

## Topic guide – VHW study – Round 2 - 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			
Decision making to scale-up and sustain innovation			
Innovation design			
Financial & political			
Institutionalisation			
Organisation capacity			
Routinisation			
Social sustainability			

### Overview of VHW implementation (Agency/ SFH)

#### DESCRIPTION

We want to focus on the consolidation of the VHW scheme, from the time of the second round of training for VHWs to administer medications: How has the **implementation** of the scheme changed over time, compared with what was planned? (probe: training, deployment, supervision, tasks covered, incentive scheme, monitoring)

Why were those changes considered necessary?

What has been particularly **effective** in terms of implementation?

Have there been any further **challenges**, and if so what?

How many VHWs are currently working?

#### ACTIONS

If there were challenges, how were they overcome? Have there been any further **adaptations** or **changes** to the scheme in this 'consolidation' phase?

**Who** was involved in making those changes?

Were the changes local to one or two wards, or were they implemented across all 57?

How might these changes be affected is the scheme scaled up to the rest of the Gombe State?

## Overall sustainability of the VHW scheme (Agency/ SFH)

### DESCRIPTION

Looking at the VHW scheme overall, which aspects of it do you consider to be sustainable in the longer term?

What challenges might there be to the sustainability of these aspects if the VHW scheme is scaled-up to the other 57 wards?

Which areas of the scheme are less likely to be sustainable when the scheme is scaled up throughout the state and why is that?

*For example:* initially, two wards where the scheme was to be introduced had to be substituted because it was not possible to find enough women who met the criteria to become VHWs. When it comes to scaling up the VHW scheme, might this also be a challenge in other wards and if so, what plans are in place to overcome this challenge?

What other main challenges are there to the sustainability of the scheme?

How might they be overcome?

If some of these challenges cannot be overcome, will the scheme still be effective in encouraging women to use health facility services during pregnancy, childbirth and in the immediate postnatal period? / What might a pared down version of the VHW scheme consist of?

## Decision making (Agency/ SFH)

### DESCRIPTION

Since the VHWs received their second round of training, have there been changes to the scheme to improve/ increase the sustainability of the VHW scheme?

How long do you anticipate that these changes can continue? (e.g. Did they require further resources, financial or other? And if so, has that been considered for the longer term?)

Were these changes made locally (i.e. within one or two wards or LGAs) or have they been made across all 57 wards?

### ACTIONS

Who were the main **actors** involved in deciding what changes were needed and how they were implemented?

Have these actions been **effective**?

What were the key **factors** influencing the decision to make these changes to the VHW scheme? [*probe* – was evidence of cost/cost effectiveness a part of the decision making?]

## CONTEXT

Have there been any changes to contextual factors in Gombe State that either enhance or undermine the sustainability of the VHW scheme? If so, what has changed? What does this mean for the VHW scheme?

What **actions** are being taken to overcome any barriers? [*probe* about raising awareness and fostering interest in other areas of government, what is being done to make the VHW scheme a priority among and to raise awareness of its benefits among development agencies, civil society and other policy actors?]

## Innovation - design for sustainability (Agency/ SFH/ WDC)

### DESCRIPTION

How has the design of the scheme changed over the course of its implementation to make it sustainable?

(*probe*: Governance, Alignment with government priorities, Financing, Harmonisation within the health system, Coordination with other MNH care programmes, Adaptability to different contexts, Recruitment, Training, Supervision, Monitoring, Incentives and motivation of VHWs, Equipment, Medical supplies for 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?

What aspects are 'nice to have' but not essential to the ultimate aims of the scheme – to encourage the greater use of health services during pregnancy, childbirth and in the immediate aftercare period?

### ACTIONS

Where changes in the design have taken place, did evidence support decision-making? And if so, what sort of evidence? [*probe* – impacts evidence; operational evidence; cost evidence; other]

Who was involved in this – those responsible for generating the evidence and presenting it, and who received it?

Has this been **effective**? How?

## Financial and political sustainability (Agency/ SFH)

### DESCRIPTION

Have there been any changes to the **financing model** that has been, or will be adopted to support the continuation of the innovation? If so, what? [*probe* – government budgets; private sector investment; donor support; local income generation]

Which **actors** are providing sustainable financing?

What are the **strengths and limitations** of the model?

Going forward, will the government be able to sustain the innovation financially **without donor support**?

With elections coming up next year, what has been done, or is planned, to encourage long-term and broad **political interest and sustainability** for the VHW scheme?

### ACTIONS

What mechanisms are in place to ensure that the **flow of finances is sustainable**?

Which **actors** support the financial and political sustainability of the innovation?

Have their actions been **effective**?

## Institutionalisation (Agency/ SFH/ WDC)

### DESCRIPTION

What steps have been taken to **embed** the VHW scheme institutionally within the health system, health policies and health services? [*probe* – legal, 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 do you consider need to be taken to institutionalise the VHW scheme?

### 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?

## Organisational capacity / programmatic sustainability (Agency/ SFH)

### CONTEXT

Does the health system have **sufficient capacity** to sustain the innovation? [*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?

What **actions** have been/will be taken to overcome any weaknesses?

Probe: What about the warehouse where supplies are stored in Gombe town? Is a third party-owned warehouse still being used, or is the government's warehouse fully functional now? If a third party warehouse is still used, what is the long-term impact on the sustainability of drug supplies to VHWs?

Another thing we heard about in the previous interviews was 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/will actions be taken 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?

## Routinisation in health worker practices (Agency/ SFH/ WDC)

### DESCRIPTION

In previous interviews, we heard how at primary health care level the VHWs had mostly been adopted as part of routine practices in the health system, but less so at referral hospitals. What steps have been taken to raise awareness and understanding of the role of VHWs at secondary and tertiary health care level?

How well embedded 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?

How regularly do the different levels of supervision occur?

Are these supervision processes sustainable in the long-term? [*probe* about the financial aspects of supervision, e.g. transport for supervisors]

Do you consider the current supervision processes sustainable if the VHW scheme is scaled-up to the other 57 wards in Gombe state?

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

Among the equipment and drugs that the VHWs carry, what are the most important items?

If their equipment and drugs had to be rationalised, what are the critical items should they carry?

## **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** factors that made supervision visits challenging, such as the distances involved in travelling to supervise VHWs in rural communities and that the travel allowance is insufficient. 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?

## **Social sustainability (for WDC members)**

### **DESCRIPTION**

How has the VHW scheme changed since it was set up?

For the sustainability of the VHW scheme, what areas of problem solving has your WDC been involved in?

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**

Does your WDC act independently on 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 the actions taken been **effective**? If so, in what way?/ If not, why not and what else is being considered?

Have you been able to share your solutions with other WDCs? And where/ is there a regular forum for WDCs to share?

What solutions have you learned from other WDCs?

### **CONTEXT**

Are VHWs still facing challenges of acceptance by the community?

How is your WDC supporting them to overcome these challenges?