

**Guide to National Level Interviewing**  
**EU GHI consortium**

This national interview guide consists of sections:

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## 1) GENERAL APPROACH TO DATA COLLECTION

### a) who to interview – building a key informant sampling frame

- Start by building a *list of key informants*:<sup>1</sup>
  - ⇒ Policy makers: Ministry of Health (MoH), Ministry of Finance (MoF), National AIDS Council (NAC), other relevant government ministries (e.g. Gender, Community Development, etc.).
  - ⇒ Development partners:
    - Multilateral agencies (World Bank, WHO, UNAIDS, UNICEF, EU, etc.)
    - Bilateral donors (USAID, DFID, Irish Aid, DANIDA, etc.)
  - ⇒ GHI country representatives / agents: World Bank, GFATM Local Fund Agent (LFA), US embassy?
  - ⇒ Senior programme managers (including GFATM Principal Recipients [PRs]):<sup>2</sup>
    - MoH disease programme managers for HIV/AIDS, TB, Malaria, EPI
    - Faith-based organisations (FBOs) and NGOs where they are recipients of large levels of GHI funds

The respondent's experience may relate mainly to one or only some of the GHIs. S/he may be working at a policy level, or at a programmatic level; and/or may have responsibility for specific areas, e.g. Human Resources, Financial Management, Monitoring and Evaluation. With a busy senior policy maker, the interviewer may start with: Overview questions, as there may not be sufficient time to go through the following thematic areas.

Alternatively, the interviewer may proceed directly to asking questions under the main thematic areas that the respondent has direct experience of, returning later to the other themes; and finally to asking overview questions.

Or, where the respondent appears likely to give more time to the interview, the interviewer may go through the interview in the order of the topic guide from the detailed questions, returning at the end to the overview questions (see topic guide).

Below is a list with key informants that you might want to interview. It would be useful to go through the interviewing topic guide and think about the most important questions to ask to the key informant you are going to interview. This exercise will help you to get a clear picture of whom to ask what issues, and to focus on the most important questions first in case of limited time (this could even happen during the interview- when your key informant is being called away or so).

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<sup>1</sup> See also (1b) for description of 'snowballing' approach.

<sup>2</sup> Note: management responsibilities may include some or all of the following: Planning, Management (programmatic and/or financial), Monitoring and evaluation

**Table 1: Mapping of key informants to interview**

Key informants	Key questions:
<b>Government (public sector)</b>	
<input type="checkbox"/> MOH (director)	
<input type="checkbox"/> MoH (programme managers of disease control programmes at national, regional, district level), (include provincial level in some countries)	
<input type="checkbox"/> MoH national government officials working in HRH, Donor Liaison & key priority programmes such as HIV/AIDS	
<input type="checkbox"/> MoF (director)	
<input type="checkbox"/> MoH programme managers (include provincial level in some countries)	
<input type="checkbox"/> MoF (program manager)	
<input type="checkbox"/> MoE?	
<input type="checkbox"/> District officials (working, for example, in HR & key priority programmes such as HIV/AIDS)	
<input type="checkbox"/> National AIDS council (NAC)	
<input type="checkbox"/> Government auditor	
<b>Development partners/ donor-GHI related</b>	
<input type="checkbox"/> Representatives/ agents of the GHIs at the national level (World Bank, GFATM Local Fund Agent (LFA), US embassy)	
<input type="checkbox"/> Representatives from the selected GHIs (or their contractors) working in the district	
<input type="checkbox"/> Representative of bilateral donors operating at a policy level (USAID, DFID, etc.)	
<input type="checkbox"/> Officials of bilateral donors	
<input type="checkbox"/> Representative of multilateral donors (World Bank, WHO, UNAIDS, UNICEF, etc.)	
<input type="checkbox"/> Officials of multilateral donors	
<input type="checkbox"/> CCM	
<input type="checkbox"/> GAVI Immunisation	
<input type="checkbox"/> Interagency Coordination Committee (ICC)	
<input type="checkbox"/> GFATM Principal Recipient (PR), and sub-recipients	
<input type="checkbox"/> LFA	
<input type="checkbox"/> Representatives from other international organisations (eg. WHO) or key local informants who have a history or insight into donor activity in the country	
<b>Non-governmental/ private sector</b>	
<input type="checkbox"/> NGOs (representatives)	
<input type="checkbox"/> NGOs (health official)	
<input type="checkbox"/> Faith-based organisations (FBO)	
<input type="checkbox"/> Community-based organisations (CBO)	
<input type="checkbox"/> For-profit organisations (FPO)	
<input type="checkbox"/> Leaders of civil society organizations in the area of the health	
<input type="checkbox"/> Key informants local to the district that have a history or insight into donor activity in the district	
<b>Other useful informants</b>	
Researchers, observers, ex-politicians, ex high rank civil servants etc.	

