

Stakeholders' perception survey on the implementation of the WHO guidelines on health policy and system support to optimize community health worker programmes

Policy guidelines on health policy and system support to optimize community health worker programmes

Introduction

The World Health Organization (WHO) is developing policy guidelines on health policy and system support to optimize community health worker programmes. We are conducting the present survey to better understand the views of stakeholders in relation to the feasibility and acceptability of some of the interventions and recommendations under consideration, and the values assigned to the outcomes of the interventions.

Note to participants: This survey asks for your perception about the feasibility and acceptability of the interventions and your assessment of how important the outcome measures are to ensure successful implementation. The information obtained will be analysed and primarily used to support the ongoing development of the guidelines on health systems and policy support for community health workers. Responses provided are anonymous and remain confidential; only aggregate findings will be presented and/ or published by WHO. Participation in the survey is voluntary; you have the right to refuse to respond to any or all questions, but we kindly request that you answer as many questions as possible in order to help us to have relevant and helpful information. We will consider your consent is given when you choose to take the survey and "pressing NEXT" as recognition of your voluntary participation. Completion of the questionnaire should take approximately 20 minutes and you will be able to save your answers as you go along, or return to them at a later time. Please complete the ratings from you own perspective, taking into account your specific/local context. You can find descriptions of the outcome measures in the accompanying glossary.

You may also choose to add explanations to your ratings or offer other comments in the open questions at the end.

Should you encounter any questions on which you would like further clarification or guidance, please feel free to contact <u>ajueboro@who.int</u> with your questions. You can find more information regarding the guideline development process at <u>www.who.int/hrh/community/en/</u>

Thank you for completing this survey!

* 1. Age

- 18 to 30
- 31 to 50
- 51 to 64
- > 64

2. Gender

- Female
- 🔵 Male

* 3. Institution

Non-governmental organization (NGO) or community Based organization (CBO)

International/ multilateral organization (NGO)

Governmental organization

Academic/ research institution

Private for profit organization

Other

4. If you answered other to the question 3 above, please specify

* 5. Highest attained education degree

- Primary school certificate
- Secondary school certificate or diploma
- Bachelor's degree (e.g. BSc)
- Master's degree (e.g. MSc, MA)
- O Doctoral degree (MD, PhD or equivalent)
- None of the above

* 6. WHO Region

- Africa
- South and South East Asia
- Americas
- Europe
- The Eastern Mediterranean
- The Western Pacific

* 7. Please specify your Country

* 8. Occupation

Community health worker

Health Professional or health worker (other than community health worker) involved in the direct delivery of health services :

Health policy maker/ health planner

Health services manager and/ or administrator

Other

9. If you answered other to question 8 above, please specify

* 10. Level of responsibility	
District (within a country)	

- National (at the country level)
- Regional (at a level broader than national)
- International
- Not applicable

11. Please rate on the scale of 1-9, how important you think the following results measures are for assessing the outputs, outcomes and impact of the CHW guideline recommendations

	Not important (1)	Not important (2)	Not important (3)	Important (4)	Important (5)	Important (6)		Critical (8)	Critical (9)
Increased CHW motivation	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Improved CHW morale	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Decreased CHW absenteeism	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Increased CHW productivity	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Improved CHW responsiveness	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Decrease in CHW attrition rates	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Improved CHW competencies	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Increased access to care for patients	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Increased health services coverage	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Improved quality of CHW health services	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Better health care- seeking behaviour of individuals and communities	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Health-promoting behaviours in homes and communities	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Improved patient satisfaction	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Decrease in preventable mortality rates	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Improved family planning	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Increased equity	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Improved cost savings by patients	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Decreased morbidity rates	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Decrease in levels of discrimination	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

