Performer Analysis Worksheet

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Purpose – to clearly define and identify the group of individuals whose needs you would like to assess (generally known as "performers"), including information about how many of these individuals there are, where they work, and the basics of the work they do, when they do it, and how it is measured. Having this information will help clarify the target group for your stakeholder Steering Committee, and provide valuable data as you scope the breadth and depth of the needs analysis.

Performers	Community Health Workers (CHWs)
Who	
Where	
When	
What	
Why	
How	

Tips:
- o If there is great variation in the types of practice, locations, or individual characteristics of the performers, you may want to create and describe the major subgroups separately. For example, you may consider CHWs who work in large clinics in central cities and CHWs in small villages as two different groups. Rely on your Steering Committee members to help determine if these subgroups are necessary, especially those committee members who represent the performers themselves
- o The better you can define the performers at the start, the easier the steps that follow will be since this information will guide decisions further along in the process
- o Any existing measurements of CHW performance you identify now will be helpful in tracking the impact of any change, or intervention, meant to support performance; you should see improvements to these measures once new performance supports are in place or performance barriers are removed.

Example Performer Analysis Worksheet

Here is the Performer Analysis Worksheet prepared by Cecilia, the Facilitator, and a subgroup of the Steering Committee.

	Community Health Workers (CHWs)
Who	Typical CHWs in {name}'s region fall into one of two categories: Village Health Workers (VHWs) are volunteers within their communities. They typically have less than 6 years of formal schooling, but were provided with two weeks of initial training when they took on the role and receive 3-5 days of refresher training each year. They are all women of child bearing age, most with children of their own, who are either from the village they work in or from that immediate area. Many of these volunteer hours take place during the school day, but other local mothers watch VHWs' children when they are too young for school or school is not in session. VHWs make up about 65% of the overall regional health workforce. Senior CHWs (SCHWs) are certified healthcare providers with 18 months of formal training; they delivery services and supervise VHWs in their immediate area who provide counseling and funnel patients to central clinics for complex care. SCHWs are generally located in larger villages or towns. They are usually from that area but not specifically from the town they work in. If patients require more extensive care, they are referred or transferred to the regional hospitals for physician care. SCHWs vary in age from 30 to 60 years old and typically no longer have small children at home. They are often the primary breadwinners in their families. They make up about 25% of the overall regional health workforce.
Where	VHW – volunteer in village settings, usually providing care by visiting the homes of patients SCHW – work in regional health clinics, with clean, reasonably well supplied facilities
When	VHW – volunteer on a part-time basis, usually 10-15 hours per week, year round SCHW – work 30-40 hours per week year round
What	VHW – generally an information and minimal delivery role; visits local homes to provide family planning counseling, including the description of methods and distribution of general medications in support and control of reproductive health (barrier methods, prenatal vitamins, etc.) Usually visits an average of four families during each of her three, 5 hour days. This is typical of VHWs across the region. SCHW – clinical service delivery for family planning, including IUD placement, Depo-Provera injections, vasectomy, and general health testing and prevention visits. Usually sees 12-15 patients during each week day. Services delivered are determined by the clinic Director, who also oversees more critical cases and refers them to regional hospitals for additional treatment when necessary. This is typical of SCHWs in clinics across the region.

Why	VHW – are usually attracted to the role because of their desire to help their villages; they enjoy a raised status among the village population. SCHW – most were drawn to the role because of their interest in medicine or public health, some hope to go on for more advanced training.
How	VHW – performance is tracked by number of patients visited, volume of drugs and resources delivered (submitted monthly), and annual number of unplanned pregnancies in the village; supervised by regional public health officials, generally 1 supervisor to 8 VHWs that connect via text message and twice annual visits to local villages SCHW – supervised by clinic Directors on a daily basis; measures include number of patients seen, number of repeat visits, and number of procedures completed (reported weekly); clinic Directors generally oversee up to three SCHWs in addition to the general clinic staff which number around 15 total.

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Stakeholder Analysis Worksheet

Purpose – to identify those groups or individuals that have a vested interest in your needs analysis, and to document the likely concerns, areas of interest, and support they might provide to complete the process. This might include individuals who:

- create healthcare goals for the community
- lead organizations where CHWs work
- lead the communities where CHW's work
- contribute to the procurement, logistics, or quality of the supplies needed for CHWs to conduct their work
- can represent the interests of the patients seen by CHWs
- can represent CHWs supervisors
- can represent CHWs themselves

Major stakeholder(s) or groups	Point of Contact	Their Stake	Support
Describe each major stakeholder or group of stakeholders	*Who can represent the group on a Steering Committee?*	*Describe the values, interests, and likely expectations the stakeholder(s) might have in in addressing causes of poor performance, or in addressing identified needs to improve performance*	*Describe the likely support this stakeholder can provide – access to data, control over resources, public opinion leader, beneficiary of the performance, etc.*

Tips:
- o Don't worry about identifying *everyone* who might possibly be involved – a smaller group might be easier to manage, so long as the key groups are effectively represented on the Committee you should be fine
- o One identified audience or contact may lead you to another—rely on those you engage to help you clarify who else should be included
- o New stakeholders may emerge as you work through the needs analysis process—as they do, invite them to participate on the Steering Committee and catch them up on decisions and perspectives agreed upon thus far

- o Be realistic about expectations for the analysis and let the group know the constraints they might face
- o Include both those individuals who are likely to be champions of the process and those who might present the biggest roadblocks—better to have them close and their concerns clear right from the start

Example Stakeholder Analysis Worksheet

This is the Worksheet that Cecilia compiled to better understand the key players in the Needs Analysis she is facilitating.

Major stakeholder(s) or groups	Point of Contact	Their Stake	Support
Regional public health officials	the Deputy Regional Minister	Accountable to the national ministry of public health, and anxious to have the region seen as an exemplar within country	Access to limited discretionary budget to support public health initiatives; can provide access to clinical data and health indicators measures
NGO project representatives	Associate Directors for each of 4 major projects in the region that address public health – two address family planning directly, one focuses on Maternal & Child health, one on HIV/AIDS	Interested in CHW performance that contributes to project goals; wants to ensure that any changes to CHW support do not negatively impact ongoing projects or effect project metrics.	Actively collecting data on CHW actions as related to their individual project goals; employ a number of opinion leaders across the community; can provide some financial support if it is an allowable expense and funds are available
NGO M&E representatives	Senior M&E Manager for largest project in region	Wants to ensure valid of needs analysis; concerned project M&E staff will be pressed to support needs analysis that is not an allowable expense	Able to lend personal expertise, but not funding, for sampling, instrument development, data collection, data housing/management, and analysis
Regional Pharmacy Centers	Purchasing Manager, regional pharma distribution center	Wants to ensure that regional stocking/distribution methods are seen as supportive; concerned that poor ordering at clinics that result in stock-outs will be seen as a failure of their systems	Can provide measures of stock and pharma throughput to region, region clinics and local areas
SCHWs	A typical SCHW, and clinic Director	Interested in ensuring work at clinics is seen in a positive light and in improving the funding and support of clinics throughout the region	Can provide unique insights to the work and motivation of SCHWs throughout the area; can pilot data collection instruments and assist in interpretation of comments and data
VHWs	Cecilia, representing the typical VHW within the region; a VHW Supervisor from another area within the region	Wants to represent her local community well, and ensure VHW challenges are identified and addressed; nervous about	Can provide unique insights to the work and motivation of VHWs throughout the area; can pilot data collection instruments and assist in interpretation of comments and data

		working with senior managers and political authorities	
Local government officials	the Assistant Mayor of one the largest towns in the Local Government Area	Want to be sure that their authority on local matters is not ignored, and that regional or NGO group don't interfere with local governance, values, or traditions	Can provide access to local public radio stations, public events and local funding to support health initiatives when they deem them in the public interest; can influence leaders of other towns in the area
Religious leaders	Local Imam, Shaman, and Christian Minister	Concerned that family planning services conflict with religious doctrine	Can influence public opinion about healthcare offerings and practices
Civic society organizations	Member of local Football League Administration; School Board member	Generally concerned about public health, public health education and public well-being	Can influence public opinion, provide venues for public gatherings, and possibly provide additional funding or support to CHWs at regional or local level

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Logic Model Worksheet

Purpose –a logic model shows the relationships between the performers and the ultimate goals their work is intended to achieve. It makes the connection between actions and goals clear for all parties. Below is a typical logic model template, with one high-level example for clarity.

Inputs	Activities	Outputs	Outcomes (short and long term)	Impact
The resources available to support the performance or program (people, funding, time, materials, etc.)	*The sequenced actions that performers or programs take with the available resources to achieve the stated goals (offerings, events, products, services, etc.)*	*Direct, tangible accomplishments of the activities with the intended audiences*	*The measurable changes in audience behavior or capability that result from the performance or program*	*Realized changes in the populations, organizations, or systems the performance or program was designed to influence (typically these are community health goals)*

Tips:
- o Many people find it easiest to begin with the *Activities*, then describe the *Outputs*, *Outcomes* and *Impact* before returning to identify the *Inputs* required
- o Some logic models combine components—especially Activities and Outputs; for a logic model that will guide a needs analysis we want to be as explicit as possible in describing the individual actions of performers with their Outputs and Outcomes since it is the performance behavior of individuals we are most interested in investigating
- o Keep your logic model entries at a fairly general level to begin with. You don't have to describe Activities at the granular level (example: CHW asks patient to lie on examination table), unless or until a specific Activity is associated with a performance gap. Then it might be illustrative to consider the sequences of actions that make up Activities to further clarify what is causing or contributing to the gap. You might also revise the Logic Model to reflect changes undertaken to address gaps going forward.

Example Logic Model Worksheet

Here is just a brief portion of the Logic Model prepared by Cecilia and her Steering Committee sub-group.

