**Interview details**

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| Participant ID | PMKAP01 |
| Institution | Kapilvastu Municipality |
| Years of experience | Over 30 years |
| Years in current job | 7 |
| Start time | 15:22 |
| End time | 15:52 |
| Name of interviewer | Bibhu Thapaliya |
| Date of interview | 27/01/2023 |
| Name of transcriber | Bipana Shrestha |
| Name of translator | Bipana Shrestha |

**Interview**

# INTERVIEWER:

Could you tell us about the responsibilities and the works carried out by the health division of the Kapilvastu municipality?

# PARTICIPANT:

The health section has been formed after the introduction of the federal system. Before, we were staff of the health office. But in the process of adjustment [samyojan], we joined the health section. In the past, several works were conducted under the direction of the health office to increase health indicators. Now, many programs are running under the direction of the health office.

# INTERVIEWER:

Does it mean that policies, information and orientation of the programs are conducted by the health office?

# PARTICIPANT:

We have two types of budget. One is the budget with conditions and the other is the federal government budget. We have conditional and unconditional budget. Federal government provides conditional budget which is rigid and we cannot add any program heading within the budget lines. On the other hand, local level has unconditional budget which is flexible. We can add or deduct programs by ourselves and set priorities within the given budget at local level.

# INTERVIEWER:

Can you tell us about your responsibilities?

# PARTICIPANT:

I have been working at this position for the last six years. I look at the health division of the municipality. It is composed of twelve wards and thirteen health posts.

Before the federalization, we had seven health posts and one urban health centre. After the federalization and in accordance with the standard [manyata] of the Nepal government, every ward at the local level should have at least one health post. Thus, health posts with essential healthcare services were established in five different wards of Kapilvastu municipality. According to this policy directed by the Nepal government and to establish the five health posts, five lakh rupees were allocated as budget per health post. It includes the salary of the staff there.

Federal level decides salary and administrative requirements of the health facilities. At some point, the federal government cut off the budget for the staff so we were forced to close health posts due to a lack of monetary support.

I defended these issues at the board meeting of the municipality. I passed on the message that the health posts that were functioning were in a catastrophic situation because the budgets had been cut. After listening to this, the mayor replied: "we will not close these health posts, but we will look for alternatives to organize salaries and incentives for the staff from local resources". Since then, the health posts have been functioning without any problems.

Talking about responsibilities, our work is to fulfil the responsibilities given to us by the Government of Nepal, the Ministry of Health, the Provincial Health Directorate, the Health Office, and the municipality itself. I have to address the issues faced by the people, increase health indicators and attend the municipality meetings and board.

# INTERVIEWER:

The objective of our study is to know about ANC check-ups in various health facilities and in particular blood tests such as haemoglobin and sexually transmitted diseases. We want to know whether these tests are done frequently and the practices at the community level. Could you tell us about the status of antenatal care?

# PARTICIPANT:

According to the protocol set by the government of Nepal, antenatal check-ups should be done at least four times during pregnancy. In Kapilvastu municipality, the same rule needs to be implemented.

The Nepal government provides Rs.200 per visit. After completing the four antenatal care visits and if the mother delivers in the hospital, she is provided with Rs.1800.

There are 136 FCHVs and each FCHV has one mother’s group.

# INTERVIEWER:

Does it mean that there is one mother’s group in every ward?

# PARTICIPANT:

No, we have around 9-14 FCHVs per ward. In ward number 1, we have 11 FCHVs. In ward number 2, we have 12 FCHVs. In ward number 3, we have 14 FCHVs. And each FCHV has one mother group. This allows us to carry out health-related activities through the FCHVs. Through the FCHVs, we and our health workers go to the community for awareness programs. Then we attend the mothers' group meetings to discuss related and necessary issues. For example, in winter, the chances of a baby catching pneumonia are high. We then discuss how we can prevent pneumonia in newborns. This is how we reach and interact with all pregnant women through the FCHVs. Also, each FCHV takes the mothers in the mother's group for a blood test at the beginning of the fourth month at a health post.

There is a lack of staff at the health post, so it is difficult for us to organise outreach clinics. After federalization, all village development committees were attached to the Kapilvastu municipality. The staffs who used to work at VDC (Village Development Committee)[[1]](#footnote-1) level are now integrated in the health posts.

