Study Title: Qualitative Process Evaluation of the AHME Partnership

IRB No: 13-11045

Version: **April 2018**

Session ID: [ \_\_\_ \_\_\_ ] [ \_\_\_ \_\_\_ \_\_\_ \_\_\_ ] Date (DD/MM/YY): \_\_\_\_ /\_\_\_\_ / \_\_\_\_

Name of Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village/City and County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intervention/NHIS participation**

Check the facility selection list and confirm all information with the provider. Note any discrepancies in the margin and explain reason.

**Franchise Network  BlueStar**

**When did the facility join the network? Month \_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MCF  YES  NO

SafeCare  YES  NO

NHIS  YES  NO

**Introduction and consent**

1. *Introduce yourself and the study*
2. *Obtain written informed consent [READ WRITTEN CONSENT FORM]*
3. Did you answer any questions?  YES  NO
4. Did participant agree to participate?  YES  NO 🡪 *STOP INTERVIEW*
5. Did you date and sign consent?  YES  NO
6. Did you give participant a copy of consent?  YES  NO
7. *Obtain permission to tape record*

We would like to tape-record the interview so that we can remember everything we discuss here today.

1. Is it okay with you if I tape-record?  YES 🡪 *TURN ON RECORDER*

 NO 🡪 *TAKE NOTES*

1. *Turn on tape recorder and say session ID*

**Franchising**

1. **How did you first learn about BLUESTAR?**
2. **What did the BLUESTAR recruiter say to you when they came to explain the program? *Probes: What questions did they ask you? What did they check about the facility? What did they offer to provide for you?***
3. **At the time the recruiter came, what did you see as the benefits of joining BLUESTAR? *Probe: what did you see as potential challenges?***
4. **Do you think you have gotten these benefits since joining BLUESTAR?**
	1. **What other benefits have you gotten that you didn’t expect? *Probe: have you been connected with other providers in the network?***
5. **What have been the challenges with joining BLUESTAR?**
6. **How often do you interact with a representative from BLUESTAR?**
	1. **Is it always the same person?**
		1. **If Yes: Has this person changed since you joined?**
		2. **If Yes: Do you think it is helpful to always work with the same person?**
	2. **What do you discuss?**
	3. **How do you feel about these interactions?**
	4. **What do you wish they did differently?**
7. What has changed in the clinic since you joined BLUESTAR? ***Probes: record keeping, branding, services added, equipment***
	1. **Which of these changes are due to joining BLUESTAR?**
	2. **Has your commodity supply changed?**
		1. **How?**
8. **Did you provide services for child health before joining BLUESTAR?**
	1. **How has this changed since joining BLUESTAR? *Probes: new services, techniques***
9. **Did you provide reproductive health services before joining BLUESTAR?**
	1. **Which services did you provide before joining?**
	2. **Did you participate in the BLUESTAR training on reproductive health?**
		1. **If yes: Can you give me an example of something that you learned in the training?**
			1. **If yes: Can you give me an example of how you have used what you learned when treating a client?**
	3. **Have you added any new reproductive health services since joining BLUESTAR?**
		1. **Why did you add those services?**
	4. **Have you changed the way you provide reproductive health services since joining BLUESTAR?**
		1. **How?**
		2. **Do you think you’re attracting new patients specifically for these services?**
			1. **What kinds of patients? *Probe: younger, poor***
10. **Is there anything else you would like to tell me about your experience with BLUESTAR?**
11. *Is the clinic NHIS Accredited?*

