

## **Supplement 2: Methods for IDPoor case study**

This case study was developed in accordance with a methodological approach outlined in a case study methods guide designed and tested by the Partnership for Maternal, Newborn & Child Health (PMNCH).[1] The PMNCH methods guide outlined a standard approach across the different case studies that included key processes, deliverables, and anticipated timelines.

A country working group, led by the Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ) and Cambodia's Ministry of Planning, was established to manage the case study process. The development of the case study was supported by two consultants: a GIZ consultant to write the case study with inputs from the country team, and a WHO consultant to support the process according to the PMNCH standard methods guide. The process involved literature review, reviewing available data, interviewing key informants, and holding a stakeholder workshop to review the findings of the working report. Data was collected and analyzed between April and July 2018. The following describes the methods used.

Development of the case study started by gathering and studying available secondary documentation that was identified by GIZ and the Ministry of Planning (MoP) in Cambodia. Data reviewed included Government of Cambodia's policies and strategies, IDPoor programme tools, presentations and published reports, and evaluations and reports from organizations and NGOs. HMIS data was made available by the Department of Planning and Health Information, Ministry of Health (MoH), to analyze utilization of health services by Health Equity Fund beneficiaries.

The consultants conducted individual and group interviews with multiple stakeholders (n=24) from the Ministry of Planning, including the IDPoor Department and programme, the Ministry of Health, GIZ partners of MoP and MoH, and development partners working in MCH, and users of IDPoor data to further understand the type of collaboration between sectors and how the IDPoor tool works. Interviews were also conducted in one selected province to gather the perspectives of implementers including provincial health and planning authorities (n=5), hospital and health centre staff (n=8), and Commune Council representatives (n=5). The GIZ and MoP focal team for the PMNCH case study provided the consultants with an initial list of key informants, and snowballing sampling was used to identify additional key informants. In total 16 interviews were conducted.

Questions for the interview guides were adapted from the PMNCH methods guide and were framed around key components of the conceptual framework. They covered the following topics: evolution of collaborative working; motivation to collaborate; mechanisms for working together; identification of factors that facilitated success; main challenges of multisectoral work; and lessons learnt for scale-up. Participation was voluntary and informants gave oral consent prior to being interviewed. Some interviews were conducted in Khmer with a translator. A short questionnaire was also developed and disseminated to a sample of NGOs/ partners working in MCH currently using IDPoor data (n=7) for their

programmatic work to provide additional insights into how the data are being used and to what effect. Field notes and data from the questionnaires were analyzed deductively, whereby themes were identified in line with the categories from the PMNCH methods guide.

The reliability and validity of the findings from the document review and key informants were assessed in two consultation exercises among multiple stakeholders. First, a meeting was conducted as part of the consultants' "de-briefing" at the end of the data collection visit in Cambodia. This meeting was attended by the case study country working group and other partners from the IDPoor Working Group in Phnom Penh. Second, a multi-stakeholder dialogue workshop was held in Phnom Penh in June 2018, whereby key findings from the working report were presented to governmental and non-governmental partners from national and provincial levels. More than 50 participants attended the workshop, which provided a valuable opportunity to develop a shared understanding of the issues, evidence and lessons learnt and reach agreement on the case study findings. Stakeholder feedback has been included in the final working report and this article.

### **Limitations**

This case study relies on secondary data sources, both qualitative and quantitative, and includes qualitative insights of key stakeholders in the review of key findings. However, the authors recognize that the input of individuals was limited to those available during the short data collection period. In addition, due to time constraints it was not possible to obtain ethics approval in order to include the direct inputs of the beneficiaries of the Equity Card that could have provided important feedback from the perspective of the end user about the IDPoor identification process and use of services accessed via the Equity card. While service utilization data was used to illustrate the trends over time of key MCH services as part of HEF, it was not possible to perform more robust analysis to show the impact of the use of IDPoor data by different organizations on MCH.

### **Reference**

- 1 PMNCH. Methods guide for country case studies on successful collaboration across sectors for health and sustainable development. 2018.  
<http://www.who.int/pmnch/knowledge/case-study-methods-guide.pdf>.