

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?					



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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?					



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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?					