ADVANCING PARTNERS
& COMMUNITIES

COMMUNITY HEALTH SYSTEMS CATALOG COUNTRY PROFILE: NIGERIA

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ACRONYMS

APC	Advancing Partners & Communities
CHEW	community health extension worker
CHO	community health officer
CHS	community health system
CORP	community resource person
FMOH	Federal Ministry of Health
FP	family planning
IUD	intrauterine device
JCHEW	junior community health extension worker
LGA	local government area
NGO	nongovernmental organization
NHMIS	National Health Management Information System
PHC	primary health care
SMOH	State Ministry of Health
TB	tuberculosis
USAID	Unites States Agency for International Development
VDC	village development committee
WASH	water, sanitation, and hygiene
WDC	ward development committee
WMHCP	Ward Minimum Health Care Package

INTRODUCTION

This Community Health Systems (CHS) Catalog country profile is the 2016 update of a landscape assessment that was originally conducted by the Advancing Partners & Communities (APC) project in 2014. The CHS Catalog focuses on 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Population and Reproductive Health, and includes specific attention to family planning (FP), a core focus of the APC project.

The update comes as many countries are investing in efforts to support the Sustainable Development Goals and to achieve universal health coverage while modifying policies and strategies to better align and scale up their community health systems.

The purpose of the CHS Catalog is to provide the most up-to-date information available on community health systems based on existing policies and related documentation in the 25 countries. Hence, it does not necessarily capture the realities of policy implementation or service delivery on the ground. APC has made efforts to standardize the information across country profiles, however, content between countries may vary due to the availability and quality of the data obtained from policy documents.

Countries use a wide variety of terminology to describe health workers at the community level. The CHS Catalog uses the general term "community health provider" and refers to specific titles adopted by each respective country as deemed appropriate.

The CHS Catalog provides information on 136 interventions delivered at the community level for reproductive, maternal, newborn, and child health; nutrition; selected infectious diseases; and water, sanitation, and hygiene (WASH). This country profile presents a sample of priority interventions (see Table 6 in the Service Delivery section) delivered by community health providers and for which information is available.

APC regularly updates these profiles and welcomes input from colleagues. If you have comments or additional information, please send them to info@advancingpartners.org.

NIGERIA COMMUNITY HEALTH OVERVIEW

Over the past 40 years, Nigeria has increasingly focused on community-oriented health services. In 1976, the Federal Ministry of Health (FMOH) established a primary health care (PHC) system through the Basic Health Services Scheme, which designated local government areas (LGAs), the second smallest administrative level in the country, responsible for health service management and implementation at the community level.

Nigeria's first PHC 'success' came in 1986 with the Accelerated LGA Focused PHC Implementation initiative, which intended to increase community engagement. It allocated resources to LGA strengthening, including constructing health facilities, training personnel, and building health management capacity. In 1992, Nigeria established the National PHC Development Agency to ensure sustainability of the initiative's gains and better manage the PHC system.

The National PHC Development Agency revised the PHC system in 1993, designating wards (the lowest administrative level), as the basic operational units for service delivery. The changes defined target populations and geographic areas, allowing more efficient resource management and planning and giving communities greater ownership of PHC services. The restructuring also expanded PHC services from urban and peri-urban communities to all geographic areas.

Table 1. Community Health Quick Stats

Main community health policies/strategies	*Minimum Standards for Primary Health Care in Nigeria*	*National Strategic Health Development Plan (NSHDP) 2010–2015*	*National Guidelines for Development of Primary Health Care System in Nigeria*	*Integrating Primary Health Care Governance in Nigeria – PHC Under One Roof Implementation Manual*
Last updated	No date	2010	2012	2013
Number of community health provider cadres	4 main cadres			
	Community health extension worker (CHEW)	Community health officer (CHO)	Community resource person (CORP)	Junior community health extension worker (JCHEW)
Recommended number of community health providers	*Information not available in policy*	7,740 CHOs	*Information not available in policy*	*Information not available in policy*
Estimated number of community health providers	117,568 CHEWs, CHOs, and JCHEWs combined[1] *The number of CORPs is not available*			
Recommended ratio of community health providers to beneficiaries	3 CHEWs : 1 primary health center (10,000–30,000 people) 2 CHEWs : 1 primary health clinic (2,000–5,000 people)	1 CHO : 1 primary health center (10,000–30,000 people)	*Information not available in policy*	6 JCHEWs : 1 primary health center (10,000–30,000 people) 4 JCHEWs : 1 primary health clinic (2,000–5,000 people) 1 JCHEW : 1 health post (500 people)
Community-level data collection	Yes			
Levels of management of community-level service delivery	National, state, LGA, ward/village			
Key community health program(s)	Primary health care (PHC) system			

[1] As of 2006.

