

IN-DEPTH INTERVIEW WITH SKILLED PROVIDER

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|---------------------------------------------|----------------------|----|---------|-------------------------|
| Respondent ID: | | | | |
| Type of Skilled Provider: | ENM | MD | Midwife | Other (<i>circle</i>) |
| Name: | | | | |
| Address/Location: | | | | |
| Community-Based Facility-Based | Location (near/far): | | | |
| Hours Worked (Day Shift/Night Shift/Other): | | | | |
| Number of Years in Practice: | | | | |
| Distance of Provider Home to Facility: | | | | |

Skilled Provider Ideal Behaviors:

Facility-Based Skilled Providers:

- Provide timely, quality routine obstetric care according to standards and protocols.
- Maintain emergency readiness.
- Provide timely, quality emergency care 24/7 according to standards and protocols.
- Provide accurate and complete follow-up counseling to the family on discharge from facility.
- Provide care in a manner that respects the dignity and rights of the woman and family.
- Provide early postpartum care (outpatient or home based).
- Support community-developed solutions to identified access barriers.

Community-Based Skilled Providers

- Accept, utilize, and promote “link care provider.”
- Assist in household plan for birth preparedness.
- Provide timely, quality routine obstetric care according to standards and protocols.
- Provide timely, quality emergency care according to standards and protocols.
- Make referral to facility with CEmOC capacity when required.
- Provide focused antenatal care according to standards and protocols.
- Provide accurate, complete information, education and counseling to women and families as required.
- Provide care in a manner that respects the dignity and rights of the woman and family.
- Make home visit to provide early postpartum care.

Research Objectives:

Overall Objectives:

- To determine skilled provider perspectives on current quality of facility-based obstetric care, service conditions, enabling environment factors; and what/how providers think could be changed.
- To test concepts for strategies to increase use of skilled attendance for all births, for obstetric emergencies, and during the early postpartum period.
- To document skilled provider perspective on social networks and medical hierarchy of skilled care providers, and how these could be used to rapidly disseminate new concepts and improved.

Specific Objectives:

1. To understand the skilled provider perspective on what types of preparation women and families now make for birth, how birth preparedness with emphasis on use of skilled care can be improved, and the feasibility and acceptability of birth preparedness card.
2. To determine skilled provider perspectives on preferences of women in their district **now** for birth attendant and birth location, reasons why women do or do not use skilled care (barriers, motivators, willingness to change).
3. To understand skilled providers perspectives of women and families perceptions of the quality of care delivered at facilities and their own perception of current service conditions at the facility where they work and other facilities in their district.
4. To investigate skilled provider perspectives of individual, household and community recognition of danger signs/awareness of obstetric complications and need for rapid access to skilled care.
5. To determine skilled provider perspective on reasons for household and community level delays in seeking skilled care for normal births and in obstetric emergencies (delay 1: recognizing/deciding to seek skilled care and delay 2: reaching skilled care), and reasons for provider/facility delays in receiving skilled care for normal births and in obstetric emergencies (delay 3: receiving quality skilled care).
6. To determine awareness among skilled providers of the proportion of maternal and newborn deaths that occur during the first week and first two weeks after birth in Kenya and worldwide (60-80% of all maternal deaths) and awareness of the need for and content of early postpartum maternal care (one and two weeks after birth).
7. To explore the concept of “links to skilled care” and assess the willingness of skilled providers to interact with various types of potential “link care providers” (TBAS or other community members) in their district.
8. To get skilled provider perspectives on potential program strategies to increase the appreciation and use of skilled care by all women, with special focus on women with

obstetric complications and emergencies.

9. To understand the provider perspective on who comprise the social networks and medical hierarchy of skilled care providers, and how these could be used to rapidly disseminate new concepts and improved obstetric care practice.
10. To learn about provider perspectives on social networks of WRA in their district, elder female family influentials, husbands/community leaders and influentials, and how these social networks might be best used to rapidly spread information about improved use of skilled obstetric care.
11. To document skilled provider perspective on current effectiveness of communication to women and families to promote birth preparedness and skilled care, and on how additional channels and social networks could increase behavior change.

QUESTIONS PER TOPIC AREA

Birth Preparedness

Notes for the Interviewer

Key ideas to explore:

- *Perspective on types of preparation women and families make for birth?*
 - *How can birth preparedness with emphasis on use of skilled care be improved?*
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- Do you think women and families plan before birth for who will be the attendant? Where they will give birth? Why/why not?
 - Should they?
 - What do you think they could plan better?
 - Do you think they make any special preparations for obstetric problems at birth and during the early postpartum period? Why/why not?
 - Should they?
 - What do you think they could plan better?