## b) Approaching key informants

*NOTE: the following suggestions are generic – country teams can draw on and adapt these to fit their country context and their experience of the best ways to approach senior key informants.*

- **Letter of approval** for the study from a senior government (MoH) level, +/- from a national ethics committee, may be essential to produce when approaching potential key informant.
- A simple **information sheet** (1 page max), outlining the aim and process of the study, can either (a) be sent in advance of an interview meeting; or (b) handed to the key informant when introducing yourself. The letter of approval can be attached as an annex (*for an example see appendix 2*).
- **Consent form:** it is simpler if the information sheet and consent form are combined in a single sheet. It should deal with issues of confidentiality and anonymity (you are usually promising the latter, not the former); and how the responses will be used.
- **Who to approach first:** the 'politics' of the country context may mean that you should start by meeting a senior government official, whose approval you will need for ongoing interviews and data collection. Even verbal indication of support from them for the study (look for that) can be cited in later interviews (important where government ministries are hierarchical). Senior informants may assist you in setting up meetings with junior officials.
- **Introductory phase of the national level research** is the meeting with the minister of health or senior ministry of health (MoH) official . This is obviously important as the first contact with a senior ministry of health official sets the tone for the study. It can include an explicit (or implicit) agreement of what the official / the ministry and the interviewer / research team can expect from each other. Therefore, it is important to explain the aims of the INCO project (show that it is a win-win situation), to negotiate about needs, and to build a cooperative relationship with the minister / MoH:
  - Obtaining information about the situation
  - Clarifying the approach we use (what are the aims, study methods, and the levels of the research: national-district-national-district)
  - Giving information about the how the findings will be used (promising anonymity and indicating what happens to the (recorded) data, publication of findings, etc.)
  - What can the researcher offer the respondent, for example feed-back on study findings
  - Opportunity for the respondent to have his views incorporated into the findings
  - Mutual expectations/ time and resources (*see for more information, appendix 3*).
- **Opportunistic approaches:** depending on the situation (e.g. if you meet a policy maker at the side of a meeting), you may request to meet him/her at a later date to inform them about the study. If they indicate a willingness to field questions at the first meeting (e.g. at a meeting in their office) this may offer an opportunity to ask a few key questions.
- **Use initial meetings** with senior policy makers (e.g. Chief Medical Officer / Director General of MoH, NAC chairman, CCM chairman, etc.):
  - ⇒ as a courtesy call
  - ⇒ to (re)-inform them about the study
  - ⇒ to allow them express any concerns / ask for clarifications / offer advice.
- A **local 'champion'**. It will help greatly if, at an early stage, you can meet with and interview an informant who is familiar with the local politics around the GHIs; and who

sees the value of the study and is supportive of it. In many settings, a bilateral or multilateral agency representative may be willing to give more open and forthright views (consider Irish Aid in Mozambique, because they are funding GHIN). But a senior government 'champion' may be more influential; and you may be able to locate several 'champions'. A study 'champion' is often a useful starting point for directing you towards others who are worth talking to – see *snowballing*. S/he may even make introductions for you.

- **Snowballing:** a useful question at the end of any interview is to ask the respondent who else you should meet with (termed 'snowballing'). Sharing a list of potential respondents with an experienced donor, MoH respondent or other study champion, at an early stage, can allow them point out if you are missing any important individuals or constituencies. Early on, you will also want to get a feel for where there may be differences of views *within constituencies*, e.g. differences between different bilateral donors, within the MoH and between different NGOs (see also 1c: *how many interviews*).
- In the phase of conducting (national level) interviews with the key informants the interviewer will need to formulate the aim of the study in such a way that the key informants feel involved and are prepared to talk openly with you. You need to create commitment and be able to deal with resistance, as not all key informants might be so willing to provide information. It is important that you show insight of the subject that you are discussing (read the country-level and global literature reviews on GHIs and DHIs to understand terminology, the aid infrastructure and GHI processes). It is essential to get rid of any doubts about your capacity to understand the situation. They may also want to know who else you will interview, what will happen to your findings, or how long you are working as a researcher in this field (*for more information on preparation of interviews with key informants, see appendix 4*).