In 2013, the FMOH developed the *Integrating Primary Health Care Governance in Nigeria – PHC Under One Roof Implementation Manual* in response to some of the difficulties that had arisen while managing the PHC system across the country's 36 states and a population approaching 200 million. The manual updated the PHC system using a "three ones" approach—one management, one plan, and one monitoring and evaluation system—and established state PHC development agencies to harmonize PHC system management. *PHC Under One Roof* specifies standardized roles, responsibilities, oversight structures, and operational strategies, while allowing states to customize the system to their needs.

Table 2. Key Health Indicators, Nigeria

Indicator	Value
Total population[1]	186.5 m
Rural population[1]	52%
Total expenditure on health per capita (current US$)[2]	$118
Total fertility rate[3]	5.5
Unmet need for contraception[3]	16.1%
Contraceptive prevalence rate (modern methods for married women 15-49 years)[3]	9.8%
Maternal mortality ratio[4]	814
Neonatal, infant, and under 5 mortality rates[3]	37 / 69 / 128
Percentage of births delivered by a skilled provider[3]	38.1%
Percentage of children under 5 years moderately or severely stunted[3]	36.8%
HIV prevalence rate[5]	3.1%

[1]PRB 2016; [2]World Bank 2016; [3]National Population Commission (Nigeria) and ICF International, 2014; [4]World Health Organization 2015; [5]UNAIDS 2015.

A number of other policies and strategies guide Nigeria's health system. The 2016 *National Health Policy* provides guidance for the entire health system, including primary, secondary, and tertiary care. The *National Strategic Health Development Plan 2010–2015* presents a single results framework for actors at all levels and lays out strategies to ensure integrated service delivery.

The *National Guidelines for Development of Primary Health Care System in Nigeria*, developed in 2012, indicates the processes to manage the PHC system. The document specifies the roles and responsibilities of actors at all levels, including community health providers. It also introduces the Ward Minimum Health Care Package (WMHCP), which are the PHC services that must be provided at the ward level. The *Minimum Standards for Primary Health Care in Nigeria* further defines facility standards for health infrastructure, human resources for health, and service provision.

While Nigeria's community health guidance is generally comprehensive, it lacks details on community health provider incentives and recruitment. Neither is there a clear path for community health provider career advancement, although the *National Human Resources for Health Strategic Plan 2008–2012* outlines plans to establish such schemes.

Nigeria has four community health provider cadres that serve as entry points for communities into the PHC system and provide WMHCP services. Community health officers (CHOs) are based at health facilities and provide a broad range of PHC services. CHOs oversee community health extension workers (CHEWs) and junior CHEWs (JCHEWs), who work at health facilities and in communities. All three cadres are employed by the FMOH.

A fourth cadre, known as community resource persons (CORPs), also operates in Nigeria. 'CORP' is a broad term that refers to a variety of informal providers, including traditional birth attendants and village health workers, who are often supported by nongovernmental organizations (NGOs). While CORPs are not officially part of the government-run PHC system, they refer clients to government health facilities and are typically supervised by JCHEWs. For these reasons, health policies provide basic guidance on CORP roles, supervision, and involvement in the health management information system.

Community groups play an integral role in health. Ward development committees (WDCs) are the primary management body at the ward level and serve as a liaison to the community, identifying health needs and mobilizing the resources needed. They also provide administrative oversight to CHOs, CHEWs, CORPs, and JCHEWs.

All community health programs in Nigeria are integrated into the PHC system.

