all?

SD: we touch slightly upon to HIV but it is not that much focused on HIV. This is a basic difference between these two projects. And, rest of the other components are more or less similar.

OC: so, what is difference between SAMMAN 1 and SAMMAN 2 expect expansion of working districts in 2.

SD: In SAMMAN 2 we try to introduce MHealth.

OC: what does that mean sir?

SD: In this concept, from mobile. Our concept so far, for instance, we talk about FCHVs. There is one FCHV in the community and there are certain numbers of mother groups within her catchment area. Out of all mothers, how many of them are pregnant? For instance, there are five pregnant women in her community, how many of them are making ANC visits? How many of them do not? And when is the expected dates of delivery of pregnant women?

The idea of MHealth a bit vague. We cannot apply the concept of MHealth taking a single component of health still, what we have thought is after implementing MHealth project in the community, FCHV tracks the information. A mobile with compatible application is provided to her and through mobile FCHV regularly inform to the community health workers on maternal and child health of her community.

OC: who do you think will provide a mobile to FCHV? Is it project?

SD: project should provide a mobile to FCHV. Not necessarily FCHV should have a mobile compatible to application we like to introduce. She could have an advanced one or a normal one with basic functions on it. Project should ensure to provide a mobile to FCHV. After this, she informs to health workers in a regular basis.

Then, she will take necessary steps as per the situation such as follow-up, or refer. This is a general concept of MHealth.

OC: how does monitoring and evaluation of the SAMMAN project takes are being done?

SD: In terms of monitoring of the SAMMAN project, we do it regularly through our partner at the community level. I have talked it in different levels, partner does regular monitoring of the project work.

OC: how often monitoring takes place?

SD: at least we do monitoring on quarterly basis.

OC: you mean, once in a three months?

SD: Project coordinator has to make a monitoring visit once in a 4 months.

OC: do you make a visit to the project sites accordingly? What are the basis of conducting monitoring?

SD: they do monitoring on the basis of issue (issue based monitoring).

OC: what it looks like?

SD: for instance, if any problem is raised in the community and monitoring visit is more solution oriented to that particular issue. Particularly monitoring visit is done according to the monitoring plan. They have monitoring plan.

OC: who involves in making monitoring plan?

SD: they themselves involve in preparing it. Once they prepare it they share it with us.

OC: you mean project coordinator prepares it. When project coordinator makes monitoring plan whom does he share it with? Is it with project manager?

SD: They have a board in an NGO. And then plan is shared in board.

OC: so what is the role of board here? What does board do once monitoring plan is shared?

SD: board provide support if needed in community level. For instance, various issues could have emerged regarding to the community mobilization. In some cases, things do not move ahead as per our plan. If you plan a review meeting on 15th of month, community people may not agree on your plan, things might not be happened as per our plan due to conflicting schedule of health workers and absence of local leaders in that case members of board could facilitate this process to make to all. Apart from this, in general by protocol, board has to approve the monitoring plan of the organization. After approval, staff make monitoring visit.

In every project implemented district there is a staff from Care-Nepal and she/he also make monitoring visit and as a project level we also do monitoring.

OC: how often do you make monitoring visit? When you making monitoring visit where do you reach?

SD: we reach up warda level. We reach to FCHVs as well.

OC: how has your monitoring experience project been?

SD: while talking about the experience of monitoring, the expectations we have at the planning phase of the project are been met. There could have huge deviation in very few places, for some reasons which are expected otherwise in general we do not have unexpected experience as such.

OC: you mean?

SD: for instance, FCHVs are doing their job nicely and so do health workers unless there is a transfer of health workers. For instance, in one health facility, staff had transferred to elsewhere and a new staff joined in and when we go to the monitoring visit, they might not inform to members of CHSB for meeting. Finding such gaps, monitoring visit is very fruitful. Sometimes, when we make monitoring visit things have not turned out as we expect then as we go on exploring the cause of gap. We end up finding this like, I am a new staff for this health facility, and I have not understand things or systems here. Monitoring visit is helpful in identifying such issues. So monitoring visits have made us easier to identify and to correct those identify concerns.