### c) How many interviews – sample size

- A principle, derived from **qualitative research**, is that your sample size is not pre-determined and that you should interview sufficient numbers of key informants (i) to obtain a diverse range of views and perspectives from the major constituencies; and (ii) to the point where interviews are producing similar views and findings from within particular constituencies.<sup>3</sup>
- **Quality and Quantity** are both important. A smaller number of high quality interviews that produce a rich and in-depth quality of findings is better than a larger number of superficial interviews. However, attention to (1d) *Interview Process*, (1e) *Who does the interviews*, and (2) *Broad Interview Issues* should result in most interviews being of high quality. The research team's insights evolve over the course of the period of national level interviewing (see 1d *on adapting and developing the interview guide*). There may be a good case for doing follow-up interviews, e.g. going back to do a second interview with some important early respondents and study 'champions' who particularly supportive of the study. You may want to check out the willingness of respondents to be re-interviewed.

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<sup>3</sup> The broad constituencies are likely to be: Government, Bilateral Donors, Multilateral Agencies, GHI representatives, Civil Society (including NGOs and FBOs). If the study is focusing on donor aid mechanisms and also on disease control management, Government may consist of several sub-constituencies, e.g. MoF (Finance), MoH policy level, MoH national control programmes (HIV/AIDS, TB, malaria, EPI); and National AIDS Council and other coordinating bodies.

- The need for **Anonymity** of respondents as well as representativeness requires that several representatives from each of the major constituencies be interviewed. If sensitive views are elicited and only one or two members of a particular constituency have been interviewed, this makes it difficult to report their views, especially where respondents' quotes are to be included. A suggested minimum range of interviews is 15, with at least 3 respondents from each constituency and a larger number of respondents (up to 5 or 6) from large and possibly diverse constituency such as Government and civil society.<sup>4</sup>

#### d) Suggestions on the interview process

- **How to use the interview topic guide:** In policy analysis, data collection is a bit like completing a jigsaw, where each respondent hands you only a few of the pieces – those they think are most important or those that lie within their area of experience (the latter is more important – see next paragraph). Though you may have a logical series of questions in your interview guide, you are unlikely to follow this order strictly. Also, whilst it is important to use the interview schedule as a tool to guide data collection, it is more important to **listen and be guided by the respondent, pursuing issues that are raised by him or her**, even if they are not covered in the interview guide (see also (1e) *Who should do the interviews?*). Most people like to give their opinions on important and contentious issues. 'Going with the flow', as determined by the respondent, maintains the respondent's interest and engagement in the interview process.
- **Prioritise issues and questions:** As time is precious and you may not get to meet a senior official twice, **be selective in how you use the topic guide** and prioritise what issues you want to cover with them. The characteristics of the respondent determine how you prioritise. It is useful to know beforehand what the respondent's position and responsibility is within the overall 'system' (hence the value of having a MoH / government organogram to guide you on who to interview). Their role within the 'health services system' and the degree and nature of their involvement in GHI country processes are likely to determine what kinds of *new information* they are in a position to provide; and also *information that you are missing* or that it is important for you to check out, which they may be able to assist you with.
- When handed a jigsaw piece – a bit of relevant information – you may first need to 'explore its shape' and clarify your understanding of the information. If you have received a similar piece of information from a different source, you may want to compare 'shapes' and perspectives. You may explicitly **contrast the respondent's views on an issue with what you have learned from a different source**, e.g.: "I was told that ...." "it was suggested to me that .... .. how does that fit with what you have told me?", which may elicit different perspectives on the issue from different respondents.
- **Senior level decision-makers** sometimes prefer to look forward to **implementation** than to look back (e.g. on how the GHI was introduced to the country). Therefore, whereas you will often start with the retrospective (the history of the GHI process within the country), follow the respondent's preference if s/he wishes to focus on the present and future; and later focus back on how things have changed since the start of the GHI country process. Many of the details around the formation and early functioning of the GHI, e.g. on early rounds applying for GFATM support, can be filled in later and you don't want to waste precious time with a busy senior level respondent.

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<sup>4</sup> In the Global Fund Tracking Study, we interviewed an average of 30-35 respondents in each of the two phases of the study, which we reckoned was over-exhaustive.