12. Please rate on a scale of 1-9, how<u>acceptable</u> for implementation you think the following CHW interventions are

	Definitely not acceptable (1)	Definitely not acceptable (2)	Definitely not acceptable (3)	Uncertain whether acceptable or not (4)	Uncertain whether acceptable or not (5)	Uncertain whether acceptable or not (6)	Definitely acceptable (7)	Definitely acceptable (8)	Definitely acceptable (9)
1) Compared to other methods or no assessment at all, how acceptable is the use of this questionnaire to rate the acceptability by stakeholders of implementing CHW policy interventions?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
2) Using essential and desirable attributes to select CHWs for pre- service training	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
a) Adopting only CHWs who have completed a minimum of secondary education (relative to lower levels of literacy)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) Selecting older candidates on the basis of age (relative to random age selection)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) Selecting members of the target community over non-members	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
3) Training of CHWs for a short period (relative to task and could range from a number of days to one month) as against training for a longer period (6 months to 3 years)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
4) CHWs should have standardized educational curricula	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Definitely not acceptable (1)	Definitely not acceptable (2)	Definitely not acceptable (3)	Uncertain whether acceptable or not (4)	Uncertain whether acceptable or not (5)	Uncertain whether acceptable or not (6)	Definitely acceptable (7)	Definitely acceptable (8)	Definitely acceptable (9)
a) Curricula should address biological /medical (determinants, basic notions of human physiology, pharmacology, and diagnosis and treatment)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) Curricula should address household level preventative behaviours in relation to priority health conditions	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) Curricula should address education about social determinants of health	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) Curricula should address counselling and motivation skills (including communication skills)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) Curricula should address scope of practice (attitude, when to refer patients, range of tasks, power relationships with the client, personal safety)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) Curricula should address CHW integration within the wider system (access to resources)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
5) Issuing a formal certification for CHWs who have undergone competency-based pre-service training	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
6) Strategic supervision support for CHWs	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Definitely not acceptable (1)	Definitely not acceptable (2)	Definitely not acceptable (3)	Uncertain whether acceptable or not (4)	Uncertain whether acceptable or not (5)	Uncertain whether acceptable or not (6)	Definitely acceptable (7)	Definitely acceptable (8)	Definitely acceptable (9)
a) Coaching	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) Use of task checklists	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) Observation of CHWs at facility	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) Observation of CHWs at community and facility	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) CHWs supervising CHWs	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) CHWs supervised by higher cadre health workers	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
g) Trained supervisor	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
h) Assessing CHWs by service delivery supervision only	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
i) Assessing CHWs by service delivery supervision and community feed- back		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
7) Rewarding CHWs for their work	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
a) Monetary payment	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) Non-monetary incentives	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) Benchmarking full-time CHW salary to the government minimum wage of the locality	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
8) CHWs having a career ladder opportunity/ framework within the health and education systems	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Definitely not acceptable (1)	Definitely not acceptable (2)	Definitely not acceptable (3)	Uncertain whether acceptable or not (4)	Uncertain whether acceptable or not (5)	Uncertain whether acceptable or not (6)	Definitely acceptable (7)	Definitely acceptable (8)	Definitely acceptable (9)
9) CHWs having a formal contract within the health system	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
10) CHWs collecting and submitting data on their routine activities	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
11) Community engagement strategies to support practicing CHWs (including village committees and community health action planning activities)		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
12) Proactive community mobilization by CHWs (identifying priority health and social problems, mobilizing local resources, engaging communities in participation of health service organization and delivery)	\bigcirc								\bigcirc
13) Providing strategies to ensure adequate availability of commodities and consumable supplies in the context of practicing CHW programmes	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
a) Ensuring inclusion of relevant commodities in the National Pharmaceutical Supply Plan or equivalent national supply chain plan	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Definitely not acceptable (1)	Definitely not acceptable (2)	Definitely not acceptable (3)	Uncertain whether acceptable or not (4)	Uncertain whether acceptable or not (5)	Uncertain whether acceptable or not (6)	Definitely acceptable (7)	Definitely acceptable (8)	Definitely acceptable (9)
b) Simplified stock management tools and visual job aids for CHWs that accommodate low literacy with minimum data points to facilitate recording of data and re-supply	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) Use of mobile phone applications (mHealth) for reporting stock and other data	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) Co-ordination, supervision and standardization of resupply procedures, checklists and incentives	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) Products specifically designed for use by CHWs (presentation, strength, form and packaging)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) Use of social media to manage redistribution	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