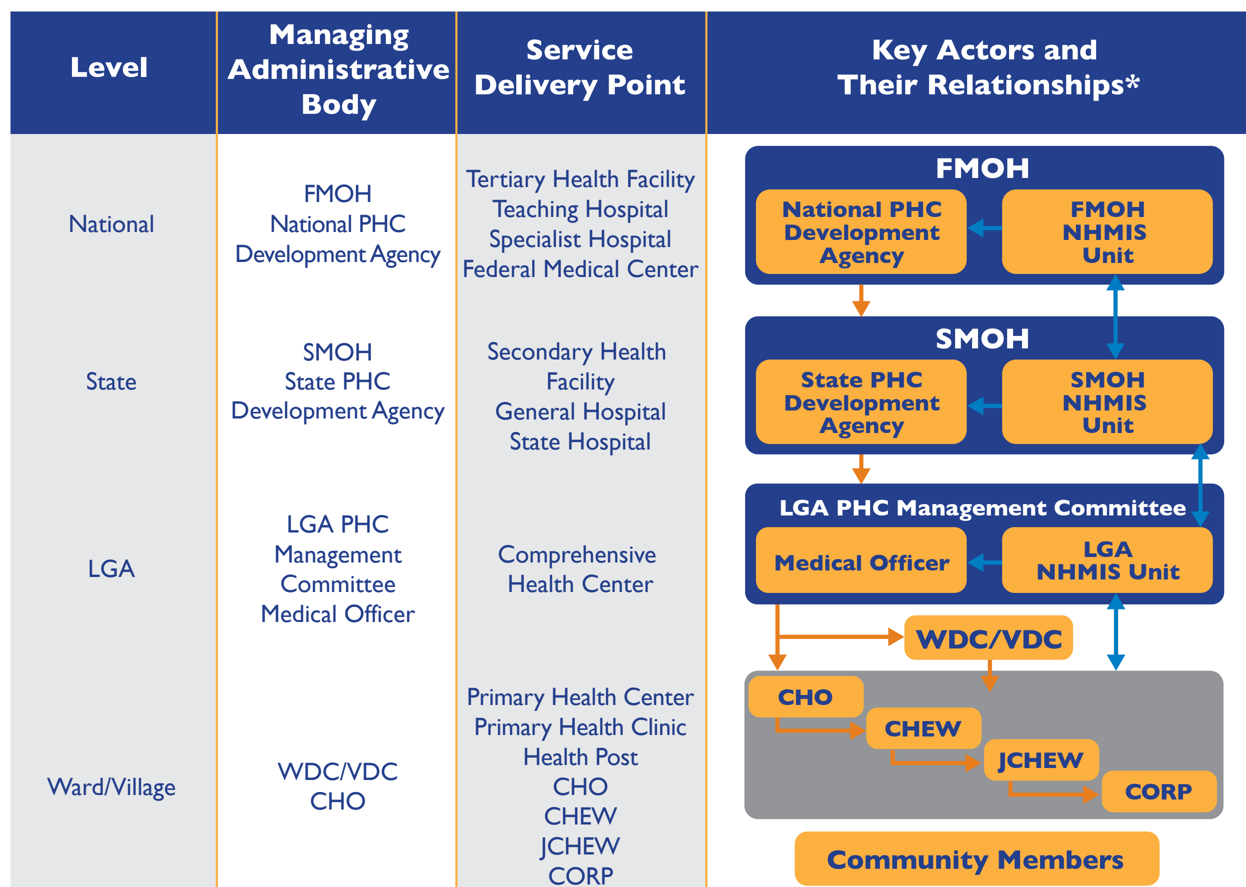
LEADERSHIP AND GOVERNANCE

Community-level service delivery in Nigeria is managed and coordinated across the national, state, LGA, and ward/village levels. Each has a distinct role in supporting policy and program efforts. NGOs provide support and resources at all levels of the health system.

- At the **national level**, the FMOH sets policy and supports capacity building at the state level. The National PHC Development Agency leads PHC system implementation through advocacy, resource mobilization, partnership development, and capacity building. It also oversees the corresponding state-level PHC development agencies. The National PHC Development Agency has a governing board, executive director, and a small core of professional staff at the headquarters in Abuja. There are also six zonal offices, each with a zonal coordinator and technical officers.
- The State Ministry of Health (SMOH) provides planning, training, programming, financial, and operational support at the **state level**. The State PHC Development Agency oversees and ensures the implementation of the state's approach to PHC. It comprises women, men, and community leaders who represent the needs of the whole population.
- At the **LGA level,** the LGA PHC Management Committee provides overall direction and plans and manages PHC system services. A medical officer based at LGA-level facilities (known as comprehensive health centers), supervises and coordinates the WMHCP.
- WDCs implement the PHC system at the **ward level**. Wards with larger populations are divided into villages, each of which has a village development committee (VDC). VDCs/WDCs coordinate and link communities with ward- and village-level health facilities: health posts, primary health clinics, and primary health centers. VDCs/WDCs identify health needs and available resources; supervise PHC workplan implementation and monitor progress; mobilize communities to use PHC services; and supervise CHEWs, CHOs, CORPs, and JCHEWs. The role and composition of each WDC/VDC can be customized to the local context, but are generally led by an elected chairperson and include members from religious groups, women's groups/associations, occupational/professional groups, NGOs, community health providers, youth, traditional healers, and medicine store owners. WDCs also have a representative from each VDC in the ward.