Inputs	Activities	Outputs	Outcomes (short and long term)	Impact
• Clear expectations • Skills and Knowledge (ability) • Facilities and necessary materials (opportunity) • Motivation of both VHWs and community members to engage in counseling sessions	Family planning counseling sessions delivered by VHWs	Couples understand the options available for family planning and make decisions that support their intentions for reproduction	<u>Short term</u>: increased number of referrals to regional clinics for reproductive health procedures with SCHWs <u>Long term</u>: increased confidence in and adherence to chosen family planning methods	Reduced number of unplanned pregnancies

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Question Matrix

Investigative Questions	Sub-Questions; Possible Survey Questions (reword as appropriate for different audiences)	Data Sources				
		CHW	Supervisors	Patients	Community	Documents
Expectations Questions						
Is the performance itself clear and unambiguous to performers?	Is it clear what services CHWs will provide?					
	Is it clear what services are not provided by CHWs?					
	Is there consistent definition and understanding of each service offered?					
Are there clear and measurable performance standards?	Are metrics for CHW performance during service collected? Are they shared with the individual performers? With their supervisors?					
	Are metrics for CHW performance collected after service has been completed? Are they shared with the individual performers? With their supervisors?					
Are the standards attainable?	Do performers consider the standards attainable?					
Are good models of behavior available? Do they know what success looks like and what failure looks like?	Is good performance clearly defined?					
	Is poor performance clearly defined?					
Is there sufficient feedback on performance to allow an experienced person to perform well?	Are there accepted standards for CHW performance during service delivery?					
	Is CHW performance observed periodically for immediate feedback?					
Are the objectives of the performance clear?	Are the public health goals affected by CHW delivery of services understood and accepted?					
What are the key gender relations related to setting expectations for CHW performance? What are the gender-based constraints on setting performance expectations?						

If expectations are not clear, why? What might be some of the reasons why expectations are not clear?						
Add any other expectations questions unique to your situation						
Ability Questions						
Are the tasks and procedures that make up the performance understood?	Are the key services provided by CHWs defined?					
	Are the specific actions to accomplish those tasks clear?					
Are they logical?	Does the flow of tasks involved in each service optimize performance?					
Do the performers have the knowledge needed to perform well?	Is it clear what knowledge is needed to provide services?					
	Are CHWs tested on this knowledge? How regularly?					
	Is there an established way for new or updated knowledge to reach CHWs?					
Do performers have the skills to perform well?	Are the skills needed for CHWs to provide services clear?					
	Are CHW skills tested? How regularly?					
	How are new or updated skills acquired by CHWs?					
	Do the policies for recruiting and hiring of CHWs take the needed knowledge and skills into account?					
What are the key gender relations related to skills and knowledge acquisition and maintenance for CHW performance? What are the gender-based constraints on ability issues overall?						
If there is a lack of ability on the part of the CHWs or those who supervise them, what might be contributing to this?						
Add any other ability questions unique to your situation						
Opportunity Questions						
Is it clear what resources are needed, at minimum, to perform as expected?	Is it clear what supplies, equipment, teamwork and circumstances are needed to appropriately deliver services?					

	Is it clear how much time it generally takes to deliver services properly?					
Are these resources regularly available?	Are the supplies needed to deliver services regularly available?					
	Is the equipment needed to deliver services regularly available?					
	Is there sufficient teamwork to allow CHWs to deliver services?					
	Is sufficient time available to deliver services for each patient(s)?					
	Are there reasonable expectations for the number of patients seen in a given workday?					
Are the settings for performance sufficient?	Are the services offered in locations with sufficient space, sanitation, privacy, and convenience to patients?					
Are the performers physically, mentally, and emotionally able to perform as expected?	Do the CHWs have the physical fitness required to delivery services appropriately?					
	Are there any emotional or mental issues inhibiting CHW's abilities to delivery services?					
Are members of the target population aware of the services offered?	Do potential patients know about the services CHWs provide?					
Do members of the target population have the opportunity to obtain services?	Are potential patients able to reach service locations? If not, what barriers do they face?					
What are the key gender relations related to patient access, environmental influences, and resource availability for CHW performance? What are the gender-based constraints on opportunity issues overall?						
If there are environmental, social, or other barriers that keep CHWs or their supervisors from performing as expected, what might be driving these barriers?						
Add any other opportunity questions unique to your situation						

Motivation Questions						
Do the performers understand why good performance is important?	Do CHWs see a directly link between their work and public health goals?					
	Is there understanding and agreement on how the logic of how specific tasks and services that CHWs provide will improve public health?					
	Is the importance of each service (or tasks which make up a service) understood?					
Is there individual motivation to perform? Do the performers get something positive out of their taking action?	Are the motivations that drive CHWs to deliver service understood? What are the tangible motivations? What are the intangible motivations?					
	Do CHWs experience an increase in status as a result of their role?					
	Do the families of CHWs support them in their role?					
	Are their personal needs of CHWs that are fulfilled by service in role?					
Are there rewards in place for good performance?	Are there unique rewards for CHWs who demonstrate good performance?					
Are there consequences for poor performance? Are they meaningful to the performers?	What rewards are forfeit by poor performing CHWs?					
	Does the loss of rewards by poor performers inspire change in their practice or improvement in their future performance?					
	What are the consequences for continued poor performance by individual CHWs?					
Are there environmental or sociocultural influences that might impact performance?	Are there groups or individuals that oppose the services that CHWs typically provide?					
	Are there groups or individuals that oppose CHWs specifically for any reason?					
	Are there legal prohibitions against delivery of any services?					

	Are there any negative consequences to CHWs for providing services?					
	Do values conflict with the delivery of services or the public health consequences of those services?					
Are communities committed to the goals and objectives of service as outlined in the logic model?	Does the community clearly understand the link between CHW services and the health goals of the community?					
Do communities support the activities of CHWs in providing services?	Does the community actively support the public health goals contributed to by the work of CHWs?					
	Do CHWs feel connected to the community they serve?					
What are the key gender relations related to motivation for CHW performance? Both motivation of the CHWs themselves and the motivation of the patients in seeking and receiving healthcare services? What are the gender-based constraints on motivation issues overall?						
If there is a lack of motivation for CHWs to perform, what might be interfering with their motivation?						
Add any other motivation questions unique to your situation						

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Example Question Matrix

At one of her first Steering Committee meetings, Cecilia asked the group to split into four teams. Each team was asked to review one of the essential factor sections of the Question Matrix (Expectations, Ability, Opportunity, and Motivation), and adapt or expand upon it to reflect the specific considerations of the Steering Committee for the needs analysis. The Committee then reviewed each adapted section together and made final edits. The result is a list of investigative questions that are most important to the Stakeholder Steering Committee members.

Investigative Questions	Sub-Questions; Possible Survey Questions (reword as appropriate for different audiences)	Data Sources				
		CHW	Supervisors	Patients	Community	Documents
Expectations Questions						
Is the performance itself clear and unambiguous to performers?	Can VHWs list and describe the services they are expected to provide within their village? Can SCHWs list and describe each of the services they are expected to deliver at their clinic?					
	Do VHW supervisors provide the same list and description of services? Do SCHW supervisors provide the same list and description of services?					
Are there clear and measurable performance standards?	Are VHWs aware of how their work is tracked and measured? Do they know their most recent measures? Are SCHWs familiar with the metrics that track their work? Can they state their most recent measure and trend?					
	Are supervisors of VHWs and SCHWs familiar with the metrics of those they supervise? How often do they share and discuss these metrics with their reports?					
Is there sufficient feedback on performance to allow an experienced person to perform well?	How do VHWs receive feedback on their counseling services?					
	Is SCHW performance observed periodically for immediate feedback?					

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Are the objectives of the performance clear?	Are the public health goals affected by VHW and SCHW delivery of services understood and accepted?					
What are the key gender relations related to setting expectations for CHW performance? What are the gender-based constraints on setting performance expectations?	In what ways to gender relations impact the expectations set for VHW performance? Are there gender relations issues in setting expectations for SCHW clinical services?					
	What kinds of gender issues are involved in expectation setting for service recipients?					
	If expectations are not clear, what are some of the reasons behind this?					
Ability Questions						
Are the tasks and procedures that make up the performance understood?	Do VHWs understand what the major components of a family planning counseling session? Are the specific steps and actions that make up those major components clear?					
	Do SCHWs understand the step by step activities that are contained in the clinical family planning services they provide?					
Do the performers have the knowledge needed to perform well?	Do VHWs have the knowledge and skills needed to deliver a family planning counseling session?					
	Do SCHWs have the knowledge and skills needed to provide clinical family planning services? for all services offered?					
Are supervisors keeping track of skills and knowledge needs?	Do supervisors of VHWs and SCHWs regularly assess the skills and knowledge of their reports?					
What are the key gender relations related to skills and knowledge acquisition and maintenance for CHW performance? What are the gender-based constraints on ability issues overall?	Are there gender relations issues behind the delivery of services? Are there gender relations issues that either inhibit or support the acquisition of skills and knowledge needed for family planning service delivery?					
	If there is a lack of ability on the part of VHWs or SCHWs, or their supervisors, what is contributing to this?					
Opportunity Questions						
Is it clear what resources are needed, at minimum, to perform as expected?	Is it clear what supplies, equipment, teamwork and circumstances are needed to appropriately deliver services?					

Are these resources regularly available?	Are the supplies and equipment needed to deliver services regularly available?					
	Are there reasonable expectations for the number of services to be provided in a given day? given week?					
Are members of the target population aware of the services offered?	Do potential patients know about the services VHWs and SCHWs provide?					
Do members of the target population have the opportunity to obtain services?	Are potential patients able to reach service locations? If not, what barriers do they face?					
What are the key gender relations related to patient access, environmental influences, and resource availability for CHW performance? What are the gender-based constraints on opportunity issues overall?						
	If there are environmental, social, or other barriers that keep CHWs or their supervisors from performing as expected, what might be driving these barriers?					
Motivation Questions						
Do the performers understand why good performance is important?	Do VHWs and SCHWs see a directly link between their work and public health goals?					
Is there individual motivation to perform? Do the performers get something positive out of their taking action?	Are the motivations that drive VHWs and SCHWs to deliver service understood? What are the tangible motivations? What are the intangible motivations?					
	Do CHWs experience an increase in status as a result of their role?					
	Do the families of CHWs support them in their role?					
	Are their personal needs of CHWs that are fulfilled by service in role?					
Are there rewards in place for good performance?	Are there unique rewards for VHWs and SCHWs who demonstrate good performance?					
Are there consequences for poor performance? Are they meaningful to the performers?	What rewards are forfeit by poor performing VHWs and SCHWs?					
	What are the consequences for continued poor performance by individual VHWs and SCHWs?					