OC: as you mentioned earlier, in most of the places project activities have been moving forward to the right direction, FCHVs are fulfilling their responsibilities so the health workers doing. In those few places, why things are not moving ahead as we expect, what is your experience has been dealing with such situation?

SD: as I mentioned earlier, at the health facility level, turnover of staff creates such problems, as I have made the field visit, if I found that CHSB is not functioning in any health facilities then it is due either turnover of staff or some other reasons. I have taken step to correct this issue. In those particular health facilities, number of visits of CHF has increased. To correct the issue and bring it in the track, basically this is an issue in the community level.

On the other side, different interests among members of HFOMC and a VDC secretary is responsible for looking at 2/3 VDCs’ activities in that situation, it has become a bit difficult to work further.

OC: what sort of difficulty such situation invites then?

SD: It is about time.

OC: you mean, VDC secretary is not been able to provide time to us. In such places, we can report the scenario of the VDC to the DHO while we have meeting with DHO at district. And, we could request DHO to make follow-up in those particular communities form DHO side as well that is a part of monitoring. Apart from this, we also conduct joint monitoring, we go to joint monitoring visit to with DHO.

OC: Can you tell a bit further on this joint monitoring mechanism?

SD: we make joint visit with DHO. Generally we plan to conduct this joint monitoring visit at least once in an every six months. We go the selected places for this. We do not cover all across the project implemented area.

OC: who involves in selecting these particular places for joint monitoring? How do you do it?

SD: we select the particular places based on our understanding.

OC: here our means, Care-Nepal and DHO?

SD: yes, we both are involved in the planning of the selection of places for monitoring visit. Which place should we go for monitoring visit? We previously made visit to particular community and some problems are emerged there as well. This is about the joint monitoring.

OC: how do you divide responsibilities for monitoring task? Who is responsible for doing what? As DHO, Care-Nepal or partner NGO jointly make monitoring visit? Would you mind explaining it a bit further?

SD: our overall responsibility is to facilitate the visit. DHO primarily involves in the monitoring of the activities and take appropriate action for correcting the problems.

OC: what sort of role facilitation requires you to do?

SD: In some cases, we support monitoring team in the transportation cost unto monitoring sites.

OC: you mean, logistic and travel cost here.

SD: plus we also look at the programmatic aspects as well.

OC: apart from logistic and financial support, what is your other roles involved while you make a joint trip?

SD: It is largely incorporates, how we had implemented the programmes and what is the situation at the present. In certain technical visits that we have done so far, using of tool for monitoring visits has yet be in the practice, it is still lacking.

OC: Sorry, would you mind explaining it a bit in a simple way to make me understand?

SD: we have designed certain tools for technical monitoring visit.

OC: How is this technical monitoring visit is been done? How it looks like?

SD: technical means, for example, you provide training to the staff and whether staff are providing services in the community with the skills they have learnt in the training? We do that sort of monitoring on regular basis. For instance, you received a training on IMCI or safe motherhood after receiving the training whether a trainee is delivering the services with the motif of training or not? This sort of things should be monitor on the basis of certain indicators or tools. This is what at the conceptual level but it has not been at the practiced yet. It has been seen. But, overall monitoring has been moving ahead at the level of management level.

OC: Yes, but what I like to learn from you is, while doing joint monitoring; apart from financial and logistic support, what other kinds of roles are involved in your part?

SD: Basically, those are the tasks I have mentioned.

OC: so, what is the role of DHO then?

SD: for example, we provide training based on that, we have to see whether there is no service delivery in the community, management community has not functioned properly or not? And then if we find the gap in the community and if it comes under out due responsibility then DHO ask to work for the gap and we will do it accordingly.