Figure 1 summarizes Nigeria's health structure, including service delivery points, key actors, and managing bodies at each level.

Figure 1. Health System Structure



Level	Managing Administrative Body	Service Delivery Point
National	FMOH National PHC Development Agency	Tertiary Health Facility Teaching Hospital Specialist Hospital Federal Medical Center
State	SMOH State PHC Development Agency	Secondary Health Facility General Hospital State Hospital
LGA	LGA PHC Management Committee Medical Officer	Comprehensive Health Center
Ward/Village	WDC/VDC CHO	Primary Health Center Primary Health Clinic Health Post CHO CHEW JCHEW CORP

*NGOs provide resources and support at all levels and employ CORPs at the ward level.

HUMAN RESOURCES FOR HEALTH

CHEWs, CHOs, and JCHEWs are salaried providers at the lowest level of service delivery in the PHC system. They work from health posts, primary health clinics, and primary health centers and provide WMHCP services. Of the three, CHOs receive the highest level of training. They are based at health facilities and provide a range of health services, including maternal and child health, FP, malaria, and HIV and AIDS. They also oversee health facility management, including CHEW and JCHEW supervision and oversight. CHEWs provide similar services to CHOs but are more focused on preventive care and health education. They spend 40 percent of their time working in the community and 60 percent at the health facility. JCHEWs receive less training than CHEWs and provide a narrower scope of services. They spend 90 percent of their time in communities and 10 percent at the health facility. CHEWs supervise JCHEWs.

Nigeria has many informal community health providers working in the private and public sectors who are often supported by NGOs. In an effort to align these providers with government standards and priorities, the country categorizes them under the general term 'CORPs,' or community resource persons. Health policies provide basic guidance on CORPs role, supervision, and involvement in the health management information system.

CORPs are typically volunteers, but this may vary depending on the NGO that supports them. They provide services only in the community and refer clients to health facilities. CORPs are supervised by JCHEWs.

Table 3 provides an overview of CHEWs, CHOs, CORPs, and JCHEWs.

Table 3. Community Health Provider Overview

	CHEW	CHO	CORP	JCHEW
Number in country	117,568 CHEWs, CHOs, and JCHEWs combined[I]	117,568 CHEWs, CHOs, and JCHEWs combined[I]	*Information not available in policy*	117,568 CHEWs, CHOs, and JCHEWs combined[I]
Target number	*Information not available in policy*	7,740	*Information not available in policy*	*Information not available in policy*
Coverage ratios and areas	3 CHEWs : 1 primary health center (10,000–30,000 people) 2 CHEWs : 1 primary health clinic (2,000–5,000 people) Operate in urban, rural, and peri-urban areas.	1 CHO : 1 primary health center (10,000–30,000 people) Operate in urban, rural, and peri-urban areas.	*Information not available in policy* Operate in urban, rural, and peri-urban areas.	6 JCHEWs : 1 primary health center (10,000–30,000 people) 4 JCHEWs : 1 primary health clinic (2,000–5,000 people) 1 JCHEW : 1 health post (500 people) Operate in urban, rural, and peri-urban areas.
Health system linkage	CHEWs are government employees, connected to government health facilities, and provide WMHCP services.	CHOs are government employees, work at government health facilities, and provide WMHCP services.	CORPs are supported by NGOs but serve as a link between health facilities and the community by referring clients.	JCHEWs are government employees, connected to government health facilities, and provide WMHCP services.
Supervision	CHEWs are supervised by CHOs, with administrative oversight from VDCs/WDCs.	CHOs report to the LGA PHC Management Committee and the medical officer at the health facility. They also receive feedback on their performance from the WDC/VDC.	CORPs are supervised by the NGOs they work for and JCHEWs, with administrative oversight from VDCs/WDCs.	JCHEWs are supervised by CHEWs, with administrative oversight from VDCs/WDCs.
Accessing clients	On foot Bicycle Public transport Clients travel to them	Clients travel to them	On foot Bicycle	On foot Bicycle Public transport Clients travel to them
Selection criteria	Selection criteria are not stated in policy, but they must undergo training and therefore be literate.	Selection criteria are not stated in policy, but they must undergo training and therefore be literate.	Some CORPs are required to be nominated by his/her community, and must be a resident there and have a source of livelihood. Selection criteria differ based on the supporting NGO and the needs of the community.	Selection criteria are not stated in policy, but they must undergo training and therefore be literate.

