**AHME Round 5 Process Evaluation**

**In-Depth Interview Guide: NHIF Stakeholders**

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Study Title: Qualitative Process Evaluation of the AHME Partnership

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Thank you for meeting with me today. I am part of a team at the University of California San Francisco that is conducting the qualitative process evaluation of the African Health Markets for Equity (AHME) program. Before we begin, I’d like to give you some background on the process evaluation and your participation. [INFORMED CONSENT]

**Collaboration with AHME**

I’d like to begin with NHIF’s collaboration with the AHME program.

1. Who do you work with in the AHME partnership?
2. To what extent did NHIF/S as an institution have a relationship with this organization/these organizations before AHME started?
3. What has it been like to work with the AHME partners on this initiative?
	1. How have your relationships with the partners changed since AHME began?
	2. Has your view of private providers changed since you started working with AHME?
		1. Has the NHIF/S become more inclusive of the private sector overall since you started working with AHME? If so, could you gave an example?
4. Has your experience with AHME influenced your ideas about partnering with NGOs to achieve your institution’s goals? *Probe: How so?*

**Institutionalization**

1. To what extent, if at all, has the NHIF/S’s commitment to reach poor populations with quality healthcare changed since you started working with AHME?
	1. Have NHI perceptions of the feasibility of pro-poor policies been influenced by AHME?
		1. **If yes**: How?
2. Has your experience from AHME ever influenced your decision-making in designing or planning new programs targeting the poor?
	1. **If yes**: Can you please describe this?
	2. **If yes**: Do you often refer to your experience with AHME when developing work around poor populations?
3. Has your experience from AHME ever influenced your decision-making in designing or planning new programs that involve private sector engagement?
	1. **If yes**: Can you please describe this?
4. What came of special initiatives to enroll poor populations in the NHIF/S?
	1. Are these initiatives considered successful?
		1. How do you know they have been successful?
		2. How are these initiatives paid for?
	2. Have initiatives to enroll the poor been replicated and expanded?
		1. In full? If not, which components are retained, and which are not?
	3. Are new financing initiatives to reach the poor being considered?
		1. What are these initiatives?
		2. How are they chosen?
		3. Has the experience working with AHME influenced these choices?
	4. Are new initiatives to engage private providers to reach poor populations being considered?
		1. What are these initiatives?
		2. How are they chosen?
		3. Has the experience working with AHME influenced these choices?
	5. Once poor individuals are enrolled, does the NHIF/S actively facilitate them connecting to an NHIF/S accredited care provider? How does this happen and is it successful?

**Health Systems**

1. How has the NHIF/S changed over the past five years?
	1. What have been your major successes related to healthcare provision?
		1. How do you think these have affected private providers?
	2. What have been your greatest challenges related to healthcare provision?
		1. How do you think these have affected private providers?
2. Can you describe what the Kenyan/Ghanaian government is doing to help the country move toward universal health coverage?
	1. How does this affect your work?
	2. What kind of impact might it have on the work you have done with AHME?

**Program Sustainability**

I’d like to ask you about the future of NHIF/S initiatives that have involved AHME or AHME partners.

1. Do you have plans to maintain the collaborations that were developed together through AHME?
	1. **If yes:** What do these plans look like? Will the collaboration change from how it is now?
	2. **If not**: what keeps you from maintaining it?
2. Do you have plans to maintain any other specific initiatives that were developed together with AHME?
	1. **If yes:** What do these plans look like? Are resources allocated to this? Will the project change from how it is now?
	2. **If yes:** How might these programs affect other aspects of NHIF/S operations or other departments of government? Is there potential to connect this technology to other programs?
	3. **If not**: What keeps you from maintaining it?
3. What changes do you expect in the next five years with regards to these programs?

Thank you for your time. Do you have any additional comments or questions you would like to address?