**Field and Interview Note**

Field workers: RA, 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: 29 December 2015

**Major Highlights**

* SAMMAN-2 is implemented in the DAG VDCs of project implemented districts only.
* Care-Nepal is going to implement CHSB and SATH in these expanded districts which are successfully implemented in western region.
* No EDP was working in Kavreplanchowk district prior to earthquake covering health issue.
* Government staff at district level have become skeptical towards EDPs especially after earthquake which results in delaying in receiving pre-consensus letter.

*Context*

*This is a second meeting with Santa B. Dangol, project coordinator of SAMMAN project. The first one conducted on 1st September, 2015 which was more focused on roles and responsibilities of the project coordinator along with challenges faced at various levels. The main idea of this conversation was bettering our understanding on how Care-Nepal build and rebuild working relation with the partners what they call partner NGOs. Given the context that Care-Nepal has been scaling up SAMMAN-2 in two districts Kavreplanchowk and Sindhuli and it is working on partners selection. In addition, Care-Nepal has working for office set up at Dhulikhel. They are planning to operate from sometimes January, 2016.*

After Radha Adhikari’s arrival in Nepal, an appointment is taken with Santa B. Dangol to speak further on SAMMAN project particular on his working experience with partners in two districts which are new partners as these are the expanded districts, where SAMMAN-2 is going to be implemented very soon.

RA and OC reached to the Care-Nepal’s office at agreed time and went to the meet Santa B. Dangol with the coordination of a receptionist. As it is first meeting of Radha Adhika with Santa B. Dongol, I introduced them each other. After short introduction and exchange of greetings we went at the top floor of the building where we sat and conversed further.

RA: is there only one staff based on regional office of Care-Nepal?

OC: Actually, how many of you were based at regional office? You were there, Bhuvan sir and who else was there? Particular who work for SAMMAN project?

SD: currently only one staff is based on region who is working for SAMMAN who is based on Dadeldhura district who works for three districts of the region i.e. Doti, Dadeldhura and Kailali where SAMMAN-1 was implemented.

OC: Phase-1 of the SAMMAN project was implemented in those districts, right.

RA: so one staff works for three districts. And, how many staff are based at each district then?

SD: there is no one in each district based staff from Care-Nepal side. One staff looks in the three districts but partner NGO has employed a team consists of five staff in every district. There is a staff at district we called DPC (district project coordinator) who is equivalent to officer level.

RA: this one is not a staff of Care-Nepal.

SD: yes, he/she is not directly employed by Care-Nepal rather appointed by partner NGO for project. Usually they are from public health or nursing backgrounds.

OC: Shirijana ji? Has she left the job?

SD: No she has not. She has moved from partner NGO to Care-Nepal now.

OC: I think she is now working on immediate recovery project on earthquake of Care-Nepal.

SD: she works on immediate recovery project now but from January, 2016 onwards she will work again on SAMMAN. But she worked with partner NGO earlier now she will work as a staff of Care-Nepal. And, she will look for Sindhuli district.

As we were talking about district level staff, under the DPC at the district four staff works as project staff who mainly belong to health assistant, staff nurse, community medical assistant or ANM with a bit experience work in the team.

OC: you called them CHFs [community health facilitators] right.

SD: CHFs [community health facilitators]. We employ them by dividing district into many working clusters. And, one staff looks at one cluster currently. This is the way, we have been working/reaching to the communities.

OC: Did you also work in the cluster system previously as well?

SD: It was there in earlier project as well. We had divided our working area in various clusters in the past too, a CHF is responsible for overall working in one cluster. Working system is similar in the past (phase-1) and now too.

RA: does it similar in every district? It is a Care-model

SD: yes, in the past we had implemented the project to cover overall district now we have narrowed down, in a way that we just do the follow up in the communities where we implemented programmes earlier and used our innovative tools such as SATH and CHSB in the past and these days, district development committee (DDC) has categorized certain VDCs as DAG [disadvantage group ones]. These are usually poor in human development indictors, lack of accessibility, geographical remoteness. Now we select only DAG VDCs and divided them into various clusters and for this project [SAMMAN-2] our intervention will be only on these VDCs of the clusters.