They organise an immunisation campaign on the 5th day of each month and 3-5 outreach clinics as well, especially for all mothers who cannot come to the health post. Our health workers act as a relay for people who cannot go to the health posts. In addition to the outreach clinics, they organise sessions on family planning, prenatal blood tests, post-natal care tests and other regular services. As I mentioned earlier, the situation was difficult in Ward 5 due to the lack of health workers in the health centres, but it is now relatively easy thanks to the Kapilvastu District Hospital. This hospital has 55 beds and 28 to 30 doctors. The hospital is a site for emergency obstetric care, normal deliveries, critical deliveries and caesarean sections.

# INTERVIEWER:

So, community members tend to go to the hospital more for services. How do you think community members can access these FCHVs to get better services? What is the care-seeking behaviour of community members?

# PARTICIPANT:

The behaviour of the community members is quite conservative and superstitious. To counter this, we are trying to give them better messages through FCHVs, such as the fact that prenatal consultations must be done four times. Secondly, we are putting more emphasis on institutional services. These messages are conveyed to community members through the FCHVs and various media sources such as the radio, which has links with other organizations in Kapilvastu municipality. We have different programmes focusing on HIV and safe motherhood that are conducted in collaboration with these organisations.

INTERVIEWER:

Do you know when blood tests during pregnancy have been implemented at the beginning? What is your opinion about it?

# PARTICIPANT:

Eight years ago, the Prevention of Mother-to-Child Transmission (PMTCT) programme, which was part of the Nepalese government's programme, was implemented throughout the country, including here in Kapilvastu. This programme aims to prevent the transmission of HIV from an HIV-positive mother to her child. As far as antenatal check-ups are concerned, if a mother has problems in the first trimester of pregnancy, these problems are not recorded in the maternal and child health register. It is only after 90 days of pregnancy that they are registered in our health facilities. It is only from the fourth month onwards that the staff start to carry out antenatal check-ups. It includes checking their weight, blood pressure and temperature. They are also vaccinated against diphtheria and tetanus. They also take the PMTCT test.

# INTERVIEWER:

What is included in the PMTCT program?

# PARTICIPANT:

It includes HIV-detecting tests for the mother and the child.

# INTERVIEWER:

Does the PMTCT program include syphilis and hepatitis B?

# PARTICIPANT:

No, they are not included in the tests done in our health posts to date. There are no services that include blood tests for syphilis and hepatitis B in pregnant women in our health posts. However, at the hospital level, they do check for syphilis and hepatitis B in pregnant women. During the delivery period, a blood test is done to check for syphilis and hepatitis B. This test is done specifically during the delivery period as a precautionary measure, as it may sometimes be necessary to operate under emergency conditions. Similarly, blood loss during childbirth leads to anaemia in women, which is also a factor for blood testing.

# INTERVIEWER:

Some of the health workers in the health posts told us that they test for hepatitis B and syphilis.

# PARTICIPANT:

Did they say that? I don’t know on what basis did they say that but if there’s a lab in the health post then it may be possible.

# INTERVIEWER:

Does it mean that if the laboratory is not present, rapid tests are the only way to diagnose diseases?

# PARTICIPANT:

Yes, rapid tests are the only way, especially for HIV. The Tilaurakot health post includes a birthing centre and a laboratory. In this case in particular, since laboratory technicians are present, such tests are possible.

# INTERVIEWER:

So, it all depends on the facilities available at the health post.

# PARTICIPANT:

Yes, exactly.

# INTERVIEWER:

In your view, what is the perception of people towards STDs?

# PARTICIPANT:

Since the provincial government introduced TB and HIV check-ups for family members working in foreign countries, the number of people with STDs has been significantly reduced.

# INTERVIEWER:

Is it an initiative from the provincial government?

# PARTICIPANT:

Yes, with the coordination of the local health authorities, this programme is carried out in a limited number of wards. Last year it was carried out in wards 2, 3 and 4. This year it is being conducted in wards 7, 9 and 6.

We have many cases of people going to India to find a job. We identify these people and their families for TB and HIV testing.

# INTERVIEWER:

Does it mean that the prevalence of TB and HIV is high in this area?

PARTICIPANT:

Yes, we can say that there is a relatively high prevalence of TB and HIV here.

INTERVIEWER:

Do you think people are still reluctant to talk about STDs? It has been widely observed that people have heard about HIV, but do not know how it is transmitted from one person to another, or what happens after an HIV infection. The stigma and societal pressure associated with the disease are barriers to greater openness.

PARTICIPANT:

Yes, exactly.

# INTERVIEWER:

In this case, it is important to preserve the privacy of community members. Are health workers, especially nurses, aware of this? Do they respect the privacy of their patients?