Are there environmental or sociocultural influences that might impact performance?	Are there groups or individuals that oppose the services that CHWs typically provide?					
	Are there any negative consequences to CHWs for providing services?					
	Do values conflict with the delivery of services or the public health consequences of those services?					
Are communities committed to the goals and objectives of service as outlined in the logic model?	Does the community clearly understand the link between CHW services and the health goals of the community?					
Do communities support the activities of CHWs in providing services?	Does the community actively support the public health goals contributed to by the work of CHWs?					
	Do CHWs feel connected to the community they serve?					
What are the key gender relations related to motivation for CHW performance? Both motivation of the CHWs themselves and the motivation of the patients in seeking and receiving healthcare services? What are the gender-based constraints on motivation issues overall?	How do gender relations impact the motivation of VHWs to provide family planning counseling in their villages? Are there gender relations issues that impact the clinical services offered by SCHWs?					
	If there are other aspects of motivation lacking for VHWs, SCHWs, or their patients, what might be contributing to it?					

Acceptable Evidence Worksheet

Purpose – to identify what stakeholders will find satisfactory as an answer to each investigative question. Once the data is collected and analyzed, this content will help you know if the answer is "good enough" for Steering Committee members to feel there are no problems or needs associated with that area. It's a good idea to clarify acceptable evidence in advance for three reasons: (1) so your data collection instruments collect data in the level of detail that is needed, and (2) so that the Committee can publically align on minimally acceptable evidence *before* data is in hand and thereby avoid potentially divisive discussions once summarized data is in hand. It's also a terrific final check across all questions and sub-questions before beginning you plan for data collection.

Process – Assign a Steering Committee to champion each of the four performance factor sections of the *Question Matrix*. Committee sub-groups should form and discuss each question, identifying minimally acceptable evidence, based on stated goals and objectives for the performance. Each sub-group shares their worksheet with the larger Committee for consensus and buy-in.

Investigative Questions	Sub-Questions; Possible Survey Questions (reword as appropriate for different audiences)	Acceptable Evidence
List each major investigative question	*List the sub-questions that support the investigative questions*	*For each question, identify the line between "it's OK" and "this is a gap"*
Are there clear and measurable performance standards?	Are metrics for CHW performance during service collected? Are they shared with individual performers? With their supervisors?	If 90% of CHWs report that performance metrics are collected and are shared with them by their supervisors on a weekly basis, there is no need for intervention. The Steering Committee agrees that if fewer than 90% report this will indicate there is a need to be addressed in this area.

Tips:
- o Be sure to note the performance factors that *must* be present in order to allow any level of performance to take place. For example, if the necessary medications are not available, service delivery cannot take place at all. But having the medicines available does not *guarantee* that CHWs will provide good service. Having this notation will be helpful when prioritizing which needs to address first.
- o If multiple audiences are involved in determining the answer to a given question, be sure to note if the level of evidence differs from audience to audience. For example, is the Committee

comfortable if only 50% of CHWs feel their performance measures are clear and measurable? Or is the minimally acceptable number closer to 90%?

- o The first time you conduct a needs analysis for any group, the minimally acceptable evidence will be harder to pinpoint. In future cycles you will have the previous cycle's data to rely on as a starting point—with the assumption that things should be improving cycle over cycle.

Don't be surprised if data collected from one audience appears to contradict data from another audience. Supervisors of CHWs may have a very different perspective on what constitutes a motivating reward than CHWs themselves. All perspectives are *valid* for that audience—your goal is to identify those which are most *informative* in answering the investigative questions.

Example Acceptable Evidence Worksheet

Here is a cross-section of the Acceptable Evidence Worksheet completed by Cecilia and her Steering Committee sub-team. One question from each of the four essential factors is included.

Investigative Questions	Sub-Questions; Possible Survey Questions (reword as appropriate for different audiences)	Acceptable Evidence
	List the sub-questions that support the investigative questions	*For each question, identify the line between "it's OK" and "this is a gap"*
Expectation Question : Are there clear and measurable performance standards?	Are VHWs aware of how their work is tracked and measured? Do they know their most recent measures? Are SCHWs familiar with the metrics that track their work? Can they state their most recent measure and trend?	75% of VHWs should be able to describe how their performance is measured and their most recent measurement results. 90% of SCHWs should indicate metrics are collected and shared weekly by their supervisors. If fewer than 90% report this, it will be seen as a need.
Ability Question: What are the key gender relations related to skills and knowledge acquisition and maintenance?	Are there gender relations issues that affect delivery of VHW counseling services or SCHW clinical services? Do these issues impact the ability for these CHWs to provide services?	VHWs and SCHWs report minimal gender relations issues and none that affect their ability to provide services as described. If any gender relations issues are identified that interfere with specific counseling or clinical services, this will be considered an addressable need.
Opportunity Question: Are sufficient resources regularly available?	Are the supplies and equipment needed to deliver services regularly available?	Fewer than 10% of SCHWs and their supervisors report occasional shortages of supplies for clinical service delivery. If shortages are reported that interrupt service delivery in any location for more than one day per month this will be considered an addressable need.
Motivation Question: Are there environmental or sociocultural influences that might impact performance?	Are there any negative consequences to VHWs or SCHWs for providing services?	Fewer than 5% of VHWs and SCHWs indicate that there are negative consequences for their providing services to the community. If more than 5% report negative consequences this will be considered an addressable need.

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Sampling Overview

Purpose – to provide a general overview of sampling issues, and support approaches that will ensure the perspectives and opinions you capture from a small number of individuals properly represents the perspectives and opinions of the entire group or population

At this point in the needs analysis, you know what questions you'd like answered and which individuals or groups might have information to answer them. But how do you choose which *individuals* to approach in order to gather your data? Most needs analyses will collect information from a variety of sources using several different methods. This is known as a *mixed methods* approach, and it usually involves more than one approach to selecting samples of individuals to engage with for data collection.

First a *probability sampling* is used to ensure for the group of individuals chosen is representative of the entire group (this is called generalization). This is often supplemented by *purposive sampling,* which is used to gather data for specific investigative questions that require deeper perspective from unique groups of performers or informants. Here is an overview of each type of sampling and when it is typically used:

Types of Probability Sampling	Types of Purposive Sampling
<u>Random Sample</u>: ensures you can confidently generalize results to the larger population in one of two methods: <u>simple</u> - every member of the entire population has an equal chance of being selected; <u>systemic</u> – choose from a randomized population list in a structured way (every 12th person, for example)	<u>Exemplar</u> – sometimes called *success case* study, this method is sometimes associated with a positive focused technique called *appreciative inquiry*, this method involves identification of top performers in order to study what contributes to their success
<u>Stratified</u> – major subgroups within the population are identified first, then random samples are pulled from each in proportion to their size in the general population; this ensures small, geographically dispersed, or key stakeholder groups are sampled in large enough numbers to generalize to their subgroup	<u>Snowball</u> – rely on insider knowledge from the various groups of informants to identify useful cases to include; this method ensures a variety of specific examples will be included but requires strong trust between the data sources and the researchers
<u>Cluster</u> – naturally occurring sub-populations (clinics, families, towns) are identified and a random sample of these groups is chosen; this is useful when travel is difficult or expensive and the sub-group populations are relatively similar	<u>Convenience</u> – selection of individuals who are easily at hand and willing to participate; this is the least desirable method since it is not likely to be as transferrable or representative but is lowest in cost
When to use Probability Sampling	When to use Purposive Sampling
When you want to understand the size or prevalence of an issue or factor that is affecting performance—how widespread is it?	When you have an interest in the perspective of a specific group or category of individuals—what do "XYZs" think?
When you want to know if a problem or need is consistent from place to place and group to group—is it the same everywhere?	When you want to look at extremes to highlight the differences in factors that contribute to their

	differences—who are the best at this and why? Who are the least effective and why?
When the group is large, resources are tight, and you cannot gather data from everyone, but want ensure smaller numbers can represent the perspectives of the entire group—what small group can validly speak for everyone?	When you want to test a hypothesis about what might be happening—data suggest two factors may be related, who can best confirm this?

Tips:
- o Ensure you have a realistic perspective on the number of individuals in each group and how likely it is that you will be able to engage with them
- o If you have strongly opinioned groups, be sure that they are represented appropriately in proportion to their size—it is easy for small, opinioned groups to dominate the data if you are not careful

Be sure to consider gender, age, ethnicity, or other demographics of note when selecting samples so that disadvantaged groups or those less visible are appropriately included.

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Data Collection Considerations

Purpose – to support broad thinking about the data collection process in order to ensure a balanced, valid, and reasonable approach is adopted for your needs analysis

Access – think about how you will reach the individuals you are trying to collect data from. Are they difficult to reach geographically, either because of distance or environmental or situational barriers? How much time are you likely to have with them to answer your questions? What could you do to increase their willingness to participate? Is there anyone who might want to block your access to these individuals? Are there legal, ethical or confidentiality issues that would keep them from talking with you?

Method – it is important to match the type of information you are seeking with a collection method that is suitable to the audiences involved, the geographic area, and your time and cost constraints

Method	Strengths	Weaknesses	Relative Cost	Relative Time
Questionnaires	• Consistent measures • Perceived anonymity encourages honesty • Ease of data analysis • Good validity when tested with target audiences	• Low response rates • Open-ended responses can be unclear • Logistics of distribution of paper versions across large areas can be a challenge • Use of online versions can be a challenge in low resource locations	↓ for large groups	↓ front loaded time investment in creation and piloting of instrument
In-Depth Interviews	• Allows depth through follow-up and probing • clear intent and interpretations • use of phone can limit travel	• open conversation responses can take time to analyze • lack of anonymity • investigator can influence • training investigators can take time	↑ when conducted in person	↑ front loaded time investment in creation and piloting of instrument
Focus Group Discussions	• feedback from larger groups with fewer resources • allows some depth and follow-up • can increase breadth of participation	• Reactions of group can impact responses • lack of anonymity • protocol must be consistently followed across sessions • some individuals can dominate	↓ if group members are co-located	↔ focus group protocol
Documentation/ Existing Data	• allows reliance on trusted resources • allows view across time • avoids issues with access and availability of populations	• available data may not be perfect fit to needs • missing or incomplete data may cause validity issues • data access may be limited or difficult	↓ if data is already in a form that is easily exported and used	↔ if data is not in readily usable, can take time

Tips:
- o When there is little known about what may be influencing, it may be best to start with less structured data collection methods—such as interviews and focus groups. The information you gather from these methods can help you identify important barrier to good performance, and develop theories about how and why they exist.
- o Ensure that gender issues are managed for each data collection method you propose. If women will speak more freely in focus groups that do not contain men, for example, plan to hold

separate groups. This is also true when considering groups that might mix levels or seniority and age.