OC: So, DHO ask you to work on the gap and you do it accordingly.

SD: yes, this a way we do it.

OC: Given your experience, what would you point out as challenges involve monitoring?

SD: one challenge, there a matter of time from the DHO side, if we talk about joint monitoring.

OC: you mean, DHO’s time….

SD: I do not mean DHO does not provide time for joint monitoring. As DHO has different priorities. It has been a problem, as we cannot make joint monitoring as we plan. It takes time rather than a problem. Every time we plan for joint monitoring but it has been postponed for next time. To be frank, to make a monitoring visit to remote communities, it remains a challenging one.

OC: you mean geographical challenge.

SD: we as project staff our colleagues have made such visit by walking 2/3 days but it has remained challenge as staff of DHO do not have adequate time for it to spend like 4days round trip.

OC: don’t they show any level of willingness to visit such places or?

SD: no, they are not able to manage the time for such long visit. The practical reason that I have seen. And, there is a discussion on we should reduce this problem as possible as we can. Let’s do it. And, we have been working on to reduce it and in some places it has been work out as well.

OC: has it been limited in discussion only or it has been practically worked out?

SD: no, it has been worked out in some places. For instance, you have visited to Doti district, we cannot reach to all communities of the district. It takes 2/3 days to reach to the communities at some region of the district. If you talk about Kailali district, it takes to 3/4 days of walking to get to the hilly VDCs of it.

OC: is it for one way walking time?

SD: yes, to go to such place for monitoring. It takes 10 days. 8 days of walking and 2 days of monitoring. This sort of issue has been remained as a challenge. I have not seen other challenges for monitoring.

OC: how do you do the evaluation of the project then?

SD: we have done a baseline survey for this project.

OC: who did the baseline survey? How did you do it?

SD: we contact to independent consultant. It was done through an independent consultant. If you like to see that report that report and after few weeks, a report of end line survey will also be appeared.

OC: I will remind you in email. Please send them to me.

SD: and SWC (Social Welfare Council) also does the evaluation.

OC: Please, tell me a bit further on evaluation mechanism of SWC?

SD: they have their own way of doing evaluation of project. They have an evaluation team which includes a member from government belongs to related department or ministry, who understand about the particular project. Likewise, to handle the financial issue, a financial expert and then a representative from SWC and a team leader, who is a freelance and supposed to be an expert of related subject. If the project is on health issue, an expert on health and the like. In this way there is an evaluation of 4 members. This team has developed certain tools on the basis of those tool they perform evaluation.

OC: what is the external evolution process for the project? Should it be done by SWC only? Why is it done by SWC?

SD: They have done it as approval to project is granted by them. They have evaluated whether project activities have moving in line with objectives of the project or not. Whereas, in our part, we do it by hiring an independent consultant, in technical area to evaluate to what extent, activities we have done are supporting the outputs we had purpose or not?

OC: does internal evaluation of your project takes place?

SD: We do monitoring but have not done as internal evaluation as such. We do reviews. Those are our evaluations. For instance, we do quarterly review meeting that is our evaluation.

OC: how SWC does evaluation? What sort of things we pay attention to while doing review?

SD: We see the progress of the project in review meeting. I mean, we particularly focus on whether there has been progress as per the plan or not. Some activities might have not been taken place as per plan, we further discuss on that why certain activities have not taken place? How can we move ahead with correcting them? We discuss about such issues in the review meeting.

OC: Is it among project staff? Or staff of organization?

SD: project staff. Staff of other project in the organization may not be aware about this particular project. They do not understand about this project. The staff of agriculture project do not underrated thing properly in health project.

OC: I like to go back on……..

SD: on SWC, as you were mentioning. They have taken 2/3 aspects. They collect primary data and secondary as well. While collecting primary data, they are more focused on qualitative data, they collect information from related staff from district development committee (DDC), district health office (DHO), stakeholders, partners and beneficiaries.

OC: does evaluation team do it?

