

RESPONSE GHANA FGD – Frontline health workers

FGD Discussion Guide: Frontline Health Workers

Objectives /Research questions the FGD will help us get data for Objective 1& 2

Study objectives	Specific research questions
1) Conduct in-depth analyses of how health systems responsiveness is understood and enacted by key health systems actors, and to what degree the local health systems are responsive to these expectations	1. How is health systems responsiveness understood and enacted by key health systems actors in LMICs? a. What do people, especially from vulnerable groups, expect from a responsive system and how do these shape their engagements with their health systems?
2) Co-produce, implement and evaluate context-sensitive interventions to improve health systems responsiveness to neglected health needs of vulnerable groups	2. To what degree the local health systems organize themselves to be responsive to actors' expectations? a. How do systems contexts, structures and processes facilitate or constrain its responsiveness?

Purpose: To deepen understanding of frontline health expectations of health systems internal structures, systems and procedures that enable responsiveness (or not) of frontline workers to the maternal and maternal mental health clients that use primary care services; to explore experiences of internal structures, systems and procedures as frontline health worker that have enable them (or not) to meet the needs of maternal and maternal mental health services that use their primary care services, and how these shape their engagements with their clients and their client experiences of the health system

RQ1 What “system’ or “internal” responsiveness means to frontline health workers providing care to pregnant women with and without mental health conditions?	<i>how this shapes their initial expectations from and interactions with their clients,</i>	
Responsiveness defined: It is the outcome that can be achieved when institution and institutional relationships are designed in such a way that they are cognisant and respond appropriate to the universal and legitimate expectations of the individual. Responsiveness can be viewed from two angles. Firstly, the user of the health care system is often portrayed as a consumer with greater responsiveness as a means of attracting consumers. Secondly, responsiveness is related to the safeguarding of right of patients to the right of safe and adequate care		
The Ghana team definition of Health system. All organisations, people and actions whose primary intent is to promote, restore or maintain health (WHO). The Ghana team conceptualise these organisations to include (formal and informal health systems, e.g. Prayer camps, hospitals, CHPs compounds, traditional healers etc.,)		

Research Questions	Prompts	Logic behind the questions
Introduction/Icebreaker	We would like to talk to you about your understanding of what a responsive health system means to you, if you are a provider in primary care healthcare facility, your expectations and experiences. As well as what health systems arrangements, structures and procedures/processes that are in place or should be in place that facilitates or constrains you to be responsiveness (or not) to the maternal and maternal mental health clients that use primary care services. We are interested in what is happening now and your opinions and ideas about how and why and how they could be improved. To begin the conversation can you tell us briefly about yourself and what you do as a frontline worker with respect to maternal care generally, and maternal mental health clients that use primary care services?	The aim is to get respondent(s) talk and start building rapport
Context	- Can you kindly describe to us the different places pregnant women without mental health conditions can seek healthcare? - What about those with mental health conditions can seek healthcare? - How is the maternal and mental health system organised for health service provision to pregnant women with and without mental healthcare conditions? - What arrangements, structures and processes are in place which constrains health care providers in the different institution and system to interact and relate with each other in the provision of maternal health care generally and maternal mental healthcare specifically?	This is question is looking out for context for maternal and mental healthcare provision from the perspective of healthcare providers and mechanism by which it facilitates or constrains maternal healthcare provision for maternal and mental healthcare provision
How do health workers perceive the way systems contexts, structures and processes either facilitate or constrain its responsiveness to care of Pregnant women with and without mental health conditions	- What does it mean to you as a health worker when we say a health system is responsive to you? - How responsive is your current place of work meet these expectations? Why do you think so? <i>Discuss against the key elements of responsiveness</i>	This question is to explore what system or internal responsiveness means to frontline providers of services to pregnant women with and without mental health conditions <i>across intersectionality dimensions and how this shapes their initial expectations of health</i>

		systems and looking out mechanisms for meeting their expectations of a particular health care institution as a place of work.
What elements of responsive health systems are important to the pregnant women and pregnant women with mental health problems who use your services as frontline health workers why? Dignity defined as “Client” (Clients stands for both patients and healthcare providers as internal and external clients) perception that they are treated as a person who is worthy of honour and respect in their own respect /right regardless of who they are or what their condition is; person rather than as an object.	<i>Probe for: dignity; autonomy; confidentiality; prompt attention; quality of amenities; access to support networks; choice of service provider, trust</i> • Dignity (Obuo ne Anuonyam) Provider perception that they are treated as a person who is worthy of honour and respect in their own respect /right regardless of who they are or what their condition is; person by the system structure, procedures and process that should be in place to enable responsiveness (or not) of you as frontline workers to the maternal and maternal mental health clients that use primary care services Probes: • <i>When do you feel that you have been treated with dignity when working as a frontline health worker providing services to pregnant women with or without maternal mental health problems?</i> • <i>Have you had an experience of being treated with dignity or of not being treated with dignity as a frontline provider? Can you share your experience with us?</i> • <i>How did this shape your interactions/ engagements with your clients (The word engagement can be ambiguous in meaning and difficult in translation. There is no one local word with quite its meaning. Suggest breaking what we mean by engagement down into everyday language by asking):</i> • English: “How have your experiences of being treated with dignity or not influenced the way you treat your clients using maternity services whether they have mental health problems or not?”	Looking out for mechanisms by which participants perceive they have been enabled to treat their clients <i>with dignity or not as frontline health workers providing care to pregnant women with and without mental health problems?</i> <i>This question is looking for internal interactions immediate and remote outcomes (positive and negative, and (re)actions e.g. social and emotional outcomes such as anger, satisfaction, subsequent care provision behaviours, etc.)</i>
Autonomy is defined as the self-directing freedom...it is defined as four rights: • The right of an individual to information on his /her disease and alternative	Autonomy (<i>fa ho dei ne adwen kyere wɔ nɛmaa a efa wo ho</i>) probe (“Autonomy is self-directing freedom...it is defined as four rights: (1) The right of an individual to information on his /her disease and alternative treatment options (this facilitates informed choice) (2) The right to be	