Further reading:

How to Conduct Qualitative Formative Research

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Data Collection Planning Worksheet

Purpose – to create a clear plan across all data sources and methods that will allow you to ensure balance, use resources wisely, and track progress

Investigative Question	Sub-Question	Data Source(s) (who or what)	Sample (which individuals or records)	Method (how)	Administrator (who will manage collection)	Schedule (by when)
Drawn from the Question Matrix	*Drawn from the Question Matrix*	*Who or what sources can help answer the question?*	*Within those data sources, which individuals or records will you choose?*	*How will you gather the data? questionnaire? survey? focus group? interview?*	*Who is responsible for managing data collection related to this question and gathering it for analysis?*	*What is the timeframe for gathering data?*

Tips:
- o Be sure that those investigative questions identified as most important to your Steering Committee and stakeholders are given priority in any funding or time constraints
- o Ensure that data from any given source is linked to all of the investigative questions it supports – for example, interviews with the supervisors of CHWs are likely to provide input on many different questions, and on questions that cover all four essential factors (expectations, ability, opportunity, and motivation)
- o Be sure that the sample and method you choose will support your *Acceptable Evidence Worksheet* targets for each question—for example, if your acceptable evidence is based on a percentage of CHWs reporting, ensure you either reach that percentage of *all* CHWs or that you pull a representative same so you can generalize with confidence to the larger population
- o If a needs analysis loses momentum, it is often in the data collection stage -- ensure Administrators of each data collection method have the resources needed to capture the data, and follow up with them on a regular basis to ensure they stay on schedule

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Example Data Collection Planning Worksheet

Here is an excerpt from the Data Collection Planning Worksheet completed by Cecilia and her Steering Committee subgroup:

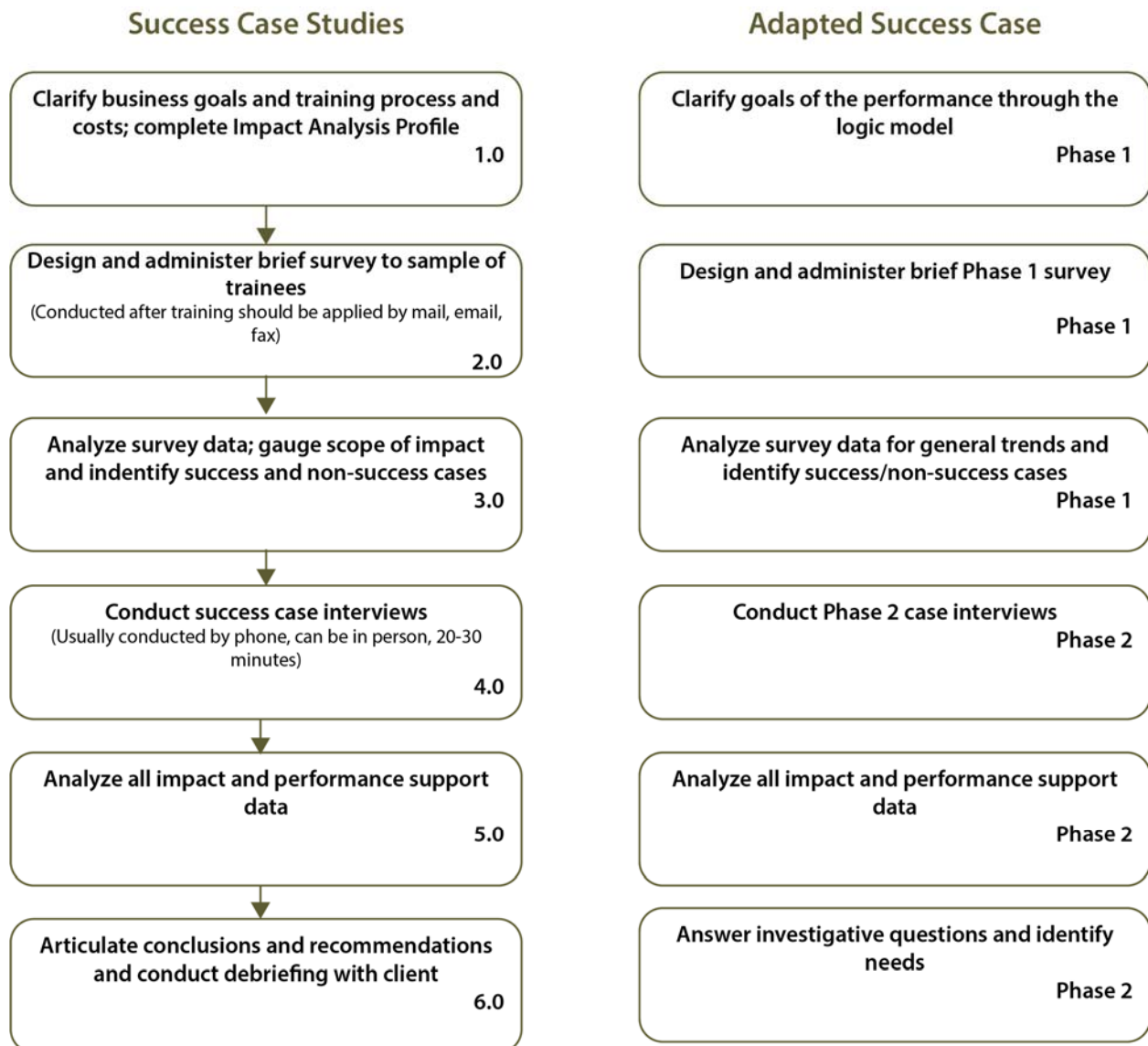| Investigative Question	Sub-Question	Data Source(s)	Sample	Method	Administrator	Schedule
Expectation Question: Are there clear and measurable performance standards?	Are VHWs aware of how their work is tracked and measured? Do they know their most recent measures? Are SCHWs familiar with metrics that track their work? Can they state their most recent results & trend?	VHWs & Supervisors Records of Metrics SCHWs & Supervisors Records of Metrics	Statistically representative sample of VHWs & Supervisors for generalization; Corresponding Records of Metrics Due to smaller numbers, sample all SCHWs, Supervisors; Records of Metrics	Questionnaire, Records Review; Documentation Worksheet Interview, Records Review; Documentation Worksheet	Regional public health official on Steering Committee will access all Records of Metrics Senior M&E Manager on Steering Committee will create Questionnaire and Interview Protocol, manage data collection by NGO project representatives	Records data gathered by Week 2 Questionnaire and Interview Protocol developed/piloted by Week 1; data collected by Week 3
Ability Question: What are the key gender relations related to skills and knowledge acquisition and maintenance?	Are there gender relations issues that affect delivery of VHW counseling services or SCHW clinical services? Do these issues impact the ability for these CHWs to provide services?	VHWs & Supervisors SCHWs & Supervisors Regional public health officials (trainers in particular)	Statistically representative sample of VHWs & Supervisors for generalization Census of SCHWs	Questionnaire Interview	Senior M&E Manager creates, NGO project representatives administer Senior M&E Manager creates, NGO project representatives administer	Questionnaire and Interview Protocol developed and pilots by Week 1; data collected by Week 3
Opportunity Question: Are sufficient resources regularly available?	Are the supplies and equipment needed to deliver services regularly available?	VHWs SCHWs Purchasing Manager of Regional Pharma Center	Representative sample of VHWs, Census of SCHWs All managers in regions under study	Questionnaire & Interview Records Review/ Documentation Worksheet	Senior M&E Manager creates, NGO project representatives administer Purchasing Manager of Regional Pharma Center will access data across all centers in region	Questionnaire and Interview Protocol developed/piloted by Week 1; data collected by Week 3 Records data gathered by Week 2

Motivation Question: Are there environmental or sociocultural influences that might impact performance?	Are there any negative consequences to VHWs or SCHWs for providing services?	VHWs SCHWs Local government officials Potential patients of CHWs	Representative sample of VHWs, Census of SCHWs One government official for each village in region Representative sample of patient population	Questionnaire & Interview Interview Interview	Senior M&E Manager creates, questionnaire and all interview protocols, NGO project representatives administer	Questionnaire and Interview Protocols developed/piloted by Week 1; data collected by Week 3

Adapted Success Case Overview

Purpose – to provide a general overview and best practices for conducting focus groups to collect data

Robert O. Brinkerhoff's Success Case Method was originally designed to provide relatively quick, low resource evaluation of training interventions. However, with some minor adaptations, it can be used as an effective framework for conducting needs analyses in low resource settings. Here is a brief comparison between the Success Case Method and the Adapted Success Case approach:

Success Case Studies	Adapted Success Case
Clarify business goals and training process and costs; complete Impact Analysis Profile **1.0**	Clarify goals of the performance through the logic model **Phase 1**
Design and administer brief survey to sample of trainees (Conducted after training should be applied by mail, email, fax) **2.0**	Design and administer brief Phase 1 survey **Phase 1**
Analyze survey data; gauge scope of impact and indentify success and non-success cases **3.0**	Analyze survey data for general trends and identify success/non-success cases **Phase 1**
Conduct success case interviews (Usually conducted by phone, can be in person, 20-30 minutes) **4.0**	Conduct Phase 2 case interviews **Phase 2**
Analyze all impact and performance support data **5.0**	Analyze all impact and performance support data **Phase 2**
Articulate conclusions and recommendations and conduct debriefing with client **6.0**	Answer investigative questions and identify needs **Phase 2**

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Robert O. Brinkerhoff and Dennis E. Dressler

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Adapted Success Case Data Collection Planning Worksheet

Purpose – to provide a general work plan for implementing the Adapted Success Case approach

Ideally, the Facilitator will lead the Steering Committee through the planning process during one of the initial meetings and ask for specific support and resources from each member.

