



COMMUNITY HEALTH SYSTEMS CATALOG SURVEY TOOL ADVANCING PARTNERS & COMMUNITIES

APC developed the following survey tool¹ to inform the Community Health Systems Catalog. Consultants and APC staff completed the survey for each country based on vetted policy documents. The responses for each of the 25 countries are included in the dataset.

INSTRUCTIONS TO THE DATA COLLECTOR/SURVEY RESPONDENT

Each country featured in the Community Health Systems Catalog has a unique approach to implementing its community health system, which makes collecting information about these systems both important and challenging. This survey tool aims to create a standard, top-down method to collect and present community health systems information across countries. The data collector should keep the following points in mind when completing the survey:

- Research the requested information beginning at the highest administrative level, using documents such as national policies, guidelines, and/or frameworks developed by the managing body (government for public sector, organization/company for private-sector programs) to outline and understand the overall structure of the system. Data should not be pulled from key informant information on actual implementation.
- Identify additional strategies, operational guidelines, training curricula, job descriptions/scopes of work, etc. that will help respond to questions about service delivery, human resources, and civil society organizations and community groups.
- If there are large private-sector programs, please use programmatic documents as much as possible.

¹ Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs, April 2010, and PATH's Country Assessments of Community-based Distribution programs, 2011. Further additions and edits based on input from the Maternal and Child Survival Program, October 2014.



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- Remember that all information collected should be found in policy or other governance documents unless a question specifically states otherwise. Information should not be based on experiences of the data collector.
- **All documents that are used to complete the survey should be emailed to your point-of-contact at APC.** When naming the files, please use the following format: “Country_NameOfDocument.”

DEFINITIONS OF KEY TERMS:

Community group(s): Community groups may be formal or informal. They are made up of community members, who come together to achieve a common goal. Examples of community groups are mothers’ groups, savings groups, and village councils.

Community: WHO defines community as “A group of people, often living in a defined geographical area, who may share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time.”² APC employs this definition in the context of health service delivery, meaning the most basic level of formal health care nearest the homes of a defined group (defined by the individual country).

Community-level service provider: APC does not provide a standard definition for community-level service provider. APC defers to the individual country definitions for community-level service provider.³ Therefore, this may be anyone from a community health volunteer or worker to a midwife or doctor.

Management: APC uses this term very broadly and throughout the survey tool in questions about multiple levels of the community health system. We are using “management” as a catch-all term relating to the governance, oversight, and operations of programs, organizations, etc.

Policy: APC uses the term “policy” to identify any documents used to guide community-level service delivery. Within this category, APC looks for formal policy documents, laws/legislation, strategies, operational guidelines, action plans, job descriptions/scopes of work, training curricula, etc. These guidance documents should be the accepted documents that outline what is allowed regarding each topic (services delivered, qualifications, etc.)

Programs: APC is interested in service delivery activities occurring at a large scale or scale significant to the country context. The term “program” includes sub-systems of the national health system such as primary or local-level health care; disease-specific programs such as a national HIV program; or an NGO or private sector operating in parallel or complementary to the public health system at the community level. Programs can be implemented by ministries of health or local or international NGOs. Some countries may only have one community health program; others may have multiple programs implemented by different ministries or organizations.

ABOUT THE COMMUNITY HEALTH SYSTEMS CATALOG

APC advances and supports community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially related to family planning. APC increases access to community-based health services, spanning a spectrum of health issues. The project advances global learning in community-based programming; executes and manages small- and medium-sized sub-awards; supports procurement reform by building organizational and technical capacity of grantees; provides missions with oversight and management services of awards to local organizations; and prepares awards for execution by USAID. APC’s grant mechanism and capacity building assistance can be used to strengthen local NGOs.

² http://www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf

³ In the CHS Catalog country profiles and other documents, APC switched to using the term “community health provider.”

APC's Community Health Systems Catalog was first launched in March 2014 in response to global efforts to strengthen, scale-up, and harmonize community health service delivery programs. Given the gap in knowledge and access to information on community health programs at the country level, APC undertook a survey of 25 countries to develop a resource library to inform policy and programmatic decision-making. Since then, the survey tool has been expanded to incorporate specific maternal and child health and nutrition-related information, and was refined to ease the data collection process through an electronic format.

The overall purpose of the catalog is to provide a policy-level perspective on the community health system across 25 countries. The target audience is global and in-country policymakers, donors, program managers, and implementers operating within the community health service delivery space.

To the degree possible, the catalog is organized by WHO's Health System Building Blocks, which include leadership and governance; human resources for health; health information systems; health financing; essential products and technology; and service delivery. Due to the diversity and magnitude of community health programs in a given country, this survey aims to collect information based on individual country policies/strategies that comprise the key areas of a community health system, not the realities of program implementation. Due to funding and timing, we focus on national public-sector programs, and when possible, capture community-based private-sector health programs operating at scale. In addition, APC is looking to identify what services, according to policies, can be administered by community level-service providers in regard to family planning; maternal and child health (including integrated community case management); nutrition; HIV; malaria; tuberculosis; and water, sanitation and hygiene (WASH).