# PARTICIPANT:

We meet regularly with nurses and other health workers to review the programme and share their experiences. We continue to review and restructure the programme based on the feedback received. As per the instructions and guidance of the municipality, provincial or central government, we update the health workers working in the field of STD and sexual health programmes. Also, several organisations are running programmes in the municipality of Kapilvastu. Three of our organisations are running sexually transmitted disease programmes and even offering free testing services. Similarly, we also have an organisation called "New life" which also offers laboratory services.

INTERVIEWER:

Is it an NGO?

PARTICIPANT:

Yes, it is an NGO. It works in the field of sexually transmitted diseases with the help of its social mobilisers. We also have a programme called "Unified Example", run by Save the Children. They go to the villages for awareness programmes and take blood samples for STD testing, which are recorded and reported to the relevant municipality.

On the other hand, we have an ART centre in Kapilvastu municipality in the public hospital. It manages and conducts antiretroviral therapy. About 500 people are benefiting from the hospital's ART services.

INTERVIEWER:

A significant number of people use ART services.

PARTICIPANT:

Yes, a number of people benefit from ART services. There are services specifically for people with AIDS. Here, people are afraid that society will know that they are HIV positive if they take medicines. So they tend to take them in other places like Bhairawa, Butwal, and Rupandehi. The fact that people do not openly ask for help also explains why the number of cases remains high. We have three ART centres in our district, one in Kapilvastu, one in Sueraj and one in Maharajgunj municipality.

INTERVIEWER:

People are scared of HIV but what about syphilis and hepatitis B? Are people well aware of these diseases?

PARTICIPANT:

Syphilis and hepatitis B are not new diseases, but rather old diseases that we have heard about. Awareness of these diseases can be raised since we have received a record from HMIS that 98 different types of drugs have been provided by the Nepalese government for syphilis and gonorrhoea.

INTERVIEWER:

# Could you tell us a bit about the registry and the HMIS [Health Management Information System]? What is this disease registry?

# PARTICIPANT:

When people come to a health centre, they come with their own problems and questions. Some patient complain of foul odour, whitish discharge, etc. If the problem can be treated at the health post, we give them the necessary medicine, but if the problem is a bit serious, we send them to the district hospital. Patients are usually referred by health workers. On the other hand, we have an organisation called "New Life" which charges a certain amount of money for medical consultations and laboratory fees. But if we refer them to the district hospitals, the health insurance can help them with the expenses. The municipality has decided to provide health insurance to 50% of the people residing in its territory. That is why the number of people with health insurance is high.

# INTERVIEWER:

Does the HMIS include registration of people with STDs?

# PARTICIPANT:

Yes, in the DHIS-2 you will find all reports from all health posts.

INTERVIEWER:

According to you, which authority has the most important role in making ANC blood tests available?

PARTICIPANT:

The Nepalese government should make arrangements for every health post to have a laboratory. In addition, the recruitment of competent and adequate staff would make the service more accessible to all.

INTERVIEWER:

Which authority should be responsible for this?

PARTICIPANT:

The Ministry of Health should be more active in this area and help in setting up laboratories so that screening services are not affected. In the guidelines, it is mentioned that lab assistants can be recruited in health posts.

But the money sent by the Nepalese government for staff salaries is not enough, even for permanent staff. How can we bring in more staff on a contract basis with the budget we have?

If lab assistants are recruited as permanent staffs (not temporarily contracted) with better incentive, blood test can be possible in health posts as well.

# INTERVIEWER:

How expensive would be this procedure?

# PARTICIPANT:

Not much, because we currently have staff and laboratory assistants in accordance with the government criteria. This has been difficult for the municipality because seven of the health centre staff receive salaries from the central budget and one of the laboratory assistants receives a salary from an internal municipal source. As a result, salaries are unequal. While a Public Health Inspector[[2]](#footnote-2) receives Rs 34,000 per month, a laboratory technician receives Rs 22,000 because he is hired by the municipality on contractual basis.

INTERVIEWER:

Now that the interview is coming to an end, is there anything we might have forgotten to ask you?

# PARTICIPANT:

I have tried my best to express the problems in my municipality. Various data showed that in Kapilvastu municipality, pregnant women are anaemic. Previously, HERD had collected blood samples at several places under our supervision. Based on the results of these samples, we decided to set up a programme to combat this problem. Providing drugs is not enough, all the elements are needed, it is not enough to give drugs, the main thing is to raise awareness. If people are aware, they can take care of themselves during pregnancy. They can even go to the FCHV if they have a problem. If we were supported by other organisations, it would help us more.

1. A government unit before federalization [↑](#footnote-ref-1)
2. It is a position in health post [↑](#footnote-ref-2)