CAS Feasibility Assessment

Interview Guide & Note Taking Template

Interviewee Name(s):

Interviewee Affiliation / Department:

Relevant Background / information:

Interview Date:

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INTRODUCTION

- Thank you for participating in this interview.

- [Spend a few minutes on introductions, common points of interest, and building a connection.]

- [Introduce yourself, your organizational affiliation and any other pertinent information.]

- **We would like to audio record today's conversation for note taking purposes ONLY (i.e., to produce a transcript). Recording will allow me to be more engaged in the discussion. Additionally, feedback from these interviews will be anonymized. Do we have your permission to record? (If not, turn recording off)**

- Since its inception in 2019, the Health Campaign Effectiveness Coalition seeks to strengthen collaboration (and integration where appropriate) between campaigns (i.e., between country leaders, funders, and implementers), including reducing fragmentation, harmonizing financing and strengthening integration with the PHC system. The Coalition Leadership Team comprises global campaign funders incl. Gavi, Global Fund, CDC, Carter Center, and BMF, multi- and bi-lateral institutions incl. WHO, UNICEF, and country leadership (Nigeria and soon to be Ethiopia)

- In 2023, the HCE Coalition developed the Collaborative Action Strategy (CAS) for Campaign Effectiveness with over 50 partners from both global and country-level settings (including Ethiopia), representing more than 20 organizations, and collectively covering all 5 major health campaign domains: immunizations, polio, neglected tropical diseases (NTDs), malaria and nutrition/Vitamin A supplementation

- During the HCE Coalition CAS planning meeting, held in Addis Ababa in January of this year, Ethiopia (and Nigeria) opted in to the CAS and developed a preliminary CAS customization work plan. Commitment to the CAS was further reinforced by the Honorable State Minister for Health during a debrief meeting on February 12, where he

highlighted that the CAS is in line with Ethiopia's 3-year Investment Plan for the health sector.

- The Hon. Minister aligned with the processes set out by the Coalition for CAS implementation (e.g., the customization work plan) which includes the <u>need for a feasibility assessment</u> that will evaluate current campaigns (e.g., current practices, capacities, resources, and gaps), including challenges and opportunities to strengthen their effectiveness (and collaboration / integration) through the adaptation and implementation of CAS recommendations.

- As part of this assessment, the HCE Program Office is supporting the MOH by conducting a limited number of interviews with experts and stakeholders within the MOH (e.g., within malaria, nutrition, polio, NTD, and immunization campaign relevant department), with key partners (e.g., GAVI, WHO, BMGF), and subnational regions. The feasibility assessment is the first step in customizing the CAS (and its recommendations) for Ethiopia. Steps thereafter would include building an implementation / workplan and implementing the CAS.

- Given the intended impact of the CAS (i.e., increase effectiveness through increased collaboration amongst campaigns, funders, and implementers), and your work in X you were identified as a critical person to interview.

- Are you familiar with the CAS and its recommendations? [if not, provide an overview]

- Do you have any questions for us before we begin?

Part 0: Campaign Overview

Transition: Before we ask about successes, challenges, opportunities, and risks for the CAS, I wanted to get a sense for your organization's role within health campaigns in Ethiopia. Specifically, I am interested in what campaigns are currently taking place that your support (and organizational plans), how campaigns interact with the PHC system, and campaign funding.

- What role does X (i.e., their org) play in health campaigns in Ethiopia (e.g., activity, domain)?
    - How long has this type of support (e.g., funding) been occuring?
    - Are your organizational plans for support likely to be the same in the next 3-5 years or change? If they are to change how and why?

- [where relevant according to their efforts] Are the campaigns that you support integrated (e.g., planning and or co-delivered) with other campaigns and/or the PHC system?

- [where relevant according to their efforts] From your perspective, what is needed / what steps could be taken to better integrate campaigns through the MoH and / or into the PHC system?

- [where relevant according to their efforts] How is your support funded? Does the funding you provide (if any) get funneled through the MOH?
    - What % of the funding is public (i.e., coming from the MOH or state government)? Is this likely to change?

- Outside of your department, are there any other departments (or offices) that support or are involved in campaigns within your organization?

Part 1: Opportunities, Strengths, Challenges & Risks

Transition: Next, I am interested in how things are going with current campaigns? What has worked well? What is challenging? As you think about implementing the CAS, what do you hope to achieve and what do you think will be the biggest risks?

1. In terms of collaborative and/or integrated campaign planning or implementation, what has worked well (e.g., strengths) and what has not? Please explain?
   a. When there has been success in collaborating or integration, what factors facilitated success?

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2. What do you view as the major opportunities for CAS implementation? In other words, what are you hoping or expecting the CAS to achieve in your country (in the short term – 1-2 years – and in the longer term)?
   a. n.b., if needed to spur discussion, test the expected outcomes in the CA

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3. As you think about the successful implementation of the CAS, where do you envision capacity constraints or challenges (national and / or subnational level)
   a. What do you view as the major risk(s) to CAS implementation?

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4. What support and resources would be needed to overcome those constraints and challenges

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Part 2: Recommendation-specific

Transition: Now we are going to transition to talking about the recommendations themselves within the CAS. It is the Coalition's assumption that all of the recommendations won't be implemented at the same time (i.e., need for sequencing and prioritization). Some will be easier to implement than others. Also, the list might not be comprehensive or entirely relevant to an Ethiopian context.

5. [List recommendations] Of the 12 CAS recommendations, which should be implemented in the near term (e.g., this year)? Please explain.

6. Which recommendations will take the least amount of time and effort to implement? Why?

7. Which of the 12 recommendations will require the most effort (or will be the most challenging) to implement and why?

8. Are there any recommendations that are less relevant to the Ethiopian? If yes, which ones and why?

9. In order to reach the intended outcomes of the CAS (more effective and collaborative campaigns), are there topics, activities, or areas that are needed that are not covered within one of the CAS 12 recommendations? If yes, please explain.

Part 3: Gaps & Needs

Transition: I want to ask you about the support you think is needed within the MOH, subnational, by funders, implementors, or anyone (e.g., people, money, advocacy) for the CAS to be implemented successfully.

10. [List recommendations] As you look at the CAS, what support (e.g., who) and resources are likely needed for the CAS and each recommendation? Please be specific.

11. Is there flexible funding or support that could be used to fill these gaps? If yes, please explain.

Part 5: Stakeholders

Transition: Finally, I want to ask you your opinion on who needs to be socialized and sensitized to the CAS, and who needs to be part of customizing it to an Ethiopian context and building an implementation plan?

13. Who should be part of the National Steering Committee (e.g., existing groups like the Health, Population and Nutrition) and what existing working groups or committees can be leveraged?

14. Who should be part of the technical working groups (TWGs) for CAS customization?

15. Which departments and partners need to be consulted, socialized, and sensitized? Please be specific. What is the best way to do this effectively?

Part 4: Thank you / Close

16. Do you have any resources that you can share with us (e.g., strategies, plans, funding / budgets)?

[ ]

17. Is there anyone else you think it is critical for us to gather information from?

[ ]

18. Is there anything we didn't ask you about that you think it is important to add?

[ ]

This has been very helpful. Thank you so much for your time!