R4S

Assessment of the Scale, Reach, Quality, and Cost

of Service Delivery High Impact Practices in Family Planning

KII guide for Health Officials regarding

Vertical Scale

INSTRUCTIONS

When scheduling these interviews, data collectors will share the HIP briefs along with a description of this study. The respondent will confirm which practices they can speak about and their availability. Tailor this guide to include only the relevant practices.

Eligibility Criteria:

- Participant is an FP policy maker at the national level, or has a role in managing, guiding, or overseeing FP policies, programs and practices, at a national level
- Participant is at least 18 years old
- Participant is available to participate in interview during data collection period
- Participant is willing to provide their written informed consent to participate in the interview
- Participant is willing to be audio-recorded

Objectives:

- To explore the degree of institutionalization of FP High Impact Practices

Remember:

- Ask one question at a time
- Give the participant time to answer. Silence can be a great probe.
- Ask for examples

TO INCLUDE AT TOP OF TRANSCRIPTION

Participant ID:

Date of interview:

Interviewer: _____ Start time: [___ ___ : ___ ___]

End time: [___ ___ : ___ ___]

Language of interview: _____ Length of interview (minutes): _____

Transcriber: _____ Date of Transcription:

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READ:

Good morning/afternoon/evening. Thank you for speaking with me today. My name is [state name] and I work with FHI 360 and Makerere University School of Public Health. I would like to talk to you about how service delivery high impact practices in family planning, sometimes referred to as HIPs, are being implemented in Uganda. Besides asking you to introduce yourself and provide your job title and responsibilities, I will not ask you any personal information about yourself and we will not identify you in any report or share what is said with your supervision. The interview questions focus on how national level efforts support the ongoing availability of selected high-quality, evidence-based family planning practices. We are also speaking to other stakeholders and program implementers. If any questions are not relevant to you, please let me know if there are colleagues of yours who would be better positioned to answer the question.

This information will help our study team understand the scale, reach, and quality of implementation of service delivery HIPs throughout your country. It will also help us make suggestions for improving the monitoring and scale-up of HIPs over time. As a reminder, the practices we'll be talking about today are [list practices relevant for the interview] Our findings will be shared with national stakeholders and will help Uganda to meet national objectives related to increased FP access and use. If you agree to participate, I will use an audio recorder to more accurately capture what you have to say.

Do you have any questions?

Would you like to participate?

[*TURN ON RECORDER NOW*]
Today is [date] and I've just started the audio recorder for [IDI ID]. You've consented to participating and I'd like to get confirmation of that on the audio recording please.

- **Do you agree to participate in this interview?**
- **Do you agree to being audio-recorded?**

<u>Section 1: Overview</u>

1. First, it would be great to learn a little more about you. Please describe your roles and responsibilities as it relates to these practices. You do not need to state your name.

Read: *For your reference, we previously shared the practices we want to talk about and their definitions for the purposes of this study. We also shared the USAID HIP briefs, which describe these more fully along with the evidence to support their use. We will now talk about the following practices and how they are reflected in national documents and information systems.*

Show the participant the below definitions if possible. Read them aloud if conducting the interview as a phone interview.

Note: This table will be shared prior to the interview, showing only the target HIPs for the respondent's country. It may be shared on screen if the interview is conducted via Zoom or Teams.

HIP	Definition
Community Health Workers	Integrate trained, equipped, and supported CHWs into the health system to provide family planning services
Drug Shops and Pharmacies	Train and support drug-shop and pharmacy staff to provide a wider variety of family planning methods and information
Immediate Post-Partum Family Planning (IPPFP)	Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility

Section 2: Policy documents and guidance

Read: *Through a desk review and the advice of colleagues, we have identified the following documents which contain guidance about the high impact practices we are talking about today.*

2. Can you add any other documents or resources we should know about?

Placeholder for list of documents	
Practice	**Document name**
Immediate postpartum FP	National Norms and Procedures for FP/SRH services
Immediate postpartum FP	National in-service Training Curriculum for comprehensive FP/RH services
CHWs	National training curriculum for community health workers
All practices	Essential Medicines List

Policies

2A. Are there any other national health policies that describe or include mention of the following within the policy: [only include the relevant practices for this respondent]

- The delivery of FP services by community health workers?
- The provision of immediate postpartum family planning?
- Working with private drug shops to expand family planning?

Guidelines

2B. Are there any other national guidelines or standards of practice that describe or include mention of the following within the guidelines:

- The delivery of FP services by community health workers?
- The provision of immediate postpartum family planning?
- Working with private drug shops to expand family planning?

Training Curricula

2C. Are there any other national training curricula that are relevant for:

- The delivery of FP services by community health workers?
- The provision of immediate postpartum family planning?
- Working with private drug shops to expand family planning?

Section 3: Policy-making process and structures

Read: To understand the policy development and institutionalization of these practices, we realize that we must understand the processes and people involved. I'd like to ask you some questions about that. We will cover one practice at a time.

