IN-DEPTH INTERVIEW: SERVICE PROVIDERS

*Heshima: Promoting dignified and respectful care during childbirth in Kenya*

Overview of factors affecting utilization of health services during child birth and general providers perceptions on childbirth health services

1. What are the greatest problems or challenges providers face when providing services to women during childbirth in this community? Why do you say so?

2. What factors do you consider to affect the decision of where pregnant women seek delivery services during childbirth in this community (either at facility or use of traditional birth attendants)? What makes you think this way?

Service provider understanding and interpretation of provider-client relationship

We will discuss the relationship of pregnant women during childbirth and service providers.

1. Can you think of any stories that typify what it is like to provide delivery services to pregnant women during childbirth in this community? (Probes: What are the benefits, challenges, how is it working in this setting, what is your role? What is client-provider interaction like)

2. Tell me about a time when you or a colleague felt particularly good about an interaction with a client (Probes: what constitutes a good healthy interaction and provider client relationships, what enhances a good relationship with clients, what words would you use to describe your relationship or relationship of your colleagues with clients’? How do you decide on the quality of care you or your colleagues provide with clients’)

3. Tell me about particular challenging interactions with a client experienced by you or a colleague (probes: Do you ever have disagreements with clients? What kind of disagreements? How are they resolved? What hinders provider relationship with clients?)

4. What are the factors in this setting that impact client provider relationship (Probe: what are the personal factors, community factors and societal factors)
Exploring manifestations of abuse and disrespect in facilities during child birth

1. In this setting, what is perceived as wrong treatment/mistreatment and abuse of pregnant women when they seek delivery services during child birth (Probes: physical abuse, non consented clinical care, non confidential care non dignified care including verbal abuse, lack of privacy, discrimination based on specific patient attributes, abandonment of care, detention in facilities)

2. In this setting, how important is provision of quality care that is respectful and kind to increasing service utilization in this health facility? Why do you say so?

Drivers of A&D among service providers

1. In your own opinion, what do you think are the drivers to poor provider-client relationship that subjects pregnant women to disrespectful and abusive treatment during child birth? Why do you say so? (Probes: Effect of provider personal prejudices, training, poor professional development opportunities, provider status and respect)

2. How does the facility management generally handle service providers who treat clients with disrespect and abuse in this setting? Why do you think some providers behave this way?

3. Do you think the community is responsible for encouraging a poor client provider relationship? Why do you say so? Please explain

4. In general, do the providers in this setting think that they both service provider and the client have equal power in regard to receiving good treatment? Why do you say so? Please explain

5. In your own opinion, how does the supervision and governance of the health facilities at the different levels and type of facilities by MOMS AND MOPHS affect behavior of staff? (Probes: How do workload, high targets and challenges to health system such as shortage of human resources affect provider client interaction?)

6. In your own opinion, do you think the leadership and supervision of the facility by DHMTs/health managers - (can include provincial or national) provide accountability mechanism and check standards of quality of care effectively? Why do you say so? Please explain (Probes: Quality assurance mechanisms in place, frequency, timing and general monitoring and supervision)

7. In your own opinion, do you think there are any legal redress mechanisms are in place to govern provider client relationship? Why do you say so? Please explain (Probes: knowledge of laws, policies and human rights issues governing provider clients interactions)
Future recommendations

1. What do you think needs to be done in order to improve provider clients’ interaction during child birth in this setting? By whom and how? What would you do if you had a say?
2. What in your opinion should health providers consider when providing treatment to pregnant women that will make them feel respected and well treated?
3. What, in your opinion would be the best way to ensure all pregnant women are treated with respect when seeking care?