Phase	Action	Resources	Administrator/Contributors	Schedule
Which phase	*Describe action to be taken*	*What time, tools, individuals, materials, etc. are needed and how will they be sourced?*	*Who is the owner of this action and which individuals will support?*	*When does this action begin and end?*

Tips:
- o Working through this plan with members of the Steering Committee helps ensure that everyone contributes where they can, and creates a public accountability for promised actions by members
- o When planning for data collection, consider any cultural issues around age, class, gender, or ethnicity and arrange interviewers, focus group composition, and method or timing to accommodate
- o If there is time and available access, share the data collection plan with members of the target audiences to uncover issues or concerns you may not be aware of
- o Remember to think about both sides of the data collection plan—both how you will reach and engage with the individuals you seek and how you will capture and consolidate the resulting data for analysis

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Example Adapted Success Case Data Collection Planning Worksheet

Here is an excerpt of the plan that Cecilia and her Steering Committee members put together to drive their data collection process:

Phase	Action	Resources	Administrator/Contributors	Schedule
Phase 1	Identify Phase 1 participants – list all regional VHWs & SCHWs	Employee records of VHWs Employee records of SCHWs	Deputy Regional Minister of Public Health, Regional Clinic Directors	Week 1
	Develop communications about needs analysis and connect with stakeholders for distribution	Communications expertise Time on Task (LOE)	NGO Communications Specialist creates with input and approval from local government officials, religious leaders, and civic society organizations	Early Week 1
	Create Phase 1 Survey questions	Question Matrix Time on Task (LOE)	Senior M&E Manager for largest project in the region	Phase 1 survey created and piloted early Week 1
	Develop survey instruments and collect data	Regional public health ministry will print 65 VHW survey questionnaires (cost of print) The regional pharmacy center will manage distribution and collection from VHWs/supervisors leveraging regular distribution systems To reach SCHWs/supervisors, one of the major NGO projects will create the survey in Google Form since they have internet access and anonymity will be maintained	Facilitator (Cecilia) will coordinate efforts of: Deputy Regional Minister of Public Health Purchasing Manager of Regional Pharmacy Center Associate Director of NGO	Printed and distributed to VHWs/supervisors end Week 1 & collected end Week 2 Google Form created and invitation sent to SCHWs/supervisors end Week 1 with reminder end Week 2
	Consolidate and analyze data	Spreadsheet skills, Knowledge of statistics Time on Task (LOE)	Senior M&E Manager, Associate Director of NGO coordinate staff who consolidate & conduct analysis	Early Week 3
	Choose success and non-success cases for Phase 2	Measures of dispersion, Time on Task(LOE)	Senior M&E Manager	Late Week 3
Phase 2	Create Phase 2 Interview Protocol	Question Matrix, Time on Task (LOE)	Senior M&E Manager	Early Week 2

	Prepare interviewers and data capture tools	Interview protocol, data capture tools, training tools, Time on Task (LOE)	Facilitator (Cecilia) and Associate Director of NGO	Late Week 2 – early Week 3
	Conduct interviews	Interview skills, Time on Task (LOE)	NGO project representatives	Late Week 3 – Week 5
	Consolidate and analyze data	Spreadsheet skills, Knowledge of qualitative and quantitative analysis, Time on Task (LOE)	Senior M&E Manager, Associate Director of NGO coordinate staff who consolidate and conduct analysis	Week 6

Documentation Worksheet

Purpose – to help you effectively leverage existing documents as data sources

When working with existing documentation or records, remember that it's likely the data was gathered for a different purpose than the one you will use it for. In order to ensure you are capturing the data from the existing source in a useful way, you will actually need review the records or documentation to get the answers you are looking for. That is, pull just the answer to your question from each record and capture that answer in a central location along with data from all other records that were reviewed.

Sample when necessary. In the same way that you would sample a large group of human responders to limit cost, you may need to sample from large bodies of documentation too, rather than spend the time and resources to review every document available. The same sampling techniques and best practices apply.

Data capture. Records or documentation review needs as much time and attention as any other form of data collection in order to be effective. Here are the primary steps and considerations:

1. Develop and pilot a protocol—in order to gather the data you need from whatever format it is currently in, you will need to create a guide for reviewers on how to find what is needed. For example, if patient records are a source of data for your needs analysis, the person who will look at dozens—or hundreds!—of records needs clear direction on exactly what to look for, where to find it in each record, and how to capture what is found for later analysis.

2. Develop and pilot a capture instrument—because you want to gather the information across many documents or existing sources into a single location for analysis, you need to provide an instrument to capture it. Typically, document reviewers identify needed information from existing sources and note it on a computer spreadsheet. A well-constructed spreadsheet or capture document is essential to speed this work along. For example, if the data of interest is the variety of services delivered to patients as noted in patient records, creating a drop down list of all the possible services they may have received will allow a quick notation on the spreadsheet for each record reviewed before moving on to the next one.

3. Train reviewers—if at all possible, use actual examples of the documents to be reviewed when training your reviewers. Choose examples that illustrate the full range of document types or possible content. Show reviewers how you expect information to be captured for each type of data noted, and what to do if data is missing, incomplete, or does not fit the expected categories. Time individuals as they reach competency so you can estimate the total amount of time needed to review the sample or total number of available documents.

Tips:
- o Document and records review is sometimes a tedious process, so be sure to encourage your data reviewers to take frequent breaks.
- o If at all possible, capture the data in electronic format as it is easier to manage and analyze. Be sure to back up all files to ensure the work is not lost if a given piece of equipment breaks down.

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Focus Group Worksheet

Purpose – to provide a general overview and best practices for conducting focus groups to collect data

A focus group session is typically held to allow deep discussion and data capture on a few topics by a fairly small group of individuals. Depending on the culture and skill of the facilitator, it is usually advisable to have between 8-12 individuals in a focus group discussion. When planning for your focus groups, be particularly conscious of the differences among participants and consider creating homogenous groups based on any important demographic attributes such as gender, age, political group, or religion. That will improve the comfort of your participants and allow for more open sharing and conversation.

The focus group facilitator plays a truly essential role in ensuring that everyone participates, that no one individual dominates, and that everyone remains on topic. This can be a challenge over the course of the hour or two that the discussion lasts, and so it's advisable to have a second individual taking notes so the facilitator can give total attention to the group. If it's possible and all participants agree, you can also audio tape the discussion—but be aware that this might lead some to be less forthcoming for fear of reprisals about statements they may make. In many countries, there are legal issues about recording, so be sure to check on any restrictions or requirements in your location.

Number and Composition of Groups	Protocol Topics	Facilitator	Data Capture
What are the key demographic distinctions to consider? How many individual groups will be needed to accommodate them?	*What issues or topics would you like the group to discuss? Will these be the same for all groups? or vary group by group?*	*Who will facilitate the discussion for each group? are they a good match to the demographics of their participants?*	*How will you capture data from the discussion for use in answering the investigative questions? What format does the data need to be in for analyses?*
Group 1	*Group 1 topics*	*Group 1 Facilitator*	*Group 1 Note Taker*
Group 2	*Group 2 topics*	*Group 2 Facilitator*	*Group 2 Note Taker*

Tips:
- o Establishing "ground rules" at the start of the discussion is often helpful in creating group norms; if you say up front that you want to hear from everyone, it's easier to interrupt someone who is dominating the conversation by saying you want to ensure everyone's opinion is heard.
- o If the groups goes off topic in a directly that is not informative to your investigative questions, continue to bring them gently back to topic by saying, "Can you help me understand how that impacts *(topic)*?" If they continue to drift off topic, assume they have exhausted that topic and move on to the next one
- o It's a good idea to create a general protocol for the facilitator, listing the topics their specific group of participants is expected to discuss. If a second individual is capturing notes, be sure to share the protocol in advance so note taking is a bit easier. In most cases, notes will have to be reviewed and edited before submission for analysis—be sure both the note taker and the facilitator agree the data captures is a valid representation of the session before submitting.

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Interview Worksheet

Purpose – to provide a general overview of best practices for conducting interviews to collect data

Interviews are often the most expensive method for collecting data, but they also allow the greatest flexibility for responses from people who are providing data to answer your investigative questions. The formality of an interview can vary widely, from a conversational interview which is a fully unstructured discussion, to a guided interview where topics are identified on a protocol but can be covered in any sequence with no standardized wording, to a formal, standardized open-ended interview where question wording and order are the same for all individuals. Here are key questions to ask yourself when planning for interviews as a data collection method:

> Number of Interviews – how many individuals, from which sub-groups, will be interviewed? are you striving for representation (how common is an issue or opinion in the larger group) or striving for discovery (identify anything that might impact performance)?

> Interview Protocol – how formal will the interview be? who will create the protocol? do you need the same questions answered by all individuals? or are some questions specific to some groups or demographic targets?

> Interviewers – who will conduct the interviews? how will they be trained? how will they be matched to the key demographics of their interviewees? will the interview be conducted in person? on phone? via the internet?

> Data Capture—how will notes be captured during the interview for the purposes of data analysis? Typically, there is not a separate note taker during a one-to-one interview, so who will create either the paper or electronic template to facilitate note capture?

Tips:
  o   Be sensitive to the genders, status, and ethnicity of both the interviewee and interviewer, and ensure they are paired as equally as possible on all relevant attributes.
  o   If cultural, gender, age, or ethnicity issues are anticipated, consider the less structured interview approaches as they are more likely to surface issues you cannot foresee from across boundaries.
  o   In general, the more structured the interview the less extensive the training needed for those conducting the interview.

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Questionnaire Development Worksheet

Purpose – to provide a general overview and best practices for developing questionnaires to collect data

Questionnaires allow you to collect a lot of data across a large population relatively quickly and inexpensively. However, for the data to be useful, your respondents need to answer the exact question you are asking. Because it's essential that all instructions and questions are clear, it is absolutely essential that you pilot any instrument with members of the target population.