OC: so you take the VDCs which are already categorized by DDC as DAG ones. Indeed, social mobilizers of DDC mainly work on those VDCs too.

SD: actually we pay attention on two aspects, while selecting VDCs for implementing project, DDC categorization of DAG and recommendation from health point of view, from DHO [district health office].

OC: so you mean DDC and DHO here.

SD: in some cases, DHO has also recommended those VDCs given the poor condition of health services in them. For instance, if we talk about Kailali district, our intervention of this phase of project is totally focused on the hilly region of the district. The VDCs of hilly region are so remote there, although I have not been there physically. It takes three days to get in to the VDCs after bus stop. This is very remote. Perhaps, while we identify we call it as district of plain, but there are still such VDCs in the district. Now, six CHFs are working in these six VDCs and one colleague works from the district. So, we are focusing on such VDCs.

OC: have you implemented any specific programmes in these remote VDCs than others?

SD: No, in terms of intervention it is similar but while selecting VDCs we pay more focus on DAG VDCs.

RA: Are you trying to implement the lessons that you have learnt from far-western to Sindhuli district?

SD: yes, exactly we are thinking in the same way. On top of our interest, while we were consulting with government, they also recommended us to scale up the project elsewhere too. So, now are planning to scale up this project in Sindhuli and Kaverplanchowk districts. And, we are working to scale up this project in these two districts and we are on the process for selecting partners for districts. We have not choose partners yet. We are hoping to do something concrete in 2/3 weeks from now. It has taken a bit longer time, anyway partner selection is on the process. We have almost done with the district consultations. Perhaps we will go into implementation fairly soon. It may take one more month or may be slightly longer than that to go to implement as we have to select partners and do agreement with them.

Basically, we have brought Community Health Score Board and SATH which are successfully implemented in far-western region. We are going to implement these two tools. We have done baseline survey and end line survey, later one is on the process of finalization as of now. If we take a look on the tools we have used, particularly, CHSB and SATH, things like institutional delivery, coverage of immunization coverage of ANC visits have been significantly increased. So, I will share them with you later. It has been a good and they [community people] have praised for works as well.

RA: These statistics are from old districts [districts where SAMMAN-1 was initially implemented]

OC: are you talking about the community situation when you did baseline survey and progress that has made after implementing project here?

SD: yes, we have comparative statistics which give the pictures of the initial situation and the current situation. I will share these documents with you as well.

OC: sure, I will send you a reminder email for this task.

RA: If I ask you any difficult questions, please forgive me [laughing……] if you do not like to answer to them that is absolutely fine too. But hopefully things will not go to that extent, it is just for bettering our understanding, as a complete outsider and try to have idea on what sort of programmes are running and knowing them in a quite detail manner. As you are planning to implement project in two new districts Sindhuli and Kavreplanwchok. Why do you select these two districts particularly? In your opinion, why does government recommend these two districts for implementation of SAMMAN-2?

 SD: it is not an opinion rather a clear thing.

RA: government means, department of health service,

SD: family health division. What they told us clearly was, they asked us to implement project in those places where there is reproductive health indicators are poor while we look those places in line with provided recommendation, if you see the indicators of Sindhuli district these lower than any of the far-western districts.

RA: lower means bad?

SD: yes, bad. Poor indicators. Given that basis we have selected that district. On top of that, if you are asking about Kavreplanchowk, they [FHD] had given us two conditions while consulting with them. One, they ask us to work in the district where there is poor health indicators whichever that district may be, you should not select the district for implementation of the project rater we [government] chose the district for EDPs. Another condition was, project should be implemented in such places where there is no presence of EDPs even though health indicators are poor in the communities. They were complaining about the disproportionate presence of EDPs across the country. So, there was no EDP in the Kavreplanchowk and indicators were also not that much great.

RA: Currently, is there no EDP in the Kavreplanchowk?

SD: after earthquake, some EDPs have gone there but before that there was no any EDP to work on health issue.

RA: I am really surprised! Place like Kavreplanchowk district, [for a while forgot you are working on SAMMAN project of Care-Nepal] don’t you feel surprise as there is no EDP in Kavreplanchowk? Because it is such a nearest district where [Kathmandu], Save the Children had worked for a long time.

SD: ADRA had worked longer than Save the Children,

RA: ADRA, Save the Children and some others organizations also worked there.