BASIC INFORMATION

A) Name:

B) Position:

C) Organization:

D) email:

E) Phone:

F) Have you completed the CHS Catalog survey for this country previously? Yes/No

If so, when did you last complete the CHS Catalog survey? (If exact date is not known, please estimate.) _____

G) For which country are you entering information? _____

I. LEADERSHIP AND GOVERNANCE

A) POLICIES GOVERNING COMMUNITY HEALTH SERVICE DELIVERY

1.	Is there a policy governing community health service delivery?	<p> <input type="radio"/> Yes; please list the name of the policy and when it was last updated below. Please also email a copy to your APC contact. </p> <p> <input type="radio"/> No; skip to Question 3 </p> <table border="1" data-bbox="829 435 1829 673"> <thead> <tr> <th data-bbox="829 435 1314 467">1a) Policy name</th> <th data-bbox="1314 435 1829 467">1b) Last updated</th> </tr> </thead> <tbody> <tr> <td data-bbox="829 467 1314 673"></td> <td data-bbox="1314 467 1829 673"> <input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know </td> </tr> </tbody> </table>	1a) Policy name	1b) Last updated		<input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know		
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2.	Are there other policies that guide community-level service delivery?	<p> <input type="radio"/> No </p> <p> <input type="radio"/> Yes; please indicate the number of policies that govern community health service delivery and list the names of each policy below, including when they were last updated. Please also email copies to your APC contact. </p> <p> <input type="radio"/> Information not available or don't know </p> <p>2a) Number of policies: _____</p> <table border="1" data-bbox="829 954 1829 1403"> <thead> <tr> <th data-bbox="829 954 1314 987">2b) Policy name</th> <th data-bbox="1314 954 1829 987">2c) Last updated</th> </tr> </thead> <tbody> <tr> <td data-bbox="829 987 1314 1198"></td> <td data-bbox="1314 987 1829 1198"> <input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know </td> </tr> <tr> <td data-bbox="829 1198 1314 1403"></td> <td data-bbox="1314 1198 1829 1403"> <input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know </td> </tr> </tbody> </table>	2b) Policy name	2c) Last updated		<input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know		<input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know
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3.	Do any policies in the following health areas include guidance on community-level service delivery? <i>Please check all that apply send a copy to your APC contact.</i>	<input type="radio"/> Human resources for health <input type="radio"/> Family planning <input type="radio"/> Maternal and child health <input type="radio"/> Integrated community case management <input type="radio"/> HIV <input type="radio"/> Nutrition <input type="radio"/> Malaria <input type="radio"/> Tuberculosis <input type="radio"/> Immunization <input type="radio"/> WASH <input type="radio"/> Other (please specify) _____ <input type="radio"/> None of the above <input type="radio"/> Information not available or don't know
4.	If no policy/strategy exists, is one under discussion?	<input type="radio"/> Yes (please specify which policy) _____ <input type="radio"/> No <input type="radio"/> Not applicable/policy exists <input type="radio"/> Information not available or don't know

B) POLICIES GOVERNING COMMUNITY-LEVEL SERVICE PROVIDERS

5.	<p>Is there a policy governing or specifying the use of community-level service providers?</p> <p><i>Refer to definition of “community-level service provider” in the “Definitions of Key Terms” section on Page 1.</i></p>	<p><input type="radio"/> Yes; <i>please list the policy name and email a copy to your APC contact</i></p> <p><input type="radio"/> No; <i>skip to Question 7</i></p> <p><input type="radio"/> Information not available or don’t know; <i>skip to Question 7</i></p>								
6.	<p>Are there other policies that guide community-level service providers?</p>	<p><input type="radio"/> No</p> <p><input type="radio"/> Yes; <i>please indicate the number of policies that govern or specify the role of community-level service providers and list the names of each policy below, including when they were last updated. Please also email copies to your APC contact.</i></p> <p><input type="radio"/> Information not available or don’t know</p> <p>6a) Number of policies: _____</p> <table border="1" data-bbox="879 675 1877 1333"> <thead> <tr> <th data-bbox="879 675 1365 708">6b) Policy name</th> <th data-bbox="1365 675 1877 708">6c) Last updated</th> </tr> </thead> <tbody> <tr> <td data-bbox="879 708 1365 919"></td> <td data-bbox="1365 708 1877 919"> <input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don’t know </td> </tr> <tr> <td data-bbox="879 919 1365 1130"></td> <td data-bbox="1365 919 1877 1130"> <input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don’t know </td> </tr> <tr> <td data-bbox="879 1130 1365 1333"></td> <td data-bbox="1365 1130 1877 1333"> <input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don’t know </td> </tr> </tbody> </table>	6b) Policy name	6c) Last updated		<input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don’t know		<input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don’t know		<input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don’t know
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	<input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don’t know									
7.	<p>Do any policies in the following health areas specify the role of community-level service providers?</p> <p><i>Please check all that apply and email copies to your APC</i></p>	<p><input type="radio"/> Community health</p> <p><input type="radio"/> Human resources for health</p>								