Guidelines for Questionnaire Development
- begin with the full number of topics you would like to explore with the targeted responders
- keep your respondents in mind at all times and write from *their* perspective not your own
- ensure each question is exploring only a *single* topic or issue
- consider using multiple questions for topics that are more complex or abstract—it's ok to break down questions into individual components to improve clarity
- ensure forced choice options are mutually exclusive
- avoid leading questions that hint at an acceptable response or otherwise influence responders
- mix up the question formats, if possible, to keep respondents engaged
- pilot both the questionnaire and its directions - ask a member of the respondent group to complete the questionnaire in a single sitting; then have them go through the questionnaire with you and describe, in their own words, what each question was asking and how they answered
- note how much time it takes for respondents to complete the questionnaire during the pilot and include that in the directions so respondents can plan accordingly

Tips:
- o When piloting your instrument with a member of the target group, ask them to "think out loud" so you can understand what they believe each question is asking, and how they are forming their reply; note where you intent and the responder's intent do not match and adjust the question to fit the responder's perspective
- o consider actively seeking instrument pilots based on sex, age groupings, class, or ethnicity where appropriate – to ensure the questions are sensitive to issues of importance to these groups and
- o You can maximize space by covering more than one aspect of an issue on a single line with multiple scales:

	how often?	how useful?
Feedback from my supervisor	1 2 3 4	1 2 3 4

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Adapted Success Case Phase 1 Survey Questionnaire

Purpose – to collect Phase 1 data for the Adapted Success Case approach

Phase 1 of the process consists of getting a general "pulse" of the experience CHWs in their daily work lives. It also helps you identify specific cases at both ends of the performance spectrum for further study. These cases will be samples from among top performers, on the high end of the scale, and challenged performers, those on the low end of the scale. It can also include randomly selected members of any specific subgroup that is of particular interest due to characteristics like geography, demographics, or professional attributes.

Key Information Needed	Draft Question
Quality	*Question should capture if workers feel they have the opportunity to give their best every day*
Expectation	*Question should measure knowledge of performance expectations*
Ability	*Question should measure skills and knowledge to perform the job*
Opportunity	*Question should measure barriers such as lack of resources or environmental challenges*
Motivation	*Question should measure intrinsic drivers to perform and resulting rewards or consequences*
Impact	*Question should measure perception of how their work makes a difference*

Tips:
o Keep the survey short – get the data you need in as few questions are possible.
o Use a response scale that will allow differentiation among performers. A simple yes-no will not get the level of detail you need to choose cases for Phase 2.
o Phrase the questions in a way that reduce concerns that respondents might have about their answers. For example, few people will say they aren't able to do their job. Instead of asking it outright, one strategy is to ask "how often" they face challenges that would keep them from doing their job.
o If there are key challenges that have already been identified, use one of the questions to determine how prevalent that challenge is across the population.
o Try and change the direction of the questions at least once, so that all responses perceived to be positive are not at the same end of the scale.

Example Phase 1 Survey Questionnaire

This is the Phase 1 Survey Questionnaire Cecilia and her Steering Committee created to capture data across all CHWs in their region. The same questions were used on the self-administered paper questionnaire for the VHWs and their supervisors and the online version for SCHWs and their supervisors. The data was used to identify top success and non-success cases for Phase 2.

Worker

Instructions: please read each question on the left and choose the response that best matches your experience as a community health worker on the right.

Draft Question	Response			
	Never	*Sometimes*	*Often*	*Always*
Given the variety of patients and issues you face, how often do you feel you know what is expected of you as a community health worker?				
How often do you feel you are able to do your best work?				
How often do you feel you lack some specific skills or knowledge to do your job well?				
How often do you encounter challenges that keep you from providing services to patients?				
How often do you feel fully motivated to provide services to patients?				
How often do you feel supported in your work?				
How often do you experience negative consequences for serving patients?				
How often do you feel your work is making a difference in the lives of your patients?				
Is there anything else you would like us to know about the challenges you face as a Community Health Worker?				
Would you be willing to discuss your work in greater detail with us during a 15 to 20 minute interview? If so, please provide your name and contact information and will follow up shortly.	*Name:* *Best way to contact you:*			

Supervisor

Instructions: please read each question on the left and choose the response that best matches your experience with direct reports on the right.

Draft Question	Response			
	Never	*Sometimes*	*Often*	*Always*
Given the variety of patients and issues your CHWs face, how often do you feel they know what is expected of them as a community health worker?				
How often do you feel they are able to do your best work?				
How often do you feel they lack some specific skills or knowledge to do their job well?				
How often do they encounter challenges that keep them from providing services to patients?				

How often do they feel fully motivated to provide services to patients?				
How often do they feel supported in your work?				
How often do they experience negative consequences for serving patients?				
How often do they feel their work is making a difference in the lives of patients?				
Is there anything else you would like us to know about the challenges you face as a Community Health Worker?				
Would you be willing to discuss the work of CHWs in greater detail with us during a 15 to 20 minute interview? If so, please provide your name and contact information and we will follow up shortly.	*Name:* *Best way to contact you:*			

Adapted Success Case Phase 2 Interview Protocol

Purpose – to structure the discussion you will have with success case and non-success case performers that will uncover areas of need. The Phase 2 Interview should probe more deeply on the issues factors addressed in Phase 1, and touch upon those items in the Question Matrix that do not come up naturally in the course of conversation.

Protocol

Introduction – *greet your interviewee, provide a high level description of why the interview is taking place, describe how the data will be used, reiterate promise of anonymity (where appropriate), and ask if there are any questions before getting started.*

Expectations - In the initial survey, you said you always (never) feel you know what is expected of you as a community health worker. Can you tell me more about this? What contributes to your feeling this way? *(Follow along with Expectations Questions in the Question Matrix, and include any that are not covered in the open discussion)*

Quality - You also said you always (never) feel as though you have the opportunity to give your best every day as a community health worker. Can you tell me more about this? What contributes to this feeling (gets in the way of your feeling) this way?

Ability – You indicated that there are (are not) specific skills or knowledge that you feel you need to do your job well. Can you tell me about how you conduct your work, and where the skills or knowledge are most needed (are not available) to perform well? *(Follow along with Ability Questions in the Question Matrix, and include any that are not covered in the open discussion)*

Opportunity – You said that you always (never) encounter challenges that keep you from providing services to patients. Can you tell me more about this? How do you avoid challenges (what kinds of challenges come up)? *(Follow along with Opportunity Questions in the Question Matrix, and include any that are not covered in the open discussion)*

Motivation – You indicated that you always (never) feel fully motivated to provide services, that you always (never) feel supported in your work, and that you always (never) experience negative consequences for serving patients. Can you tell me more about what contributes to these feelings? *(Follow along with Motivation Questions in the Question Matrix, and include any that are not covered in the open discussion)*

Tips:
  o   As with all data collection instruments, you <u>must</u> pilot with actual members of the target population to ensure validity. Consider actively seeking instrument pilots based on sex, age groupings, class, or ethnicity where appropriate – to ensure the questions are clear and are sensitive to issues of importance to these groups.
Ensure your interviewers have sufficient practice in advance of the actual interviews, and where possible try to minimize the effect of the interviewer by having each person trained capture data from both success and non-success cases.

Example **Phase 2 Interview Protocol**

VHW Phase 2 Interview Protocol

Directions to Interviewers – *All text in italics contains directions for you—do not read italic text!*
*Please read or paraphrase the Introduction text as you begin the interview. Then, for each section please read the **main question** (in bold typeface) and use the sub-questions below to draw out information on any aspect that did not come up naturally during the initial response.*
Introduction
Hello and thank you for taking the time to talk with me today. As you may know, we are talking to community health workers across the region to find ways to support them in their work. A few weeks ago, you answered a short questionnaire and said you would be willing to discuss your work in greater detail. That is our purpose here today. Our conversation will be combined with those of others across the region, and analyzed to identify needs that we can try to address. Do you have any questions or concerns you'd like to raise before we begin?

Quality (5-7 minutes)
In the initial survey you said you always (never) feel as though you have the opportunity to give your best every day as a community health worker. Can you tell me more about this? What contributes to this feeling (gets in the way of your feeling) this way? *Capture the main issues the interviewee raises that support or hinder their work as a VHW. Prompt only for further understanding—this should be a list entirely generated by the VHW with no influence from your input.*

Expectations (3-5 minutes)

In the survey, you also indicated that you always (never) feel you know what is expected of you as a community health worker. Can you tell me more about this? What contributes to your feeling this way? *Ask the following optional questions as prompts, if the topics are not raised naturally in the discussion:*
   * what services do you provide in the village?
   * how is your work tracked and measured? what are your most recent measurements?
   * how do you get feedback on the services you provide?
   * what public health goals does your work strive to achieve?

Ability (3-5 minutes)
You indicated that there are (are not) specific skills or knowledge that you feel you need to do your job well. Can you tell me about how you conduct your work, and where the skills or knowledge are most needed (are not available) to perform well? *Ask the following optional questions as prompts, if the topics are not raised naturally in the discussion:*
   * what happens during a typical family planning session?
   * how were you initially trained?
   * how do you maintain your skills and keep up with new knowledge?
   * do you feel there are any specific challenges for women (men) to gain the needed skills and knowledge?

Opportunity (3-5 minutes)

You said that you always (never) encounter challenges that keep you from providing services to patients. Can you tell me more about this? How do you avoid challenges (what kinds of challenges come up)? *Ask the following optional questions as prompts, if the topics are not raised naturally in the discussion:*

- on average, how many people do you provide services for on a weekly or monthly basis? *(capture number of people, not number of couples)*
- is it easy for patients to reach you? or you them?
- what resources do you use to deliver services? are they regularly available?
- do people in the village who might benefit from your services understand what you provide?
- are there any other issues that make it difficult for you to provide services?

Motivation (3-5 minutes)

You indicated that you always (never) feel fully motivated to provide services, that you always (never) feel supported in your work, and that you always (never) experience negative consequences for serving patients. Can you tell me more about what contributes to these feelings? *Ask the following optional questions as prompts, if the topics are not raised naturally in the discussion:*

- why do you choose to do this work?
- are there rewards for providing good services as a VHW? what are the consequences for VHWs who are not doing well in their role?
- how has life changed for you since beginning this work?
- does your family support you in your role?
- does the community support you in your role? *(note how connected VHW feels to community in this answer)*
- are there groups or individuals who oppose your work?
- are there any gender issues that impact your motivation to do this work?