Skilled Childbirth Attendance

Notes for the Interviewer

Key ideas to explore:

- *Preferences of women in their district for birth attendant and birth location?*
 - *Reasons they think women do or do not use skilled care (barriers, motivators, willingness to change), and why women continue to rely on unskilled providers (TBAS and others)?*
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- Where do you think women in your district prefer to give birth now? Why? Where do their families prefer they give birth? Why?
 - Who do you think women prefer to attend the birth now? Why? Who do their families prefer to attend the birth? Why?
 - What do you think women would say are the good things about being assisted by a TBA? Why would they say that?
 - What do you think women would say are the good things about being attended by a skilled provider? Why would they say that?
 - Why do you think many women continue to be assisted by TBAs instead of getting skilled attendance?
 - We know that many women in this district go for antenatal care during pregnancy, but then do not choose to give birth with a skilled provider. Why do you think this is?

- What would help women to get skilled attendance at birth and in the first and second weeks after birth?

Skilled Care for Obstetric Emergencies

Notes for the Interviewer

Key ideas to explore:

- *Perceptions of individual, household and community recognition of danger signs/awareness of obstetric complications and need for rapid access to skilled care?*
- *Reasons for household and community level delays in seeking skilled care for normal births and in obstetric emergencies (delay 1: recognizing/deciding to seek skilled care and delay 2: reaching skilled care)?*
- *Reasons for provider/facility delays in receiving skilled care for normal births and in obstetric emergencies (delay 3: receiving quality skilled care)?*
- *Beliefs about women's and families' perceptions of the quality of care delivered at facilities and why?*

- Do you think many women and their families recognize obstetric complications and emergencies? Do they understand the need for immediate access to skilled care? Why do you say that?
- Do you think TBAs recognize obstetric complications and emergencies? Do they understand the need for immediate access to care? Why/why not?
- Why do you think women may not seek skilled care in the case of normal births that have no problems? When there are obstetric emergencies?
- After a woman without problems gets to a skilled provider or arrives at the facility, what happens? Are there delays that keep her from getting skilled care? Why do you say that?
- After a woman with obstetric complications or emergencies gets to a skilled provider or arrives at the facility, what happens? Does anything keep her from getting care immediately? Why do you say that?
- What do you think women and families would say they like about skilled care given in facilities now? What do you think they would say they do not like?
- What do you think would help women get faster care in facilities? Better care?
- What do you think TBAs would say they like about skilled care given in facilities now? What do you think they would say they do not like?

Early Postpartum Care

Notes for the Interviewer

Key ideas to explore:

- *Awareness of the proportion of maternal and newborn deaths that occur during the first week and first two weeks after birth in Kenya and worldwide (60-80% of all maternal deaths)?*
- *Awareness of the need for and content of early postpartum maternal care (at weeks 1 and 2 after birth)?*
- *Ways to increase early postpartum care coverage?*

- When do you think most maternal deaths happen? Why? Newborn deaths? Why?
- When do you think a woman without problems should get skilled care after birth? How soon? How many times? Do you think some are being missed? Why?
- What do you think postpartum care for a woman should include?
- Is early postpartum care now taking place in your community/facility? What are the services provided?
- Do you think it is difficult for new mothers to make postpartum care visits to facilities in the first and second weeks after birth? Why/why not?
- Do you think skilled providers are able to improve the care they give for childbirth and the time right after? Can you think of ways to improve it?

Provider View of Conditions of Service/Quality of Obstetric Care

Notes for the Interviewer

Key ideas to explore:

- *Perspective on current service conditions at their facility and at other facilities in their district factors & quality of facility-based care?*
- *Perspective on current specific obstetric care skills and other enabling environment factors; and what/how it could be changed?*

Thank you for talking to us about women and families' use of services. Now we want to talk about how you feel about providing the services, the work that you do.

We know that as skilled providers you are supposed to provide services for normal births, services for complications and emergencies, and early postpartum care.

- For normal births:
 - Do you think the services are good quality? Why/why not?
 - Do you think you are able to do those things? Why/why not?

- What are some good things that help you to get things done?
 - Are there any bad things about trying to do skilled attendance? Difficult things?
 - What things would you like to help make it easier?
 - Are things the same in other facilities as here? Is this what other people would say? Why/why not?
 - If you or your daughter gave birth, where would you go? Why?
- For obstetric complications and emergencies:
 - Do you think the services are good quality? Why/why not?
 - Do you think you are able to do those things? Why/why not?
 - What are some good things that help you to get things done?
 - Are there any bad things about trying to do skilled attendance? Difficult things?
 - What things would you like to help make it easier?
 - Are things the same in other facilities as here? Is this what other people would say? Why/why not?
 - If you or your daughter had complications, where would you go? Why?
- For early postpartum care:
 - Do you think the services are good quality? Why/why not?
 - Do you think you are able to do those things? Why/why not?
 - What are some good things that help you to get things done?
 - Are there any bad things about trying to do skilled attendance in early postpartum? Difficult things?
 - What things would you like to help make it easier?
 - Are things the same in other facilities as here? Is this what other people would say? Why/why not?
 - If you or your daughter had a baby, where would you go? Why?
- What do you think women and families say about the care they get at your facility?