 YES  Go to section **NHI (is accredited)**

 NO  Go to section **NHI (not accredited)**

**NHI (is accredited)**

1. **About** how many people in this community are enrolled in NHIS out of 10?
2. **About** how many of the clients you see in this clinic are enrolled in NHIS out of 10?
	1. Why do you think you serve more/less NHIS enrolled patients in this clinic than there are in the community?
3. How has the number of people enrolled in NHIS in the community changed in the past few years?
4. **Has accepting NHIS changed the way poor patients pay for services in your clinic?**
	1. **If yes: How? *Probe: pay with NHIS, don’t negotiate price, less payment on credit***
	2. **If no: Are any of these clients covered by NHIS?**
5. **Has accepting NHIS changed the way you treat poor patients?**
	1. **If yes: How? *Probe: services offered, provider attitude toward patient, drugs offered***
6. **About how many providers are there within this community?**
	1. How many **of these providers** accept NHIS?
7. Did this influence your decision to become accredited?
	1. **If yes: Why?**
8. **What do you know about the way NHIS works?**
	1. **Which services are covered?**
	2. **What do you need to do to be paid by NHIS?**
		1. **Have you heard of Claim It?**
			1. **If yes: what can you tell me about it?**
	3. **What is the process for a client to pay with NHIS when they come to your clinic?**
		1. **Who do they speak to?**
		2. **What do they need to have with them?**
		3. **Does the provider receive information about the clients payment method?**
			1. **If yes: How?**
9. **If provider is located within the capitation pilot district: Can you please explain to me how capitation works?**
	1. **How do you get paid under capitation?**
	2. **How does this affect the way you treat patients? *Probe: how do you handle patients who need a lot of services or come in often?***
	3. **Has capitation affected your clinic in other ways?**
		1. **If yes: Which ways?**
10. Do you know about **any special** NHIS programs?
	1. **If yes**: **which of these programs, if any,** are important to this clinic?
11. Why did you decide to apply for NHIS accreditation? ***Probes: serve current patient population, attract new patients, increase revenue***
12. Can you please describe the process to be accredited?
	1. **What licenses are required?**
	2. What steps did you go through to apply?
	3. How long did the process take?
	4. What, **if any,** challenges did you face?
13. **Did BLUESTAR** **ever offer to help you become accredited**?
	1. **What kind of help did they offer?**
	2. **Did you accept assistance?**
		1. **Why or why not?**
		2. **[If yes to 24b]** Can you tell me about your experience working with BLUESTAR during the accreditation process?
			1. Is there any additional assistance you think they should offer?
				1. **If yes**: What kind of assistance?
14. What has your experience with NHIS been like?
	1. What are the benefits of participating?
	2. **What is the effect on your clinic income? *Probe: receiving lump sum payments, receiving fees for service***
		1. **Has this changed over the past year?**
		2. **How has this affected day to day operations in your clinic? *Probes: buying commodities, paying staff, paying rent***
	3. What changes in your clinic have resulted from participating? *Probe*: *services you provide,* ***drugs you stock, clinic staffing, clinic quality***
	4. **What changes in your clientele have resulted from participating? *Probes: number of patients, patient age, patient income level***
	5. **What has been different from what you expected?**
15. What do your clients think of NHIS?
	1. Why?
16. What are the challenges of participating in NHIS?
	1. If you have challenges with NHIS how do you resolve them?
		1. Has BLUESTAR helped with these?
17. Do you think you will apply for reaccreditation when it comes time?
	1. **If yes** Why?
	2. **If no:** Why not?
18. Is there anything else you would like to tell me about your experience with NHIS?

**YOU HAVE COMPLETED THIS SECTION, PLEASE PROCESSD TO SECTION ON SAFECARE**

**NHI (not accredited)**

1. **How many people in this community are enrolled in NHIS out of 10?**
2. Even through your clinic is not accredited with NHIS how many people out of 10 come in asking to use it?
	1. **How has this number changed in the past few years?**
	2. What do you do with these clients?
3. **About how many providers are there within in this community?**
	1. **How many of these providers accept NHIS?**
4. Have you ever applied for NHIS accreditation?
	1. **If no: Why not?**
	2. **If no: Has anyone from BLUESTAR suggested that you apply?**
		1. **If yes: Did they offer to help?**
		2. **If yes: what help did they offer?**
	3. **If yes:** why did you decide to apply for NHIS accreditation? ***Probes: serve current patient population, attract new patients, increase revenue***
	4. **If yes: Did anyone from BLUESTAR offer to help you with this process?**
		1. **What kind of help did they offer?**
		2. **If yes:** Did you sign up for assistance from BLUESTAR?
			1. Why or why not?
			2. **If yes**: Can you tell me about your experience working with BLUESTAR during the accreditation process?
				1. Is there any additional assistance you think they should offer?

**If yes: What kind of assistance?**

* 1. **If yes: Why are you not accredited? *Probes: still in process, was not accepted, chose not to complete accreditation process, chose not to renew…***
		1. **If still in application process: where are you in this process?**
			1. **How long has it taken?**
			2. **How is the process going?**
1. **Can you please describe the process to be accredited?**
	1. **What licenses are required?**
	2. **What steps did you go through to apply?**
	3. **How long did the process take?**
	4. **What, if any, challenges did you face?**
2. **What do you know about the way NHIS works?**
	1. **Which services are covered?**
	2. **What would you need to do to be paid by NHIS?**
	3. **What is the process for a client to pay with NHIS when they come to your clinic?**
		1. **Who do they speak to?**
		2. **What do they need to have with them?**
		3. **Does the provider receive information about the clients payment method?**
			1. **If yes: How?**
3. **If provider is located within the capitation pilot district: Can you please explain to me how capitation works?**
	1. **How do providers get paid under capitation?**