	<p><i>contact.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Family planning <input type="radio"/> Maternal and child health <input type="radio"/> Integrated community case management <input type="radio"/> HIV <input type="radio"/> Nutrition <input type="radio"/> Malaria <input type="radio"/> Tuberculosis <input type="radio"/> Immunization <input type="radio"/> WASH <input type="radio"/> National health strategic plan(s) <input type="radio"/> Standards/guidelines <input type="radio"/> Job descriptions <input type="radio"/> Scopes of practice <input type="radio"/> None <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don't know
8.	<p>Do any of the aforementioned documents provide guidance on any of the following for community-level service providers?</p> <p><i>Please check all that apply.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Selection criteria <input type="radio"/> Retention <input type="radio"/> Scope of service provision <input type="radio"/> Training (initial and/or ongoing) <input type="radio"/> Supervision <input type="radio"/> Incentives <input type="radio"/> Referrals <input type="radio"/> Monitoring & evaluation <input type="radio"/> Other (please specify) _____ <input type="radio"/> None <input type="radio"/> Information not available or don't know
9.	<p>Existing policy guidance on community-level service providers is (check all that apply):</p>	<ul style="list-style-type: none"> <input type="radio"/> Available <input type="radio"/> Clear and widely understood <input type="radio"/> Comprehensive

		<input type="radio"/> None of the above <input type="radio"/> Information not available or don't know
10.	What are the gaps in policy for community-level service provision?	
11.	If no policy exists regarding community-level service providers, is one under discussion?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable/policy exists <input type="radio"/> Information not available or don't know
12.	Do any of the policies that govern community-level service providers explicitly mention gender constraints (e.g., women's lack of mobility, potential dangers of male health workers working with women, or female health workers not being respected by men in the household)?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 14</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 14</i>
13.	How are these gender constraints addressed in the policies?	

C) POLICIES GOVERNING OTHER COMMUNITY-LEVEL GROUPS OR CIVIL SOCIETY IN COMMUNITY-LEVEL SERVICE DELIVERY

14.	<p>Are there any policies specific to the role of civil society¹ in health?</p> <p>¹The WHO defines civil society as a "social sphere separate from both the state and the market. The increasingly accepted understanding of the term civil society organizations is that of non-state, not-for-profit, voluntary organizations formed by people in that social sphere. This term is used to describe a wide range of organizations, networks, associations, groups and movements that are independent from government and that sometimes come together to advance their common interests through collective action." The definition can be found at http://www.who.int/trade/glossary/story006/en/</p>	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 16</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 16</i>
15.	Please list the policy/policies and indicate which civil society organizations are included in each one. Please also email a copy of the policy/policies to your APC contact.	

16.	Are there any policies that specify the role of community groups (e.g., health facility committees, village/local development committees, women’s groups, religious groups) in health service delivery or management?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 18</i> <input type="radio"/> Information not available or don’t know; <i>skip to Question 18</i>
17.	Please list the policy/policies and indicate which community groups are included in each one. Please also email a copy of the policy/policies to your APC contact.	
18.	<p>Do the aforementioned policy documents provide guidance on any of the following concerning the role of community groups or civil society organizations in community health?</p> <p><i>Please select all that apply.</i></p>	<input type="radio"/> Selection/formation <input type="radio"/> Composition <input type="radio"/> Retention <input type="radio"/> Scope of work (roles and responsibilities) <input type="radio"/> Training <input type="radio"/> Program design/planning/implementation <input type="radio"/> Incentives <input type="radio"/> Quality improvement <input type="radio"/> Coaching/supportive supervision <input type="radio"/> Monitoring & evaluation <input type="radio"/> Reporting <input type="radio"/> Decision making <input type="radio"/> Other (please specify) _____ <input type="radio"/> None <input type="radio"/> Information not available or don’t know

D. MANAGEMENT AND COORDINATION

19.	<p>At which level(s) is community-level service delivery managed?</p> <p><i>Please select all that apply.</i></p> <p><i>Please refer to definition of “management” in the “Definitions of key terms” section on Page 1.</i></p>	<input type="radio"/> National <input type="radio"/> Regional <input type="radio"/> District <input type="radio"/> Local/village <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don’t know
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20.	What are the administrative/management bodies (e.g., boards, divisions, teams, units, key administrators) at each of the levels you selected?	
21.	What is the role of each administrative/management body in managing service delivery at each of the levels you selected?	
22.	What are the service delivery points at each administrative level you selected?	
23.	How are program monitoring data collected and reported at each level you selected?	
24.	How is community-level service delivery organized at the local level?	<input type="radio"/> Vertical – single health area <input type="radio"/> Integrated – more comprehensive package of services <input type="radio"/> Both – at least one of each type <input type="radio"/> Information not available or don't know
25.	To the best of your knowledge, what is the approximate number of community health programs operating in your country? <i>Please refer to definition of “programs” in the “Definitions of Key Terms” section on Page 1.</i>	
26.	Please name all the community-level health programs in this country to which the aforementioned policies apply. <i>For the remaining questions in this section, please provide an answer for each of the community health programs you have listed.</i>	
27.	For how long has this program been in operation?	<input type="radio"/> Less than a year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know
28.	Is the program a public- or a private-sector program, or a combination?	<input type="radio"/> Public sector; <i>skip to Question 31</i> <input type="radio"/> Private sector (NGO, FBO, private-for-profit) <input type="radio"/> Combination (public-private partnership) <input type="radio"/> Information not available or don't know; <i>skip to Question 31</i>
29.	Is the private or combination program linked to the government system?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 31</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 31</i>
30.	Please describe how the program is linked to the government health system.	

