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Afya Halisi



Health Behaviors and Attitudes: Key Informant Interviews with County Health Management Team Members

Date:	Name of interviewer:
Respondent unique ID code:	Name of note-taker:
Sub-county:	Respondent role (circle) RH Coordinator Gender focal point Other (list) _____
County:	Sex (circle): Female Male
	Length of service (years, months):

Facilitator's notes:

- Before beginning, the facilitator should get signed consent forms from everyone who will be participating.
- When ready to begin, the facilitator should tell the participant(s): Hello, my name is _____ and I work with the Afya Halisi project. Thank you for taking the time to speak with us today. I wanted to take some time to talk to you today about your experiences with regard to health-related behaviors, attitudes, and services in your community. My colleague, _____ is here to assist me by taking notes. Your participation in today's discussion is voluntary. You can choose to leave at any time. You will not lose any benefits if you do not participate. You will also not gain any additional benefits if you do participate. Everything we discuss here is confidential. Nothing that you say will be linked to your name. The discussion should take no more than 2 hours. Before we begin, do you have any questions?
- Respond to all questions, then ask, would you like to continue?
- Excuse anyone who does not wish to continue, and then begin the discussion.

I. General questions around the health component of service delivery in the county

1. Briefly describe the CHMT role with focus on FP/RMNCAH in this county
2. What is the current gender composition of the members of the CHMT
3. With focus on FP/RMNCAH, in what ways does the CHMT address issues of? Probe
 - a. Patient to provider ratio
 - b. Ensuring availability of both male and female providers
 - c. Staff and patient privacy needs

- d. Distance between facilities and service users
- 4. To what extent do service providers in this county consider the different health needs of the services users?
- 5. What are the social, religious, and/or cultural belief and practices around use of health services and health, nutrition and WASH behaviors that influence the health of women, girls, men, and boys? Let's start with nutrition--
 - a. What are some of the beliefs and practices around nutrition that affect women and girls?
 - b. What are some of the beliefs and practices around exclusive breast feeding that affect infant health?
 - c. What are some of the beliefs and practices around FP use that affect use by adolescent girls and boys?
 - d. What are some of the beliefs and practices around FP use that affect use by adult men and women?
 - e. What are some of the beliefs and practices around facility delivery that affect pregnant girls and women?
- 6. In terms of the community strategy, what are some of the approaches that are implemented at the community level? Probe
 - a. How does the CHMT work with the community strategy focal points to address socio-cultural barriers to service access?
 - b. Do health facilities conduct community dialogues? If yes, what approach is utilized to address some of the cultural barriers to access with focus on FP/RMNCAH
 - c. In what ways does the facility work with the community health workers to promote
 - i. Exclusive breastfeeding
 - ii. Good nutrition services for infants, children and women

II. Human resources for health

- 1. In your opinion, what role do provider attitudes and beliefs play in community members' use of FP/RMNCAH? (Ask for specific examples)
- 2. What strategies are currently in place to ensure provider attitudes do not negatively impact service provision?
- 3. What are some of the provider training initiatives that are rolled out in the county
 - a. Trainings
 - b. Duration of trainings
 - c. Inclusion of gender modules into this trainings
- 4. What are some of the approaches Afya Halisi program can utilize to facilitate integration of gender components into existing training modules on FP/RMNCAH?

III. Quality improvement

- 1. What measures have been put in place in various facilities in this county / SC to facilitate provision of the FP/RMNCAH services to meet the needs of different populations, like adult men and women, and male and female adolescents? (Probe: If the following is not mentioned, ask--)

- a. Are there any approaches that have been introduced in the county to facilitate flexibility in service delivery hours, mode of delivery of services (in-and out-reaches?)
- b. Are there strategies to adapt the cost structure to ensure that even the most vulnerable have access?

IV. Supervision

1. What supervision related approaches are currently in use this county with focus on FP/RMNCAH? Probe
 - a. How often are the supervision visits conducted?
 - b. Who is involved?
 - c. What is the follow up plan if issues are identified during supervision?
2. What are the components that are assessed during the supervision visits? (Probe: does the supervisory team probe for provider – client interactions during service provision)
3. What are some of the gender related indicators that are tracked during supervision? If none are currently tracked, what gender related indicators do you think could be tracked? (for example, ensuring comprehensive FP counseling, client satisfaction, respectful treatment by providers, disaggregating all data by sex and age)

V. Financing

1. In terms of financing, what percentage of the county financing is allocated to
 - a. FP commodities
 - b. Training providers on gender norms
 - c. Purchase of the required supplies ,commodities and equipment for FP/RMNCAH, SGBV, WASH, Nutrition
2. What are some of the considerations that are made to ensure health facilities in these sub counties have an allocation for the above(Q.15)
3. To what extent has the county rolled out initiatives such as enrolment of young persons into the NHIF program, enrolment of pregnant girls and women into the Linda MAMA initiative? (*Probe: what is the current facility coverage for these initiatives? What is the community response/receptiveness to the initiatives?*)

VI. Supplies and commodities

1. What challenges do you face in ensuring that facilities have sufficient supplies to meet the needs of the population—
 - a. Short acting contraception
 - b. Long acting contraception
 - c. MCH supplies
 - d. Safe delivery supplies
 - e. Nutrition supplies and commodities
 - f. WASH supplies
2. Additional comments

Facilitator notes:

- After the last question has been asked, tell the participant(s): We have now come to the end of our discussion. Before we close, do you have any final questions for me?
- Answer the remaining questions, then thank respondent(s) for their time.
- Let participants know if there is anything else they need to do to receive travel reimbursement or other administrative actions.