- Your interview guide is a starting point. As new issues emerge and others appear to be of greater or lesser importance, through the data collection process, country researchers will **adapt and develop the interview guide** to suit the context and the stage of the GHI in a particular country. This also means that you may drop questions and even sections of the interview guide as you progress (especially on factual issues), because the information is already clear to you or the issues are not important in your country.
- As an interviewer, you will always work on two levels. The first level is the **content**, which is the cognitive connection between you and the key informant. This is the rational and explicit part of the interview, focused on technical and content issues. On a second level during the interview **process**, you and the respondent will develop an emotional connection. This may be positive, e.g. empathy, mutual respect, or a feeling of consensus and 'seeing things' in a similar way; or it may be more negative if tension develops, e.g. if the respondent is suspicious or thinks you are being critical. In such a case there may be the need to defuse tension and avoid the risk of confrontation. These emotions are also a source of information in itself. As an interviewer you need to pay attention and operate on both levels.
- Where possible, **tape-record the interviews**, which means negotiating this at the beginning through giving the respondent assurances around anonymity, who will have access to the recordings; and that they will be erased once they have been transcribed or used to supplement written notes.

#### e) Who should do the interviews?

- Producing high quality findings requires using **experienced researchers** who: (i) are thoroughly familiar with the issues; (ii) are able to think on their feet and ask the right follow-up, exploratory and probing questions; (iii) have credibility and can convince a busy senior level respondent that the interview is a good use of the respondent's precious time!
- Qualitative data collection, especially an in-depth policy interview, is more difficult to do well than is quantitative data collection. As Professor Gill Walt often says, '**the interviewer is the data collection tool**'! Administration of structured questionnaires can be done by well-trained and properly supervised junior field workers. However, policy level interviews should only be undertaken by senior researchers who have an in-depth understanding of the issues.

#### f) One-on-one interviews or (Focus) Group Discussions?

- Focus group discussions (FGDs) are an additional data collection tool, which some countries (e.g. Angola) may use at the national level. They can be a useful way of introducing the research to a group of senior government officials. The disadvantage of relying on FGDs alone is that alternative, contradicting, unofficial and **more honest "non-party" views will often only emerge in the more confidential format of a one-on-one interview**. In an hierarchical setting, often only the most senior respondent present will answer questions. If others are present and are subsequently interviewed, their responses will have become biased.

## 2) INTERVIEWER UNDERSTANDING and use of a CONCEPTUAL FRAMEWORK

- NOTE: as outlined in (1d and 1e), it is essential that the interviewer has a clear understanding of (i) how the country's health services system and disease control programmes are structured and implemented; and (ii) how the GHIs operate in the country.<sup>5</sup> Approaching busy senior key informants without such an understanding is a waste of their time and will undermine the study. A conceptual framework of the broader issues can guide the interview process (see Annex 5 for our EU draft conceptual framework).
- Two big questions to explore with respondents, in relation to (A) non-GHI aid and financing mechanisms (project aid, SWAPs, budget support) and (B) the new GHIs, are their views on:
  - The **comparative advantages and disadvantages of these different mechanisms**
    - GHIs compared with earlier aid mechanisms
    - Comparisons between the different GHIs (GFATM, GAVI, PEPFAR, MAP)
  - **How well these mechanisms 'fit' together**, e.g.
    - ? Do GHIs complement and fit well with pre-existing aid mechanisms?
    - ? Do they duplicate earlier mechanisms (e.g. by establishing parallel structures for strategic planning, management and reporting)?
    - ? Do they have costs (e.g. diverting efforts from or leading to neglect of country priorities, big increases in workload for a few senior managers)?
    - ? Are they helping to mobilise additional resources and efforts at the country level (e.g. by getting funding to new constituencies such as NGOs and FBOs)?
    - ? Do the benefits that GHIs bring justify the costs?

## 3) ANALYSIS and INTERPRETATION

**Analysis:** a framework analysis approach is more appropriate than a content analysis approach in policy research. The conceptual framework that guides the study (see Annex 5) forms the starting point for the analysis (as it does for the topic guide); and is then adapted, drawing on the emerging findings:

"The framework approach is a systematic way of analysing qualitative data that is relevant where many of the principal themes have been set in advance of fieldwork being conducted. It also enables emerging themes to be systematically analysed. .... The approach consists of five stages of analysis as follows.<sup>6</sup>

- i. **Familiarisation:** immersion in raw data (reading transcripts, listening to tapes); listing some key ideas and recurrent themes emerging from data. Numbering each transcript.
- ii. **Developing a thematic framework:** identifying key themes (an 'index') - from original research questions, the conceptual framework and emerging issues.
- iii. **Indexing:** applying the index systematically to all data (transcripts)
- iv. **Charting:** reorganising the data from multiple interviews according to the indexes (themes). Simplifying and synthesising.
- v. **Mapping and interpretation:** mapping/summarising the range of issues. Making connections between issues and providing explanations for the findings."

