

UKRAINE & KYRGYZSTAN RESEARCH QUESTIONS/METHODS: REGIONAL 1 STAGE

MODULE A: SUB-NATIONAL SCALE-UP

| Key research question | Details | Methods |
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| <p>A1 Scale-up</p> <p>What effects have GHIs had on the type & quantity of HIV/AIDS services delivered?</p> | <p>i) Map existing HIV interventions in selected study oblasts (differentiate between GHI & non-GHI supported services)</p> | <p>B1 Semi-structured interviews: sub-national stakeholders E Sub-national level secondary data</p> |
| | <p>ii) Measure changes in different types of HIV/AIDS services (use of funds) over time*:</p> <ul style="list-style-type: none"> ● Prevention (numbers of condoms distributed; needle & syringe exchange; opiate substitution therapies); ● Testing/VCT (numbers tested/received VCT) ● Treatment (numbers on ART); ● Care (numbers receiving adherence counselling/support for patients on ART; other types of care); ● TB (numbers receiving treatment). <p>iii) Identify differences by provider type (AIDS Centres & different NGOs/CBOs)</p> <p>iv) Identify which service users (beneficiaries) receive these services (e.g. ID users; CSWs; MSM; prisoners; pregnant women; age; gender; geographical location; socioeconomic group; ethnicity)</p> <p>*The different types of HIV/AIDS services examined should reflect the range of GHI-supported services within each country context. See Global Fund Monitoring & Evaluation Toolkit: HIV/AIDS, Tuberculosis & Malaria 2006 Table 7 for a full list of service delivery areas.</p> | <p>A1/2 Facility tools (AIDS Centres, NGO/CBO providers) B1 Semi-structured interviews: sub-national stakeholders B2 Semi-structured interviews: service delivery managers B3 Semi-structured interviews: service providers D Resource tracking (national/oblast data sources & facility data)</p> |
| | <p><u>UKRAINE ONLY</u></p> <p>v) Identify gaps that still exist in HIV interventions (by service type; service users; geographically)</p> | <p>B1 Semi-structured interviews: sub-national stakeholders B2 Semi-structured interviews: service delivery managers B3 Semi-structured interviews: service providers</p> |

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| <p>A2 Quality of care</p> <p>How has the quality of services been improved by the GHIs?</p> | <p>i) Identify improvements in the technical quality of different HIV/AIDS services delivered?*</p> <p>* There are different dimensions/measures of technical quality including simple measures: facility tools (e.g. looking at levels of commodity supply, human resources etc.) & surveys on provider knowledge. More sophisticated measures require expert opinion. As ART care is complex, these simple measures combined with patient surveys on perceptions of quality are more appropriate.</p> | <p>A1/2 Facility tools (AIDS Centres, NGO/ CBO providers) B2 Semi-structured interviews: service delivery managers B3 Semi-structured interviews: service providers</p> |
| | <p>ii) Identify improvements in the patient-perceived quality (acceptability/satisfaction) of HIV/AIDS services delivered</p> <p>iii) Compare patient perceived-quality of care across different provider types (AIDS Centres & different NGOs/ CBOs)</p> <p>iv) Compare patient perceived-quality of care across different service types (including prevention, treatment & care)</p> | <p>B5 Semi-structured interviews: service users/communities</p> |
| | <p>v) Examine whether service users' views are obtained & used to influence how services are delivered</p> | <p>B2 Semi-structured interviews: service delivery managers B3 Semi-structured interviews: service providers B5 Semi-structured interviews: service users/communities</p> |
| | <p><u>UKRAINE ONLY</u></p> <p>vi) Explore how the quality of services could be further improved</p> | <p>B2 Semi-structured interviews: service delivery managers B3 Semi-structured interviews: service providers B5 Semi-structured interviews: service users/communities</p> |