SD: UNICEF was also worked there.

RA: yes, UNICEF was there too. Now did you surprise with FHD’s recommendation for this district?

SD: yes, I was surprised too. There was not any. Let’s say that was the situation.

RA: now it has become a fact, it is clear now.

SD: there was no any at the time as we did consult but after earthquake, definitely EDPs have gone there. Recently, Health for Life (H4L) has begun to work in the district. Particularly, to focus on health governance issue. Likewise, JSI has also initiated to work with emphasis on Navi Care, it has gone there a bit latter.

RA: what Care?

OC: Navi care, CHX,

SD: chlorhexidine, after cutting the umbilical cord, they ask to use this antiseptic paste.

OC: they claim that CHX alone has contributed to reduce about 21% of the total neo-natal death.

SD: In addition to JSI, H4L, Teres De Home has been there

RA: oh yes. Isn’t they work on disability related issue?

SD: May be that is their working area, I do not know in detail. I had met them once. Now they are supporting in building prefab home and helping in SBA training.

RA: Construction and reconstruction.

SD: These are perhaps all the organizations work in the health in Kavereplanchowk district. All these organizations have gone there later.

OC: how is your working relation with them? Indeed, the relation among EDPs?

SD: for instance we had consultative meeting with Teres De Home. They were planning to work on CBIMCI [Community Based Integrated Management of Childhood Illness] as we mentioned them that we will cover that component then they are now diverting themselves towards other issue.

OC: so, it is just to avoid the duplication of activities in the same communities.

SD: yes, just to avoid the duplication. As we discussed they agreed to cover another aspect. For instance, they told us that their focus will be more on construction and supporting to SBA training in the communities. Now they are focusing on these components. It has been a while, we have not met them but we have to have a meeting with them. And, if we talk about H4L, we have not yet discuss at the organizational level because we are still on the process. As we talk in person who work for H4L project it looks like their focus is more on health governance. For example, to strengthen the health facility management committee. Perhaps, they provide a training of 2/3 days to HFOMC. We have also focused on the component but now onwards, we will not focus on that aspects. We will move ahead with consultation. We will not let duplication happen technically in the communities. Because we do not have unlimited budget to through it everywhere. And, there will not make more sense if we let duplication happen in the communities.

RA: I have a question which is also a bit difficult, how do you feel about it. We are three people here in the discussion, lets imagine, we are not in the building Care-Nepal but we are elsewhere? Just to talk as completely independent way. And suppose, even we are not researchers as well. How many years of experience in working health sector? Perhaps, s you have known to FHD in a very nicely. I do not know it really well.

OC: new director for FHD is on the process of appointment, the post is vacant now and CHD a new director is appointed recently.

RA: Based on your experience, to what extent FHD can control to EDPs?

SD: If you compare now with then,

 RA: given your work experience, 10 years...20years….

SD: my experience working directly with family health division, although I have been working in the health sector for a long time. Since the last 5/6 years I have directly been working with Family Health Division. When we talk about past and now in terms of control of FHD to EDPs. These days FHD has been controlling more compare to past in mainstreaming EDPs. In some cases, as FHD has put effort to bring EDPs in mainstream, it also has created some problems for EDPs like us. For instance, EDPs do not have freedom in working style these days as it was in the past. Anyway, FHD has done exercise to the some extent to bring EDPs in the mainstream. For example, to go to Sindhuli district to implement project, FHD inform us that Care-Nepal has to cover specific components in the district because Plan-Nepal has already begun to work on some other components in the district. Likewise, if we talk about Child Health Division, it also inform us that Teres Des Home has been covering such and such components you should have good discussion with Teres Des Home for avoiding resource duplication.

Apart from this, there is partner meeting held in every 2/3 months, I forgot the duration exactly. And for that meeting they (FHD, CHD) send an invitation letter to every partner which is for compulsory presence?

OC: who does it? Is it CHD?

SD: both CHD and FHD. This sort of partner meeting is organized on the basis of themes. For instance, partner meeting of family planning, safe motherhood. The presence of partners in meeting mandatory and which helps to know clearly who is doing what and where? In this way coordination has been taking place. Let’s say control and coordination have been taking place. May be its not control as we say but a sort of coordination has been taking place which contributes in ceasing the resource duplication in the communities.