13. Please rate on a scale of 1-9, how<u>feasible</u> for implementation you think the following CHW interventions are.

	Definitely not feasible (1)	Definitely not feasible (2)	Definitely not feasible (3)	whether	Uncertain whether feasible or not (5)	whether	Definitely feasible (7)	Definitely feasible (8)	Definitely feasible (9)
1) Compared to other methods or no assessment at all, how feasible is the use of this questionnaire to rate the feasibility of implementing CHW policy interventions?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
2) Using essential and desirable attributes to select CHWs for pre- service training	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Definitely not feasible (1)	Definitely not feasible (2)	Definitely not feasible (3)	whether	Uncertain whether feasible or not (5)	whether	Definitely feasible (7)	Definitely feasible (8)	Definitely feasible (9)
a) Adopting only CHWs who have completed a minimum of secondary education (relative to lower levels of literacy)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) Selecting older candidates on the basis of age (relative to random age selection)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) Selecting members of the target community over non-members	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
3) Training of CHWs for a short period (relative to task and could range from a number of days to one month) as against training for a longer period (6 months to 3 years)		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
4) CHWs should have standardized educational curricula	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
a) Curricula should address biological /medical (determinants, basic notions of human physiology, pharmacology, and diagnosis and treatment)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) Curricula should address household level preventative behaviours in relation to priority health conditions	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) Curricula should address education about social determinants of health	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) Curricula should address counselling and motivation skills (including communication skills)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Definitely not feasible (1)	Definitely not feasible (2)	Definitely not feasible (3)	Uncertain whether feasible or not (4)	whether	Uncertain whether feasible or not (6)	-	Definitely feasible (8)	Definitely feasible (9)
e) Curricula should address scope of practice (attitude, when to refer patients, range of tasks, power relationships with the client, personal safety)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) Curricula should address CHW integration within the wider system (access to resources)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
5) Issuing a formal certification for CHWs who have undergone competency-based pre- service training	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
6) Strategic supervision support for CHWs	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
a) Coaching	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) Use of task checklists	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) Observation of CHWs at facility	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) Observation of CHWs at community and facility	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) CHWs supervising CHWs	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) CHWs supervised by higher cadre health workers	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
g) Trained supervisor	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
h) Assessing CHWs by service delivery supervision only	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
i) Assessing CHWs by service delivery supervision and community feed-back	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
7) Rewarding CHWs for their work	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
a) Monetary payment	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) Non-monetary incentives	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Definitely not feasible (1)	Definitely not feasible (2)	Definitely not feasible (3)	Uncertain whether feasible or not (4)	whether	whether	Definitely feasible (7)	Definitely feasible (8)	Definitely feasible (9)
c) Benchmarking full- time CHW salary to the government minimum wage of the locality	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
8) CHWs having a career ladder opportunity/ framework within the health and education systems	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
9) CHWs having a formal contract within the health system	\frown	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
10) CHWs collecting and submitting data on their routine activities	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
11) Community engagement strategies to support practicing CHWs (including village committees and community health action planning activities)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
12) Proactive community mobilization by CHWs (identifying priority health and social problems, mobilizing local resources, engaging communities in participation of health service organization and delivery)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
13) Providing strategies to ensure adequate availability of commodities and consumable supplies in the context of practicing CHW programmes	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
a) Ensuring inclusion of relevant commodities in the National Pharmaceutical Supply Plan or equivalent national supply chain plan	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Definitely not feasible (1)	Definitely not feasible (2)	not	Uncertain whether feasible or not (4)	Uncertain whether feasible or not (5)	whether	,	Definitely feasible (8)	Definitely feasible (9)
b) Simplified stock management tools and visual job aids for CHWs that accommodate low literacy with minimum data points to facilitate recording of data and re- supply	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) Use of mobile phone applications (mHealth) for reporting stock and other data	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) Co-ordination, supervision and standardization of resupply procedures, checklists and incentives	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) Products specifically designed for use by CHWs (presentation, strength, form and packaging)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) Use of social media to manage redistribution	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

14. Where you would like to clarify, please provide an explanation for chosen answers to any of the questions above. (Please indicate the specific number of the question before providing your answer)

15. Other comments: (250 characters max.)

Glossary

Terms and Definition

Knowledge: Degree to which the CHW has the theoretical or practical understanding of the function and tasks assigned to him/her

Competencies: Degree to which the CHW has the skills necessary to carry out the tasks assigned to him/her

Motivation: An individual's degree of willingness to exert and maintain effort on assigned tasks

Morale: The mental and emotional condition (as of enthusiasm, confidence, etc.) of an individual CHW with regard to the function or tasks at hand

Satisfaction: Degree to which CHWs derive personal satisfaction from serving the community, providing good quality services

Absenteeism: Rate at which those CHWs who are supposed to be delivering services habitually fail to appear to carry out their tasks

Service delivery: Quantity and quality of promotional, preventive, and curative services CHWs provide to community members

Responsiveness: The degree to which an individual CHW responds to the needs of an individual client or group within a reasonable time period

Productivity: A CHW's total output per unit of total input

Attrition: The rate at which practicing CHWS resign, retire, or abandon their positions over time

Advancement: The rate at which CHWs are advancing in their skills, competencies, formal responsibilities, and formal status within the community and the formal health system over time

Access: Client's physical and social access to essential services delivered by CHWs

Coverage: The coverage of selected health services among the population served by CHWs

Quality: The quality of services rendered by CHWs

Health care-seeking behaviour: Client in need of essential services and with access to CHWs is routinely seeking and using promotional, preventive and/or curative services CHWs offer

Health-promoting behaviour in home: Client has adopted health-promoting behaviours in the home as a result of contact with CHWs

Satisfaction: Client's reported degree of satisfaction with the services rendered by CHWs

Cost savings: Money not spent by client that he/she otherwise would have spent (on transportation and other items) in the absence of a CHW

Patient health:

Change in client's state of illness, wellness, survival

Morbidity: Change in the prevalence of serious illness in the population served by CHWs

Mortality: Change in the level of mortality in the population served by CHWs

Fertility rate: The ratio of live births in a CHW-served area to the population of that area expressed per 1,000 population per year

Equity: Degree to which access, coverage, or morbidity/mortality levels vary among different socio-economic or socially defined sub-groups in the population served by CHWs

Source: Adapted from Naimoli et al. 2014. Outcome framework of CHW programmes