**Key Informant Interview**

**Availability, Quality and Utilization of Sexual Reproductive Health Services among Crisis Affected Population**

1. **Context**
   1. Can I start by asking you a little about yourself?

1.2 How long have you worked in this position?

1.3 What RH experience do you bring to the role?

1.4 And now to ask about **the current situation**:

1.4.1 Can you tell me a little bit about *insert name of area/s?*

Probe: Do you know how many refugees or IDPs there are in (insert name of area)?

How long have the refugees been there?

What the general attitudes towards the refugees?

1.5 What is the current **security** **situation** like?

Probe - Are there problems with thefts from health facilities or problems moving around?

Is a curfew or other security measures currently in place?

1. **Preparedness**
   1. Are there emergency preparedness plans in place in case of an emergency?

Probe: What kind of emergency? Conflict? Influx of displaced people? Other?

* 1. Do these plans include RH – EmOC, GBV, HIV, FP services?
  2. Do you have RH Supplies pre-positioned as part of your preparedness planning?

1. **Service delivery**
   1. *What are the most significant gaps in MISP implementation across humanitarian actors?*
   2. Can you tell me about how RH services are provided?

Probe: Which RH services are provided?

Which cadre of health staff provide key services?

3.3 Where do crisis- affected people use mostly go for RH services?

Do patients need any special paperwork to receive RH services at any facilities?

(*Note to interviewer. Ask open questions as much as possible. Try to not go through the checklist below, but use it as an aide-memoire to ensure that key components of RH are covered. We would like to know how close to the potential clients services are available*.)

Are services provided (Need to adapt types of facilities and cadre for each setting)

|  |  |
| --- | --- |
| At: | By: |
| * Community | * Community health worker |
| * Health post | * Nurse |
| * Health center | * Midwife |
| * Hospital | * Health Assistant/Clinical Officer |
|  | * Doctor |

|  |  |  |
| --- | --- | --- |
| **Service** | **Where** | **By whom** |
| * Normal delivery care |  |  |
| * Obstetric complications |  |  |
| * Newborn resuscitation |  |  |
| * Post abortion care |  |  |
| * Caesarean section |  |  |
|  |  |  |
| * FP Long term methods (IUD and implants) |  |  |
| * FP permanent methods * (Tubal ligation and vasectomy) |  |  |
|  |  |  |
| * Condom promotion and availability |  |  |
| * VCT |  |  |
| * PMTCT |  |  |
| * ART for PLWHA |  |  |
|  |  |  |
| * Clinical management of survivors of sexual violence (including emergency contraception and PEP |  |  |

* 1. To what extent do the practices reflect national policies?

Are services actually provided at the facilities which are mandated to do so?

Probe: What are the reasons why services are not provided where they should be?

* 1. Is there a referral system between health centers and the hospital? (If so) can you tell me a little more about that? How does it work? How well does it work?
  2. Are any RH services provided through mobile clinics? Can you tell me more about these services and how they are managed?
  3. What would improve the availability and use of RH services?

(Note to interviewer: try to ask open questions. If necessary, ask about each service specifically: EmOC, FP, HIV, GBV services.)

* 1. What is the government policy on fees for RH services?

Probe: Do conflict affected people have access to free or low cost RH services?

* 1. Can you tell me about the supply system for RH commodities?

Are RH commodities part of the national supply system?

Do you have regular supplies of essential RH supplies?

Do stockouts occur of any essential RH supplies? What are the reasons for stockouts?

* 1. Are any supplies provided free to health facilities, including non-profit and private facilities? If so which ones?
  2. Have you used InterAgency RH kits (If so) Can you tell me a little more about this?

Probe: Are you still using RH kits? Does the supply work well?

1. **Funding** How are RH services funded?
   1. Does the government get support for RH services for the people affected by the humanitarian crisis?
   2. Is RH part of the Humanitarian Action Plan? And part of the Consolidated Appeals Process?

Probe – which funding mechanisms are used for any health services? For RH specifically?

* 1. What are the major challenges with securing funding for RH services for the people affected by the humanitarian crisis?

1. **Challenges and opportunities**
   1. What are the main challenges that you see in providing RH services?
   2. And in ensuring that these services are well used?
   3. What would be needed to improve the quality and utilization of RH services in your opinion?

Probe – and if there was just one thing, what would it be?

*Say that is all the questions you have. Finally, ask:*

Is there anything that you think we should know or that you would like to tell me?

*Thank respondent for their time and inform them of the date, time and location of the debrief.*