SD: the same team do it. They collect information from planning and policy level to beneficiaries. While doing this, they are more focused on qualitative aspect. Whether activities have been moving according to the objectives of the project or not. How project activities have been done? This is one aspect they look at for evaluation.

Another thing is they look at things from the management perspective, whether project has followed all the given protocol for accomplishing plan tasks or not. The policies and plans of government has been followed or not. For the they review the documents, for instance, when did project receive approval from SWC? While having meeting with government whether DPAC is formulated or not.

OC: what does DPAC mean?

SD: It means, District Project Advisory Committee. Whether, it has done CPAC or not.

OC: who are involved in these committees?

SD: In the DPAC, local development officer (LDO) is a president of committee in every district. DPHO, focal person of the programme related to project, a member from pater NGO, and a person from related organization generally WDO (woman development officer) are members in DPAC.

OC: what is the roles of DPAC or CPAC for project?

SD: They have a meeting on every six months. And, from the project side, an update has to be made to DPAC or CPAC (Central Project Advisory Committee) through presentation at the meeting.

OC: do project staff do it?

SD: let’s say, we do it. Partner NGO does it. They present progress report on that meeting. What were/are the emerging issues, encountered challenges and how did they overcome them. Committee also advise to the project team. And, we have adjusted many of the advices provide by committees in the meeting. SWC looks at these things, whether the given process has followed by project or not.

This advisory committees not just participate in our meeting to listen on project update but also they visit to the actual project sites to observe the activities at ground.

OC: do they visit up to the community level?

SD: yes, at the community level. We have made such visit along with them. We have made such visit with LDO, WDO to the particular programme sites. We have shown them our project activities. As LDO has taken lead of the committee, their concern is more on sustainability issue. And, recommend to collaborate with local organizations.

OC: whom they recommend to collaborate with at level?

 SD: they recommend to work with local organizations or works with government. Likewise, whether the project activities are reflected in the overall district plan or not is their concern.

OC: so they come to know it through DPAC then?

SD: they come to know through DPAC and also they know it directly from LDO as well. In every district, they (SWC) know information from LDO.

Another thing [SWC’s evaluation process], in terms of collecting secondary data for evaluation process, we provide project documents to them (evaluation team) including progress report of project, financial reports, based on that they perform project evaluation.

OC: evaluation team ask you documents as per their requirement and then you will provide those documents to them. And, does project bear all the logistic and financial aspects of evaluation?

SD: we do it on the basis of contract. We provide certain amount to SWC and SWC sends us an evaluation team which consist of four people.

OC: when do you give that amount at the beginning of the project at the time of project approval or?

SD: They do evaluation at the beginning, middle of the project and final one. We did one in the beginning for SAMMAN project and midterm was not done.

OC: why did not you do the mid-term evaluation?

SD: There was not provision for mid-term evaluation. Unusually in short term project, mid-term evaluation does not take place. Mid-term evaluation takes place in quite a longer project. For evaluation we do an agreement. We do MOU which explains all the provision such as involvement of types of experts in the evaluation team.

OC: does it determines by looking at the nature or objectives of project?

 SD: exactly, and then given that we will provide amount. We deposit the agreed amount to bank account of SWC.

OC: do you transfer through bank?

SD: yes, we do it through bank. And then, they send a team of four people and if the project is bigger than number of people is higher. So, we send a team to the place they like to visit. They ask us things like, what is your project implementation area? After, providing such information, evaluation team prepare a plan and they decide which place to visit? We send them to the place according to their plan.

OC: so, facilitate the trip. Even after providing certain amount, do you have to pay their travel cost or..?

SD: It depends, if your earlier agreement included all evaluation cost including travel cost of sites visits then you do not have to pay for it otherwise you have to pay for it. In our context, we pay for all the travel cost to sites visits, consultancy fee for team was already paid/included in the contract with SWC.

OC: now let’s talk about the reporting and recoding of project in a bit further.

