**Determinants of effectiveness and sustainability of a novel Community Health Workers programme in improving Mother and Child Health in Nigeria**

**PROJECT PHASE 1**

**FGD-Village Health Workers (final version)**

**Table: Focus Group Participants**

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| **Participant group** |  |
| **Name(s)** |  |
| **Date of interview/group discussion** |  |
| **Place** |  |
| **Facilitator(s)** |  |
| **File Name** |  |
| **Is the recorder working?** |  |
| **Consent given?** |  |

| **Information area** | **Example of topic guide for Village Health Workers** |
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| **Introduction by members of focus groups** | |
| **IWT 2:** If communities in Anambra State (with poorly-functioning WDCs and irregular payment of incentives to women who are unaware of what MCH services are available), are mobilized and financially incentivized in a timely manner, this can lead to improved identification of women, increased coverage and improved utilization of MCH services in a sustainable way. **(Not to be read out to respondents)** | |
|  | For the tape, can you kindly introduce yourselves, and describe your work/what you do? |
| **Context** | 1. Please tell us what you know about SURE-P MCH programme. 2. What factors helped the implementation of the SURE-P programme in this facility. 3. What factors made it difficult to implement SURE-P in this facility. 4. Do you know about other MCH activities that have been implemented in this facility?   **(Also probe for factors that helped or did constrained as in 2-3)** |
| 1. Do you know the maternity practices and culture (organizational and social) of MCH service delivery in the health centre presently? **(what happens at the facilities when pregnant women visit for MCH services)Prompts:**  * Enquire about maternity practice and culture prior to SURE-P (if they are aware) and during SURE-P * Compare this with maternity practice and culture after SURE-P (if they are aware) |
| **Mechanisms** | 1. What were your duties during the SURE-P programme?   **Probe for** i) How did they identify pregnant women in the communities.  ii) Did they visit the pregnant women in their homes, what were the components of these visits (teaching of Key household practices etc.)   1. Did you accompany the pregnant women to the facility for i) ANC ii) Facility delivery. 2. When you brought pregnant women to the facility, were you given CCT (money). If so, who paid you? How much? 3. Are you aware of any traditional birth Attendants (TBAs) accompanying pregnant women to the facility? 4. If/when they did, were they paid CCT (money)?   **(CCT Cluster only)** Did you witness the payment of financial support (CCT) to the pregnant women? What were the processes involved in the payments?  **Prompt:**  - Were they asked to present documents?  -Were they asked for identification? |
|  | 1. How many trainings did you receive before you started carrying out above duties?  * **Who conducted training and where? Duration of training?** * **What were the components of trainings?** * **What equipment were you given to help you with your work (specifically probe for VHW kits and its contents-drugs, manuals, etc.)** * **How many more trainings did you receive during the SURE-P programme? (When, where, by whom)?**  1. Apart from your own duties, how did the other SURE-P programme components **(see components below)** work?   **Prompts:**  Programme components include supply and demand components.   * **Supply components:** deployment and training of staff; availability of equipment, supplies and consumables; upgrade of infrastructure * **Demand components:** CCT to pregnant women; CCT to VHWs, CCT to TBAs (where applicable) |
| 1. How were the changes in maternity care brought about by SURE-P (or other MCH initiative) interpreted and acted upon? **(Both positive and negative interpretation and actions**)   **Prompts:**   * **Interpretations and actions by policymakers (e.g. LGA authority)** * **Interpretation and actions by the facility health workers** * **- Interpretation and action by service users** |
| 1. What were some of the experiences of health workers in implementing these changes brought about by the SURE-P programme (or other MCH initiative) |
| **Outcomes** | 1. How did these changes in maternity practice and MCH service affect staff performance? |
| 1. What are the effects of implementation of programme/initiative on access and utilization of MCH services?   What are effects of implementation of programme/initiative on maternal and child mortality?  **Prompts:**   * Enquire how programme/initiative affected access to services * Enquire how programme/initiative affected service utilization |
|  | 1. How did the relationship with and support from VHWs affect the personal confidence in and willingness of women **i) to seek MCH services?** 2. **To utilize MCH services?** 3. How did utilization of MCH services affect the wellbeing of women and their infants? |