31.	To whom is the program accountable?	<input type="radio"/> National government authority (please specify) _____ <input type="radio"/> Sub-national government authority (please specify) _____ <input type="radio"/> Local government (please specify) _____ <input type="radio"/> NGO (please specify) _____ <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don't know
32.	What is the role of international and/or local NGOs in the program, if any?	
33.	What is the role of community and or civil society groups in the program, if any?	
34.	To which other sector(s) is the community health program linked? <i>Please select all that apply.</i>	<input type="radio"/> Education <input type="radio"/> Agriculture <input type="radio"/> Finance <input type="radio"/> Private <input type="radio"/> Other (please specify) _____ <input type="radio"/> None of the above; <i>skip to Question 36</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 36</i>
35.	Please explain the nature of the linkage for each sector selected in the previous question.	
36.	What is the current status of the community health program? <i>Please select all that apply.</i>	<input type="radio"/> Pilot <input type="radio"/> Limited sites only <input type="radio"/> Scaling-up <input type="radio"/> Province/region-wide <input type="radio"/> Nationwide <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don't know
37.	Which of the following areas does the community health program operate in? <i>Please select all that apply.</i>	<input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Peri-urban <input type="radio"/> Information not available or don't know
38.	What is the geographic scope of the community health program, according to the policy document(s)?	<input type="radio"/> Nationwide <input type="radio"/> Selected regions <input type="radio"/> Selected districts <input type="radio"/> Selected communities <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don't know

39.	Are there plans to geographically scale up the community health program?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 41</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 41</i>
40.	Please indicate where the community health program will be geographically scaled up.	<input type="radio"/> Nationwide <input type="radio"/> Selected regions <input type="radio"/> Selected districts <input type="radio"/> Selected communities <input type="radio"/> Other (please specify) _____
41.	The program is currently funded by (select all that apply):	<input type="radio"/> National government <input type="radio"/> Local government <input type="radio"/> International donors <input type="radio"/> Local NGOs <input type="radio"/> Households/out-of-pocket <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don't know
42.	Does the program use any community-based financing scheme(s)?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 44</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 44</i>
43.	Please describe the community-based financing scheme(s).	
44.	<p>Does the community health program explicitly address gender and/or gender-based violence in any way?</p> <p>Examples of gender or gender-based violence programming may include women's participation in household decision-making; attitudes toward wife-beating; male engagement in family planning, etc.</p>	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 46</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 46</i>
45.	Please describe how the program addresses gender and/or gender-based violence.	

Please answer the following three questions as they relate to ALL the community health programs in the country that you discussed.

46.	Which of the following areas do these community health programs operate in? <i>Please select all that apply.</i>	<input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Peri-urban <input type="radio"/> Information not available or don't know
47.	Are the community health programs you listed coordinated?	<input type="radio"/> Yes, all are coordinated <input type="radio"/> Yes, some are coordinated (please specify which) _____ <input type="radio"/> No; <i>skip to Question 49</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 49</i>
48.	What entity is responsible for coordination? <i>Please select all that apply.</i>	<input type="radio"/> National government authority (please specify) _____ <input type="radio"/> Sub-national government authority (please specify) _____ <input type="radio"/> NGO (please specify) _____ <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don't know

2. HUMAN RESOURCES FOR HEALTH

A. STRUCTURE AND COVERAGE

49.	Is there guidance within existing policies/strategies on the number of community-level service providers the country needs?	<input type="radio"/> <i>Yes: please list the policy/policies and send a copy to your APC contact.</i> <input type="radio"/> <i>No; skip to Question 51</i> <input type="radio"/> <i>Information not available or don't know; skip to Question 51</i>
50.	Please indicate how many community-level service providers the policy recommends. <i>Please break down the number by cadre, if known.</i>	
51.	To the best of your knowledge, how many community-level service providers currently exist in total in the country? <i>Please break down the number by cadre, if known.</i>	
52.	Is there policy guidance that specifies roles and responsibilities between different cadres of community-level service providers?	<input type="radio"/> <i>Yes; please list the policies and send a copy to your APC contact</i> <input type="radio"/> <i>No; skip to Question 54</i> <input type="radio"/> <i>Information not available or don't know; skip to Question 54</i>
53.	Please describe the relationship between different cadres of community-level service providers.	

54.	Do existing policies/strategies include guidance on the ratio of community-level service providers to beneficiaries?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 56</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 56</i>
55.	What is the ratio?	
56.	<p>According to policy, how many cadres of community-level service providers operate in this country? What is the name of each cadre?</p> <p>For the remaining questions in this section, please provide an answer for each cadre of community-level service provider, as applicable.</p>	<p>56a) Number of cadres: 56b) Names of all cadres:</p>
57.	Is there policy guidance that delineates roles and responsibilities between community-level service providers and community groups?	<input type="radio"/> Yes; <i>please email a copy of the policy/policies to your APC contact</i> <input type="radio"/> No; <i>skip to Question 59</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 59</i>
58.	Please explain the relationship between community-level service providers and community groups.	
59.	Are community-level service providers linked to the formal health system?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 61</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 61</i>
60.	Please describe the nature of the linkage.	
61.	Describe the supervision structure of community-level service providers.	
62.	Does the government share supervision of community-level service providers with an NGO(s)?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 64</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 64</i>
63.	Please describe how they share supervision responsibilities.	
64.	Describe the geographic coverage/catchment area for each community-level service provider cadre.	
65.	<p>How do community-level service providers get to their clients?</p> <p><i>Please select all that apply.</i></p>	<input type="radio"/> Walk <input type="radio"/> Bike <input type="radio"/> Public transport <input type="radio"/> Clients travel to the community-level service providers <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don't know

B. SELECTION

For the questions in this section, please provide an answer for each cadre of community-level service provider, as applicable.

