

USAID-BCG PROJECT IN INDONESIA

Institutional assessment of private sector health providers in TB care

District field research approach: Community Health
Organization

USAID and BCG Indonesia

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1 Topics covered in interviews with Community Organizations

Phase 2 of the private provider review will map the most critical private facilities - private hospitals, clinics, labs, and pharmacies – in each selected district and focus on understanding *current market* and *policy incentives* for private health care facilities and how different policies or interventions might affect those incentives at an institutional level. It will provide information to support the implementation of future initiatives to increase uptake and improve the quality of TB care, especially opportunities to use JKN as a lever to change behaviors of private sector providers.

More specifically, the interviews with Community Organizations across the seven districts will help us understand:

- **For each district, which community organizations are stronger and weaker, which have an interest in health and in TB, and which individuals from these organizations have the greatest potential to be key opinion leaders for future initiatives?**
- **Are there any opportunities for community organizations, as institutions, to interact with private facilities?**
 - How do community organization, as institutions, view their role or function vis-à-vis private facilities?
 - How often do community organizations interact with private facilities? For what purposes?
 - How have community organizations interacted with private facilities related to TB care?
 - What is the community organization’s ideal, expected interaction with private facilities?
- **What are the challenges faced by community organizations in implementing current initiatives to drive providers towards the provision of quality TB care? How?**
 - Understand how community organizations envision engaging with private facilities in their district, and the attitudes among private providers toward participation in community organizations programming

The outcomes will be used to:

- Recommend a set of concrete, specific next steps for each district to advance its process of engaging private providers and institutions in TB care and prevention
- Socialize findings with Dinas Kesehatan and other stakeholders to inform the national dialogue on district-based PPM for TB in Indonesia

2 Phase 2b approach to qualitative research and insight generation

Overview

For Phase 2b district research with private sector hospitals, clinics, pharmacies, labs, Professional Association, DHO and community health organization, we will employ a multi-step process to generate insights. This process has been adapted from BCG best practices for qualitative interviews.

At a high-level, there are six key steps in this process:

1. Pre-planning
2. Ideas generation from private facilities interviews
3. Interview guide development and pre-work
4. Interview conducting*
5. Insights capture and hypothesis refinement*
6. Synthesis

*Note that steps four and five are iterative in that they will inform each other through the process. Each step of the process will be explained in more detail in the following sections. To bring the process to life, we will use community health organization as an example. Please refer to the Hospital interview guide for the approach regarding private facilities.

Step 1: Pre-planning (*In-process*)

The team has engaged with DHO, and in some cases the PHO (e.g. East Java, North Jakarta, Makassar), of each of all seven districts included in this assessment during facilities selection process. DHO helped the team select organization to ensure feasibility (i.e. ability to secure interviews) as well as to identify community health organizations they see as the active, moral leader in TB. DHO has also introduced us to the district head or the representatives of community health organizations for interviews.

Step 2: Ideas generation from private facilities interviews (*In-process*)

Prior to conducting the community organizations interviews, the team would have conducted a few interviews to develop informed conjectures about private sector facilities' current interaction with community organizations and possible areas for improvements (see Section 3 for ideas generation from private facilities interviews).

Community organizations interviews are planned to be an exploratory session for the team to learn community organizations' views of ideal interaction with private facilities. The ideas captured through private facility interviews will be raised to heads of relevant community organizations or representative towards the end of the interview and discussed to enable the team to test and identify the most effective, practical levers and incentives to affect change.

Step 3: Interview guide development and pre-work (*In-process*)

The team is developing an interview guide to help direct the interview discussion, ensuring that the questions are targeted and tie back to the overarching project objectives. (See Section 4 for draft interview guide for community organizations).

Step 4: Interview conducting

For each of the districts, the interviews with community organizations will take place after the team has conducted a few private facility interviews over the course of one to two weeks as opposed to being conducted early (note that for most districts it will take up to 8 days to complete all interviews for that district including hospitals, clinics, labs, pharmacies, Dinkes and community organizations). This approach is deliberate in order to enable the team to collate inputs from facilities to bring into the community organizations interview.