OC: you were talking about past, like until how long ago such practices did not take place?

SD: exactly there may not…….

OC: if not exactly then, tentatively, when did such improvement has been taken in term of coordination, as you mentioned?

SD: As I have felt it myself, when I was working in the district; in some cases what I used to found was, different organizations had implemented programmes covering exactly the same component by then what district used to do was by seeing various similar components, it used to ask to have coordination among EDPs. Perhaps, they must had taken permission form FHD by then too. As things these days move ahead as I mentioned and compare it to the past with when I used to work on district like 7/8 years ago. These things were quite lacking by then although it is entirely my personal understanding.

OC: Apart from, working with a bit freedom; what sort of challenges were there by then? You were talking about challenges to the some extent?

SD: As we talked about challenges, in some cases, donors have also limitations, we have limitation of budget, donors’ limitation, and organizational limitation as well. We cannot implement project in every kind of situation right. Organization has its own guideline, for example, we do not work in the area of abortion, same with gender issue, and it is an example only. [Do not write it] If we do not work in particular theme, even so government ask us to work in these particular themes then it will be difficult for us. It has remained a challenge right.

For instance, USAID funded projects do not work on abortion. If government asks us to work on CAC [comprehensive abortion care] mentioning that there is a lack of human resources and limitation of budget that is going to challenging situation for us. Sometimes this sort of situation appears. There is a budgetary constraints as well. As we speak, we have been working in Kavreplanchowk district, if they [government] ask us to work in another district, which is, district is in need of resources, and comparatively bigger, number of health workers to provide training, is higher on that case our budgetary constraint matter there. So, some this sort of problems are appeared.

RA: government expects more from you than your actual capacity.

AD: yes it does, definitely.

RA: and, based on your experience from Dhangadi, let’s say district level experience, forgot about regional one now, as you have been seen, are there any individuals who go to district/communities directly to implement programmes without getting permission from FHD or CHD? Have you found such individuals in those communities?

SD: as far as my knowledge is concerned, there is no such individuals are found so far.

RA: perhaps, such individuals have gone to communities these days in post-earthquake context that is a bit different case.

SD: in the post-quake context such intervention is different example. But as a regular development project sense, I have not found such cases.

RA: what I am trying to understand here is, such individuals make the situation worse, right. From statistics to everything else are influenced. They could have contributed in a positive way as well. As things were mentioned in the seminar we attended/presented yesterday.

SD: perhaps, such cases could have taken place. I used to work with FHI a while ago. At that time there was a circular perhaps it was from FHD. If any organization/individual who have not received permission from department do not let them to work in the district. That sort of provision was there. Perhaps, that could be reason that organizations/individuals could have gone to communities without any permission from related departments at central.

RA: when was it?

SD: it has been 3 or 3 and half, years I left FHI.

RA: it was from Family Health?

SD: perhaps, it was from DoHS [Department of Health Service]. I do not know exactly but that was the theme of circular. I feel, may be, it came as many bypass the provision/protocol. But I do not exactly which organization took initiation to circulate that information around. I did not see as well.

RA: now there is a rule for it and it is difficult to bypass this rule.

SD: It is difficult to bypass and if you see the procedures that SWC asks to fulfill the requirements by the time organization fulfill the given requirements, there is no chance remain for bypassing that condition. Because it has to be register in the district, and if you see the requirement template prepare by SWC, they ask to follow the detail process to be registered. Lately, I had sent some of my colleagues to Dadeldhura district for planning and they went to the VDCs. VDCs asked them to submit the detail of activities, budget and duration of work before implementing the programmes in the communities. So, our colleagues are working on that at VDCs of Dadeldhura district. In which VDCs programmes are going to be implemented? Amount allocated for the programme in each VDC should be clearly mentioned in the VDC council meeting.

RA: all things should be transparent,

SD: we organized DPAC meeting at Kailali district few days back CDO [chief district officer] was also participated in the meeting likewise, representative from DDC [district development committee], acting LDO [local development officer], they clearly suggested us that, they had told us earlier too, to submit amount of money for the programmes you are going to implement in each VDC in its VDC council meeting which going to take place soon. They have such circular too, we will do it accordingly. We have been doing it and this process is ongoing as well. In the past, we did it in general in a form of discussion but these days we have to submit in a written document to the related VDC. In the DDC as well we submit it in every meeting.