treatment options (this facilitates informed choice) • The right to be consulted about treatment • Informed consent in the context of testing and treatment • The right of patients of sound mind to refuse treatment” ...to be treated as a rational individual able to make sound judgements if given the necessary information	consulted about treatment (3) Informed consent in the context of testing and treatment (4) The right of patients of sound mind to refuse treatment” ...to be treated as a rational individual able to make sound judgements if given the necessary information) • <i>What is your understanding of being a worker in the health system in which you have autonomy?</i> • <i>What makes feel that you have been treated with autonomy?</i> • <i>Have you had an experience of being given autonomy or an experience of not being given autonomy as a frontline worker within the health system?</i> • <i>Can you share specific experiences of work conditions that facilitate or constrain your ability to treat clients with dignity?</i>	
	• Confidentiality (<i>wontimi ka wasɛm ɛwo kukaa mo</i>) • <i>Do the systems, structures and procedures with which you work as a frontline worker (work setting) enable you to treat your clients with confidentiality/privacy? Why or why not?</i> • <i>Can you share specific experiences with us to us understand this?</i>	Exploring mechanisms and possible outcomes for our interventions)
<i>Prompt attention</i> is about being treated /having your needs attended to as soon as possible. Prompt attention can also involve a close relationship, insightful listening, empathy and thoughtful care	Prompt attention/timeliness (<i>yɛ ma won ntwɛn moroso</i>; ▪ <i>What are your needs as a frontline health worker to be able to adequately provide prompt attention to pregnant women with or without mental health problems?</i> ▪ <i>Are those needs being met by the structures, systems and procedures you currently have in place in at the primary care facility in which you work (work setting)? Why or why not</i> ▪ <i>Can you share specific experiences and illustrations to help us understand?</i> •	Exploring mechanisms and possible outcomes for interventions)
Quality amenities is defined as a physical environment that has clean surroundings, regular maintenance, adequate furniture, sufficient	• Quality of amenities; (Probe for physical environment issues: what in the context is considered A physical environment that has clean surroundings, adequate maintenance, furniture, sufficient ventilation, enough space in waiting rooms etc)	

ventilation, enough space in waiting rooms etc We will draw on the document “Core questions and indicators for monitoring WASH in health care facilities” in the SDG UNICEF and WHO guide. Three layer ladder – basic, limited and no water services, Sanitation ◆ adequate furniture ◆ sufficient ventilation ◆ regular procedures for cleaning and maintenance of hospital buildings and premises	• <i>What in your opinion of an adequate quality physical and social environment in which to provide care? (Looking for a whole list)</i> • <i>Do you think those conditions are currently being met? Why or why not?</i> • <i>In your opinion, what can be done to improve or maintained to ensure quality social amenities for pregnant women, generally, and pregnant women with mental health specifically when seeking care?</i>	
An OPD /primary care environment that allows access to desired support networks during care provision such as family, friends, organizations community members, supervisors, seniors, peers, colleagues etc – including antenatal, delivery and postnatal services, that can help the provider , advocacy etc.,	<i>Access to (social) support networks;</i> (An OPD /primary care environment that allows access to desired support networks during care provision such as family, friends, community, colleagues, supervisors, peers etc., – including antenatal, delivery and postnatal services) • <i>What kind of social support networks (family, friends, religious, superiors, supervisors, peers, colleagues etc) if any do you think you need in the provision of health services ?</i> • <i>What makes you feel that you have had adequate access to your social support networks to enable you to be optimally responsive to the women that seek your care?</i> • <i>What challenges do these support networks bring to you a healthcare provider in the performance of your work, which makes hampers your ability to be responsive to the needs of your clients? Kindly share an experience you have had with us.</i> • <i>What facilitators do these support networks bring to you a healthcare provider in the performance of your work, which makes it possible for you to be responsive to the needs</i>	

	<i>of your clients? Can you share an experience with us</i>	
The client has the right to know alternative treatments and services available and to choose who provides the service. The choice of provider can be the facility, the individual person providing care or both. (Reference document in Ghana: Patients Charter) Boundaries set by standards and medical advice but patient has the right to refuse treatment and bear the responsibility for exercising that right and provider must advise...	Choice of service provider, (The client has the right to know alternative treatments and services available and to choose who provides the service. The choice of provider can be the facility, the individual person providing care or both. (Reference document in Ghana: Patients Charter) Boundaries set by standards and medical advice but patient has the right to refuse treatment and bear the responsibility for exercising that right and provider must advise...) • <i>Do you think it is important to allow patients to choose the health facility and the care giver they want? Why or why not?</i>	
	• Trust (Gyediie? Twi word for trust) (between patient and health care provider/provider health system) • <i>What does it mean when we say you trust the systems, procedures and structures put in place in your work setting for you to be able to provide responsive care to your clients?</i> • <i>What systems, structures and processes that are currently in place in your healthcare setting that makes you trust it or not to trust it?</i> • <i>In what way does your distrust in the systems, procedures and structures put in place in your work setting constrain not to be able provide responsive care to your clients?</i> • <i>In your opinion, what can this be done to improve or maintain health care provider trust relations between provider and patients, providers and colleagues or supervisors, and trust in the health system?</i>	Checking for mechanisms that influence functioning of health facilities and healthcare providers performance)
Concluding section	Have we missed anything important to the topic?	
	Can you suggest other people that would be useful to the interview?	
	Do you have any questions, suggestions or comments	

