**Interview details**

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| Participant ID | PMKAT01 |
| Institution | Ministry of Health and Population, Department of Health, Maternal and Newborn Health Section |
| Years of experience | More than 22 years as a gynaecologist |
| Start time | 10:30 |
| End time | 11:20 |
| Name of interviewer | Bibhu Thapaliya |
| Date of interview | 10/02/2023 |
| Name of transcriber | Bibhu Thapaliya |
| Name of translator | Bibhu Thapaliya |

**Background**

We reached the Department of Health (DoH) with an organizational letter at their provided time which was around 10 in the morning. The person interviewed had recently joined the department. Hence, there was very limited information on her roles and responsibilities, and the DOH’s areas of work, policies, etc.

# INTERVIEWER:

Could you please introduce yourself to us, in terms of your roles, responsibilities and position in this department?

# PARTICIPANT:

I am a clinical gynaecologist by profession. I worked in public hospitals before joining this government department. I have experience working for more than 22 years.

# INTERVIEWER:

You seem to have a very rich experience as a clinical gynaecologist. Based on your experience, can you tell us about the blood test practices for STI screening during pregnancy?

# PARTICIPANT:

HIV screening is conducted as a routine practice in Nepal, I remember it being implemented for a very long time, for more than 20 years, I think.

# INTERVIEWER:

Are other tests conducted too, such as Hepatitis B and Syphilis?

# PARTICIPANT:

Yes, they are conducted routinely too in every health institution in Nepal.

# INTERVIEWER:

Is there any specific programme that covers these services?

# PARTICIPANT:

For HIV testing, PMTCT (Prevention of Mother-to-Child Transmission) is the main program that guides all the training and process of blood tests. Syphilis and Hepatitis B are not under any such program. But we have a guideline that mentions all three tests to be conducted is mandatory in all health facilities.

I have not heard about any training or program related to Syphilis and Hepatitis-B.

# INTERVIEWER:

Can you please tell us about the guideline?

# PARTICIPANT:

It is the National Guideline on Antenatal to Postnatal Continuum of Care 2076 (2019/20). You can find it in the website of the DoH.

# INTERVIEWER:

Thank you, we will refer to it.

# PARTICIPANT:

If you need any other guidelines on antenatal and postnatal care, you can search on our website and you can find them.

# INTERVIEWER:

Thank you, we will do that. Now, we know there are guidelines, as you said. But our research in Kapilvastu showed there are barriers to implementing antenatal blood screening widely. For example, in health posts, there may not be a laboratory facility. Likewise, there could be costs involved that might restrict pregnant women from getting this service.

# PARTICIPANT:

I agree, there could be barriers. But that is because of the gap in human resource policy. We don’t have adequate lab technicians. In some instances, there are lab technicians working on a contract basis, but their job is not secured that way. So, they don’t prefer to work in public health facilities.

However, PHCs (Primary Health Care) are now turned into Basic hospitals. There is a mandatory blood test service in hospitals.

# INTERVIEWER:

Even though it is supposed to be mandatory, do you think there could be gaps in how it is implemented? For example, are they counselled before and after the test?

# PARTICIPANT:

There are counselling rooms in the hospitals, but not in small health posts. Counselling is a mandatory process but we do not know if it is implemented properly. The hospitals are crowded, so there is very little time for detailed counselling. In some hospitals, rooms for counselling are there, but they are not even utilized.

# INTERVIEWER:

Can you tell us why it would be like that? Could be because of a lack of training in counselling?

# PARTICIPANT:

I don’t know much about this. I have recently joined this department, so I don’t know about all the policies.

# INTERVIEWER:

I understand. We talked to pregnant women and their family members in Kapilvastu. We found them quite shy to speak about STIs. What is your experience on this, as a clinical gynaecologist?

# PARTICIPANT:

I have not worked in the Terai region. I mostly worked in hilly areas and women were quite frank with me, about such infections. We used to conduct rural health camps in the hills where women came to discuss family planning measures and reproductive health problems. They never hesitated to talk about these issues. But it could be different in Terai, I am less aware of this.

# INTERVIEWER:

Oh, okay. Are the family members involved in the STI screening process, I mean the counselling and maybe blood test?

# PARTICIPANT:

Both husband and wife are tested for STI. It is the protocol.

# INTERVIEWER:

Is it implemented in all of the health facilities?

# PARTICIPANT:

There could be discrepancies. Pregnant women may not visit with their husbands. They may visit with other family members. But if they show any symptoms of STI, their husbands are also encouraged to come for screening. After that, it depends on their willingness.

# INTERVIEWER:

Is STI screening through blood tests during pregnancy a costly process in Nepal? Do you think the cost could be an issue for accessing this service?

# PARTICIPANT:

I don’t think so. They are provided with a certain amount of incentive (transportation cost) on every ANC visit. Even after the delivery, there is the provision of providing 2500 rupees to each mother. The amount of incentive depends on the local government.

# INTERVIEWER:

Some of the pregnant women have shared they never received any incentive. In your opinion, what could be the cause?

# PARTICIPANT:

From here, we send money to all the facilities. There must be an inquiry into why the pregnant women did not receive if this is true. They should be getting the incentive.

# INTERVIEWER:

Could cost be an issue for the government and health facilities, in terms of providing this service?

# PARTICIPANT:

Antenatal blood screening for HIV, Hepatitis-B and Syphilis is already in practice for a long time. I don’t think cost has been an issue, otherwise, it would have been discussed by now. I think it’s a lack of manpower such as lab technicians and maybe other things.

# INTERVIEWER:

Could you please elaborate on what other things?

# PARTICIPANT:

I don’t know. There should be further research into this. Please make it fast, I have to attend a meeting shortly.

# INTERVIEWER:

We will wrap up then. Thank you for your time and interest in having a conversation with us. Is there anything to tell us?

# PARTICIPANT:

This is an important issue, but we already have a policy for implementing this. Best of luck to you with the research!