Example SCHW Phase 2 Interview Protocol

Directions to Interviewers *– **All text in italics contains directions for you—do not read italic text!***
*Please read or paraphrase the Introduction text as you begin the interview. Then, for each section please read the **main question** (in bold typeface) and use the sub-questions below to draw out information on any aspect that did not come up naturally during the initial response.*

Introduction
Hello and thank you for taking the time to talk with me today. As you may know, we are talking to community health workers across the region to find ways to support them in their work. A few weeks ago, you answered a short questionnaire and said you would be willing to discuss your work in greater detail. That is our purpose here today. Our conversation will be combined with those of others across the region, and analyzed to identify needs that we can try to address. Do you have any questions or concerns you'd like to raise before we begin?

Quality (5-7 minutes)
In the initial survey you said you always (never) feel as though you have the opportunity to give your best every day as a community health worker. Can you tell me more about this? What contributes to this feeling (gets in the way of your feeling) this way? *Capture the main issues the interviewee raises that support or hinder their work as a SCHW. Prompt only for further understanding—this should be a list entirely generated by the SCHW with no influence from your input.*

Expectations (3-5 minutes)
In the survey, you also indicated that you always (never) feel you know what is expected of you as a community health worker. Can you tell me more about this? What contributes to your feeling this way? *Ask the following optional questions as prompts, if the topics are not raised naturally in the discussion:*
- what services do you provide in the clinic?
- how is your work overseen or supervised?
- how is your work tracked and measured? what are your most recent metrics?
- how do you get feedback on the services you provide?
- what public health goals does your work strive to achieve?

Ability (3-5 minutes)
You indicated that there are (are not) specific skills or knowledge that you feel you need to do your job well. Can you tell me about how you conduct your work, and where the skills or knowledge are most needed (are not available) to perform well? *Ask the following optional questions as prompts, if the topics are not raised naturally in the discussion:*
- what happens during a typical clinical session?
- how were you initially trained?
- how do you maintain your skills and keep up with new knowledge?
- do you feel there are any specific challenges for women (men) to gain the needed skills and knowledge?

Opportunity (3-5 minutes)

You said that you always (never) encounter challenges that keep you from providing services to patients. Can you tell me more about this? How do you avoid challenges (what kinds of challenges come up)? *Ask the following optional questions as prompts, if the topics are not raised naturally in the discussion:*

- on average, how many people do you provide services for on a weekly or monthly basis? *(capture number of people, not number of couples)*
- do patients have any difficulty getting to the clinic?
- what resources do you use to deliver services? are they regularly available?
- do people in the area understand what kind of service you provide at the clinic?
- are there any other issues that make it difficult for you to provide services?

Motivation (3-5 minutes)

You indicated that you always (never) feel fully motivated to provide services, that you always (never) feel supported in your work, and that you always (never) experience negative consequences for serving patients. Can you tell me more about what contributes to these feelings? *Ask the following optional questions as prompts, if the topics are not raised naturally in the discussion:*

- why do you choose to do this work?
- are there rewards for providing good services as a SCHW? what are the consequences for SCHWs who are not doing well in their role?
- how has life changed for you since beginning this work?
- does your family support you in your role?
- does the community support you in your role? *(note how connected VHW feels to community in this answer)*
- are there groups or individuals who oppose your work?
- are there any gender issues that impact your motivation to do this work?

Provider Behavior Change Implementation Kit

Data Collection Tracking Tool

Purpose – to help you manage the process of data collection, particularly if the effort is large or complex

The methods are known, the instruments are tested, and the individuals who will actually capture the data are ready to get going. How best to keep track of who is collecting what data, by when, and know that the work has been completed? Each Administrator should create a version of this Tracking Tool and share it regularly with the Facilitator, who can combine and track from the overall project perspective.

Method (how)	Data Source(s) (who or what)	Sample (which individuals or records)	Collector	Schedule (by when)	Submitted (complete)	Prepared (in format needed for analysis)	Validated (reviewed/approved)
How is the data being collected?	*Who or what is the source of the data?*	*What portion of the target group will you engage?*	*Who will be doing the actual data collection work (if self-administered questionnaires, list the person who creates them online or prints and distributes them physically)*	*Start and end dates*	*Yes/no and give date*	*What format is it submitted in?*	*Who will check final submission for errors?*

Example Data Collection Tracking Tool

Purpose – to help you manage the process of data collection, particularly if the effort is large or complex

The methods are known, the instruments are tested, and the individuals who will actually capture the data are ready to get going. How best to keep track of who is collecting what data, by when, and know that the work has been completed? Each Administrator should create a version of this Tracking Tool and share it regularly with the Facilitator, who can combine and track from the overall project perspective. Below is a sample from Cecilia's overall Tracking Tool, with content from one Administrator, the Regional Public Health official, included.

Method	Data Source(s)	Sample	Collector	Schedule	Submitted	Prepared	Validated
Records Review	VHW Records of Metrics	Representative sample	Regional Public Health Official	Begin Week 1 Finished Week 2	Yes, Feb 24th	Yes – spreadsheet capture of data found on records	Cecilia
Records Review	SCHW Records of Metrics	Census	Regional Public Health Official	Begin Week 1 Finished Week 2	Yes, Mar 3	Yes – spreadsheet capture of data found on records	Cecilia

![Provider Behavior Change Implementation Kit logo]

Adapted Success Case Phase 2 Case Selection Worksheet

Purpose – to provide guidance on selection of success case and non-success case performers to include in the Phase 2 data collection

The easiest way to identify cases for Phase 2 is to use the spreadsheet housing the Phase 1 data and conduct a few simple analyses:

1. For each individual case, or row on the spreadsheet, calculate the arithmetic average, or mean, of their responses across all questions using a formula and place the mean in the far right column.
2. Next, sort that new column so that the highest and lowest means are at the top and bottom rows of data.
3. Look for an obvious "cut off" line to separate highest and lowest groups from the bulk of the other cases. You may see a natural break in the continuum of means, or you can simply choose a large enough number on either end to reach the 8 to 10 individuals needed to kick off Phase 2 interviews.

Example. Your spreadsheet might look similar to the one below. Individual cases are placed in rows, with their numeric answers to each question placed in Columns B through G. If you are using a four-point scale, just change the words of the scale to numbers (1=never, 2=sometimes, 3=often, 4=always). The formula for mean in this case would be 2B+2C+2D+2E+2F+2G/6 and you would put that formula into the cell 2H and copy and paste it to all spreadsheet rows.

	A	B	C	D	E	F	G	H
1	Individual Case	Response to Q1	Response to Q2	Response to Q3	Response to Q4	Response to Q5	Response to Q6	Mean
2	*name or other identifier*	#	#	#	#	#	#	x̄
3								
4								

If you have important demographic factors you wish to consider, like gender, you can include them as their own column in the spreadsheet and sort by them first. Then sort within each group for highest and lowest means to represent success and non-success cases within that group. In the example below, sort by Column B and then highlight just the cases within each gender group and sort by Column I.

	A	B	C	D	E	F	G	H	I
1	Individual Case	Gender	Response to Q1	Response to Q2	Response to Q3	Response to Q4	Response to Q5	Response to Q6	Mean
2	*name or other identifier*		#	#	#	#	#	#	x̄
3									
4									

Provider Behavior Change Implementation Kit

Example Adapted Success Case Phase 2 Case Selection Worksheet

Here is an excerpt from the spreadsheet used by Cecilia to identify cases for Phase 2 data collection. Their spreadsheet included a column for gender and role because they wanted to be able to examine data and select cases based on these categories in order to ensure these perspectives were captured. They pulled the data for these columns based on content originally provided from the employee records the Regional Public Health Official supplied to identify the Phase 1 participants.

Individual Case	Gender	Role	Response to Q1	Response to Q2	Response to Q3	Response to Q4	Response to Q5	Response to Q6	Mean
subject 100	F	SCHW	3	4	3	4	4	3	3.50
subject 101	M	VHW	2	4	1	3	4	4	3.00
subject 102	M	VHW	3	2	2	4	2	4	2.83
subject 103	F	VHW	3	3	1	3	1	2	2.17
subject 104	F	VHW	2	1	3	2	1	2	1.83
subject 105	F	VHW	3	2	4	1	3	3	2.67
subject 106	M	SCHW	3	2	3	2	4	3	2.83
subject 107	F	VHW	2	2	1	3	4	2	2.33
subject 108	M	VHW	4	2	2	4	2	4	3.00
subject 109	F	VHW	4	3	4	4	2	4	3.50
subject 110	F	VHW	2	4	3	2	4	4	3.17
subject 111	F	VHW	1	3	4	4	4	4	3.33
subject 112	F	SCHW	3	3	1	3	3	1	2.33
subject 113	F	VHW	1	3	3	3	3	4	2.83
subject 114	M	VHW	4	4	4	2	3	4	3.50
subject 115	F	VHW	2	2	2	3	3	2	2.33
subject 116	F	VHW	4	3	4	4	2	4	3.50
subject 117	M	VHW	3	4	1	3	1	2	2.33
subject 118	F	VHW	2	4	4	2	4	2	3.00
subject 119	F	VHW	4	3	4	4	3	4	3.67
subject 120	F	VHW	1	2	4	2	3	1	2.17
subject 121	F	VHW	4	4	1	3	4	4	3.33

Because she and her Steering Committee were particularly concerned about gender differences, they sorted by first by gender, then by role, and finally they chose the highest and lowest means from each of the resulting groups to be success and non-success cases:

Individual Case	Gender	Role	Response to Q1	Response to Q2	Response to Q3	Response to Q4	Response to Q5	Response to Q6	Mean
subject 100	F	SCHW	3	4	3	4	4	3	3.50
subject 112	F	SCHW	3	3	1	3	3	1	2.33
subject 119	F	VHW	4	3	4	4	3	4	3.67
subject 109	F	VHW	4	3	4	4	2	4	3.50
subject 116	F	VHW	4	3	4	4	2	4	3.50
subject 111	F	VHW	1	3	4	4	4	4	3.33
subject 121	F	VHW	4	4	1	3	4	4	3.33
subject 110	F	VHW	2	4	3	2	4	4	3.17
subject 118	F	VHW	2	4	4	2	4	2	3.00
subject 113	F	VHW	1	3	3	3	3	4	2.83
subject 105	F	VHW	3	2	4	1	3	3	2.67
subject 107	F	VHW	2	2	1	3	4	2	2.33
subject 115	F	VHW	2	2	2	3	3	2	2.33
subject 103	F	VHW	3	3	1	3	1	2	2.17
subject 120	F	VHW	1	2	4	2	3	1	2.17
subject 104	F	VHW	2	1	3	2	1	2	1.83
subject 106	M	SCHW	3	2	3	2	4	3	2.83
subject 114	M	VHW	4	4	4	2	3	4	3.50
subject 101	M	VHW	2	4	1	3	4	4	3.00
subject 108	M	VHW	4	2	2	4	2	4	3.00
subject 102	M	VHW	3	2	2	4	2	4	2.83
subject 117	M	VHW	3	4	1	3	1	2	2.33

Success cases for female VHWs are subjects 119, 109, and 116. Success cases for male VHWs are subjects 114 and 101.
Non-success cases for female VHWs are subjects 104, 120, and 103. Non-success cases for male VHWs are subjects 117 and 102.