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<sup>5</sup> One of the purposes of the country and global literature reviews is so that our country teams (south and north), especially the interviewers conducting national level interviews, are thoroughly familiar with the aims, principles and mechanisms of the GHIs under study.

<sup>6</sup> See pp 22-23 of *A Generic Guide to Research Practice*, GHIN December 2006.

**Interpreting responses:** the researcher / analyst should give more weight to responses based on the respondent's first-hand experiences than on responses based on others' experiences and reports. Hence, a preliminary question at the beginning of all interviews is to establish (see *Topic Guide*):

- 1) What is the job and what are the roles and responsibilities of the respondent?
- 2) How (if at all) do his/her roles relate to the GHIs that are being researched?

Distinguish between respondents' views that come from:

- *their own roles* and experiences in relation to the performance of the GHIs; and
- *their observations* of how well the GHIs are performing and fitting in at a systems level.

Also, consider **potential biases** due to:

- 'interests' of the respondent. Does s/he have an interest in providing a particularly positive view of a GHI (e.g. because s/he is employed by or is receiving funding from a GHI) or a particularly negative view of a GHI (because s/he has been excluded)?
- Respondent's wishes to conform with his/her constituency's position, e.g. the views of senior ministry officials?
- Interviewer approach (even senior researchers should pilot interview approaches through role-playing interviews with senior colleagues).

To diminish biases, interviewers should write down their comments and impressions immediately after the interview!

#### **4) MEASURING / QUANTIFYING respondents' overall views of the GHIs**

In studies of the early processes of establishing GHIs at the country level, such as the Global Fund Tracking Study, the researchers relied on qualitative data, because the issues being explored were still unclear. Now that GHIs are longer established at the country level, there may be value in attempting to quantify respondents' overall views of GHIs, and of individual GHIs. This should be considered as a follow-up, not as a substitute for getting good qualitative data.

##### **Two possible approaches:**

4.1 (asking about positives and negatives) might be useful as an introductory question;

4.2 (asking if GHIs are 'a good buy') might work well as a final question.

##### **4.1 Positive and Negative approach – ask the respondent**

- to identify the positive and negative aspects of GHIs (and specific GHIs)
- to indicate which are greater overall
- to indicate how these differ across the different GHIs

##### **4.2 Good Buy approach – ask the respondent-**

-whether they consider a particular GHI to be a 'good buy' for the country, which might be a useful open-ended question towards the end of an interview. Asking them how they would decide and *what their criteria would be* for such a judgement.

NOTE: responses to the above on 'how well do GHIs work alongside other aid mechanisms?', 'positive and negative aspects', and are GHIs 'a good buy' for the country, should cover

- (A) **experiences to date** – what lessons have been learned along the way and how have the GHIs evolved, including lesson learning by the country *and* by the GHI.

(B) **anticipation of the future.** The latter is speculative but helps define criteria for making judgements down the road as to whether GHIs have been the best approach or not to funding disease control.

**Quantitative data collection** approaches: it is difficult if not impossible to capture the complexity of national level policy and planning processes using quantitative tools, hence the recommendation to use in-depth interviews guided by topic guides. Given that the GHIs have become established at the country level, starting with GAVI in 2000, it may be useful to design simple structured tools for scoring, ranking and comparing:

- GHIs with other aid mechanisms (SWAs, budget support, etc.)
- The performance and effects of individual GHIs (GFATM, PEPFAR, GAVI, MAP).

## APPENDIX 1: INFORMATION SHEET

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**Background:** The past five years have witnessed a proliferation of global health initiatives (GHIs), which have emerged as an alternative to traditional bilateral and multilateral health development funding. GHIs are widely seen as an efficient and rational response to global public health threats, yet little is known about how the shift from traditional funding mechanisms toward global approaches has impacted health systems in recipient countries.

