IDEAS Private Sector study / West Bengal August 2015 KEY INFORMANT INTERVIEW GUIDE FOR PUBLIC PRIVATE PARTNERSHIP FACILITIES-V2 FOR-PROFIT FACILITIES IN AYUSHMATI SCHEME, & NOT FOR PROFIT FACILITIES RUNNING COMMUNITY DELIVERY CENTRES (CDCs)

INSTRUCTIONS TO THE INTERVIEWER:

- 1. Identify who will be the main respondent could be the medical superintendent or Director in a big facility or the doctor-owner in a small facility, or the programme manager in a CDC/ NGO
- 2. Explain all the study related information contained in the information sheet
- 3. Obtain signature on the consent sheet
- 4. Facility detail section can be completed before the interview even with the help of a secondary respondent.

Facility Information

S.No.	Questions	Response
	SECTION 1. IDENTIFICATION	
100	State	Name:
101	District	Name:
102	Taluka/Tehsil/Block name	Name:
103	Date of Interview (dd/mth/yr)	
104	Name of Investigator	Meenakshi
	SECTION 2. FACILITY DETAILS	
200	Name and address of facility	
201	Type of Scheme	
	1= Ayushmati 2= CDC	
202	Facility ID No.	
203	Name and designation of respondent	
	(write 'owner' if there is a single doctor-owner)	
204	Tel No. of respondent	
204		
205	Opening hours of the facility	□□Am to □□pm
206	Type of health care facility	
	1= Primary; 2= Secondary 2; 3=Tertiary	
207	Number of beds	
208	Type of specialty (may not be so applicable to the NGOs as they will most likely have just one doctor)	

S.No.	Questions	Response	
	1= general practice with an MBBS doctor 2= single specialty; 3= multi specialty; 4=super speciality		
209	No. of doctors and their specializations		
	MNCH SERVICES (as applicable)		
300	Which of the following MNCH services do you provide the most in this facility? 1=Ante natal care; 2= Normal delivery; 3= Caesarean deliveries; 4= Family Planning 5= Child immunizations		
	6= Treatment for newborn illnesses/complications		
301	7= Treatment for childhood illnesses Approximate number of ante natal cases in the last one month		
302	Approximate number of deliveries in the last one month		
303	Approximate number of caesarean sections in the last one month		
304	Approximate number of child immunizations in the last one month		
305	Newborn and child illnesses managed in the facility, if applicable (record names and numbers)		
306	Any family planning services provided in the last one month (names and numbers)		
	IN-DEPTH QUESTIONS ON THE PPP		
401	the same services independently? What is the Probe for		
	 all services that are covered under the scheme any difference related to costs to clients, frequency and availability of services provided under the scheme compared to those provided in the regular process, any difference in types of clients 		
402	Can you tell us about how this scheme operat	es? What are the terms and conditions?	
	Probe for the essential roles of the facility under Financial agreements with govt Recordkeeping and reporting requirements	er the scheme	

S.No.	o. Questions Response		
403	What are some of your reasons for entering into the partnership (explore financial, altruistic, increased prestige etc as incentives)		
404	How is the partnership working for the hospital/centre? What are the successes and challenges?		
	Probe for: Any effects on services and infrastructure? Any financial effects?		
404	What has the experience been like working with the governme good things and the not so good elements (this question may one above)		
	Probe for reimbursements and other financial aspects, grievan attitudes, financial aspects, reporting and data sharing etc.	ce redressal, communication,	
405	Please tell us something about your clientele – their SES, educe how they negotiate the private and public health sectors and		
406	Has this PPP had any effect on the community? If so please te	ell us about it.	
	Explore if this facility has a position of vantage in the surround out benefits to the needy groups).	ing community and is reaching	
	What are the big MNCH problems in the surrounding commun any of those problems and how?	ities? Is this service linked with	
407	Are you likely to continue with this PPP? Why? How can it be draw more facilities into the fold?	made more sustainable and	
	IN-DEPTH QUESTIONS ON DATA SHARING		
500	What records do you maintain of all the maternity, family pla offered in this facility (PPP and non PPP services)? How regula completely updated?	-	
	Probe for both the PPP services related data as well as data for maternity, newborn services, immunization, family planning ar		
	When were the data last updated – when was the most recent	birth?	

S.No.	Questions	Response	
501	Do you share any data on your services and users with government? Tell us about this. What data do you share? Data collection process and frequency? Data quality/completeness (any internal meetings etc to review and improve the data?)? Willingness to share? How is this used? How was this initiated? Is it working or not working? Successes and challenges of this system/process How are these data processed and used? Are these integrated into the district HMIS/report? Which ones are included? What kind of feedback is provided to the private facilities who submit the data? What kind of actions are taken if data are not submitted/delayed?		
502	What infrastructure do you have for maintaini Probe for Staff: independent or multi tasking Computers and software Formats	ing and sharing data?	
503	What in your view are some of the most critical providers should provide data to the governm would you be willing to share, even if it is outside.	ent, whether PPP or non PPP? What more	
	BARRIERS AND ENABLERS TO HEALTH DATA SHARING		
600	Would you be sharing any of this data if you we	ere not a part of the PPP? Why or why not?	
601	Are there barriers and enablers to private providers and facilities like yours sharing data with government? What are these? Which of these are the <u>main</u> barriers/enabler most critical ones? Probe questions:		
	Communication and follow up from the public	sector	
	Rules and ways of working with the governments make it difficult to abide with the requirements	ent— do government rules and ways of working s?	
	Data collection and management formats and Do government data/HMIS formats and proced How? [probe – complexity of government data examples of formats – see a few samples if pos	dures enable or prevent sharing health data? formats/ procedures and ask for concrete	

to individual t or enable data e a part of? ealth data? change;				
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change;				
change;				
oviders sharing				
Do government officials' attitudes enable or prevent private sector health providers sharing health data? How? [probe - Trust/ relationships between sectors; willingness/resistance to change; fears; understanding the value of data sharing]				
ock or district				
or for anything				
Do you have any other informal interactions and discussions with public sector officials?				
roviders.				
ke or can take				
Do you participate in any planning or decision making body/bodies at the block or dist level? Probe for: Which platforms are they a part of, if they do participate? Are they a part of any district sub committees set up by the public sector? What is their role in these – monitoring or training or planning or service delivery? Have you been a part of any of the government health campaigns – for polio or for any else? If so what has been your role in these? Do you have any other informal interactions and discussions with public sector official Probe exhaustively about this – where, with whom, for what? SUGGESTIONS AND RECOMMENDATIONS What steps do you think government/private sector providers should take or can take encourage more PPPs with the private sector (both for profit and not for profit)? Probe for individual providers at different levels and also for associations of providers. What steps do you think the government/private sector providers should take or can to encourage more and better quality data sharing on MNCH?				