66.	According to policy, what are the selection criteria for each cadre of community-level service providers (e.g., age, gender, education level, residency)?	
67.	Per the above selection criteria, how is each cadre identified and recruited?	

C. TRAINING

For the questions in this section, please provide an answer for each cadre of community-level service provider, as applicable.

68.	According to policy, do community-level service providers receive comprehensive training for all of their responsibilities at one time, or is training phased? Please break down responses by cadre.	<input type="radio"/> At one time; skip to Question 69 <input type="radio"/> Phased over time; skip to Question 70 <input type="radio"/> Information not available or don't know; skip to Question 71	
69.	Please describe the timeframe, duration, and frequency of the training.	After answered, skip to Question 71	
70.	Please describe the timeframe, duration, and frequency of the training phased over time.		
71.	Is this training part of a nationally approved curriculum?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Information not available or don't know	
72.	Which curricula are used? <i>Please specify the curricula name(s) and when they were last updated.</i> <i>Please also email copies of each to your APC contact.</i>	72a) Curriculum name	72b) Last updated
			<input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know
		Curriculum name	Last updated
			<input type="radio"/> Less than one year <input type="radio"/> 1–4 years

			<input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know
		Curriculum name	Last updated
			<input type="radio"/> Less than one year <input type="radio"/> 1–4 years <input type="radio"/> 5–9 years <input type="radio"/> 10 or more years <input type="radio"/> Information not available or don't know

D. RETENTION AND REMUNERATION

For the questions in this section, please provide an answer for each cadre of community-level service provider, as applicable.

73.	Which incentives (financial and non-financial) are provided to each cadre of community-level service providers?	<p>A. Financial incentives (select all that apply):</p> <ul style="list-style-type: none"> <input type="radio"/> Per diems (meals, incidental expenses, travel, and hotel costs) <input type="radio"/> Cash payments (other than meals, incidental expenses and hotel costs) <input type="radio"/> Salaries <input type="radio"/> Other (please specify) _____ <input type="radio"/> No financial incentives <input type="radio"/> Information not available or don't know <p>B. Non-financial incentives (select all that apply):</p> <ul style="list-style-type: none"> <input type="radio"/> Free or discounted health care <input type="radio"/> Membership in a community-level service provider cooperative <input type="radio"/> T-shirts <input type="radio"/> Umbrellas <input type="radio"/> Bicycles <input type="radio"/> Formal social recognition for service <input type="radio"/> Opportunities for career advancement <input type="radio"/> Other (please specify) _____ <input type="radio"/> No non-financial incentives <input type="radio"/> Information not available or don't know
74.	What is the source of funding for financial incentives for each cadre of community-level service providers? <i>Please select all that apply.</i>	<input type="radio"/> MOH <input type="radio"/> NGO <input type="radio"/> Municipality

		<input type="radio"/> Community <input type="radio"/> Fee for service <input type="radio"/> Combination (please specify) _____ <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don't know
75.	What is the source of funding for non-financial incentives for each cadre of community-level service providers? Please select all that apply.	<input type="radio"/> MOH <input type="radio"/> NGO <input type="radio"/> Municipality <input type="radio"/> Community <input type="radio"/> Combination (please specify) _____ <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don't know

E. HEALTH INFORMATION SYSTEMS

76.	According to policy, are community-level service providers expected to routinely collect service data?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Information not available or don't know
77.	Describe the community-level service provider's role in data collection and monitoring.	
78.	Are data collected by community-level service providers reported into the national health management information system?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Information not available or don't know
79.	What tools do community-level service providers use to collect and report data?	
80.	Is there guidance for a process or mechanism to share and/or use community-level data at the local level?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 82</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 82</i>
81.	Please describe the process or mechanism for sharing and/or using community level data at the local level.	

F. ESSENTIAL PRODUCTS AND SUPPLIES

82.	According to policy, how do community-level service providers access the supplies they provide to clients (medicines, family planning products, etc.)?	
83.	According to policy, where do community-level service providers access the supplies they provide to clients?	
84.	According to policy, what is the process for resupplying community-level service providers with commodities and information, education, and communication materials, etc.?	
85.	According to policy, are there emergency back-up supplies that community-level service providers can access (such as borrowing from another community-level service provider)?	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 87</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 87</i>
86.	From where do the back-up supplies come?	
87.	According to policy, how do community-level service providers dispose of medical waste generated through their services (used needles, etc.)?	
88.	According to policy, where do community-level service providers dispose of medical waste generated through their services?	

G. SERVICE DELIVERY

89.	Does policy designate a service delivery package(s) for the community health program(s)?	<input type="radio"/> Yes; <i>please email a copy of the policy to your APC contact</i> <input type="radio"/> No; <i>skip to Question 95</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 95</i>
90.	Please list the policy/policies.	
91.	How many total service delivery packages are covered in the policy/policies?	
92.	What are the names of each of the service delivery packages?	
93.	Are there plans to expand the service package? Please break response down for each of the service delivery packages you listed in the previous question.	<input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 95</i> <input type="radio"/> Information not available or don't know; <i>skip to Question 95</i>