**YOU HAVE COMPLETED THIS SECTION, PLEASE PROCESSD TO SECTION ON SAFECARE**

**SafeCare**

1. Have you heard of the SafeCare program?

 YES  Go to question 38

 NO  Go to section **Business Support Program**

1. **How did you first learn about SafeCare?**
2. **What did the SafeCare recruiter say to you when they came to explain the program? *Probes: What questions did they ask you? What did they check about the facility? What did they offer to provide for you?***

[**If provider is unsure please describe: The SafeCare program offers a step-by-step improvement strategy for patient safety and quality of healthcare. Once participating, a clinic is assessed and then assigned a level and given a quality improvement plan to work on. Clinics receive formal certification as they advance through the steps.]**

1. **Have** you join**ed** SafeCare?
	1. **If yes:**
		1. Why did you decide to participate in SafeCare?
		2. **What does SafeCare include?**
		3. **What have you done to participate in SafeCare?**
			1. **Did you patriciate in a training?**
				1. **If Yes: What did you learn?**
			2. **Did you participate in a clinic assessment?**
				1. **If Yes: What did this include?**
				2. **If Yes: Did you receive a follow-up plan?**
		4. **How often do you interact with a representative from SafeCare?**
			1. **Is it always the same person?**
				1. **If Yes: Has this person changed since you joined?**
				2. **If Yes: Do you think it is helpful to always work with the same person?**
		5. What are the challenges of participating in SafeCare?
		6. What level of SafeCare are you in?
		7. **What organization are you working with to implement SafeCare?**
		8. **What has it been like to work with this organization on SafeCare?**
	2. **If no: Why did you decide not to join?**

**If the provider has NHIS accreditation and SafeCare (if no skip to section Business Support)**

1. Did you join SafeCare before or after getting NHIS accreditation?
	1. **If before:** Did SafeCare help you with the accreditation process?
		1. **How?**
	2. **If after:** Do you think SafeCare would have helped?
		1. **How?**

**YOU HAVE COMPLETED THIS SECTION, PLEASE PROCEED TO SECTION ON BUSINESS Support**

**Business Support Program**

1. Have you heard of the Medical Credit Fund Business **Support** program run by BLUESTAR?

 YES  Go to question 43

 NO  Go to question 46

1. **How did you first learn about Business Support Program?**
2. **What did the Business Support Program recruiter say to you when they came to explain the program? *Probes: What questions did they ask you? What did they check about the facility? What did they offer to provide for you?***

**[If provider is unsure please describe: Business Support/Business Development Program/ Business advisory: The main aim of this program is to enable clinics to run as professional businesses. This is achieved through assistance in business development in areas such as setting up business structures and systems. The business support component helps facilitate financing for expansion. Clinics are assessed in a Business Assessment and then BLUESTAR helps clinics develop a Business Improvement Plan. Clinics also participate in Business Training.]**

1. **Have you joined the Business Support program?**
	1. **If yes:**
		1. Why did you decide to participate in this Business **Support** program?
		2. **What does the Business Support program include?**
		3. **What organization are you working with on Business Support Program?**
			1. **What has it been like to work with this organization on this Program?**
		4. **What have you done to participate in the Business Support Program?**
			1. **Did you patriciate in a training?**
				1. **If Yes: What did you learn?**

**Did you learn about book keeping? *Probe: were you trained on EasyBooks?***

**If yes: Has your book keeping changed as a result? *Probe: how?***

**If yes: Has this has an effect on your clinic? *Probe: what kind of effect?***

* + - 1. **Did you participate in a clinic assessment?**
				1. **If Yes: what did this include?**
				2. **If Yes: did you receive a follow-up plan?**
		1. **How often do you interact with a representative from the Business Support program?**
			1. **Is it always the same person?**
				1. **If Yes: Has this person changed since you joined?**
				2. **If Yes: Do you think it is helpful to always work with the same person?**
		2. What are the challenges of participating in the Business **Support** program?
	1. **If no:** Why did you decide not to join?
1. **[Never heard of MCF Business Support program] Have you ever participated in any type of training to run a business?**
	1. **If yes:**
		1. **Why did you decide to participate?**
		2. **What did the training include?**
2. **Have you ever taken a loan for your clinic?**
	1. **If yes:**
		1. **Did someone help you acquire this loan?**
			1. **If Yes: who?**
		2. **Why did you take a loan?**
		3. **What was the loan experience like?**
	2. **If no: why not?**