RA: you could speak on the ground of experience, given that it is not necessary to hide or bypass receiving permission from the related departments and implemented in the communities directly. So it is clearly known in the district.

SD: we do not have anything that need to be hided.

RA: at the district level? It is not by you but at the district level, if they follow the given guideline then they know clearly that, how many EDPs are currently working in the district with the allocation of budget by every project with the list of activities project is implemented in the communities.

SD: Yes, they do know about all these things. On the meeting of DPAC, which held lately, CDO was also participated in the meeting. The CDO is quite strict.

RA: what is DPAC?

SD: district project advisory committee, the meeting of this committee takes place once in every six months. LDO takes lead of this committee. Currently LDO has been leading the committee otherwise, perhaps, district president [politically elected]. In accordance with the theme of the project rest of the members in the committee are selected. In that meeting things like, expenditure of budget with clear headings, discussion on such issues take place in the meeting in a quite detail manner.

We have to make presentation on the meeting about accomplished project activities over last six months with budget detail, number of beneficiaries from the project are included in our presentation. And, apart from meeting, members of DPAC also visit physical to the field sites of the project once in an every six months to observe the activities at the community. This is a mandatory and SWC will see all these record while they do the project evaluation that is why we should follow that. We discussed on the meeting regarding this issue. CDO was participated in the meeting too and he asked to Local Development Office, the all these information. He was at least updated on all this aspects.

RA: That is quite good. I feel that situation is not as bad as we heard around.

SD: It could be but that may not be in my knowledge. Perhaps, some [individuals/organizations] have bypassed required process. I do not know all the things.

RA: there is no perfect world, right.

SD: if we talk about our own case, we have submitted such documents and

RA: there no such thing as perfect. The reason I asked on duplication and cases of bypass quite a detail way is, in my personal experience, this project is simultaneously going on Malawi as well, Malawi and Nepal, it is just try to understand how case is different in Nepal than that of Malawi.

SD: in some of the components, for instance, what happen in some cases is, let’s about Dhangadi, Kalilali, few components are similar with GIZ too. In such case, what we do is, as neither of us can implement the programme in entire district we implemented programme by dividing the region.

RA: if there is a clear record in district that makes easier to implement project by dividing the region.

SD: sometimes what makes difference is, how active the focal person at district is towards project determine [the effectiveness]. Some people think that if hey implement as many as programmes they could that is going to benefit the greater number of people in the community and do not care about the duplication of activities in the communities rather give priority to only number of programmes implemented. If the focal person [at DHO] is actively engage in the programme and truly like to bring genuine change that also matters. I take an example of Kailali district, we did not have any problem while working with the focal person [government focal person] because the public health nurse based at DHO with whom we used to work directly was quite active which made collaborative work easier.

RA: we had heard about this thing around one and half years ago, how do you feel about it. In the past like 25/30 years ago let’s say EDPs they used to be known INGOs as well. The languages have been kept changing. In the past most were focused on eastern Nepal now they are shifted to western Nepal? The health indicators of eastern hilly region have becoming poor, how do you reflect about it?

SD: These days, this issue is emerging. Now they [government] has mentioned that number of EDPs are higher in the western region of the country. As almost all EDPs are working in the western part of the Nepal which resulted in poor health indicators in eastern Nepal. It is not only poor indicators in the eastern Nepal but also situation remain similar in the place nearby Kathmandu as well. As all EDPs have dispersed around, mainly focused on mid-western and far-western part of the country. The concentration is a bit higher there, because in the past situation of human development indicator, along with other issues, EDPs covered that region. That has helped to improve the situation there but as they left where they used to work earlier [eastern Nepal] began to decrease. This is an actual situation. They [government staff] also keep mentioning. And, they also mention that if you see the indictors Bhaktapur district, these are quite poor even there too. This is an actual situation.

If you talk about Care-Nepal, it has not worked in eastern region regarding component of health although it did work incorporating other issues. It never has not worked eastern Nepal rather it has worked mostly in western Nepal based on Dhangadi. So, it has been working in western Nepal for a long time. It is first time, Care-Nepal has initiated to work on health issue in eastern Nepal, particularly mid region development.

