# Tool 6 A & B - MSI Interview guide

**Tool 6A – Process guide**

**Objectives:**

* To explore how the MSI cycle has taken place/was implemented.
* To explore the experiences regarding the different steps of the MSI cycle.
* To explore the results/effects of the MSI cycle.

**Instructions for interviewers:**

Inform the participants that this interview may take around 1 hour. During the interviews, it is important to probe into how gender (equity) considerations were taken into account during the implementation of MSI. For example, whether gender (equity) considerations were taken into account in the problem analysis.

**Informed Consent Process:** Ensure participant has read the consent sheet, ask if she / he has any questions or areas for clarification, explain about confidentiality including recording the interview, complete consent sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| Interviewee ID |  | Position of interviewee |  |
| Date of Interview |  | Years of experience (total and current post) |  |
| Time of start of interview |  | Place of work |  |
| Time of end of interview |  | Gender | Male  Female  |
| Name of interviewer |  | Age |  |
| Name of transcriber |  |  |  |

**Definition of Gender (equity)**

* *Gender:* refers to those characteristics of women and men that are socially and culturally defined and which influence women’s and men’s, girls’ and boys’ different behaviour, roles, expectations, and responsibilities in a given context. These may or may not have their roots in biological characteristics.
* *Gender Equity:* makes a distinction between the need for ‘sameness’ and ‘fairness’ in the distribution of those resources mentioned above.

**A.1 KEY QUESTIONS**

1. Can you please introduce yourself?
   * What is your role within the DHMT - For how long do you hold this role?
   * For how long have you been involved in the management strengthening intervention (MSI)?
   * How have you been involved in the management strengthening intervention (MSI)?
2. What is your opinion about the MSI?
3. What did you like about the MSI?
4. What was the most challenging?
5. What was the most valuable aspect of the MSI to you as a team? What is in there for you (as a DHMT)?
6. What was the less valuable aspect of the MSI to you as a team?
7. Were there any particular factors that you think have hindered or helped the implementation of the MSI approach?
   1. How do changes within the DHMT (transfers, additional members) influence the effectiveness of the MSI?
   2. What about the necessary time/resources for the MSI approach?
   * Dynamics District council/assembly-DHMT
   * Dynamics within DHMT
   1. How has COVID-19 influenced the implementation of the MSI?
8. One of the crucial steps in the MSI cycle is reflection. Have you/ has the DHMT had much chance to reflect within the cycle on the process – from identifying the problem to implementing and monitoring the plan? How did the reflection take place?
9. What is the role of the CRT vs RT regarding the facilitation of the MSI?
10. How is the collaboration going with the RT? If necessary, how to improve?
11. How is the MSI related to the annual district planning cycles? (use of MSI for district planning, integration? Financing for MSI activities?).
12. Did you experience any differences between MSI cycle 1 and MSI cycle 2 implementations? (only relevant for DG1). Regarding MSI cycle 2, how did you build on MSI cycle 1 experience?
13. What could be improved in the implementation of the MSI approach and how? If you were doing it again, is there anything you might do differently?
14. How is the district council/assembly engaged in the MSI?
15. How are health related NGOs involved in the MSI?
16. Are there people at district level (champions) advocating for the scale-up of MSI (either horizontal/convincing other districts or vertical)?

What do you think of the feasibility of continuing the MSI approach post project/when CRT stops supporting the process? Why?

**A.2 INSPIRATION FOR DEEP DIVE (based on desk study; time allowing)**

Preparation (to be identified in desk review and clarified with the CRT pre-meeting):

* What problem(s) did the DHMT choose to focus on?
* What was the process used to identify these problem(s)?
* Which strategy(ies) was/were selected to address the identified problem?
* What were you’re the thought processes or criteria for selecting the strategy (ies)?
* What specifically did the plan consist of?

Who were the main actors concerned, what were the timelines and key activities including if they entailed specific gender aspects?

1. **How did you feel about the process of problem identification?**

* Why did you choose these problem(s) and not different ones?
* Who was involved during the problem analysis? Were they the most appropriate people?
* What worked well in this process of problem identification?
* What worked less well and how could it have been improved?

1. **How did you feel about the process of strategy selection?**

* Based on which evidence/guidance did you choose the strategies? If the problem related to workforce performance, was the big table with guidance on availability, direction, competencies etc consulted?
* How did the cost and/or resources (e.g. time inputs) associated to a specific strategy influence the strategy selection?
* Can you tell me about gender in this process? Did you consider it when developing these strategies? If yes, in what way, what was it like? If no, why not, can you tell me a little about that?
* What worked well in this process of strategy selection?
* What worked less well and how could it have been improved?

1. **How did you feel about the process of the development of the work plan?**

* Did everyone agree to the plan? Why, why not?
* How was the plan linked to the problem you chose?
  + Could you give me some examples of how the problem and plan were linked?
* Who was involved in developing the work plan?
* Thinking back about the workshops as a whole: what do you think were the advantages and disadvantages of using the workshops for the process of problem identification and developing the plan?
* What went well during the development of the plan?
* What were the challenges in developing the plan? Are these different from general planning challenges?

1. **How did the DHMT start to put the plan into action?**

* Which planned activities took place, which ones did not?
* Who was directly concerned by the activities? Why? What were their roles? Was gender also considered at this point?
  + Gender: If yes, what would you say about it? If no, why not? Can you tell me a little about that?
* Was this plan integrated within the Annual District Plan? Why or why not?
* Did the implementation clearly follow the plan?
  + If yes, what factors do you think were important in ensuring that implementation was linked to the plan? [Good communication between DHMT? Team work? Support from CRT/RT? Understanding of the MSI action cycle? Knowledge of problem analysis techniques?]
  + If not, why not? [disagreements about causes of problems, gaining support and enthusiasm for implementation, absence of realistic planning? Funding?]