**YOU HAVE COMPLETED THIS SECTION, PLEASE PROCEED TO SECTION ON HEALTH SYSTEMS**

**Health systems:**

*Now I would like to ask a few questions about changes you see happening in health care in Ghana.*

1. Over the last few years has there been a change in which patients go to private providers like yourself?
	1. What kinds of changes?
	2. Why do you think these changes have occurred?
	3. What changes do you expect in the next five years?
2. Do your patients today expect different things than they did five years ago?
	1. Can you give an example?
	2. Why do you think this has changed?
3. What kinds of interactions do you have with the government?
	1. How do you think the government views private providers like yourself?
		1. Is this changing?
			1. How?
			2. **Why do you think that is?**

*Thank you for participating in this study! We appreciate your time. We are nearly finished, I would just like to ask a few questions about your background.*

**TURN OFF RECORDER!!**

**Demographic Sheet: AHME Provider Round 4**

**Session ID:** [ ] [ ] [ ] **Date (DD/MM/YY)**: \_\_\_\_ /\_\_\_\_ / \_\_\_\_

**Language**

Was this interview was conducted completely in English? □ Yes □ No

|  |  |  |
| --- | --- | --- |
| No. | Question | Coding Categories |
| 1 | Gender | □ 1. Male |
| □ 2. Female |
| 2 | How old are you (in years)?  | |\_\_\_|\_\_\_| |
| 3 | What is the highest level of education you have completed? |  0. Primary  |
|  1. Middle/Junior high school |
|  2. Senior high school |
|  3. Vocational/Technical/Professional |
|  4. ‘O’ Level |
|  5. ‘A’ Level |
|  6. Training college (nursing or teacher) |
|  7. University (first degree) |
|  8. Masters |
|  9. PhD/MD |
| 4 | What is your technical qualification? | □ 1. Medical doctor |
| □ 2. Medical assistant |
| □ 3. Nurse |
| □ 4. Community health/auxiliary nurse |
| □ 5. Midwife |
| □ 6. Health assistant |
| □ 7. Clinical Officer |
| □ 9. Other ➔ please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5 | Are you the owner of this facility?  | □ 0. No |
| □ 1. Yes |
| 6 | What is your position title?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7 | How long have you been practicing (in years)?*(N/A if admin with no degree)* | |\_\_\_|\_\_\_| |
| 8 | How long have you been working at this clinic (in years)?  | |\_\_\_|\_\_\_| |
| 9 | What type of facility is this clinic?  | □ 1. Hospital |
| □ 2. Health center |
| □ 3. Clinic |
| □ 4. Maternity home |
| □ 5. Dispensary |
| **10** | **Is this facility NHIS accredited?** | **1. Yes** **2. No**  |
| 11 | What year did you join NHIS? *(N/A if not accredited)*  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12 | How many medical staff does this clinic have? (doctors, nurses, midwives, medical assistants/aides) | Full Time Locum |\_\_\_|\_\_\_| |\_\_\_|\_\_\_| |
| 13 | How many non-medical (support) staff does this clinic have? (cleaners, security) | |\_\_\_|\_\_\_| |
| **14** | **Was this facility franchised in the last five years?** | ** 1. Yes** ** 2. No** |
| **15** | **How would you primarily describe your patient populations?** | **1. Poor** **2. Low income****3. Middle income****3. Wealthy** |
| **16** | **Does this facility participate in SafeCare?** | ** 1. Yes** **2. No****3. Unsure** |
| **17** | **Does this facility participate in the MCF business training?** | **1. Yes** **2. No****3. Unsure** |
| **18** | **Would you describe this area as urban or rural?** | **1. Rural** **2. Peri-urban** **3. Urban** |
| 19 | What health services are offered at this clinic? *(check all that are applicable)* | □ 1. Family planning |
| □ 2. Antenatal/ANC |
| □ 3. Delivery |
| □ 4. Postnatal care/PNC |
| □ 5. Post abortion care |
| □ 6. STI |
| □ 7. HIV counseling, testing & management |
| □ 8. Malaria |
| □ 9. TB |
| □ 10. Diarrhea |
| □ 11. Respiratory tract infections |
| □ 12. Nutrition |
| □ 13. Immunizations |
| □ 13. Cervical cancer screening  |
| □ 14. Other ➔ please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Interview Notes:**

How did the interview go today?

|  |
| --- |
|  |

**Clinic Observations:**

Describe the clinic: How many people were in the waiting room? How many consultation rooms did the clinic have? Did it seem clean? How were your interactions with the staff? Anything else?

|  |
| --- |
|  |