Provider Behavior Change Implementation Kit

Phase 2 Interview Data Capture Tool

Purpose – for ease of recording important data that result from Phase 2 interviews

Because interviewers need to attend fully to the conversation, it's best to provide them with a simple tool for use in capturing the data from their discussion. The easiest approach is to create a table with questions and a space for responses to each. Encourage interviewers to capture key phrases rather than try to take verbatim notes—even if they are doing so on a computer. This makes it easier to synthesize data when it is combined. If you are using printed capture tools, provide more space for notes than you would on the electronic version, which will expand the cell as needed while the interviewer types.

The basic capture tool could be structured in the format below, which is just a fragment of a full interview tool:

Question	Responses and notes
Quality (5-7 minutes) **In the initial survey you said you always (never) feel as though you have the opportunity to give your best every day as a community health worker. Can you tell me more about this? What contributes to this feeling (gets in the way of your feeling) this way?**	
Expectations (3-5 minutes) **In the survey, you also indicated that you always (never) feel you know what is expected of you as a community health worker. Can you tell me more about this? What contributes to your feeling this way?**	
what services do you provide in the village?	
how is your work tracked and measured? what are your most recent measurements?	
how do you get feedback on the services you provide?	
what public health goals does your work strive to achieve?	

Example **Phase 2 Interview Data Capture Tool**

This is the Phase 2 Interview Data Capture Tool used by Cecilia and her trained interviewers to capture data while they were conducting interviews with success and non-success case subjects.

Instructions: All questions in **bold** should be asked directly, and regular typeface follow-on questions included as appropriate. Capture the key ideas and issues raised in subject responses in the space to the left of the appropriate question. You may add observations of your own by notating with your initials and parenthesis, like this-- *(AB: this is a personal note)*

Question	Responses and notes
Quality (5-7 minutes) **In the initial survey you said you always (never) feel as though you have the opportunity to give your best every day as a community health worker. Can you tell me more about this? What contributes to this feeling (gets in the way of your feeling) this way?**	I look forward to coming to work each day. The couples I counsel have better lives and so do their children.
Expectations (3-5 minutes) **In the survey, you also indicated that you always (never) feel you know what is expected of you as a community health worker. Can you tell me more about this? What contributes to your feeling this way?** • What services do you provide in the village? • How is your work tracked and measured? What are your most recent measurements? • How do you get feedback on the services you provide? • What public health goals does your work strive to achieve?	Sometimes patients don't know what their options are, and it is my job to present the options and let them decide what works best for them. The goal is to reduce unplanned pregnancies, and we track this by patient feedback on follow-up visits. This past year we had 15 fewer unplanned pregnancies in the village. *(GS: very proud of the good results)*
Ability (3-5 minutes) **In your responses to the survey, you indicated that you always (never) lack the skills or knowledge to do your job well. Can you tell me what training you have (have not) received?** • Can you describe the major components of a family planning counseling session for me? • How are your skills and abilities kept current? Do you have regular	During a family planning session, I begin by getting basic health information and then ask about the patients' thoughts on the size of family they would like. I then present the options for controlling fertility and give them time to consider which would be best for them. We are given 4 days of annual training to learn what is new and to review what is already known.

refresher training? Are your skills measured or tracked?	
Opportunity (3-5 minutes) **You also said that you always (never) encounter challenges that keep you from providing services to patients. Can you tell me about these challenges?** • Are the nature of these challenges personal? professional? both? • In what ways have you tried to overcome these challenges? • Does this tie in with how supported you feel (do not feel) in your work?	Some patients are concerned that the methods used to postpone pregnancy will be permanent and they will not be able to have children at a later time. I tell them about the many couples I have worked with who later have healthy babies and gives them confidence.

Motivation (3-5 minutes)
On the survey you indicated that you always (never) feel motivated to provide services to patients. Can you tell me why that is, or what influences your motivation?
• What are the social or environmental influences that impact your work?
  o are you proud of what you do?
  o does the community value your work? do they support it?
• Are there any negative consequences for providing services? From your family? Your peers? The community?
  o do you feel you are treated differently in the community because of your work?
	Some people in our village do not feel that controlling fertility is right—that God makes the decision to give the gift of a baby and we interfere with this. I am not worried about these people, because I can see the difference in the lives of the couples I help. They have good jobs and enough money to feed their children and send them to school. For some women too many children is a health risk—and I see them live longer, healthier lives by limiting the size of their family.
	My family is supportive, and my patients are grateful for the work I do. It's enough to overlook those who do not agree.

Are there any gender related issues that impact your ability, opportunity, or motivation to do work?	For some couples, it is difficult to bring the husband to the clinic. The wife may be willing but the husband resists. Men are worried about seeing a woman to talk about such topics. But once they understand the benefits they are

	usually willing to come. Sometimes a woman will come alone. *(GS: seems unwilling to talk more about the women who come alone).*
Closing (2-3 minutes) **Are there any other issues or aspects of your work that you feel make a big contribution to your success (lack of success) on the job?**	My supervisor is very supportive and listens when I talk to him about special cases or challenges. We have good levels of supply, and that makes everything work well.

Provider Behavior Change Implementation Kit

Needs Summary Table

Purpose – to help you summarize identified needs by category, and not their relationships to one another (if any)

Essential Factor	Identified Needs	Need Interactions
Expectation	*Needs uncovered related to issues of ability*	*Note if any need has a relationship to others in the table—either direct (it appears or increases when another need is present) or indirect (it is absent or decreases when another need is present)*
Ability	*Needs uncovered related to issues of ability*	
Opportunity	*Needs uncovered related to issues of opportunity*	
Motivation	*Needs uncovered related to issues of motivation*	
Other		
Needs uncovered that are not related to the investigative questions, or that are beyond the CHW needs scope but have an impact on their work		

Example Needs Summary Table

Purpose – to help you summarize identified needs by category, and not their relationships to one another (if any)

Essential Factor	Identified Needs	Need Interactions
Expectation	Gap exists between what supervisors believe is expected of CHWs and what the CHWs believe they are expected to do	Possible link to motivation issue around self-efficacy
	Supervisors of CHWs expect a very large number of patients to be seen each week, and logistics make it very difficult for each CHW to carry that level of patient load	
Ability	CHWs are not aware of new contraceptive alternatives that are available—they continue to describe and promote established methods	
Opportunity	In some communities, patients do not want the CHW to come to their home for consultation because of the social stigma	
	Lack of supplies hinders the ability of CHWs to provide the full variety of contraceptives to patients	
Motivation	CHWs are demotivated by perceived lack of self-efficacy in the job	Possible link to expectation differences—they may not feel effective in the role if they believe they are doing what is expected but are measured on something different
Other		
Drought is making local water sources less reliable	No immediate need but could affect personal hygiene if the drought continues or intensifies	

Provider Behavior Change Implementation Kit

Prioritization Matrix and Action Tracker

Purpose – to help you build upon the _Needs Summary Table_ by setting priorities as a group and identifying those who will be held accountable for addressing the needs

Essential Factor	Identified Needs	Need Interactions	Priority	Action Owner and Review Date
Expectation	_Needs uncovered related to setting of expectations_	_Note if any need has a relationship to others in the table—either direct (it appears or increases when another need is present) or indirect (it is absent or decreases when another need is present)_	_Rank order those needs considered top priorities_	_Identify a Steering Committee owner for addressing each prioritized need and a date by which the Committee will be updated on progress_
Ability	_Needs uncovered related to issues of ability_			
Opportunity	_Needs uncovered related to issues of opportunity_			
Motivation	_Needs uncovered related to issues of motivation_			
Other				
Needs uncovered that are not related to the investigative questions, or that are beyond the CHW needs scope but have an impact on their work				

![Provider Behavior Change Implementation Kit logo]

Example Prioritization Matrix and Action Tracker

Purpose – to help you build upon the *Needs Summary Table* by setting priorities as a group and identifying those who will be held accountable for addressing the needs

Essential Factor	Identified Needs	Need Interactions	Priority	Action Owner and Review Date
Expectation	Gap exists between what supervisors believe is expected of CHWs and what the CHWs believe they are expected to do	Possible link to motivation issue around self-efficacy	1	
	Supervisors of CHWs expect a very large number of patients to be seen each week, and logistics make it very difficult for each CHW to carry that level of patient load		3	
Ability	CHWs are not aware of new contraceptive alternatives that are available—they continue to describe and promote established methods		2	
Opportunity	In some communities, patients do not want the CHW to come to their home for consultation because of the social stigma		5	
	Lack of supplies hinders the ability of CHWs to provide the full variety of contraceptives to patients		4	
Motivation	CHWs are demotivated by perceived lack of self-efficacy in the job	Possible link to expectation differences—they may not feel effective in the role if they believe they are doing what is expected but are measured on something different	1 (related)	
Other				
Drought is making local water sources less reliable	No immediate need but could affect personal hygiene if the drought continues or intensifies	Possible hygiene issues for population if drought becomes severe.		