Table 3. Community Health Provider Overview

	CHEW	CHO	CORP	JCHEW
Selection process	*Information not available in policy*	*Information not available in policy*	WDCs/VDCs are sometimes responsible for the selection and recommendation of community members for training as CORPs. The selection process differs based on the supporting NGO.	*Information not available in policy*
Training	CHEWs receive training at a school of health technology in each state. Policy does not provide information on the timeframe. They receive additional training as needed once they begin work at a health facility.	CHOs are trained at a teaching hospital before they are deployed to health facilities. Policy does not provide information on the timeframe. They receive additional training as needed once they begin work at a health facility.	CORPs are trained by NGOs, so the timing and duration varies. Policy does not provide information on the duration of training, but specifies that CORPs should receive additional training as needed.	JCHEWs receive training at a school of health technology in each state. Policy does not provide information on the timeframe. They receive additional training as needed once they begin work at a health facility.
Curriculum	*National Standing Orders for Community Health Officers/ Community Health Extension Workers* (2010). Includes sections on health for newborns; children 1 month–5 years; children 6–12 years; adolescents; adults; and the elderly. *Manual for the Training of Community Health Extension Workers (CHEWs) on Long-Acting Reversible Contraceptive (LARC) Methods (IUDs and Contraceptive Implants)* (2015).	*National Standing Orders for Community Health Officers/ Community Health Extension Workers* (2010). Includes sections on health for newborns; children 1 month–5 years; children 6–12 years; adolescents; adults; and the elderly.	The training curriculum used is determined by the supporting NGO. No nationally approved curriculum is available.	*National Standing Orders for Junior Community Health Extension Workers* (2010). Includes sections on health for newborns; children 1 month–5 years; children 6–12 years; adolescents; adults; and the elderly.
Incentives and remuneration	CHEWs receive a salary. Policy does not specify if they may receive non-financial incentives as well.	CHOs receive a salary. Policy does not specify if they may receive non-financial incentives as well.	Financial incentives for CORPs are determined by their NGO employers, the community, and WDCs/VDCs. They receive a range of non-financial incentives including t-shirts and formal social recognition.	JCHEWs receive a salary. Policy does not specify if they may receive non-financial incentives as well.

[1] As of 2006.

HEALTH INFORMATION SYSTEMS

The PHC information system operates at the community level and is a subset of the National Health Management Information System (NHMIS). The NHMIS is managed by designated units at all levels of the health system.

CHOs, CHEWs, and JCHEWs use health maps, house numbering systems, home-based records (child health cards, personal cards), a facility-based family card, wall charts, health facility/ district referral forms, health facility registers, and other tools to collect and record data. CORPs use pictorial forms and tally sheets to collect community data, determined by their supporting NGO.

CHEWs, CHOs, CORPs, and JCHEWs submit the data forms to the primary health center where the information is consolidated into a facility-based summary sheet. The summary is submitted to the LGA NHMIS Unit, which reviews the data and transfers it into the NHMIS. The State NHMIS Unit reviews the data next, and reports any findings to the State PHC Development Agency. Finally, the FMOH NHMIS Unit accesses the data and shares results with the National PHC Development Agency.

Policy indicates that CHEWs, CHOs, CORPs, and JCHEWs should be trained to analyze and use the data for decision-making. Feedback should be shared with the communities through WDCs/VDCs. NHMIS Units at each level also share findings with other health-related data-gathering departments and programs at their respective levels.

The blue arrows in Figure 1 show the flow of data through Nigeria's health system.

Table 4. Selected Medicines and Products Included in Nigeria's *Essential Medicines List, 5th Revision* (2010)