Whenever possible, the team will run a Focus Group Discussion with Community Health Organizations, as long as they are not determined to be competing with each other. The team will also make sure that the ongoing refinement will be informed by the insights captured over the course of the research in each district across districts.

Step 5: Insights capture and hypothesis refinement

The team will capture insights in two ways: during the interview and after the interview. During the interview, the team will capture key notes to supplement the audio recording. Key insights of the interviews will be typed up, synthesized and shared with the broader team on a weekly basis. The relevant part of the audio recording will be listened to in order to ensure key points are captured and interpreted

accurately. At the end of each day, the team will collectively discuss key themes from the discussion, compare notes, test and determine the following areas:

- Are the interviews providing the type of insight we need? If not, what needs to be adjusted?
- What are the key themes and takeaways related to our project objectives?
- What are we learning to ensure feasibility of emerging recommendation?

In doing so, the team will refine and focus the pre-research hypotheses as the evidence accumulates. While the team will be refining hypotheses throughout the district research, we plan to have an updated view of the hypotheses at the mid-point of the project.

Step 6: Synthesis

After the district research is conducted, the team will synthesize the findings. The team will identify key themes from the research including:

- Areas of convergence & divergence across interview findings (also highlighting the findings that were expected and unexpected and why)
- Areas of most importance to answer the overarching project questions
- Insights on the rationale for why challenges are occurring
- Develop the landscape mapping and key themes, observations and recommendations

3 Testing of ideas & hypotheses generated from Community Health Organization interview

Towards the end of the community organizations interviews, we plan to share the emerging set of ideas and / or lessons learned from private facilities interviews in order to compare whether this perspective coincides with community organizations' own views about their relationship with private providers and their role in the TB care ecosystem. This will also enable the team to diagnose the efficacy of current initiatives and incentives / disincentives, determine areas of alignment or potential disconnects, identify weaknesses and untapped opportunities for future interventions.

This set of ideas will be informed by the following pre-research hypotheses that have been identified to help define the role of Community Health Organizations in the TB care ecosystem. These hypotheses, which will continue to be refined and validated during the initial set of exploratory interviews:

- Members of community organizations, having close interaction with TB suspects and patients are key to case identification and can help identify and suggest solutions for problems in the continuum of care, specifically for private provider clients
- Community organizations that are part of a larger network of facilities or those with strong ties to facilities (e.g. AISYIYAH is part of Muhammadiyah Foundation that also owns hospitals under the same name Rumah Sakit Muhammadiyah) have access to a wider range of TB care services giving them a larger sphere of influence for future interventions
- Member of community organization acting as TB-patients supervisor (e.g. ensuring patients to take drugs in timely manner, escorting patients to collect next set of medications at PHCs or Hospitals) may help private facilities temporarily reduce the administrative burden of treatment adherence and provide education to patients and their families / networks to maximize chances for completion of care (e.g. on the importance of adhering to full drug regimen or the risks and implications of dropping out)

- Community organizations can extend hospitals' / clinics' / labs' outreach by utilizing community organizations' members for specific functions (e.g. to deliver the clients' sputum sample to private facilities lab for testing) – reducing facilities' customer acquisition cost (e.g. marketing) for TB diagnosis services

4 Interview guide and questionnaires: for Community Organizations

We have structured the interview guide in 5 sections. Each section has the objectives articulated, which is to understand community organizations' role, business case for participating in the private sector TB care ecosystem and views of ideal relationships with private providers and other key stakeholders (public sector, associations and other community organizations).

4.1 Introduction and context (~ 5 min)

<p><u>Interview Questions / Guidelines</u></p> <p>To be shared with interviewee after introductions to BCG team</p> <ul style="list-style-type: none"> • Project objective: Understand who are the key private sector actors and how they are currently operating in delivering TB care, understanding the institutional relationships in private sector TB care, and to establish a strong basis for follow-up support from NTP Indonesia and a USAID/Indonesia project • Interview objective: Understand the sphere of influence of community organizations in TB care; identify strengths, weaknesses and opportunities of institutional relationships with facilities and other TB care providers; and identify the institutional incentives / disincentives to supporting high quality, effective TB treatment • Protection of interviewee: Results will be anonymized and reported in aggregate. The raw data will not contain identifiers of either individual respondents or individual facilities. • Overview of interview, including: <ul style="list-style-type: none"> - Format - Topics covered - Anonymity to promote openness 	<p><u>Objectives</u></p> <ul style="list-style-type: none"> • Share objectives and get early buy-in (i.e., what's in it for them) • To encourage candidness in answers
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4.2 Background & profile of community organizations (~20 min)

