

## In-Depth Interview Field Guide: Franchise Patient - Round 2

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Study Title: Qualitative Process Evaluation of the AHME Partnership

IRB No: 13-11045

Version: November 2016

Session ID: [ \_\_\_ ] [ \_\_\_ ]

Date (DD/MM/YY): \_\_\_ / \_\_\_ / \_\_\_

Name of Interviewer: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

### Before the Interview

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#### **1. Introduce yourself and the study [READ INTRODUCTION SCRIPT]**

#### **2. Make sure the participant is eligible**

- a. Is the participant female?  YES  NO
- b. Is she between 18-49 years of age?  YES  NO
- c. Does she have at least one child who is between 0-5 years of age?  YES  NO
- d. Did she visit the clinic today for her child?  YES  NO
- e. Did she visit the clinic today for herself for a reproductive or maternity reason?  YES  NO
- f. Is she covered by NHIF?  YES  NO

#### **3. Obtain informed consent [READ CONSENT SCRIPT]**

- a. Did you answer any questions she had?  YES  NO
- b. Did she agree to participate?  YES  
 NO → STOP INTERVIEW
- c. Did you give her a copy of consent form?  YES  NO

#### **4. Obtain permission to tape record**

- a. Did she give permission to be tape-recorded?  
 YES → TURN ON RECORDER  
 NO → THANK HER AND ASK TO LEAVE

#### **5. Turn on tape recorder and say**

- a. Session ID
- b. Interviewers present

## Interview

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*First I'd like to know a bit about your visit to the clinic today.*

- 1) Did you visit the clinic today for yourself or for your child?
  - a. Compared to other clinics, what made this one seem like a good place to go?
    - i. **If patient was referred**: Who referred you to this clinic and why?  
*Probe*: If you were told this was a "good clinic", why do you think they said that?
  - b. What health reasons normally bring you to this clinic?

*Let's talk about health services for your child.*

- 2) What are the illnesses your children most commonly suffer?
- 3) What is the first thing you usually do at home when you notice your child is sick?
- 4) How do you know when you need to seek treatment for your child outside the home?
- 5) Where do you usually bring your youngest child for treatment when he or she is sick?
  - a. Why is that a good place to seek treatment?

*Now, thinking about your visit to the clinic today:*

- 6) What do you think of your experience today at the clinic?
- 7) Is this clinic different from government health centers and hospitals?
  - a. If so, how?
  - b. *Probe*: Accessibility, drug supply, service available, staff, cost

8) Is this clinic different from other private clinics?

a. If so, how?

*Probe:* Accessibility, drug supply, service available, staff, cost

9) Is this clinic different from chemists or drug stores?

a. If so, how?

*Probe:* Accessibility, drug supply, service available, staff, cost

10) Is this clinic different from herbalists?

a. If so, how?

*Probe:* Accessibility, drug supply, service available, staff, cost

11) Are there any health services not offered in your community that you wish you had? What are they?

12) Have you heard of Tunza / Amua?

a. **IF YES:** How did you hear about Tunza/Amua?

b. **IF YES:** What do you know about Tunza / Amua?

*I'd like to ask a few questions about NHIF.*

13) What do you know about NHIF?

*Probe:* who is eligible to have NHIF membership?

a. When and where did you first hear about NHIF?

b. What do you know about additional/special NHIF programs (e.g. Supa Cover)?

c. Do you know about the process for applying to NHIF?

i. **IF YES:** Could you describe the process to me?

ii. **IF YES:** What is challenging about applying for NHIF?

14) Are you and/or your children registered with NHIF?

**IF YES** continue to question 15:

**IF NO**: Have you thought about registering?

**IF YES**: Why did you decide not to apply?

*Probe*: cost, time, registration process, doesn't know where to go

### **GO TO QUESTION 16**

15) What has your experience with NHIF been like?

- a. Is it easy to use?
  - i. Out of every 5 visits you make to a hospital or clinic, how many times do you pay with NHIF?
  - ii. Why?
- b. What are the benefits of having NHIF?
- c. Has a clinic ever rejected NHIF as payment for your care?
  - i. **IF YES**: What was the reason?
- d. Do you still have to pay for services when using your NHIF card?
  - i. **IF YES**: Do you have additional insurance that you use for this?
- e. Do providers treat you differently if you pay with NHIF?
- f. Have you experienced any other challenges with NHIF?

