**Project Title: Industrial Productivity, Health Sector Performance and Policy Synergies for Inclusive Growth: A Study in Tanzania and Kenya**

Project code: ES/J008737/1

**Background notes on the qualitative data**

**Study sites and sample characteristics**

Data collection on supply chains for essential medicines and medical supplies to health facilities and shops was undertaken in four districts in three regions of Tanzania and four districts in three counties in Kenya.

In Tanzania, three regions were selected: the country’s commercial capital, Dar es Salaam, and two other regions. Within these regions, four districts were purposively chosen to represent a range of income and geographical location, including level of urbanisation and distance from wholesaling centres. In each district, with the cooperation of the district authorities, three wards were purposively sampled, including one in the commercial and administrative centre, and two more distant. All but the Dar es Salaam wards were semi-urban or rural in character. Within these wards, health facilities were sampled from available lists, to include the district hospital and other private, faith-based and public facilities, plus private shops. In Tanzania, the shops include Accredited Drug Dispensing Outlets (ADDOs), that is regulated drug sellers, and also other drug shops and pharmacies. In Tanzania the data set consists of 32 facilities and 10 pharmacies/shops.

In Kenya, three counties were chosen, including the capital city, Nairobi, to include very divergent geographical locations including a coastal county and one other predominantly rural county. In Nairobi, two districts were selected to include a high income district containing some private hospitals, and a lower income area. In the other two counties districts were purposively selected to represent different socio-economic makeup, density of settlement, level of geographical accessibility or isolation, and income levels. With the assistance of the district authorities, health facilities were sampled from available lists, to include the district hospital and other private, faith-based and public facilities, plus private pharmacies and drug shops. In Kenya the data set includes 34 health facilities and 21 pharmacies and shops.

In each country, one district was close to the Kenya/Tanzania border, to allow investigation of cross-border supply chains. Not all facilities and shops were willing to provide complete data.

**Data sets and data collection**

Interviews, using very similar semi-structured interview sheets (see Research Instruments) were conducted in each facility and shop visited. The consent forms (see Research Instruments) referred to both quantitative and qualitative data collection; one consent form was completed for each interviewee, whether providing information on the tracer medicines and supplies, background data on the facility or shop, or qualitative evidence on supply chain organisation, challenges, and sources of medicines and supplies. The quantitative data sets *Tanzania\_interviewees* and *Kenya­\_interviewees* list the interviewees’ details by facility or shop . The qualitative data files identify the respondent(s) by their Interviewee\_ID number; and include the facility or shop ID number and district code from in these files.

The qualitative data sets consist of two NVivo projects prepared in NVivo 10: *Tanzania\_interviews* and *Kenya\_interviews*. The data were collected using semi-structured interview schedules for facilities and shops (see Research Instruments) : Kenya Interview Guides, and Tanzania Interview Guides. These were prepared by the Kenyan and Tanzanian teams working together, then slightly adapted for each country. The questions cover sources of medicines and other supplies, process of procurement or purchase, challenges encountered and pathways for improvement, and also a discussion of respondents’ and their patients’ or clients’ views of the comparison between locally manufactured and imported products. The questions were used by the interviewers as a guide for the discussions; the interviewers could probe following suggestions on the Guides, and could follow up issues that arose in the discussion. The Guides were prepared in English, and then translated into Kiswhili in each country, and checked.

In Tanzania, the interviews were mainly conducted in Kiswahili. They were not electronically recorded, since recording was judged on past experience to inhibit both consent and freedom of discussion. The interviewers took detailed notes during the interview, as close to verbatim as possible, generally in Kiswahili. These notes were translated into English on the same day by the interviewer undertaking each interview, and both sets of notes were retained for cross-checking. The NVivo project *Tanzania\_interviews* contains the checked English language notes from each interview. The numbering of responses refers to the numbered questions in the Tanzania Interview Guides.

In Kenya, most interviews were conducted in English. The main exception was in the coastal district selected, where the Kiswahili schedules were generally used, and the interviews were mainly in that language. In Kenya, all interviews were electronically recorded and then transcribed. Interviews in Kiswahili were first transcribed in that language, then translated and checked. The NVivo project *Kenya\_interviews* contains the English language transcripts of these interviews.

The anonymisation of the data set includes concealment of the geographical locations in each country. This is to ensure that the identity of the district public hospitals – included in each district – in particular is not identifiable, along with identities of other facilities and larger pharmacies. In the qualitative data, as in the quantitative data sets, the names of wholesale suppliers have been removed, since they often identify locations, and other discussion that identifies location has been cut. The name of manufacturers is retained, *except* where negative comments have been made that might be counted libellous; those have been removed. The names of the public and (in Kenya) NGO wholesalers have been retained, since they are necessarily identifiable.

These data do however contain sensitive material, including critical comments concerning, in particular, public wholesalers, for whom we have not been able to preserve organisational anonymity without deleting a large proportion of the interviews. It is important therefore that the respondents’ views should not be cited out of context, and that the timing of the interviewing (before some reforms in each country) should be taken into account. For this reason, these data are available to registered users of the data archive only, and researchers are requested to cite the findings appropriately and with proper reference to the interviewing context that explicitly asked for supply chain challenges and their potential for resolution.