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Aligning vertical programmes with health systems: a case study of the HIV programme at district level in South Africa

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Participant code: _____

PROJECT TITLE: ALIGNING VERTICAL PROGRAMMES WITH HEALTH SYSTEMS: A CASE STUDY OF THE HIV/AIDS PROGRAMME AT THE DISTRICT LEVEL IN SOUTH AFRICA

INTERVIEW WITH KEY INFORMANTS AT NATIONAL LEVEL

Participant code			
Date of interview:	DD	MM	YYYY

Introduction

Thank you for agreeing to participate in this study. I have a series of questions to ask you about your interaction with other managers in the management of the health information system for monitoring the HIV programme in your province. There are no right or wrong answers to the questions I will ask you. Please feel free to tell me your own ideas, and what you really think.

Participant code: _____

PART A: ACTOR ATTRIBUTES (for all managers)

To start the interview, could you please tell me something about yourself?

1. How old are you? _____ years

2. Sex
   - 2.1. Male
   - 2.2. Female

I would like to know about your current position, professional training and where you worked before taking up your current position.

Current position

3. What is your current job title? _____

4. How long have you been in your current position? _____years ____months

5. Level of health system
   - 5.1. Health facility
     - 5.1.1. Health facility type — 1. Clinic — 2. CHC — 3. district hospital
     - 5.1.2. HIV service type — 1. HIV Prevention — 2. Down referral — 3. CCMT site
   - 5.2. Sub-district
   - 5.3. District
   - 5.4. Province
   - 5.5. National

Professional training

6. Professional discipline
   - 6.1. Medical
   - 6.2. Non-health discipline (specify):
   - 6.3. Nursing
   - 6.4. Allied health professional (specify):

7. Highest professional qualification attained (specify qualification name / specialty)
   - 7.1. Undergraduate level qualification (_____)
   - 7.2. Honours degree (_____)
   - 7.3. Undergraduate degree (_____)
   - 7.4. Postgraduate degree (_____)

Formal role in current job, and official hierarchy

8. Who is your line manager for this current job (who do you report to)?

_____

9. I will be talking to people at different levels of the health system to understand their roles in the health services. Could you tell me about **your** roles and responsibilities in this job that you currently hold?

NB: Heads of units to provide information about their respective sections:

9.1. Organogram – who are the people who work with you within your SUB-PROGRAMME/DIRECTORATE/CLUSTER

9.1.1. Positions and No. of people in each position?

9.1.2. What role does your SUB-PROGRAMME/DIRECTORATE/CLUSTER play in ensuring good quality HIV data are available?

- Who does what?
- Anyone held accountable for this? How?

9.1.3. To what extent do personnel in your SUB PROGRAMME / DIRECTORATE / CLUSTER use HIV data?

- Who uses, and how?
- Personnel held accountable for this? How are they held accountable?

PART B ACTOR ROLES AND RESPONSIBILITIES IN THE HIV M&E SYSTEM

B1 Actor role in designing the HIV M&E system

I understand the HIV M&E system was first designed several years ago – around 2004 /2005 – when the CCMT operational plan was being developed. Before the M&E system was implemented some decisions were made about its design, such as: the data elements to collect, types of indicators to include, what data collection forms to use, and so on.

10. In current job when the HIV M&E system was being designed – before implemented?

10.1. 0. No (***skip to Q 15***) 1. Yes

11. **If Yes**: I would like to understand the roles that people at different levels of the health system played in designing the HIV M&E system. Could you tell me about your role?

For example, did you play a role in:	*Code: 0. No; 1. Yes*	**If "yes"**: Could you tell me about your role in: *Narrative:*
11.1. Identifying HIV indicators?		
11.2. What about: defining the data elements that would be collected?		
11.3. Designing HIV data collection forms?		
11.4. Deciding how HIV data should be reported from facility level		
11.5. Deciding at which level of the health system data analysis should be done?		

12. The HIV M&E system has undergone some changes since it was first implemented – such as new data elements added, new data collection registers, there are now fewer indicators, etc.

12.1. Please describe the processes that have been and are followed when designing / introducing / re-designing / making changes to the HIV M&E system in recent years?

- What is the role of NDOH? What happened, step-by-step?
- Could you tell me about **your role**?
- Who else is involved?

12.2. From an NDOH perspective / from your understanding: what role are sub-national levels of the health system expected to play in designing the HIV M&E system?

- At each level - which personnel / bodies? What role?

12.3. In your opinion, to what extent have sub-national levels played this role?

- Please explain
- Different for HIV managers vs. PHC / comprehensive managers?

13. Some respondents feel that the NDOH level does not included lower level managers (those who are "hands on") when deciding changes to the HIV M&E system.

13.1. What is your comment on this?

13.2. In your opinion, are there factors that may prevent managers at (sub-national) level from playing a role in processes for re/designing the HIV M&E system?

B2. Production and use of HIV information

14. Please describe what happens to the HIV data once it gets to you at this level?

- Compile a report for your sub-prog / unit / directorate?
- To who submits the report?
- Obligations to funders / agencies / UNGASS, others?
- Conditional grant-related reporting requirements / conditions?

15. In one of my study sites CCMT data and some of the other DORA indicators are collected and reported separately from the DHIS and in the other site HIV data are in the DHIS.

15.1. What is current national policy on this – within DHIS or outside DHIS?

- What are plans for the future - (is it an explicit intent of the NDOH to integrate disease-specific (e.g. HIV) M&E systems with the DHIS?)
- How will this be achieved?

15.2. As a manager at NDOH level, what do you see are the benefits and drawbacks of either approach – HIV data inside or HIV outside the DHIS? And why?

16. There are reports that HIV programme planning is often done by HIV programme managers outside the overall district health planning process.

16.1. What has been your observation from an NDOH perspective?

- Any plans to change the situation?
- What is planned?

16.2. In your experience, to what extent do HIV programme managers interact / collaborate with district / sub-district / PHC managers in the use of HIV data?

- At different levels - national, provincial, district levels?
- How do they interact / collaborate
- What prevents / facilitates interaction?
- Any planned actions by NDOH to promote integration / collaboration?

17. Finally, what would you say are the main challenges regarding the use of HIV data for decision-making?

- At different levels – different challenges?
- What would you propose to improve the use of data?
- Specific challenges regarding integrated use of data between programmes / districts?

THANK YOU FOR PARTICIPATING