SD: while we talk about reporting of the project, what we do is, we submit a report to a donor in every six months. They (donor) have specific template we do reporting according to that template.

OC: who prepare the report?

SD: our Monitoring and Evaluation specialist prepares a report. Let’s say project team prepares it. Partner NGO submit report to us in a monthly basis.

OC: basically, is it CHF who collects community level information?

SD: yes. They do it.

OC: what about the training to CHFs for reporting and recording of information?

SD: we have developed certain tools for reporting of the information based on those tools they are provided training for recoding and reporting of the information.

OC: who provide training to them?

SD: we provide training to them. Project team, provides such training.

OC: how many days such training last for? Do you have such provision?

SD: We prepared a training tools at the beginning and provided training on them for two days.

OC: what sort of contents commonly discussed in that training?

SD: on that, how to do recording.

OC: you mean, information recording.

SD: yes, after recording of information how we should transform it into reporting. For instance, there is not only quantitative reports but also qualitative reports too. Under qualitative report, we also collect case studies, how to prepare those case studies, there was a separate training for that. For reporting of information as per tools we provided them (CHFs) two days training. We also conduct review of the reporting and recording information as they some staff might have been in a problem or if new issue is emerged while working then how do we record such information, there could be confusion for that, we discussed such issues in the review.

Another aspect of reporting, you may ask how you channelize report to the government agencies. We do not create a separate mechanism for service delivery, we do it through existing system of government so that report always go through government agencies. What we can claim is for instance, if serve delivery is increased in any health facility or good reporting system, we can say this is due to our project. We do not report to the government agencies separately.

OC: how reporting channel goes thorough? CHF reports to district office of NGO and NGO reports to central office of Care-Nepal and central repots to donor? How does reporting is being done?

SD: central does not. Project team does it, I do it. Yes, you could say it, central does reporting to donor.

OC: project reports to donor and is it same with reporting to government agencies as well?

SD: As I mentioned you earlier, we have not working through separate domain. Our all activities tend to strengthen government system. Whether we provide training or orientation to health facility staff, who does service delivery? Staff who received training. Report is already generated there. We do not submit separate report to government. Rather, what we do is, some times to tracking the information, we pay attention to how is reporting is done from the particular health facility where we provided training to staff. For instance, there are five staff in a health facility, and given training or initiated CHSB we can see the report after training or CHSB implement to know performance of that particular health facility. As we support to the government system, we do not separately submit report to government.

OC: our discussion has taken quite a long time, finally, what is SAMMAN project? And first phase of project has about to completed and working for next phase, how has your experience/ideas been in this regard?

SD: SAMMAN project is indeed, one of those which aims to support our government programmes. It does not provide service through separate entity. As this project is to support the system you could called it one of the projects of government. We have good experience of past regarding to the changes that CHSB and SATH have brought in. These has made changes in improving the health seeking behavior, to make accountable to health workers, to maintain transparency at the health facility. Apart from this, project has contributed in quality improvement of services we will continue all these things in next phase of the project as well. Also we will scale up it. Particularly we are planning to work for hard to reach communities, what our experience been is maternal mortality and neo-natal mortality is seen higher among hard to communities so given that experience our project focus will be more on remote region and socially disadvantage groups, economically marginalized groups although project will go to all groups of people in the community.

OC: Thank you so much for your time and information. I will be in touched, I will make follow-up visit if I need any further clarification on the things we discussed.

SD: sure.

*Reflection:*

*This meeting/conversation has remained helpful in providing further idea on the SAMMAN project, namely discussion provided a bit elaborative idea on project planning, implementation and monitoring and faced challenges at the community level. Likewise it has also gave an idea on role and working mechanism of an evaluation team of SWC. Apart from this, the concept of MHealth is few and quite fancy but he had not provided a clear and concrete idea regarding to it. I felt like I have not gathered detail information and CPAC, [central project advisory committee] from this conversation.*