RA: began in 2015 with Sindhuli and Kavrepalchowk districts.

SD: In addition to, Sindhuli and Kavrepalchowk districts, in between we have worked on Nawalparasi and Rupendehi districts as well, in these two districts we have worked only in small components of the projects. Apart from that, this is [implementation of SAMMAN-2] first time we have begun to work in this region of the country by incorporating health issue although Care-Nepal has been working in the region from long ago in other issues such as, development, natural resource management, and the like. But in the issue of health Care-Nepal was not working prior to this in this particular region.

RA: perhaps, there are some other programmes running in the Sindhuli district as well. Aren’t there?

SD: you mean Care-Nepal implemented ones?

RA: Not of Care-Nepal, some others.

# SD: There are, Plan-Nepal has also implemented project in that district. Plan-Nepal has been working on IMNCI [Integrated Management of Neo-natal and Childhood Illnesses] and World Vision also works there by covering eight VDCs of the district. SABAL [Sustainable Agriculture with Bazaar for Advancing the Livelihoods of conflict-affected poor people] looks at some issues of nutrition in the community. This is a USAID funded project and Care-Nepal is one of the partners in consortium.

RA: what is it?

SD: SABAL, it works on nutrition.

RA: is not MIRA [Mother and Infant Research Activities] works in Sindhuli too?

OC: perhaps it does there. There is an organization.

SD: yes, who does research?

RA: how are they doing? We were almost about to select their project as one of our case study for detail exploration. They have done massive works in Sindhuli district.

SD: we have not known about that in the district. When we have been there and collected information on the organizations who are involved in the health sector of the district, we came to know that World Vision, Plan-Nepal, SABAL and ourselves.

 RA: Is SABAL a national NGO?

SD: SABAL is a USAID funded project it works with two local partners in the Sindhuli district. I do not know detail about this project. I think it works in 5/7 districts.

RA: we might be able to find the information through its websites. We are going to take a lot of your time, we would like to understand a bit further on partnership.

OC: We would like to discuss further on partnership [that you work with partner in each district]. How has it been? You have been working with partners and you just completed first phase and you are working to set up partners in two district currently.

SD: we are working for partners selection in Sindhuli and Kavreplanchowk districts. We have not been able to make final yet. Perhaps, we will be able to finalize it in one and half weeks from now. We are not allowed to implement project without selection of the partners. First we have to select the partners to implement the project. We are working/following the process of partner selection. Perhaps, it will take a bit time, we will visit to the districts for consultations. We have announced for LOI [letter of interest].

OC: how did you announce it?

SD: we did it through media. We made advertisement on *Katipur,* national Nepali daily newspaper.

RA: so, first you had made advertisement in the newspaper and then local partners show their interest?

SD: yes, they show their interest and we are evaluating on that. It has been going on. After this (evaluation) is being we will to the field and observe and check whether documents are compatible with the field scenario or not.

OC: how do you do this evaluation and who does it?

SD: for this task, we have a partner selection team.

OC: how many people are there in this partner selection team?

SD: it depends, at least there are four people in this team. It consists staff from finance, programme and partnership specialist and then people related with the admin as well. We include all the components while forming a team. Then team will do the partner selection of partners. For selection of the partners we ask them [interest potentially partners] to submit organizational profile and proposal on the project. On the basis of these documents we begin to evaluate them and they will submit other related documents to support.

Given these basis, we will select top 3/5 local organizations as shortlisted ones. Then we will make physical visit to these shortlisted organizations. While doing field visit, we will focus on comparing the describe situation in the document and the real situation in the field. How compatible they are. We will move further to select the organization, based on the comparative scenario.

OC: how has your experience been? In terms of learning and challenges involved in the process, although you are at the very initial phase now? You had made public call, and you told me you are working on office set up of the local partners. Would you mind, describing a bit further in this regard.

SD: Frankly speaking, several issues about EDPs have emerged in the context of emergency situation. As such issues are emerged, for instance, there was a rumor related to EDPs who submitted a report claiming supported to build certain number of houses without actually doing it. Several other issues were emerged prior to this as well.