<p><u>Interview Questions / Guidelines</u></p> <p>Background and profile of community health organization</p> <ul style="list-style-type: none"> • When and why was the institution established? What is the main mission? Is the organization part of a larger network? If yes, what other institutions are part of the network? What is the nature of the relationship? • What is the organizational structure of the organization? Who leads the organization? How is he / she appointed? Is there a board? • How many members are currently in the organization in this district 	<p><u>Objectives</u></p> <ul style="list-style-type: none"> • Understand characteristics of community organization to gauge sphere of influence for different stages of TB care and geographic reach
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<p>(permanent and temporary)? What are the characteristics of your constituents and how are they recruited?</p> <ul style="list-style-type: none"> - What is required to become a member? Who decides? Why do they choose to join? - What % of members are active (attend meetings at least once a month, lead initiatives / programs, etc.)? What are the characteristics of active members? - What % of members belong to multiple organizations? <ul style="list-style-type: none"> • Does the organization have representatives or offices in the district / provincial / national level? • What is the source of your funding (donations from members, donations from institutions, etc.)? • Are there any full-time, paid staff in the district organization? How many? • How does the organization make decisions? <ul style="list-style-type: none"> - Are key decisions on agenda and resource allocation centralized or decentralized (e.g. decided on the national level and socialized to the province and districts or made with input from all levels)? - Are key decisions made through consensus or majority vote or others? • How do teams across districts interact? How often do they meet? <p>Key priorities and initiatives</p> <ul style="list-style-type: none"> • What are the other health conditions that the organization addresses, if applicable? • Given various priorities, how much of a business case is there for improving TB care in the private sector in the district? Which aspects of TB care are most important to your district (diagnostic capabilities, availability of drugs, quality of treatment and on-going care, reporting)? Why? • How many TB-related initiative have been launched over the past year and other than the district-based PPM, which one is your organization prioritizing? How does your organization prioritize these initiatives and why? 	<ul style="list-style-type: none"> • Understand key priorities and success factors of past initiatives as basis for future programs
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4.3 Relationships with other healthcare providers (~20 min)

<p><u>Interview Questions / Guidelines</u></p> <ul style="list-style-type: none"> • How often does your organization interact with private facilities (not just for TB)? For what purposes? • In the context of TB care, which institutions do you engage with (E.g., Puskesmas, private providers such as clinics, hospitals, labs, pharmacies, other Professional Assoc., Community Health Org.)? <ul style="list-style-type: none"> - With whom? For what purpose? - What is the nature of the engagement? (one-way / mutual referral, reporting, formal / contractual or informal, etc) 	<p><u>Objectives</u></p> <ul style="list-style-type: none"> • Understanding current interactions between community organizations and private facilities
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<p>How many times in a year?</p> <ul style="list-style-type: none"> - Why did you choose to interact with these partners? How do you prioritize? - Who makes the decision on who to engage with? <ul style="list-style-type: none"> • If your organization does not engage with any of the above institutions, why not? Do you see any of the institutions as playing a potential role to complement or support the role of your organization's mission? If so, how? • Have there been other conditions or priorities that you have worked on (e.g. diabetes, HIV) in which you have effectively engaged private facilities? If yes, what did you do to achieve this engagement? What incentives did you provide, if any? <p>Ideal relationship with private healthcare providers</p> <ul style="list-style-type: none"> • What's your view of the ideal institutional relationship between your organization and private sector providers (E.g. clinics, hospitals, labs, pharmacies) both in the context of TB and non-TB care? <ul style="list-style-type: none"> - What is the purpose for this relationship? - What should the nature of the engagement be? (one-way / mutual referral, reporting, formal / contractual or informal, etc) - What is the organization's role or function to establish or improve this relationship? • If such relationship or linkages between the organization and facilities or between the facilities are not happening today, why not? 	<ul style="list-style-type: none"> • Understanding the ideal institutional relationships between community organization and private providers in TB care to identify gaps and opportunities to improve linkages
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4.4 Relationship with the public sector and role in PPM (~20 min)