MODULE B: HEALTH SYSTEMS CAPACITY

| Key research question | Details | Methods |
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| <p>B1 Human resources</p> <p>What effects have GHIs had on human resources?</p> | <p><u>KYRGYZSTAN ONLY</u></p> <p>i) Measure the impact of GHIs on levels of human resources for HIV/AIDS control (numbers, category of worker, working time, training, salaries) ii) Explore differences by provider type (AIDS Centres & different NGOs/ CBOs) iii) Explore differences by service types (including prevention, treatment & care)</p> | <p>A1/2 Facility tools (AIDS Centres, NGO/ CBO providers) B1 Semi-structured interviews: sub-national stakeholders B2 Semi-structured interviews: service delivery managers B3 Semi-structured interviews: service providers E Sub-national level secondary data</p> |
| | <p><u>KYRGYZSTAN ONLY</u></p> <p>iv) Identify the main problems relating to human resources that continue to exist (e.g. numbers, category, working time, training, salaries/incentives).</p> | <p>B1 Semi-structured interviews: sub-national stakeholders B2 Semi-structured interviews: service delivery managers B3 Semi-structured interviews: service providers</p> |
| | <p><u>UKRAINE ONLY</u></p> <p>v) Identify where GHIs have provided training & examine the nature of training (technical qualifications; provider attitudes etc.*) vi) Identify the effect of GHIs on technical skills/qualifications & provider attitudes to most at risk groups vii) Explore differences by provider type (AIDS Centres & different NGOs/ CBOs) viii) Explore differences by service types (including prevention, treatment & care)</p> <p>* Non-discriminatory, inclusive working practices that promote the effective use of services</p> | <p>A1/2 Facility tools (AIDS Centres, NGO/ CBO providers) B2 Semi-structured interviews: service delivery managers B3 Semi-structured interviews: service providers E Sub-national level secondary data</p> |
| | <p><u>UKRAINE ONLY</u></p> <p>ix) Explore changing provider attitudes from the perspectives of different service user groups**</p> <p>** Link to patient-perceived quality of care (A2ii)</p> | <p>B5 Semi-structured interviews: service users/communities</p> |

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| <p>B2 Sub-national coordination</p> <p>What is the level coordination of HIV/AIDS GHI & non-GHI services provided by public sector agencies & NGOs/ CBOs?</p> | <p>i) Explore whether & to what extent different public sector agencies (AIDS Centres, Narcology Centres; Dermato-Venerology Centres) & NGO/CBO service providers coordinate their activities</p> <p>ii) Identify the nature of inter-agency coordination (if it exists) e.g.</p> <ul style="list-style-type: none"> • joint strategic planning; • pooled resources; • service user referrals; • shared information/information systems; • common standards/systems for monitoring & evaluation; • common care protocols. | <p>B1 Semi-structured interviews: sub-national stakeholders</p> <p>B2 Semi-structured interviews: service delivery managers</p> <p>B3 Semi-structured interviews: service providers</p> <p>D Resource tracking (national/oblast data sources & facility data) if appropriate</p> <p>E Sub-national level secondary data</p> |
| | <p>iii) Identify the main problems of coordination between different public agencies (AIDS Centres, Narcology Centres; Dermato-Venerology Centres) & NGO/CBO service providers</p> <p>iv) Identify the main barriers to effective coordination</p> <p>v) Identify ways GHIs have impacted on levels of coordination between these agencies</p> | <p>B1 Semi-structured interviews: sub-national stakeholders</p> <p>B2 Semi-structured interviews: service delivery managers</p> <p>B3 Semi-structured interviews: service providers</p> |
| | <p>vi) Explore what oblast/rayon level structures (e.g. regional coordination councils) exist to coordinate sub-national HIV/AIDS control</p> <p>vii) Examine ways GHIs support/work through these structures</p> <p>viii) Identify the agencies that are represented on these structures/ councils</p> <p>ix) Understand their function (see point ii above)</p> <p>x) Explore how effective they are & their limitations</p> | <p>B1 Semi-structured interviews: sub-national stakeholders</p> <p>B2 Semi-structured interviews: service delivery managers</p> <p>E Sub-national level secondary data</p> |