OC: I think that was broadcasted on TV as well.

SD: yes, it was.

RA: Did such activities done by established EDPs or not? What sort of EDPs had done such works?

OC: it came somewhere, an organization contact to elderly person at village and then produce a fake report of building certain number of houses for earthquake victims in the community? I am not sure where, but it was there on news?

SD: it was broadcasted,

 OC: you might find the source.

SD: anyway, such messages were around. For this reason, government staff are more skeptical and doubtful. Care-Nepal is already an established organization. It has been working in Nepal from the last 37 years. There is less welcoming environment for EDPs as it was before. People develop quite skeptical or doubtful perception towards EDPs. They try to collect detail information on EDPs/proposed project, this situation has been emerging now even in the districts too.

In the initial period, when we did consultation for project, it was before earth quake, it was such a welcoming response/environment. As earthquake hit the country, quite a lot of EDPs went to the districts with several programmes which then has created this [skeptical/doubtful] situation but we have been working on it too. For instance, we need to receive pre-consensus letters from every district where we like to work. While receiving pre-consensus letter, we had to provide them very detail information for them [district]. Unlike this, in the past was different, if we are interested to implement project in the district, they request us to implement the project and willing to provide us necessary support including written document.

Conversely, these days we need to explain them [district] on very detail way about project, allocated budget, documents of the project, duration of the project and by doing all these we are going to support the particular policies of the Nepal government. Likewise, possibly we will work in partnership with particular organization, we will focus on such and such components and we also focus on sustainability part of the project as well. After providing all this detail on project then only they provide approval.

OC: here they refer DDC? Here,

SD: yes, DDC and our related organization is District Health Office.

OC: you have partner NGO as well.

SD: PNGO is at the later stage. Even before that stage.

OC: DDC and DHO then.

SD: DDC and DHO, so this has been a situation. This is also one of the reasons which resulted in taking time in the process of partner selection in the districts.

OC: you were asking on why it has been taking a lot of time?

SD: for that reason also delayed in our process of partners selection in the districts. In the past, it would not be this much time taking for receiving pre-consensus. It would be obtained even by our partner NGO or our colleagues who are based at local level, by submitting a brief document of project. The situation was like that. Things have been a bit complicated now, due to emergency situation.

RA: partnership selection process is quite understandable right?

OC: yes, it is understandable so far, perhaps we have to talk a bit further on evidence to the some extent.

RA: you do regular reporting, don’t you? You have to report donor. You should be accountable on that, what sort of evidences do you collect? How do you do it? Please explain a bit further on that? How do you show success of your project?

SD: We collect case studies from that, a lot of information comes. Apart from this, the community level information is being collected from CHF, for regular reporting. Another evidence, we show is end line survey result. Likewise, we present our findings on the review meetings of the government as well. And, what sort of impact does our projects have made in the communities/VDCs are also well-informed from the HMIS report of the particular districts as well. We share this too. Apart from field visit of DPAC members, we also conduct a joint monitoring visit to the project sites consisting of team of people like focal person from regional health directorate, and focal person from DHO and sometimes, in the case of child health issues, we include staff from child health, and in the case of family health, we include family health focal person in the team too. And, we show the project sites and the tools we have used in the communities.

We have introduced a SATH among mother groups in the communities and we create an opportunity to interact with mother groups and monitoring team on SATH. We have included related staff from family health in such interaction in the communities. What sort of impact our support has been made in the communities? This sort things are also discussed in the meeting. Likewise, we also conduct an interaction programme with community health workers and staff rom DoHS and DHO on how community health score board has made an impact on health facility and community. We have done these sorts of works. Basically, these are all works we have done.

We prepared case studies and success stories in every six months and are included in the report. We reports to donor in every six months this includes, numbers of beneficiaries we reach out, provided services over the six months of period. The basis for this reporting is all the records/information that CHFs have maintained and the information being done in HMIS.

OC: on top of reporting to donor, why do you think, evidences are generated for?

SD: We need evidences, in some cases, representative from donor might have visit, we cannot do fake reporting without evidences. If we like, we can make any case study or success story without evidences as well but the problem of doing so is, what should we show in the future, we should have to show something to the donor and government staff. If we do not collect evidences then we will be in trouble. Not to be fall on that we have been collecting evidences so if anyone is interested to look at the works we have done and we can show things. It is for visibility of our woks.