<p><u>Interview Questions / Guidelines</u></p> <p>Interaction with public sector and role in PPM</p> <ul style="list-style-type: none"> • Generally, how often does your organization interact with each of the public sector entities (DHO, PKM, other relevant ones, etc.)? For what purposes? <ul style="list-style-type: none"> - Which parties do you interact with the most and why? - How do you interact with these organizations (e.g. implementation support, educational and socialization, etc)? • Are you aware of the district-based PPM TB programming /other partnership with public or other private sectors in TB?? What is your understanding of this? {if no, clarify that it involves the public sector reaching out to the private providers for TB notification and quality of care, including use of public TB drugs} <ul style="list-style-type: none"> - Has anybody approached / engaged the organization to participate in private provider engagement for TB? <ul style="list-style-type: none"> - If yes, who approached you (Dinkes, other professional associations, etc)? - Is your organization part of the district's PPM network/ 	<p><u>Objectives</u></p> <ul style="list-style-type: none"> • To understand community organizations' current level of engagement with public sector and to identify the progress and challenges of the district-based PPM roll-out
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<p>network with public or other private sectors in TB? In what role? If so, why did your organization agree to be part of the network?</p> <ul style="list-style-type: none"> - If your organization did not participate, why not? Any feedback? - How effective does your organization perceive the network to be? Has it addressed the needs of private sector? Which needs specifically (funding, knowledge support, etc)? If not, what additional efforts would address the unmet needs better? <ul style="list-style-type: none"> • Explore relationships with NTP, Dinas Kesehatan, Puskesmas/other public primary care (if not covered yet) <p>Would you be open to further PPM efforts/ other partnership with public or other private sectors in TB?</p> <ul style="list-style-type: none"> • Would your organization like to be involved (if not yet) or more involved (if previously already) in strategy formulation / implementation of efforts to improve TB care or improve linkages between different facilities that offer TB services? Why or why not? In what type of roles or opportunities? (e.g., be invited to planning meetings / establish and join a referral network) • Do you think the relationship between the private and public sector needs to be improved? Specifically between organizations and the public sector? If yes, what do you think can be improved in the relationship between the private and public sector, and between community organizations and the public sector? What specific initiatives / actions would be required to do so? • What is the best way for the government to continuously engage the private sector and organizations? • Which other community organizations (other than your own) are currently strong in TB, or in private provider engagement (or both)? • Which other community organizations could be strong in these roles? Why? 	
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4.5 Testing of ideas & hypotheses generated from private facilities interview (~20 min)

<p><u>Ideas and hypotheses generated from private facilities interview</u> <u>Initial hypotheses include:</u></p> <ul style="list-style-type: none"> • Members of community organizations, having close interaction with TB suspects and patients are key to case identification and can help identify and suggest solutions for problems in the continuum of care, specifically for private provider clients • Community organizations that are part of a larger network of facilities or those with strong ties to facilities (e.g. AISYIYAH is part of Muhammadiyah Foundation that also owns hospitals 	<p><u>Objectives</u></p> <ul style="list-style-type: none"> • Share and discuss the emerging set of ideas and / or lessons learned from private facilities interviews in order to compare whether this perspective coincides
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under the same name Rumah Sakit Muhammadiyah) have access to a wider range of TB care services giving them a larger sphere of influence for future interventions

- Member of community organization acting as TB-patients supervisor (e.g. ensuring patients to take drugs in timely manner, escorting patients to collect next set of medications at PHCs or Hospitals) may help private facilities temporarily reduce the administrative burden of treatment adherence and provide education to patients and their families / networks to maximize chances for completion of care (e.g. on the importance of adhering to full drug regimen or the risks and implications of dropping out)
- Community organizations can extend hospitals' / clinics' / labs' outreach by utilizing community organizations' members for specific functions (e.g. to deliver the clients' sputum sample to private facilities lab for testing) – reducing facilities' customer acquisition cost (e.g. marketing) for TB diagnosis services

with community organizations' own views about their relationship with private providers and their role in the TB care ecosystem.