MODULE C: ACCESS & EQUITY

| Key research question | Details | Methods |
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| <p>C1 Patterns of service use</p> <p>What are the patterns of use of GHI-supported services & how do these reflect patterns of need</p> | <p>i) Identify patterns of HIV/AIDS service use by <i>different target groups</i> (gender; age; geographical location; socioeconomic groups; ethnicity; ID users, CSWs, MSM, prisoners etc.)</p> <p>ii) Compare patterns of service use between different service types (including prevention, treatment & care)</p> <p>iii) Compare patterns of service use between provider types (AIDS Centres & different NGOs/CBOs)</p> <p>iv) Compare patterns of service use between GHI funded & non-GHI services</p> <p>v) Examine whether & how have patterns of service use have changed over time & whether HIV scale-up is benefiting some target groups & not others</p> <p>vi) Examine how these patterns reflect what is known about patterns of need/current epidemiological data</p> | <p>A1/2 Facility tools (AIDS Centres, NGO/CBO providers)</p> <p>E Sub-national level secondary data</p> |
| <p>C2 Access: institutional/ programmatic factors</p> <p>What are the effects of the GHIs on institutional/programmatic factors of accessibility?</p> | <p>i) Identify the main institutional/programmatic reasons for not using the services (the obstacles/barriers to accessing the services)*. E.g.:</p> <ul style="list-style-type: none"> • services not delivered/commodities not available/staff not present at facilities; • geographical accessibility; • financial accessibility (costs to users); • organisational & bureaucratic factors; • poor quality of care; • staff attitudes/discrimination; • staff lack training; • lack of publicity/information; • criminalisation of high-risk activities (especially ID use; CSW) • obstacles to service user referral (e.g. poor linkages between public & NGO/CBO service providers)** <p>ii) Compare these factors between GHI funded & non-GHI services</p> <p>iii) Compare these factors by provider types (AIDS Centres & different NGOs/CBOs)</p> <p>iv) Compare these factors by different service types (including prevention; treatment; care)</p> <p>v) Explore what aspects of the models of delivery adopted by GHIs make them accessible, for which groups, & related to which institutional/programmatic factors</p> <p>vi) Examine whether service users' views are obtained & used to influence the accessibility of services***</p> <p>vii) Identify main ways access can be improved for target groups</p> <p>* Include delayed, sub-optimal & discontinued patterns of service use</p> <p>** Link to B2 Sub-national coordination</p> <p>*** Link to A2 Quality of care</p> | <p>B2 Semi-structured interviews: service delivery managers</p> <p>B3 Semi-structured interviews: service providers</p> <p>B4 Semi-structured interviews: advocacy/ support groups</p> <p>B5 Semi-structured interviews: service users/communities</p> |

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| <p>C3 Access: individual/household/community factors</p> <p>What are the effects of the GHIs on individual/household/community factors of accessibility?</p> | <p>i) Identify the main individual/household/community-level obstacles/barriers to accessing the services*. E.g.</p> <ul style="list-style-type: none"> ● attitudes & beliefs; ● social stigma (e.g. fear of being identified as being HIV+); ● knowledge of risk factors & recognition of symptoms; ● knowledge of services available; ● age & gender relations; ● education; ● ethnicity; ● geographical location; ● income; ● costs of accessing care (transport; time off work); ● eligibility; ● relationships with staff & ability to articulate need; ● prior experiences of healthcare (e.g. negative experiences; low perceived quality of care) <p>ii) Compare these factors by different service user groups (gender; age; geographical location; socioeconomic groups; ethnicity; MAR groups including ID users & CSWs)</p> <p>iii) Identify the key factors influencing users' choice of service provider</p> <p>iv) Examine whether & how GHIs have improved service accessibility, for which groups, & related to which individual/household/community factors</p> <p>* Include delayed, sub-optimal & discontinued patterns of service use</p> | <p>B5 Semi-structured interviews: service users/communities</p> |
| | <p>UKRAINE ONLY</p> <p>v) Explore changes there have been in the public's perception of HIV/AIDS since GHIs were implemented & what GHI programmes have done to influence public perceptions</p> | <p>B5 Semi-structured interviews: service users/communities</p> |

DATA GENERATION TOOLS

| Tool | Description |
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| A | <p>Facility tools</p> <ol style="list-style-type: none"> 1. <i>Facility records review</i>: proforma (a form) to capture relevant information on numbers of service users, staffing levels, quantities of key drugs/commodities & key services delivered (e.g. ARVs, VCT). 2. <i>Interview facility managers</i> & record this information on proformas where records are not available or not accessible |
| B | <p>Semi-structured interview schedules*</p> <ol style="list-style-type: none"> 1. Sub-national level stakeholders: managers, sub-national AIDS structures (e.g. regional coordination council members). This may include national-level stakeholders as appropriate 2. Service delivery managers including MO in charge, administrator, human resource manager (AIDS Centres & other public agencies if necessary; NGOs/CBOs) 3. Selected service providers (AIDS Centres & other public agencies if necessary; NGOs/CBOs) 4. Advocacy & support groups for key target groups 5. Service users & most at risk communities |
| C | <p>Structured questionnaires (researcher administered)</p> <ol style="list-style-type: none"> 1. Service providers (AIDS Centres other public agencies if necessary; NGOs/CBOs) 2. Patients (exit interviews) & communities |
| D | <p>Resource Tracking: facilities/NGO/CBO providers/sub-national structures may have information on levels of funding coming to the sub-national level for HIV/AIDS control</p> |
| E | <p>Sub-national level secondary data: analysis of policy/practice documents &/or statistical data</p> |

* Semi-structured schedules may contain some elements that are structured in format