**Aims and objectives:** This four-year research project “GHIs in Africa” aims to understand how the rise of GHIs has impacted the architecture of development partnerships and national-level health system management functions in four southern African countries. It addresses an emerging area of research associated with health systems impact assessment. It is funded by the EU 6th framework INCO-DEV programme, and started in January 2007 (contract INCO 032371). The partners involved are based in three southern African countries (Angola, Mozambique and South Africa) and three European countries (Belgium, Ireland and Portugal). The three EU-INCO funded studies in Angola, Mozambique, and South Africa are part of a set of research studies across 15 recipient countries that aims to measure these system effects and outcomes (see [www.ghinet.org](http://www.ghinet.org)).

The *specific objectives* are:

- (1) To assess the impact of GHIs and of donor dependency on country-level decision-making and planning processes.
- (2) To assess the impact of GHIs on country human resource policies, deployment and effectiveness, and/or on competition for human resources for programme planning, management and service delivery.
- (3) To evaluate how the proliferation of GHIs has influenced country-level development assistance for health.
- (4) And to identify best practices to integrate new GHIs within existing partnerships and country systems in a way that improves the coherence of development assistance and the co-ordination and effectiveness of the health system.

**Study design:** The study has a longitudinal design which means that data collection and outputs (writing up) will be conducted during different periods of time at both the national and district level. This is reflecting the iterative nature of the process, allowing for the exploration of issues arising as the GHIs emerge and evolve.

- An initial desk study reviewing the effects of GHIs and DHIs on the country level context based on the conceptual framework. Important topics are national policy development, financial flows, PPP, planning and coordination, management and M&E, human resources, resources and commodities, and service scale-up.
- Phase 1: Baseline measurement will consist of series of in-depth interview with key informants-national policy makers from a number of ministries, programme managers, representatives/agents of GHIs and multi-bilateral donors at the national and district level, and representatives/ officials of the private sector and civil society, including NGOs and faith based organisations. Field work due to start in October 2007, will start at the national level (1a), followed by the district level (1b).
- Phase 2: Follow-up measurement will follow the same procedure as phase 1

### **Outputs:**

- Global and country-specific literature reviews;
- Policy briefs
- Interim findings of phase 1 and phase 2 at the global, national and district level;
- Final country reports
- Final global report

**Further information:** More detailed information can be obtained from:

NAME PRINCIPAL INVESTIGATOR IN NAMED COUNTRY

## **Appendix 2 Preparation of the interviews: what skills can I use?**

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Important skills that you will need for conducting interviews at the national level:

1. *Problem clarification:* to be able to prepare and carry out an interview with a key informant with the aim to try to get as much information as possible. The interviewer should listen carefully and show understanding.  
Basic communication skills play a role here, like listening skills (open questions, non-verbal questions, use of silences, paraphrasing, and summarizing) and regulating skills (opening the meeting, clarifying the aims, thinking aloud, closing of the meeting).
2. *Acquisition of new insights.* Both interviewer and key informant are expected to gain new insights into the situation. You would need to order the information, and bring several levels of analysis to the surface. The political climate will play an important role. Try to resist the pressure of completeness of information. Advanced communication as differentiating skills, such as paraphrasing, further questioning, solidifying, and summarizing are useful here.
3. *Dealing with resistance.* Some key informants are not keen to give you all information they have or to give you all information that you would need to understand the situation. It could also be that the INCO research is far from being the top of their priorities (such as during election time). Resistance is very often expressed indirectly through passive behaviour. It is important to remain focused on your way of working as it is the only part that we really control, such as your way of interviewing, your behaviour and your strategies to involve key informants and decrease their resistance.

### **KEY INTERVIEW SKILLS**

#### ➤ **NOT- SELECTIVE LISTENING SKILLS :**

- ❑ OBSERVATION AND INTERPRETATION. Factors that may influence observation and interpretation are factors within the situation (physical environment, presence of others, time pressure, distinct features ; factors within the sender (hidden agenda's, not having a clear answer, being distracted due to sickness, stress, shyness) ; and factors within the receiver (knowledge and experience, emotional state, feeling insecure or tensed, span of attention, norms and values, motivation, physical condition, resistance). All these factors may lead to mistakes in the interpretation, such as accepting incomplete information, reacting too fast, generalising, prejudices, stereotyping, Halo-effect, identification, projection and personal norms. You must try to avoid these types of misinterpretation. Try to be aware of these factors that play a role and their consequences. Try to observe, listen and collect data before interpreting it.
- ❑ ENCOURAGING. Nodding, supportive gestures but be careful of nervous distracting movement.
- ❑ NON-VERBAL COMMUNICATION. Facial expression, eye contact, body language- be aware of cultural difference/ mores (possibly even across organisations).
- ❑ VERBAL FOLLOWING. Short verbal encouragements such as 'hm, hm' , 'yes', 'oh', 'and than?'
- ❑ USE OF SILENCES. Short silences can help the key informant think about what he/she said and to possibly add more.