94.	Please describe what will be added to expand the service package(s).	
95.	Per policy or other formal guidance, how should the following services be delivered?	<p>A. For clinical services (select all that apply):</p> <ul style="list-style-type: none"> • Provided door-to-door • Periodic outreach at fixed points • Provider’s home • At health posts or other facilities • Special campaigns • Other (please specify) _____ • Policy does not specify <p>B. For health education (select all that apply):</p> <ul style="list-style-type: none"> • Provided door-to-door • At health posts or other facilities • In conjunction with other periodic outreach services • At community meetings • At mothers’ groups or other ongoing groups • Other (please specify) _____ • Policy does not specify <p>C. Community mobilization (select all that apply):</p> <ul style="list-style-type: none"> • Provided door-to-door • At health posts or other facilities • In conjunction with other periodic outreach services • At community meetings • At mothers’ groups or other ongoing groups • Other (please specify) _____ • Policy does not specify
96.	<p>What guides community-level service providers to refer to the next tier of service?</p> <p><i>Please select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Policy <input type="radio"/> Training <input type="radio"/> Job aide <input type="radio"/> Experience <input type="radio"/> None <input type="radio"/> Other (please specify) _____ <input type="radio"/> Information not available or don’t know
97.	Is there policy guidance on community-level service providers referring clients for the next tier of services?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No; <i>skip to Question 100</i> <input type="radio"/> Information not available or don’t know; <i>skip to Question 100</i>
98.	To which service delivery point(s) does the policy tell community-level service providers to refer clients for the next tier of services?	

99.	Do lower level cadres refer to the next cadre up (of community-level service provider) at all?					
100.	If there is no policy or other formal guidance, please describe the current practice for client referral to the next tier of service.					
101.	Does policy require facilities to counter-refer to community-level service providers for follow-up care?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Information not available or don't know				
102.	Where does the policy tell community-level service providers to refer clients specifically for family planning services? Please insert referral locations and then select methods/services offered at each.	Referral location				
		Method/service	A. ____	B. ____	C. ____	D. ____
		Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Oral contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Injectable contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Implants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		IUDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Standard days method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CycleBeads®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other fertility-awareness methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Information/education on lactational amenorrhea method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Permanent methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Emergency contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum family planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Return to facility after child birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please complete the sections below for **EACH CADRE OF COMMUNITY-LEVEL SERVICE PROVIDER** based on the policies, service package(s), and job descriptions previously described. Please list which cadre(s) of community-level service provider(s) offer each service/product/intervention. **Where boxes next to a service/product are shaded, no response is needed.** In the last column, please indicate if commodities are included in the essential medicines list.

Information/education refers to mobilization, information-sharing, health promotion, door-to-door or fixed point outreach.

Counseling refers to advice or instructions by a community-level service provider focused on a client taking a specific action.

Administration/provision refers to an action of a tangible service provided or a commodity distributed.

Referral means providing a specific location where a service or commodity can be obtained.

Follow-up refers to contact made after an initial service is provided to ensure positive outcomes from the initial service.

REPRODUCTIVE HEALTH AND FAMILY PLANNING

103. Please select which family planning and reproductive health interventions, services, and products are allowed to be delivered by community-level service providers according to policy **BY CADRES**, as applicable.

Service/product	Information/ education/counseling	Administered and/or provided product or service	Referral (or referral for more information about)	Follow-up	Commodity included in the essential medicines list? (Y, N, or N/A)
a. Standard days method					
b. CycleBeads®					
c. Other fertility awareness methods					
d. Lactational amenorrhea method					
e. Postpartum family planning services pre- discharge from birth facility					
f. Condoms					
g. Oral contraceptive pills					
h. Injectable contraceptives					
i. Implants					
j. IUDs					
k. Emergency contraceptive pills					
l. Permanent methods					
m. Iron/folate for non- pregnant women and adolescent girls					

MATERNAL HEALTH

104. Please select which maternal health interventions, services, and products are allowed to be delivered by community-level service providers according to policy **BY CADRES**, as applicable.

<i>Service/product</i>	<i>Information/ education/counseling</i>	<i>Administered and/or provided product or service</i>	<i>Referral (or referral for more information about)</i>	<i>Follow-up</i>	<i>Commodity included in the essential medicines list? (Y, N, or N/A)</i>
a. Recognition of danger signs during pregnancy					
b. Recognition of danger signs during delivery					
c. Recognition of danger signs during postnatal period					
d. Oxytocin or misoprostol for postpartum hemorrhage					
e. Birth preparedness plan					
f. Monitor weight gain during pregnancy					
g. Measure pregnant women's height					
h. Mid-upper arm circumference (MUAC) screening for pregnant women					
i. Monitoring nutritional status of lactating women (e.g., using MUAC)					
j. Nutrition/dietary practices during pregnancy					
k. Calcium supplements for pregnant women					
l. Tetanus toxoid for pregnant women					
m. Iron/folate for pregnant women					
n. Hemoglobin test for pregnant women					

o. Insecticide-treated nets (ITNs) for pregnant women					
p. Intermittent preventive treatment of malaria in pregnancy					
q. HIV testing during pregnancy					
r. HIV counseling during pregnancy					
s. Antiretroviral therapy during pregnancy					
t. HIV treatment support during pregnancy					
u. Screening for symptoms of TB during pregnancy					
v. Sputum collection among women with symptoms of TB during pregnancy					
w. TB treatment support during pregnancy					
x. Other (specify)					

NEWBORN CARE (0-28 DAYS OLD)

105. Please select which newborn care interventions, services, and products are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