16) Do you know of any services not covered by NHIF?

**IF NO**: skip to question 17

**IF YES**:

- a. What are they?
- b. How do you pay for those services?
- c. How difficult is it for you to pay those costs?
- d. Do you get those (services/medicines) from the same clinic you go to for care, or somewhere else? Why?

17) Do many people you know get health coverage from NHIF?

*Probe:* About how many out of 10 have NHIF?

- a. What has it been like for your family members/friends/others you know to use NHIF?

18) How much did you pay for your visit today, including cost of drugs and any procedures?

- a. What do you think of this cost?
- b. Is this more, less, or the same as other health facilities?
- c. **IF HAS NHIF:** Did NHIF pay for any of your healthcare costs today?
  - i. **IF YES:** Did your ability to pay with NHIF affect your decision to come to this clinic?
  - ii. **IF NO:** Why did you choose not to pay with NHIF today?
- d. Are there other ways that you've paid for health services today or in the past?

*Probe:* vouchers, personal health insurance, in kind payments (maize)

*Lastly I would like to tell you a story and hear your opinion.*

19) Sometimes women face difficult decisions about pregnancy and maternity care.

I would like to tell you a story about one such woman named Catherine.

Catherine is 17 years old. She moved to Nairobi from her village a year ago for work. She starts dating her co-worker John, who is 19. After 4 months, Catherine learns that she's pregnant. Pretend that you are Catherine's friend and she has come to you for advice.

- i. What do you advise her to do?
- ii. Whom do you advise her to talk to? How should she talk to John about what to do?
- iii. Where is she likely to go for care? Why?
- iv. What is the best place for her to go for care?

Catherine is not in a position to care for a child right now. She decides to terminate the pregnancy.

- i. What would you think of this decision? Why?
- ii. Is there anywhere in this community she could get an abortion? If no, how far outside this community would Catherine have to go for this kind of care?

20) Is there anything else we haven't discussed about your healthcare that you think would be helpful for me to know?

*Probe:* your experience visiting this clinic; how you pay for healthcare; your experience with NHIF; healthcare in your community?

*Thank you for participating in the study. We appreciate your time. We are nearly finished. I would just like to ask a few questions about your background.*

**TURN OFF RECORDER**

## Demographic Sheet: Franchise Patients

Session ID: [\_\_]--[\_\_][\_\_ \_\_]

Date (DD/MM/YY): \_\_ / \_\_ / \_\_

No.	Question	Coding Categories
1	How old are you (in years)?	__ __
2	What is your marital status?	<input type="checkbox"/> 0. Single
		<input type="checkbox"/> 1. Married
		<input type="checkbox"/> 96. Other → please specify _____
3	How many children do you have?	__ __
4	How many of your children are 5 years or less?	__ __
5	What is the highest level of education you have completed?	<input type="checkbox"/> 0. Never went to school or less than completing primary
		<input type="checkbox"/> 1. Primary education
		<input type="checkbox"/> 2. Secondary education or high school
		<input type="checkbox"/> 3. College or tertiary education (vocational, trade school, diploma, certificates)
		<input type="checkbox"/> 4. University (degree)
		<input type="checkbox"/> 5. Masters/doctorate
6	What is your monthly income	<input type="checkbox"/> 1. 10,000 (or below)
		<input type="checkbox"/> 2. 10,001 – 20,000
		<input type="checkbox"/> 3. 20,001 – 30,000
		<input type="checkbox"/> 4. 30,001 – 40,000
		<input type="checkbox"/> 5. 40,001 – 50,000
		<input type="checkbox"/> 6. More than 50,000
7	What is your ethnicity?	<input type="checkbox"/> 0. Kalenjin
		<input type="checkbox"/> 1. Kamba
		<input type="checkbox"/> 2. Kikuyu
		<input type="checkbox"/> 3. Kisii
		<input type="checkbox"/> 4. Luo
		<input type="checkbox"/> 5. Luhya
		<input type="checkbox"/> 6. Nubi
		<input type="checkbox"/> 7. Meru
		<input type="checkbox"/> 8. Borana
		<input type="checkbox"/> 9. Mijikenda
		<input type="checkbox"/> 10. Embu
		<input type="checkbox"/> 11. Maasai
		<input type="checkbox"/> 12. Somali
		<input type="checkbox"/> 13. Gabra
		<input type="checkbox"/> 14. Rendille
		<input type="checkbox"/> 15. Pokomo
<input type="checkbox"/> 16. Ormo		

