Topic guide for Agency & SFH – VHW sustainability study – Round 3 - draft

	SUSTAINABILITY DOMAIN	DESCRIPTION	ACTIONS	CONTEXT
		In which ways has the innovation been sustained?	What actions are taken to achieve sustainability? Which actors are performing these actions? Have actions been effective?	Enabling contextual factors? Undermining contextual factors?
	Overall sustainability			
1	Innovation design			
2	Decision making to scale-up and sustain innovation			
3	Financial & political			
4	Institutionalisation			
5	Organisation capacity			
6	Routinisation			
7	Social sustainability			

We want to focus on whole of the Village Health Worker scheme this year, since the selection and training of Tier Two VHWs.

1. Innovation - design for sustainability

In the last round of interviews, people were talking about the selection of Tier Two VHWs, changes in the incentives offered to VHWs, and that Agency staff were shadowing SFH staff to be ready for when the Agency take over full responsibility for the scheme. Are there other changes that have been made to the scheme to enhance its sustainability and scalability?

Probes: *Group visits by VHWs to remote areas? Changes to training or additional training? Changes to supervision? Monitoring? Further changes to incentives and motivation of VHWs? Last year there was talk of VHWs being able to train as CHEWS after a time, has there been any movement on that? Changes in governance structures? Harmonisation with health system? Alignment with government priorities? Ensuring medical supplies are available to VHWs and at health facilities?*

If you were setting up the VHW scheme again, and knowing what you know now from the implementation so far, what are the essential elements that you would want to include in the design to enhance its sustainability?

2. Decision making to scale-up and sustain the VHW scheme

In the last round of interviews, we heard a bit about how the decision to recruit Tier Two VHWs was made: using evidence gathered by SFH, in consultation with the Gombe SPHCDA and then consulting the donor.

DESCRIPTION

Referring to other changes this year that the interviewee has mentioned…

ACTIONS

How were those decisions made? Who was involved?

Was the process transparent?

Are there clear lines of accountability from the decision-makers to whom?

CONTEXT

What factors that have enabled the development and use of those decision-making processes? What factors that have hindered them?

2a. Moving forward, to think about next year:

DESCRIPTION

Has a formal process been put in place for making strategic decisions? On what will these decisions be based? *(probe monitoring data? Other sources of information?)*

ACTIONS

If there is a process, who is involved in it? *(probe: which government departments are involved? Anyone else?)*

Have they been involved in developing the decision-making process?

Is the process transparent? To whom are those decision makers accountable?

If there is no decision-making process, how will strategic decisions be made about the VHW scheme? Who will be involved?

CONTEXT

What might help and what might hinder the use of a clear process for decision-making?

When the scheme was set up, the plan was that it would be scaled up to the other 57 wards in Gombe, have there been discussions / planning for how to take that forward? *(probe: timeline, who is involved in the plans…)*

3. Financial and political sustainability

DESCRIPTION

During this year, what has been done towards ensuring that financing for the scheme will be sustainable going forwards? (*probe – progress with the proposal to Saving One Million Lives; other funding sources e.g. government budgets; donor support; local income generation: private sector investment*)

Has there been any progress on ensuring timely budget release?

Currently, which actors are providing sustainable financing?

What are the strengths and limitations of the model?

Going forward, which aspects of the scheme likely to be sustainable? *(probe: VHW stipends, supervision costs, supplies)*

With elections coming up, what has been done, or is planned, to encourage long-term and broad political interest and sustainability for the VHW scheme? *(probe: any interest from federal government)*

ACTIONS

Which actors support the financial and political the scheme's sustainability?

Have their actions been effective?

4. Institutionalisation

DESCRIPTION

What steps have been taken to embed the VHW scheme institutionally within the health system, health policies and health services? *(probe – legal, policy, regulatory, budgetary frameworks; routine information systems; logistics and supply chains; human resources systems, monitoring)*

ACTIONS

Who has been involved in this? Have their actions been effective?

What further steps are needed to institutionalise the VHW scheme? *(e.g. career progression for VHWs?)*

CONTEXT

Are country institutions supportive or undermining of the introduction of the innovation? Which aspects? How? *(probe – legal, regulatory, budgetary frameworks; routine information systems; logistics and supply chains; human resources systems)*

What actions were taken to overcome any barriers?

5. Organisational capacity / programmatic sustainability

CONTEXT

Is the Agency ready to take full control of implementing the scheme at the end of the year? Has the handover gone smoothly? Is there an operational plan in place to maintain primary MNH care services going forward?

Have adaptations had to be made to how the scheme is run? If so, what?

Have there been any challenges? How have they been addressed? *(probe: processes and procedures, information sharing and systems, transport for desk officers' field visits)*

Will SFH have any advisory role after the handover?