Service/product	Information/education/counseling	Administered and/or provided product or service	Referral (or referral for more information about)	Follow-up	Commodity included in the essential medicines list? (Y, N, or N/A)
a. Handwashing with soap when handling newborns					
b. Delayed umbilical cord clamping at birth (1–3 minutes)					
c. Chlorhexidine use					
d. Other umbilical cord care (specify)					
e. Wrapping and drying					

newborns					
f. Skin-to-skin contact between baby and mother/caregiver					
g. Breastfeeding within 1 hour of birth					
h. Correct positioning and attachment of the newborn during breastfeeding					
i. Managing breastfeeding problems (breast health, perceptions of insufficient milk, etc.)					
j. Nutrition/dietary practices during lactation					
k. Care-seeking based on signs of illness					
l. The identification of danger signs in newborns					
m. Newborn resuscitation					
n. Paracetamol use for newborns					
o. Oral amoxicillin for newborns					
p. Oral cotrimoxazole for newborns					
q. Injectable gentamicin for newborns					
r. Injectable penicillin for newborns					
s. Other injectable antibiotics for newborns (specify)					
t. Any other antibiotics for newborn sepsis (specify drug and form)					
u. Postnatal care					
v. Tetanus immunoglobulin for newborns					

w. Measuring newborn length					
x. Weighing newborns					
y. Immunizations for newborns (specify)					
z. Isoniazid preventive therapy for newborns exposed to TB					
aa. Early diagnosis of infants exposed to HIV					
bb. Vitamin K					
cc. Other newborn health topics/interventions (specify)					

CHILD HEALTH: GENERAL

106. Please select which general child health interventions, services, and products are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

<i>Service/product</i>	<i>Information/education/counseling</i>	<i>Administered and/or provided product or service</i>	<i>Referral (or referral for more information about)</i>	<i>Follow-up</i>	<i>Commodity included in the essential medicines list? (Y, N, or N/A)</i>
a. Using scales to measure weight of children up to 2 years					
b. Using length boards to measure length of children up to 2 years					
c. Immunization of children (please specify)					
d. Identification of HIV status of infant's mother					
e. HIV testing of exposed infants at 6 weeks					
f. Cotrimoxazole for HIV-exposed infants from 4 weeks					
g. HIV testing when failure to thrive					

h. HIV counseling when failure to thrive					
i. TB screening when failure to thrive					
j. Isoniazid preventive therapy for infants exposed to TB					
k. Community integrated management of childhood illness					
l. Handwashing with soap					

CHILD HEALTH: NUTRITION

107. Please select which child health interventions, services, and products specific to **nutrition** are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

<i>Service/product</i>	<i>Information/ education/counseling</i>	<i>Administered and/or provided product or service</i>	<i>Referral (or referral for more information about)</i>	<i>Follow-up</i>	<i>Commodity included in the essential medicines list? (Y, N, or N/A)</i>
a. Exclusive breastfeeding for the first 6 months					
b. Introduction of soft, semi-solid foods at 6 months					
c. Complementary feeding practices and continued breastfeeding 6–23 months					
d. Vitamin A supplementation for children 6–59 months					
e. Micronutrient supplementation for children (e.g., micronutrient powders, iron, zinc). Specify what supplement and in what form, such as pill, powder, or liquid					

f. Measuring MUAC of children					
g. Screening children for bilateral edema					
h. Treating moderate acute malnutrition for children under 2 years					
i. Treating severe acute malnutrition with ready-to-use therapeutic food					
j. Ready-to-use supplemental food					
k. De-worming medication (albendazole, mebendazole, etc.) twice-yearly for children 1–5 years					

CHILD HEALTH: DIARRHEA PREVENTION, CARE, AND TREATMENT

108. Please select which child health interventions, services, and products specific to **diarrhea** are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

<i>Service/product</i>	<i>Information/ education/counseling</i>	<i>Administered and/or provided product or service</i>	<i>Referral (or referral for more information about)</i>	<i>Follow-up</i>	<i>Commodity included in the essential medicines list? (Y, N, or N/A)</i>
a. [Intervention removed - line retained in survey tool in order to match dataset format]					
b. Continuing breastfeeding children less than 6 months who have diarrhea					
c. Increasing fluids and continuing solid feeding for children over 6 months with diarrhea					
d. Increasing breastfeeding (every day for 2 weeks) after diarrhea in children					

less than 6 months					
e. Increasing feeding (1 extra meal per day for two weeks) after diarrhea in children over 6 months					
f. Identifying danger signs associated with diarrhea					
g. Oral rehydration salts					
h. Zinc					
i. Antibiotics for dysentery					
109.	Are services for diarrhea prevention, care, and treatment provided to children included as community case management within the service package?				

CHILD HEALTH: LUNG HEALTH AND SUSPECTED TB AND PNEUMONIA PREVENTION, CARE, AND TREATMENT

I 10. Please select which child health interventions, services, and products specific to lung health and suspected **TB and pneumonia** are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

Service/product	Information/ education/counseling	Administered and/or provided product or service	Referral (or referral for more information about)	Follow-up	Commodity included in the essential medicines list? (Y, N, or N/A)
a. Identifying danger signs of pneumonia					
b. Using a respiratory rate timer for pneumonia					
c. Paracetamol use for pneumonia					
d. Oral amoxicillin for pneumonia					
e. Oral cotrimoxazole for pneumonia					
f. Injectable antibiotic for pneumonia (specify)					
g. [Intervention removed - line retained in survey tool in order to match dataset format]					

h. [Intervention removed - line retained in survey tool in order to match dataset format]					
i. [Intervention removed - line retained in survey tool in order to match dataset format]					
j. [Intervention removed - line retained in survey tool in order to match dataset format]					
k. Screening for TB in cases of recurring symptoms of pneumonia					
l11.	Are the services for TB and pneumonia prevention, care, and treatment provided to children included as community case management within the service package?				

