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/NHIF participation**

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

MCF  YES  NO

SafeCare  YES  NO

NHIF Inpatient  YES  NO

NHIF Outpatient  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. Have you heard of AMUA/TUNZA?
	1. **If yes:** Where did you first hear about AMUA/TUNZA?
	2. **If yes:** What do you know about AMUA/TUNZA?
2. Has anyone ever asked you to join AMUA/TUNZA?
	1. **If yes:** What did the Amua/Tunza 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. Have you ever thought about joining AMUA/TUNZA?
	1. **If yes**: Why? *Probe: what were potential benefits?*
	2. **If no**: Why? *Probe: what were potential challenges?*
		1. Do you think you would want to join in the future?
		2. What could AMUA/TUNZA do to make the network more attractive to you?
		3. Would you be interested in joining a different franchise network?
			1. **If yes:** which one? Why?
4. Do you provide services for child health? *Probe: which services?*
	1. What are the challenges you face providing these services?
	2. What would you like to improve about the way you provide these services?
5. Do you provide reproductive health services? *Probe: which services?*
	1. What are the challenges you face providing these services?
	2. What would you like to improve about the way you provide these services?
6. *Is the clinic NHIF 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 NHIF out of 10?
2. About how many of the clients you see in this clinic are enrolled in NHIF out of 10?
	1. Why do you think you serve more/less NHIF enrolled patients in this clinic than there are in the community?
3. How has the number of people enrolled in NHIF in the community changed in the past few years?
4. Has accepting NHIF changed the way poor patients pay for services in your clinic?
	1. **If yes:** How? *Probe: pay with NHIF, don’t negotiate price, less payment on credit*
	2. **If no:** Are any of these clients covered by NHIF?
5. Has accepting NHIF 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 within this community?
	1. How many of these providers accept NHIF?
7. Did this influence your decision to become accredited?
	1. **If yes:** Why?
8. What do you know about the way NHIF works?
	1. Which services are covered?
		1. Does NHIF cover family planning services?
	2. What do you need to do to be paid by NHIF?
	3. What is the process for a client to pay with NHIF 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. 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 NHIF programs? *Probes: HISP, SUPA cover, Free Maternity Services* (Linda Mama)
	1. **If yes**: which of these programs, if any, are important to this clinic?
11. Which accreditation contract do you have?
	1. *Do you have an in-patient contract?*
	2. *Do you have an out-patient contract?*
	3. *Do you have a contract to provide Free Maternity Services (Linda Mama)?*
12. Why did you decide to apply for NHIF accreditation? *Probes: serve current patient population, attract new patients, increase revenue*
13. 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?
14. Did any person or organization outside the clinic help you become accredited?
	1. **If yes:** who?
	2. **If yes:** What type of assistance did they provide?
		1. Is there any additional assistance you wish you’d had?
			1. **If yes:** What?
15. What has your experience with NHIF 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. How has this affected day to day operations in your clinic? *Probes: buying commodities, paying staff, paying rent*
		2. **If provider accepts Free Maternity Services (Linda Mama):** What do you think of the reimbursement rates under Linda Mama?
			1. Has participating specifically in Linda Mama had any effect on your clinic income?
	3. What changes in your clinic have resulted from participating? *Probe*: *services you provide, drugs you stock, clinic staffing, clinic quality*
		1. Why?
16. Have you increased your staff size?
	* + 1. How much?
17. Has overall spending for your clinic increased?
18. **If yes:** In which areas? *Probes: commodities, equipment*
	1. What changes in your clientele have resulted from participating? *Probes: number of patients, patient age, patient income level*
		1. Why?
	2. What has been different from what you expected?
19. What do your clients think of NHIF?
	1. Why?
20. What are the challenges of participating in NHIF?
	1. If you have challenges with NHIF how do you resolve them?
21. Do you think you will apply for reaccreditation when it comes time?
	1. **If yes** Why?
	2. **If no:** Why not?
22. Is there anything else you would like to tell me about your experience with NHIF?

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

**NHI (not accredited)**

1. How many people in this community are enrolled in NHIF out of 10?
2. Even through your clinic is not accredited with NHIF 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 this community?
	1. How many of these providers accept NHIF?
4. Have you ever applied for NHIF accreditation?
	1. **If no:** Why not?
	2. **If yes:** Why did you decide to apply for NHIF accreditation? *Probes: serve current patient population, attract new patients, increase revenue*
	3. **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?
5. 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?
6. What do you know about the way NHIF works?
	1. Which services are covered?
		1. Does NHIF cover family planning services?
	2. What do you need to do to be paid by NHIF?
7. Can you please explain to me how capitation works?
	1. How do providers get paid under capitation?

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

**SafeCare**

1. Have you heard of the SafeCare program?

 YES  Go to question 36

 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 joined 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 NHIF accreditation and SafeCare (if not skip to section Business Support)**

1. Did you join SafeCare before or after getting NHIF 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**?

 YES  Go to question 40

 NO  Go to question 42

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?*

**[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 AMUA/TUNZA 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 have you done to participate in the Business Support Program?
			1. **If participated in training:** What did you learn?

Did you learn about book keeping?

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

**If yes:** Has this had 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 theBusiness 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. Can you explain to me the process you went through to get the loan?
	* + 1. Have you ever used a service on your phone to get access a loan? *Probe: M-Tiba*
				1. **If yes:** Which one?
				2. **If yes:** What was that experience like?
	1. **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 Kenya.*

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 kind 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)**: \_\_\_\_ /\_\_\_\_ / \_\_\_\_

|  |  |  |
| --- | --- | --- |
| 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? |  1. Never went to school or less than completing primary |
|  2. Primary education |
|  3. Secondary education |
|  4. Vocational/trade school  |
|  5. College – Diploma/certificate  |
|  6. University |
|  7. Masters/doctorate |
| 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?  | 1. Yes |
| 2. No |
| 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?  | 1. Hospital |
| 2. Health center |
| 3. Clinic |
| 4. Maternity home |
| 5. Dispensary |
| 10 | Is this facility franchised?  | 1. Yes AMUA TUNZA2. No  |
| 11 | Was this facility franchised in the last five years |  1. Yes  2. No |
| 12 | Is this facility NHIF accredited? | 1. Yes 2. No  |
| 13 | What year did you join NHIF? *(N/A if not accredited)*  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14 | How many medical staff does this clinic have? (doctors, nurses, midwives, medical assistants/aides) | Full Time Locum |\_\_\_|\_\_\_| |\_\_\_|\_\_\_| |
| 15 | How many non-medical (support) staff does this clinic have? (cleaners, security) | |\_\_\_|\_\_\_| |
| 16 | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 17 | How would you describe your patient population? |  1. Poor 2. Low income3. Middle income3. Wealthy |
| 18 | Does this facility participate in SafeCare? |  1. Yes 2. No3. Unsure |
| 19 | Does this facility participate in the MCF business training? | 1. Yes 2. No3. Unsure |
| 20 | Would you describe this area as urban or rural? | 1. Rural 2. Peri-urban 3. Urban |

**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?

|  |
| --- |
|  |