1. **Did you make any changes to your initial plan as result of what you saw happening during implementation of your plan?**

* What was changed or further elaborated, and to what extent? Why? How was the plan being monitored?
* What process did you use to make this change effective? Why did you do it like this?
* Who was involved and who made the decision to change or to further specify?
* How easy or difficult was it to make this change? Why?

1. **After you started to implement the plan, have you/ has the DHMT had much chance to reflect on the process – from identifying the problem to implementing and monitoring the plan?**

How did the reflection take place? Are there existing workspaces/times during which you reflect (e.g. quarterly review meetings, data review meetings, DHMT meetings)? Can you describe how you reflect during these times? ​

Has there been any reflection in regular meetings? Was this an appropriate way of reflection?

* + If yes, why?
  + If not, why not? And how to improve?
* How have you recorded your observations and reflections? Aside from the diaries, Are there ways that your individual and team reflections could be better captured?
* Can you share some of your thoughts and reflections on reflection process [either personally or thoughts generally among the team]?

**Tool B – Outcome guide**

For Part B the use of examples will be critical. Please make sure the interview partner has already identified examples to bring the discussion to life.

**Instructions for interviewers:**

Inform the participants that this interview may take around 30-45 minutes. Unless the participants are different from those who participated in the **part ‘A’** interviews, skip the following section. **Nevertheless, always fill the Interviewee ID, the date of interview and name of interviewer.**

Before the interview, the interviewer needs to read and familiarize him/her-self with the respective workplan of the district, so to allow to probe on specific aspects.

**Informed Consent Process:** Ensure participant has read the consent sheet, ask if she / he has any questions or areas for clarification, explain about confidentiality including recording the interview, complete consent sheet.

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| --- | --- | --- | --- |
| Interviewee ID |  | Position of interviewee |  |
| Date of Interview |  | Years of experience (total and current post) |  |
| Time of start of interview |  | Place of work |  |
| Time of end of interview |  | Gender | Male □ Female  □ |
| Name of interviewer |  | Age |  |
| Name of transcriber |  |  |  |

* + - 1. **Can you please introduce yourself?** (Only ask if the participants different from Part A interviews):   
         **3-5 minutes**
* What is your role within the DHMT- For how long do you hold this role?
* How and since when are/were you involved in the Perform2Scale management strengthening intervention (MSI)?

* + - 1. **After finishing the MSI cycle(s), which changes did you notice? 15-20 minutes**
* Changes at **individual/personal level** (probe and relate to workplan: better personal competencies, more confidence, more clarity/better understanding on responsibilities/level of decision space)? Examples
* Changes in **management skills and team work within the DHMT**? Examples? For example how about trust for collaborations, better interactions among different members of the team, units, empowered to express the opinion freely? Were the skills that have been developed during the MSI useful for addressing COVID? If yes, which of them? Give example
* Changes in **organisational practices and procedures** (probe and relate to workplan: time management, prioritising problems, team management, efficient resource usage)? Examples?
* Changes in **workforce performance** such as motivation and absences of staff (probe and relate to workplan: supportive supervision, a collaborative workplace, discussion for decision-making, improved competencies, incentives, less turnover, HWs attitude, attendance in workplace)?  Examples?
* How did the MSI approach influence the work performance?
* Were health workers better motivated respectively could you observe changes in work performance? If yes, why? If not, why?
* Did the MSI approach influence the level of work attendance and absences?
* Did the MSI approach make the workplace more attractive? If yes, how? If not, why not?
* Changes in **service delivery problems** within the district, such as for example quality of care and access to services. In other words, how did the workplan implementation impact the service delivery within the district, in terms of quality of care, access to services?
* Changes in **considerations regarding gender equity** within the team? Why so? Did you consider different gender-based approaches while implementing the workplans?

1. **In your opinion how long does it take until the DHMT can make full use of the MSI approach? 5 minutes**

* Did you have the necessary time for using the MSI approach? If not why not? What would need to change for you been given the required work time for using the MSI approach?
* Looking back what do you consider to be the essential skills for implementing the MSI approach?
* When can the DHMT manage the MSI process themselves, without facilitation?
* How many supervisory visits from the CRT/RT did you get and what was their impact? Were these visits helpful?

1. **In your opinion, has the MSI approach produced the expected results and were these results adequately available and disseminated? 5 minutes**

* What are the key results and outcomes achieved because of the MSI approach in your district?
* Were these outcomes appropriately documented and disseminated? If yes, please explain (and where?). If not please indicate what is to be improved

1. **Did the MSI-approach become integrated in the regular health planning processes in your district? If so, how? 2 minutes**

* What were the consequences?
* If not why MSI-approach did not become integral part of the regular health planning processes and what were the consequences?

1. **Are there “champions” advocating for the MSI approach or scale-up of the MSI approach? 2 minutes**

* Who are these champions?
* If yes, can you give examples of what they did?
* If not, why not?

**Optional- if time available**

1. **What do other stakeholders think about the MSI approach?** *(Stakeholders such as national level, local government, population etc.)*

* Did the MSI approach lead to new joint activities/partnerships?
* Do you discuss about MSI during meetings with other actors?
* Are they convinced of the value of the MSI? Why? /not?
* Which other stakeholders would you like to see involved in the MSI and why? How would you invite them to join? How could other stakeholders or DHMTs be reached and convinced on the value the MSI approach?

1. **Has the MSI approach been used to address other health system dimensions/programmes** (improvement of availability of drugs, supplies, maintenance of equipment, quality of care)?