CHILD HEALTH: FEVER AND SUSPECTED MALARIA PREVENTION, CARE, AND TREATMENT

l12. Please select which child health care interventions, services, and products specific to **fever (including suspected malaria)** are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

Service/product	Information/ education/counseling	Administered and/or provided product or service	Referral (or referral for more information about)	Follow-up	Commodity included in the essential medicines list? (Y, N, or N/A)
a. Long-lasting ITNs for children under 5 years					
b. Rapid diagnostic tests (RDTs)					
c. Artesunate suppositories					
d. Artemisinin combination therapy					
e. Other drugs for malaria (specify)					
f. Paracetamol or other first-line antipyretic					

113.	Are the services for fever and suspected malaria prevention, care, and treatment provided to children included as community case management within the service package?	
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GENERAL POPULATION: NUTRITION

114. Please select which **nutrition** interventions, services, and products for the general population are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

<i>Service/product</i>	<i>Information/education/counseling</i>	<i>Administered and/or provided product or service</i>	<i>Referral (or referral for more information about)</i>	<i>Follow-up</i>	<i>Commodity included in the essential medicines list? (Y, N, or N/A)</i>
a. Fortified blended foods (e.g., corn soy blend)					
b. Village or home-based fortification					
c. Ready-to-use therapeutic food for people other than children under 5 years					
d. Ready-to-use supplementary food for people other than children under 5 years					
e. De-worming medication (albendazole, mebendazole, etc.) for people other than children under 5 years					

GENERAL POPULATION: TUBERCULOSIS AND HIV

115. Please select which **TB and/or HIV** interventions, services, and products for the general population are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

<i>Service/product</i>	<i>Information/ education/counseling</i>	<i>Administered and/or provided product or service</i>	<i>Referral (or referral for more information about)</i>	<i>Follow-up</i>	<i>Commodity included in the essential medicines list? (Y, N, or N/A)</i>
Tuberculosis (TB)					
a. Screening for symptoms of TB					
b. Sputum collection among people with symptoms of TB					
c. Contact tracing of people suspected of being exposed to TB					
d. Community treatment adherence support, including directly observed therapy					
HIV					
e. HIV testing					
f. HIV counseling					
g. Antiretroviral therapy					
h. HIV treatment support					
i. Voluntary male medical circumcision					

GENERAL POPULATION: MALARIA PREVENTION, CARE, AND TREATMENT

116. Please select which **malaria** interventions, services, and products for the general population are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

<i>Service/product</i>	<i>Information/ education/counseling</i>	<i>Administered and/or provided product or service</i>	<i>Referral (or referral for more information about)</i>	<i>Follow-up</i>	<i>Commodity included in the essential medicines list? (Y, N, or N/A)</i>
a. Indoor residual spraying					
b. Long-lasting ITNs not specific to pregnant women or children					

under five					
c. Rapid diagnostic testing					
d. Artemisinin combination therapy					
e. Other drugs for malaria (specify)					
f. Paracetamol or other first-line antipyretic					

GENERAL POPULATION: DIARRHEA PREVENTION, CARE, AND TREATMENT

117. Please select which **diarrhea** interventions, services, and products for the general population are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

<i>Service/product</i>	<i>Information/ education/counseling</i>	<i>Administered and/or provided product or service</i>	<i>Referral (or referral for more information about)</i>	<i>Follow-up</i>	<i>Commodity included in the essential medicines list? (Y, N, or N/A)</i>
a. Handwashing with soap					
b. Marketing of WASH					
c. Community-led total sanitation					
d. Household point-of-use water treatment					
e. Danger signs associated with diarrhea and dehydration					
f. Oral rehydration salts					
g. Antibiotics for dysentery					

GENERAL POPULATION: SUSPECTED PNEUMONIA PREVENTION AND TREATMENT

118. Please select which **pneumonia interventions**, services, and products for the general population are allowed to be delivered by community-level service providers according to policy **BY CADRE**, as applicable.

<i>Service/product</i>	<i>Information/ education/counseling</i>	<i>Administered and/or provided product or service</i>	<i>Referral (or referral for more information about)</i>	<i>Follow-up</i>	<i>Commodity included in the essential medicines list? (Y, N, or N/A)</i>
a. Paracetamol for pneumonia (other than for children under 5)					

years)					
b. Antibiotics for pneumonia (other than for children under 5 years) (specify)					
c. Indoor air pollution/ improved cook stoves					
d. Screening for TB in cases of recurring symptoms of pneumonia					

H. OTHER SERVICES

119.	Please describe any routine immunization interventions, services, or campaigns that are allowed to be delivered by community-level service providers according to policy, by cadre(s) as applicable.	
120.	Please describe any other services or commodities the policy allows community-level service providers to administer at the community level.	

VI. INFORMATION SOURCES

121. Please list the sources of information you used to compile your responses for the ENTIRE SURVEY, including links or contact information where applicable.	
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