Does the health system have sufficient capacity to sustain the innovation going forward? [*probe* – governance; financial systems; logistics and supply chains; information systems; human resources]

Are there weaknesses in the health system that are making it difficult to sustain the innovation?

    If yes, what actions have been/will be taken to overcome these weaknesses?

What about the warehouse where supplies are stored in Gombe town? Is there a strategy in place to track commodities going forwards?

    Is a third party-owned warehouse still being used, or is the government's warehouse now fully functional? If a third party warehouse is still used, what is the long-term impact on the sustainability of drug supplies to VHWs?

Who will supply the various commodities going forward? *(probe: drugs, clean birth kits, scales)*

Is there a sufficient number of VHWs to ensure optimum coverage in the 57 focus wards? If not, has anything else been done or is planned to address this?

In previous rounds of interviews, we heard about attrition and how that was being coped with to some extent by having a pool of women who had been selected and received initial VHW training, but were not deployed immediately;

    How large was that pool and how many of those women are now deployed?

    Does the pool cover all 57 wards, or are there wards where re-recruitment will have to take place?

    Is this pool being replenished? If not, is there a plan to recruit and train more VHWs as and when they are needed? What is the likely impact of that on the sustainability of the scheme?

ACTIONS

Have actions been taken/are actions planned to strengthen aspects of the health system to enable the innovation to be sustained?

    Which actors performed/perform those actions? Have these actions been effective? How?

6. Routinisation in health worker practices

DESCRIPTION

Are there any differences in the work that Tier One and Tier Two VHWs do? If so, what are they? And, how does that impact on the scheme overall?

> Have Tier Two VHWs received both rounds of training that the Tier One VHWs have had?

> Do Tier One and Tier Two VHWs receive the same stipend and incentives?

Originally, there was a target for VHWs to make 36 visits per month. Are they meeting that target? If not, what measures are in place to address that? What are the challenges?

This year, has there been any shift in the perception of VHWs by staff at referral hospitals? Have any steps been taken to raise awareness and understanding of their role at secondary and tertiary health care level? How well are the supervision processes that have been put in place functioning - weekly supervision with CHEWs, monthly supervision with LGA officers and quarterly monitoring meetings with Agency staff?

> In practice, how regularly do the different levels of supervision occur?

> Are the current supervision processes sustainable in the long-term? *(probe about the financial aspects of supervision, e.g. transport for supervisors, stipend for CHEWs)*

> Will this level of supervision be sustainable if the VHW scheme is scaled-up to the other 57 wards?

What incentivises supervisors to make their supervision visits? *(probe - support and training updates; enjoyable, rewarding, gives supervisors a sense of agency and control; helps them perform their roles at health facilities; increases status; proud that increasing numbers of women are receiving health services)*

Are VHWs still receiving all the equipment and drugs that they need to carry?
Are all these supplies sustainable going forward, when the Agency has full responsibility for the VHW scheme? If not, what is being done to address this?

ACTIONS

What actions have been taken/will be taken to encourage supervisors?

> Who has been/ is involved in these actions? Have these actions been effective? How?

CONTEXT

In the previous round of interviews, people mentioned various contextual challenges to supervising VHW, such as the distances involved in visiting VHWs in rural communities with an insufficient travel allowance. Have any solutions been found to overcome these challenges? And if so, what?
Are there other contextual factors that enable or undermine the VHW scheme?

7. Social sustainability

(LGA officials) How do Traditional Birth Attendants and FOMWAN who were not selected to be VHWs feel about the VHWs? Is there much overlap between women who are TBAs or FOMWAN and women who are VHWs?

(WDC members)

DESCRIPTION

During this year, what problem solving have you as a WDC been involved in to help sustain the VHW scheme? Can you give some examples of when you both cooperated on solving a problem together or generally discussed issues affecting the scheme?

> How do these things help to make the VHW scheme sustainable?

> Are these solutions local to your ward, or have they/ will they be spread more widely?

ACTIONS

Do you as a WDC decide and act upon independent, local initiatives to support the VHW scheme in your ward, or are other actors involved? If so, who?

> When are issues and solutions discussed? (*probe:* frequency and location)

> Have these actions been effective? If so, in what way? / If not, why not? What else is being considered?

> Have you been able to share your solutions with other WDCs? If so, where did you do this? Is there a regular forum for WDCs to share ideas?

> What solutions have you learned from other WDCs?

(LGA, WDC, CHEWs & VHWs)

CONTEXT

Are VHWs still facing challenges of acceptance by the community?

> How is your WDC supporting them to overcome these challenges?

This year, some VHWs have been recruited who are literate in Hausa rather than English. Do you have any in your ward? Is there any difference in the way that the community treats them?