#### ➤ **SELECTIVE LISTENING SKILLS:**

- ❑ ASKING QUESTIONS (open/ closed/why questions).

Open questions are very good for in-depth interviewing as it gives the key informant freedom in formulating an answer. 'How', 'what', 'could you tell me something about?'. You can use open questions at the beginning of the interview or during the interview if you need more clarification on a topic ('What do you mean with that?'; 'could you tell me some more about the communication with the CCM?'; 'What are the effects of GHIs on mobilizing other sectors and ministries in the fight against HIV/AIDS?')

Closed questions are provoking an answer that is to a large extent restricted to the content of the question. 'Do you work for long here?' 'Are you happy with the installed SWAp in your country?' 'Do you have this experience with the CCM for a long time?'

Why-questions can be regarded as an open question that can sometimes be useful. However, it can be, especially in the beginning of a meeting, threatening and the respondent may feel that he has to give responsibility to you. (not: 'why are you not in the CCM', but 'do you have an idea why you are not asked to take part in the CCM?').

- ❑ PARAPHRASING (shortly restate in own words). Paraphrasing is useful for clarifying whether you correctly understand what has been said, to further clarify, and it also shows that you have been listening well.
- ❑ REFLECTION OF FEELINGS. This could be used to understand how the respondent felt in a situation (about a specific situation that was controversial-tensionate)).
- ❑ SOLIDIFYING. This is an important skill for problem clarification which has the aim to let the respondent explain so precisely as possible about what you are interested in. You are interested in the nuance and would like to gain more insight and to get the whole picture clear. You can use several skills, such as open and closed questions; paraphrases; further questioning. 'What exactly is not working well?'; 'That seems difficult for your organisation. Could you give an example?' 'What do you mean by a lack of transparency?'
- ❑ SUMMARIZING. The aim of a summary is to structure the information from the respondent for a longer period of time. It also gives the interviewer an idea whether he adequately understood what the respondent told him, and structures the interview by providing an overview of the main points. The timing of a summary:
  - when a respondent has been talking for a long time and clarification is needed
  - if the respondent has explained everything (more or less)
  - in the end of the meeting
  - at the beginning of the next meeting

#### ➤ REGULATING SKILLS

Provide clarification about the aim of the interview and give brief information on the EU-INCO project (see also 1 pager in the appendix). Clarify mutual expectations (time, type of information, what happens to the data/information, will the respondent be able to comment on the interview afterwards).

- ❑ OPENING OF THE MEETING. You may not have to open the meeting for example in case of the meeting with the Minister of Health, but it is useful to start by stating the aim and structure of the interview, who you are, and how much time was agreed upon to conduct the interview.
- ❑ GOING BACK THE AIMS OF THE INTERVIEW. This can be useful for you as an interviewer- to clearly keep in mind what the aim (and topics) of the interview are (what you want to gain from the interview). To go back to the separate aims/topics that you set before starting the interview and try to discuss each separately (when the respondent discusses a mixture of topics).
- ❑ CLEARIFICATION. If you notice that there is repeatedly miscommunication between the respondent and you, it may be useful to bring this on the table. The aim is to provide and/or restore clarity. You would need to decide whether there is sufficient 'noise' to

do so.

- THINKING ALOUD. You can use this skill to provide more clarity and openness and can help the respondent in information processing . 'I am thinking that I still know very little about your daily routine. Could you tell me some more about it ?' .
- CLOSING THE MEETING. Try to provide a main summary of the most important topics. It might be useful to explain the follow up of these interviews and ask whether the respondents knows key informants that should be interviewed as well. The INCO study will have a follow-up of the national level interviews after the district level research has been conducted. It would be good to try to keep good-will of those interviewed, ask for their cooperation in a later phase and whether they would like to be kept informed about the results of the study (refer to the GHIN website?)