3. First, I'd like to ask you about the national policies we just discussed that all health workers are supposed to abide by in Uganda.
    a. For the policies related to [name practice], can you describe who is involved in writing and updating it?
        i. Probe: MOH structures such as advisory boards or committees, technical working groups, task forces; involvement of implementers, subject matter experts, others
        ii. Probe for each HIP being studied in the country: *are there any other stakeholders involved in policy related to [insert HIP]? What is their role?*
    b. Please describe the process for reviewing health policies related to [practice] in order to update it.
        i. Are policies reviewed on a set schedule?
        ii. Can a policy review also be triggered by a WHO update or other major health organization issuing new guidelines or recommendations?
    c. Once the document has been reviewed, please describe what you know about the process for approving and rolling out a new version or an update to health policies related to [practice]. You can also describe your personal experience with these processes, if relevant.
        i. Probes: what groups or bodies approve a policy update? How long does it take? Key challenges
        ii. Probe: How is the updated policy document disseminated to the facility and provider level? How are those in charge of FP services at the decentralized level (regional, district, and facility) and providers trained on the new document? Do you ensure that each facility has a copy of the document for reference?

4. Next, I'd like to ask you about documents that further describe the implementation of these health policies related to [name HIP]. These include service delivery guidelines, standards of practice, and training materials.
    a. Would the process for updating these health service resources happen simultaneously with policy updates and follow the same steps? ***If yes, skip to next section.***
    b. Who is involved in writing and updating these documents?
        i. Probe: Technical working groups, task forces, involvement of implementers, subject matter experts, others

c. Please describe the process for reviewing service delivery guidelines, SOPs, and training documents.
    i. Are they reviewed on a set schedule?
    ii. Can reviews also be triggered by a WHO update or other new evidence?
    iii. Would a change to the WHO's Medical Eligibility Criteria (MEC) trigger an update in service delivery guidelines or national protocols?
d. Please describe the process for approving and rolling out a new version or an update to program guidance or SOPs. You can also describe your personal experience with these processes, if relevant.
    i. Probe: How is the updated guidance/SOP document disseminated to the facility and provider level? How are those in charge of FP services at the decentralized level (regional, district, and facility) and providers trained on the new document? Do you ensure that each facility has a copy of the document for reference?
e. Please describe the process for approving and rolling out a new version or an update to national training curricula. You can also describe your personal experience with these processes, if relevant.
    i. Probe: is this process the same for pre-service and in-service trainings?
    ii. Probe: How are providers trained using the updated curricula?

5. How else are new practices, or updates to practice, extended to new geographic areas and levels of the health system?
    a. How is the expansion of a new practice or update monitored?

GO BACK TO THE BEGINNING OF SECTION 3 AND REPEAT FOR EACH HIP.

Section 4: National Management Information Systems

Next, I'd like to talk about the national health management information system and logistics management information system. As you may know already, our team worked with implementing partners and MOH contacts to collect information on indicators for these HIPs. We then held meetings where we discussed indicators with them and which ones are available in the national HMIS (such as DHIS2). I will describe the indicators we are aware of and ask you how they are used.

Logistics management information system

The LMIS system is the database used to track health commodities. For example, indicators include:

- Stock outs of FP commodities at national level and sometimes at district and facility level

6. Are you familiar with how supply chain management information tracked by the LMIS is used to support family planning services in Uganda? ***If no, skip to question 9.***

7. Can you describe how these data are used for program analysis or program improvement related to [name relevant practices]?
    a. Probes: What FP-related indicators are typically looked at and why?
    b. Are there any dashboards, graphs or charts generated by the information system?
    c. Does someone generate reports containing these data? At what levels? How often?

d. Are there meetings where program data are discussed, such as data review meetings? At what levels? How often?

Health management information system

Examples of HMIS indicators include the following:

- Number of FP methods distributed to clients by method, age group, new and returning clients (for CHWs and for drug shops)
- Number of injectables administered by CHWs and number of Sayana Press doses provided for self-injection
- Number of FP methods provided to postpartum mothers by method and time period after delivery

8. Can you tell me about information tracked by the HMIS that is particularly relevant to [HIP]? Note: this is referring to the DHIS2 system. ***Repeat this question for each HIP. If the respondent does not know about HMIS indicators related to the practice, skip to question 11.***
9. Can you describe how these data are used for program analysis or program improvement for [HIP]?
    a. Probes: What analysis is available to you as a policymaker?
    b. What indicators are typically looked at and why?
    c. Do you review or discuss reports or visuals from the information system? How often?
    d. What venues are available to discuss program data? Are there meetings set aside for this purpose? At what levels? How often?

10. Are there any other national information systems or datasets that are used to understand, monitor, or improve [name HIP]? If so, please tell us about them and how they are used.
    a. Is there a training database to track which providers are trained, what topics they are trained on, and when they were last trained?
    b. Is there a system that collects data on supervision?
    c. Is there any national quality assurance system or database on healthcare quality?

Before we end our interview, do you have any final thoughts or suggestions for us?

Are there any other colleagues we should speak to about the questions we discussed?

Thank you for your time. We appreciate the answers you have given us.

Template for Interview Notes	
The overall demeanor of the participants – for example, describe if the participants were sad, uninterested, forthcoming, timid, relaxed, defensive, etc.	
Any interruptions that occurred during the KII	
Cultural factors mentioned that would be important for others outside the local context to understand	
Questions that were difficult for the participants to understand and suggest modifications	
Issues and/or participant questions that need to be followed-up.	
Any information that contradicts with what you have learned in other interviews.	
Themes or patterns that are emerging [e.g. information that you are hearing over and over again from IDI participants].	
Additional general notes	