RA: we should say it for visibility and transparency. We are sitting at the top floor of the building, supposed, you are an independent positon to holds a power of Care-Nepal, let’s talk about the SAMMAN project now, which direction you like to take forward? Have you seen anywhere to bring changes? Or have you seen funding problem?

SD: Basically, rather than working on new things we are working to make the result of SAMMAN sustainable. I have not seen a lot of changes in to bring. I mean, I have not thought in that way because we are supporting to the system of government, after we leave the project government staff still could practice what we had done. Some of the things are practicing in the community on by people and staff of health facilities on their own funding. In this sense, I have not seen any places to bring changes. We are in right track, we have been supporting to implement the government’s policies and strategies.

In this, things that I have seen which need to be changed is, we do not have budget in very big volume, although what we do is we do the piloting in specific communities and show the evidence to the government so as to scale up by others. If we could have done/implement project in quite wider area perhaps, the evidence would be stronger, what I feel. For instance, we did the project in far-west, while we were doing it in the region if we take the case of community health score board we have implemented CHSB in more than 50 health facilities if we could implemented this tool in a bit larger scale than the evidence that has generated through it would have stronger. We would like to make SAMMAN project reasonably bigger in size so that we could handle it in a proper way too and also evidence that project generated would be stronger.

RA: Currently what has created difficult for making this project as you like? Is it due to lack of funding?

SD: Funding is one the reasons, as we do not have large scale funding. We have fund limitation to the some extent that is one of the major causes.

RA: how is the chance to get funding if you try for scaling up the SAMMAN project?

SD: We are scaling up the project, for instance, if you talk about community health score board, we are adopting CHSB in every project of Care-Nepal, if there is Care-Nepal implemented a forest project, then we are implementing community score board, even though we do not call it community health score board.

OC: it could be then community forest score board then.

SD: whatever, we are implementing this tool in forestry as well. And we are adopting this tool in project on governance as well. As it does focus on governance, it definitely goes into that. We are moving ahead in this way. If you talk about SATH, as it works to strengthen the mother groups, we are incorporating this tool in many other projects as well. For instance, there is a project supported from Care-Denmark in Bajura district, we have introduced SATH in that project as well. Likewise, there is a Care-Nepal implemented project on Mugu district, we also have introduced the idea of SATH on that project too. Apart from these, as we talked about projects on Nawalparasi and Rupandehi districts, Care-Nepal has introduced SATH and CHSB in these district as well. We have been kept doing it but had there been scale of these tool in a quite bigger area,

RA: if we talk of scaling up, shifting from western Nepal to Sindhuli and Kavreplanchowk is also an expansion, right.

SD: definitely, that is true.

RA: it is scale up. Isn’t it? You would continue it in the western region as well right, it may not be the complete stop of the project.

SD: we will continue. We will not work exactly more than two years. We discussed about this with them clearly after two years we will leave the project. Now we ask them to facilitate all the processes, then we will leave the project.

RA: do you have any more thing.

OC: maybe not for now, we have already taken his quite a lot time. We will discuss further for next time. Thank you for your time and information.

SD: OK. We will meet further for discussion also if you like to visit/see our some of our new project sites we will show for that as well.

RA: we are very much interested for that.

OC: yes, we are very much interested to see the initial days things for office set up we are thinking to make visit for bettering our understanding. Thank you so much once again.

 SD: what is her name once again?

RA: I am looking for business card.

OC: Her name is Radha Adhikari. She is looking for a business card to give you.

RA: my name is Radha Adhikari.

*Reflection*

*The conversation went well. In the beginning, Mr. Dangol looked busy and asked us to have a short conversation but as talk moved ahead, we discussed about an hour. This discussion helped us particularly to understand the partner selection process, at least what is written/documented process Care-Nepal has for partnership. Likewise, meeting also provided idea on the roles and responsibilities of DPAC.*

*Apart from this, meeting also highlighted some of the challenges that Care-Nepal usually faces while working with government. These challenges includes higher expectations of government than the actual capacity of the project and sometimes, government ask to work in the particular thematic area where donor/implementer does not work for various reasons.*