INSTRUCTIONS TO THE INTERVIEWER:

1. Identify who will be the main respondent – could be the medical superintendent in a big facility or the doctor-owner in a small facility
2. Obtain informed consent
3. Facility detail section can be completed before the interview even with the help of a secondary respondent.

Facility Information

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Questions</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>SECTION 1. IDENTIFICATION</strong></td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>State</td>
<td>Name:</td>
</tr>
<tr>
<td>101</td>
<td>District</td>
<td>Name:</td>
</tr>
<tr>
<td>102</td>
<td>Taluka/Tehsil/Block name</td>
<td>Name:</td>
</tr>
<tr>
<td>103</td>
<td>Date of Interview (dd/mth/yr)</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Name of Investigator</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>SECTION 2. FACILITY DETAILS</strong></td>
<td></td>
</tr>
<tr>
<td>200</td>
<td>Name and address of facility</td>
<td></td>
</tr>
<tr>
<td>201</td>
<td>Name and designation of respondent (write ‘owner’ if there is a single doctor-owner)</td>
<td></td>
</tr>
<tr>
<td>202</td>
<td>Tel No. of respondent</td>
<td></td>
</tr>
<tr>
<td>203</td>
<td>E-mail Id</td>
<td></td>
</tr>
<tr>
<td>204</td>
<td>Opening hours of the facility</td>
<td></td>
</tr>
<tr>
<td>205</td>
<td>Type of health care facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1= Level 1  2= Level 2; 3=Level 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Levels as defined by the TSU facility assessment)</td>
<td></td>
</tr>
<tr>
<td>206</td>
<td>Is this a private commercial facility or a charitable/NGO type of facility?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1= private commercial 2=NGO</td>
<td></td>
</tr>
<tr>
<td>207</td>
<td>Number of beds</td>
<td></td>
</tr>
<tr>
<td>S.No.</td>
<td>Questions</td>
<td>Response</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>208</td>
<td>Type of specialty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1= general practice with an MBBS doctor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2= single specialty; 3= multi specialty; 4=super speciality</td>
<td></td>
</tr>
<tr>
<td>209</td>
<td>No. of doctors and their specializations</td>
<td></td>
</tr>
<tr>
<td>210</td>
<td>Approximate number of ante natal cases in the last one month (or 6 months as appropriate)</td>
<td></td>
</tr>
<tr>
<td>211</td>
<td>Approximate number of deliveries in the last one month</td>
<td></td>
</tr>
<tr>
<td>212</td>
<td>Approximate number of caesarean sections in the last one month</td>
<td></td>
</tr>
<tr>
<td>213</td>
<td>Approximate number of child immunizations in the last one month</td>
<td></td>
</tr>
<tr>
<td>214</td>
<td>Newborn and child illnesses managed in the facility (record names)</td>
<td></td>
</tr>
</tbody>
</table>
PRIVATE FACILITY INTERVIEW TOPIC GUIDE

1. FACILITY RECORDS

1.1. What records do you maintain of maternity and paediatric services offered in this facility?

Probe especially for:
- Birth and death registration
- Ante natal care and deliveries (total numbers, normal, caesarean)
- Maternity and newborn referrals received and sent
- Immunization
- Child illnesses

1.2. How regularly are the maternity record books completely updated? (Probe – when were they last updated?)

1.3. What is the date of the most recent birth recorded in the maternity register?

2. CURRENT DATA SHARING IF ANY

2.1. Are you affiliated with any government schemes? If yes please tell us about these.

Probe for JSY, RSBY, Merrygold and Sambhav voucher schemes

2.2. Do you share any data on your services and users with government?

Probe especially for:
- 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?

2.3. Does the health department or any other government department ask you to share any facility data with them? Please can you tell us what data are you expected to share (even if do not share all of it)?

2.4. Is there any informal data sharing also that occurs? What is the forum in which this happens?
3. INFRASTRUCTURE FOR DATA MANAGEMENT AND SHARING

3.1. Do you have the following infrastructure for data management:

Probe for:

Staff
Independent or shared staff, Training?

Computer and software
Any software for data management

Formats
Separate for different conditions or combined?
How do they report for the government formats?

4. CRITICAL DATA

4.1. What in your view are some of the most critical data (indicators) on which private service providers should provide data to the government? What would you be willing to share?

5. BARRIERS AND ENABLERS TO HEALTH DATA SHARING

5.1. Are there barriers and enablers to private providers sharing health data with government? What are these? Which of these are the main barriers/enablers/ the most critical ones?

Institutions

Does the regulatory environment in UP affect private sector data sharing? How?

Probe questions:

Regulatory environment – existence and strength of mandatory enforcement, ask for concrete examples]

Rules and ways of working – do government rules and ways of working make it difficult to make changes? Ask for concrete examples]

Data collection and management formats and procedures

Do data collection and management formats and systems affect private sector data sharing?

Do government data/HMIS formats and procedures enable or prevent private sector Health providers sharing health data? How? [probe – complexity of government data formats/procedures and ask for concrete examples of formats – see a few samples if possible]

Do these issues stem from state-level barriers, district or lower level (through to individual level)

Motivation and incentives
Do public and private sector providers’ motivations and incentives prevent or enable data sharing?

Probes:

Are private sector health providers motivated/incentivised to share health data with government/or not? How or how not? [probe - financial interests/taxes, incentives to share data, effort/staff/resources required]

Are government officials motivated/incentivised to collect and use private sector health data? How?

Attitudes

Do private sector providers’ attitudes enable or prevent them from sharing health data? How? [probe - Trust/relationships between sectors; willingness/resistance to change; understanding the value of data 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]

Also probe for whether any of the motivational and attitudinal issues are more specific to different levels – state, or district level.

6. Where in your view do most blockages occur?

- Data collection
- Completeness of data
- Quality of data
- Motivation and willingness to share
- Ability to share etc

7. SUGGESTIONS AND RECOMMENDATIONS

7.1. What steps you think government/private sector providers should take or can take to encourage private health service providers to submit data to the government?

Probe for individual providers at different levels and also for associations