		<input type="checkbox"/> 17. Giriama <input type="checkbox"/> 18. Taita Taveta <input type="checkbox"/> 19. Turkana <input type="checkbox"/> 20. Samburu <input type="checkbox"/> 21. Duruma <input type="checkbox"/> 22. Digo <input type="checkbox"/> 96 Other → please specify <hr/>
8	What is the main language you speak at home?	<input type="checkbox"/> 0. English <input type="checkbox"/> 1. Kiswahili <input type="checkbox"/> 2. Kalenjin <input type="checkbox"/> 3. Kamba <input type="checkbox"/> 4. Kikuyu <input type="checkbox"/> 5. Kisii <input type="checkbox"/> 6. Luo <input type="checkbox"/> 7. Luhya <input type="checkbox"/> 8. Nubi <input type="checkbox"/> 9. Meru <input type="checkbox"/> 10. Borana <input type="checkbox"/> 11. Mijikenda <input type="checkbox"/> 12. Embu <input type="checkbox"/> 13. Massai <input type="checkbox"/> 14. Somali <input type="checkbox"/> 15. Gabra <input type="checkbox"/> 16. Rendille <input type="checkbox"/> 17. Pokomo <input type="checkbox"/> 18. Orma <input type="checkbox"/> 19. Giriama <input type="checkbox"/> 20. Taita Taveta <input type="checkbox"/> 21. Turkana <input type="checkbox"/> 22. Samburu <input type="checkbox"/> 23. Duruma <input type="checkbox"/> 24. Digo <input type="checkbox"/> 96 Other → please specify <hr/>
9	What is your religion?	<input type="checkbox"/> 0. Catholic <input type="checkbox"/> 1. Protestant <input type="checkbox"/> 2. Adventist <input type="checkbox"/> 3. Muslim <input type="checkbox"/> 4. Buddhist <input type="checkbox"/> 5. Hindu <input type="checkbox"/> 6. Sikh <input type="checkbox"/> 7. Traditional <input type="checkbox"/> 8. Shintoism <input type="checkbox"/> 9. None



		<input type="checkbox"/> 96. Other → please specify _____
10	Where do you currently live?	Specify: _____  <i>[Leave codes blank – to be completed after]</i> <input type="checkbox"/> 0. Rural <input type="checkbox"/> 1. Peri-urban <input type="checkbox"/> 2. Urban
11	How long have you lived in your current location (in years)?	_ _
12	Before you lived in your current location, where did you live?	Specify: _____  <i>[Leave codes blank – to be completed after]</i> <input type="checkbox"/> 0. Rural <input type="checkbox"/> 1. Peri-urban <input type="checkbox"/> 2. Urban <input type="checkbox"/> 88. Not applicable – has always lived in same location
13	What was the reason that you moved to your current location?	<input type="checkbox"/> 0. Job <input type="checkbox"/> 1. School <input type="checkbox"/> 2. Family <input type="checkbox"/> 96. Other → please specify _____ <input type="checkbox"/> 88. Not applicable – has always lived in same location
14	At the clinic today, how long did you have to wait to be seen (in minutes)?	_ _ _
15	How much did you spend on today's visit (include cost of drugs, services, procedures, and consultation)?	Local currency:
16	How did you get to clinic today?	<input type="checkbox"/> 0. Walking <input type="checkbox"/> 1. Taxi <input type="checkbox"/> 2. Public transport (matatu) <input type="checkbox"/> 3. Motorbike <input type="checkbox"/> 96. Other → please specify _____
17	How much did it cost to get to clinic today?	Local currency:
18	How long did it take you to get here today? (in minutes)	_ _ _
19	Are you registered with NHIF?	<input type="checkbox"/> 0. No

		<input type="checkbox"/> 1. Yes		
20	Of your children under 18 years of age, how many are registered with NHIF?	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>		

**Interview Notes:**

How did the interview go today?