## Appendix 3 Preparation of the interview with the MoH

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### Contents:

1. Mutual expectations
  - What does the MoH expect from the interviewer?
  - What does the interviewer expect from the MoH?
2. Time and resources
  - Access to key people and/or information (document review)
  - Enough time to do the interviews well
  - Commitment from certain people
3. Ground rules- how are the advisor and key informant going to work together?
  - Confidentiality
  - Termination of the relationship
  - Expectations on the product

### Process:

1. How am I going to establish a relationship based on cooperation?
2. Which skills do I intend to apply in order to clarify the key informant's question?
3. How do I intend to structure the meeting?

### Questions to be answered:

- What are the boundaries within which you will work, how far does your analysis go?
- What is the aim of the project?
- What kind of information do you need?
  - hard data (financial figures, organisation charts)
  - soft data (attitudes with regard to problems)
- Which people involved can be consulted?
- What is the product you will deliver?
  - analysis/diagnosis
  - recommendations (specific, general)
  - implementation
- What support and involvement do you need from the MoH?
  - who will arrange the interviews?
  - who will explain the research project's aim?
- Who will receive a report?
- How confidential will it be?
- Supervising committee?

## **Appendix 4 Preparation of the interviews with key informants**

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What are your aims for the interview? What do you want to discuss?

Who is the key informant?

Who will be present at the interview? What are their roles?

How much time is available?

How do you go about conducting an interview?

Which questions will you ask?

In what order?

How do you intend to deal with aspects of the process?

### **Content**

1. What are my impressions with regard to:

- the (initial and underlying) problems at stake
- how is the problem being managed
- does the key informant have a role in causing or maintaining the problem
- what are others in the organisation doing to cause or maintain the problem?

2. What is unclear to me? Are there any questions?

3. What information do you still want to gather with regard to the problem?

### **Process**

1. How do I intend to get into line with the key informant's system?
2. How do I achieve a shared definition of the problem?
3. In what way do I try to increase the key informant's involvement?
4. How do I intend to structure the meeting?

## Annex 5: Conceptual framework to analyse system effects of GHIs: thematic areas, levels and indicators

System effects	Sub-area	Level	Indicators of the impact of GHIs
POLICY DEVELOPMENT		National	Government health and disease priorities (focal disease/ non focal priority services/ human resources) Government programmatic priorities (within priority disease areas) Development and introduction of new commodities Human Resource policy Intersectorality National harmonisation and alignment initiatives
	Financial flow	National level	Pre-GHI financing and aid mechanisms (budget support, SWAp, project support) Additionality / substitution Financial and programmatic management Utilising existing government / donor funding & reporting mechanisms vs. establishment of new mechanisms
Provincial / District		Utilising existing government / donor funding & reporting mechanisms vs. establishment of new mechanisms	
	Public – Private partnership	National	Coordination and Planning Structures / committees (CCMs, national AIDS councils, SWAp committees) Types / models / level of support
		Provincial / District	Models / levels of support
POLICY IMPLEMENTATION	Planning and coordination	National	Strategic planning, budgeting and disbursement (focal disease/ non focal priority services/ human resources) Planning Structures / committees (e.g. CCMs, national AIDS councils, SWAp committees) Effectiveness Opportunity and transaction costs of establishing parallel systems
		Provincial / District	District planning structures (DHMTs / district AIDS committees, etc.) Opportunity and transaction costs of establishing parallel systems
	Management and M&E	National level	Financial and programmatic management and M&E (focal disease/ non focal priority services/ human resources) Utilising existing management & reporting systems vs. establishing new mechanisms
		Provincial / District	Utilising existing district management & reporting systems vs. establishing of new mechanisms
	Human resources	National level	HR deployment plans HR training / capacity building / incentives
		Provincial / District	Staff retention versus migration (across programmes / priority areas; and across sectors (public / NGO / private)) Health worker training Health worker supervision Health worker performance (incentives; dual practice/job holding; and time allocation between tasks)
	resources and commodities	National	Procurement and distribution of drugs & commodities
		Provincial / District	Infrastructure and coverage Distribution of drugs and commodities
SERVICE DELIVERY	Service scale-up	National	Focal disease control scale-up Change in trends of delivery of non-focal diseases due to introduction of GHIs Geographical Spread of providers
		Provincial / District	Focal disease control scale-up Change in trends of delivery of non-focal diseases due to introduction of GHIs Quality of Care (technical and patient perceived)
	National	Coverage and equity Advocacy groups	
	Provincial / District	Coverage and equity Advocacy groups Service scale up	
		Facility / community	Equity and access individual Equity and access community Participation and empowerment Improved quality of care