Provider Views of Realistic Skilled Care Options

Notes for the Interviewer

Key ideas to explore:

- *Realistic skilled care options for women in their district?*
 - *Potential program strategies to increase the use of skilled care by all women, with special focus on women with obstetric complications and emergencies?*
 - *Ideas about what women and families, community, and providers/facilities staff themselves could do to help increase appreciation of need for and increase actual use of skilled care?*
- In your opinion, what kinds of skilled care do women expect? What kinds of skilled care are realistic in this district? Why?
 - Can more women, especially women with obstetric complications and emergencies, be encouraged to get skilled care during childbirth and in the time right after? What kinds of programs and activities might help?

- Can providers and facilities staff help to increase awareness and appreciation for the need to use skilled care? How?
- Do you think families and communities can help to increase awareness for the need to use skilled care? Why/why not? How?

TEST CONCEPT: Link Care Providers

Notes for the Interviewer

Key ideas to explore:

- *Views on “links to skilled care”?*
- *Willingness to interact with various types of potential “link care providers” (TBAS or other community members) in their district?*

Now that we have talked about what you think about how women and families prepare for birth, skilled birth attendance, and early postpartum care, and we saw that there are some problems with these in the district, we have some ideas we would like to share with you. Your opinion about these ideas will be very helpful in designing a good program.

- Do you think people from the communities could serve as links between their community and skilled care?
- Who in the community do you think could be the link to skilled care? Which people? TBAs? Who? Why/why not?
- What do you think other skilled providers would think about this idea?
- Would you be willing to accept this type of person assisting women and families to link with you? Why/why not? How could that work?
- Do you think other skilled providers would be willing to work with this link care provider? Why/why not?
- Do you think families and communities would accept this link care provider? Why/why not?

TEST CONCEPT: Interventions to Increase Skilled Attendance

Notes for the Interviewer

Key ideas to explore:

- *What is the acceptability/feasibility of a birth preparedness card to help women and families prepare for skilled birth attendance?*

- *What is the acceptability/feasibility of a community support scheme?*
- *What is the acceptability/feasibility of a pregnancy monitoring system?*
- *What are other ideas providers have to increase the use of skilled care at birth and in the early postpartum period?*

- Do you think a birth preparedness card (*please describe*) is a good idea? Why/why not? Do you think it would work well in your district? Why/why not?
- What do you think other skilled providers would say about this idea? Why do you say that?
- Do you have other ideas to help women and families prepared for skilled attendance at birth?
- Do you think a community support scheme (*please describe*) is a good idea? Why/why not? Do you think it would work well in your district? Why/why not?
- What do you think other skilled providers would say about this idea? Why do you say that?
- Do you have other ideas to help communities support women to get skilled attendance at birth?
- Do you think a pregnancy monitoring system (*please describe*) is a good idea? Why/why not? Do you think it would work well in your district? Why/why not?
- What do you think other skilled providers would say about this idea? Why do you say that?
- Do you have other ideas to help women get skilled attendance at birth?
- What do you think other skilled providers would say about this idea? Why do you say that?

Social Support/Social Networks/ Communication Channels

Notes for the Interviewer

Key ideas to explore:

- *Ways to improve communication on birth preparedness and skilled care through existing and new channels?*
- *Social networks and medical hierarchy of skilled care providers, and how these could be used to rapidly disseminate new concepts and improved obstetric care practice?*
- *Perceptions about social networks of WRA in their district; social networks of elder female family influentials, social networks of husbands/community leaders and influentials, and how these social networks might be best used to rapidly spread information about improved use of skilled obstetric care?*

- Who do you think younger women talk with and socialize with usually? Are there groups that younger women attend? What activities do they do?
- Who do you think elder women talk with and socialize with usually? Are there groups that they attend? What activities do they do aside from assisting births?
- Who do you think men talk with and socialize with usually? Are there group that they attend? What activities are they involved with?
- Do you think information on skilled attendance could be shared through these groups and activities? How else can people get information about how to link women and their families with skilled attendance at childbirth and early postpartum?
- How do you fit into the skilled care team in the community? In the facility?
- Do you have regular meetings or information sharing with other skilled providers in the community and/or facility? What? How often?
- Do you have other times to meet or socialize with other skilled providers in the community and/or facility? When? How often?
- Is there one person who you like to share /talk with the most?
- Do you think information about linking with “unskilled providers” or improved obstetric practices could be shared through any of these opportunities? How?
- Do you have any other ideas about how community “unskilled providers” could be linked to skilled providers well so that skilled providers would accept and welcome?

Thank you.