Category		Medicine / Product
FP	☐	CycleBeads®
	☑	Condoms
	☐	Emergency contraceptive pills
	☑	Implants
	☑	Injectable contraceptives
	☑	IUDs
	☑	Oral contraceptive pills
Maternal health	☑	Calcium supplements
	☑	Iron/folate
	☑	Misoprostol
	☑	Oxytocin
	☑	Tetanus toxoid
Newborn and child health	☑	Chlorhexidine
	☑	Cotrimoxazole
	☑	Injectable gentamicin
	☑	Injectable penicillin
	☑	Oral amoxicillin
	☑	Tetanus immunoglobulin
	☑	Vitamin K
HIV and TB	☑	Antiretrovirals
	☑	Isoniazid (for preventive therapy)
Diarrhea	☑	Oral rehydration salts
	☑	Zinc
Malaria	☑	Artemisinin combination therapy
	☐	Insecticide-treated nets
	☑	Paracetamol
	☐	Rapid diagnostic tests
Nutrition	☑	Albendazole
	☑	Mebendazole
	☐	Ready-to-use supplementary food
	☐	Ready-to-use therapeutic food
	☑	Vitamin A

HEALTH SUPPLY MANAGEMENT

CHOs, CHEWs, and JCHEWs access supplies at the health facility at which they are based. CORPs receive a kit from their supporting NGO when they first begin working, and can access or purchase supplies from any health facility within their ward.

In close collaboration with the LGA PHC Management Committee, CHOs, CHEWs, and JCHEWs, the WDC establishes and operates an essential drug supply and management system, called a drug revolving fund, in each ward. Initial drug stocks are purchased by the health facilities. Clients purchase the drugs, and the fees are used to replenish health facility stock when the minimum amount is reached. CHOs, CHEWs, and JCHEWs monitor drug stock levels and must ensure that the CORPS they supervise have adequate supplies.

Client fees for drugs are entered into a drug revolving fund, which is used to replenish drug stocks at ward-level health facilities. The fund is managed by the WDC, helping to ensure community participation in and ownership of the health facility.

In the event of a stockout, CORPs can access supplies from any health facility. Policy does not specify where CHOs, CHEWs, and JCHEWs should access emergency backup supplies.

CHEWs, JCHEWs, and CHOs use safety boxes and color-coded bins based on World Health Organization standards and recommendations to dispose of medical waste at health facilities. Policy does not indicate how CORPs should dispose of medical waste.

The full list of commodities that CHEWs, CHOs, CORPs, and JCHEWs provide is not available, but Table 4 provides information about selected medicines and products included in *Nigeria's Essential Medicines List, 5th Revision* (2010).

SERVICE DELIVERY

The WMHCP is Nigeria's community health service package for the PHC system. Implemented by CHEWs, CHOs, CORPs, and JCHEWs, the WMHCP includes services for control of communicable disease; child survival; maternal and newborn care; nutrition; non-communicable disease prevention; health education; and community mobilization.

Table 5 summarizes the various channels that CHEWs, CHOs, CORPs, and JCHEWs use to mobilize communities, provide health education, and deliver clinical services.

Table 5. Modes of Service Delivery

Service	Mode
	Periodic outreach at fixed points
	Health posts or other facilities
	Special campaigns
Health education	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups
Community mobilization	Door-to-door
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups

The PHC system features a "two-way referral system" to ensure effective care and follow-up. If a client requires care beyond the ability of a CHEW, CORP, or JCHEW, the community health provider refers him/her to a CHO at the health post, primary health clinic, or primary health center. If care is needed beyond the ability of the CHO, the client is referred to a comprehensive health center at the LGA level. Clients treated at health facilities are commonly referred to CHEWs, CORPs, or JCHEWs for follow-up. Health providers use a two-way referral form with a detachable portion to track the referral process.

In emergencies, CHEWs, CHOs, CORPs, and JCHEWs may refer clients to higher levels of care, including secondary and tertiary health facilities.

Using FP as an example:

- CORPs can provide condoms and refer to CHEWs, CHOs, and JCHEWs at health posts, primary health clinics, and primary health centers for other FP methods.
- JCHEWs can provide condoms, oral contraceptive pills, and information on lactational amenorrhea and fertility awareness methods. They may refer clients to CHEWs and CHOs for the same methods they provide, as well as injectable contraceptives, implants, and intrauterine devices (IUDs).
- CHEWs, CHOs, CORPs, and JCHEWs may refer clients to comprehensive health centers for permanent methods.

Table 6 provides details about selected interventions delivered by CHEWs, CHOs, CORPs, and JCHEWs in the following health areas: FP, maternal health, newborn care, child health and nutrition, tuberculosis (TB), HIV, malaria, and WASH.

Table 6. Selected Interventions, Products, and Services

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
FP	Condoms	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	CycleBeads®	Unspecified	Unspecified	Unspecified	Unspecified
	Emergency contraceptive pills	Unspecified	Unspecified	Unspecified	Unspecified
	Implants	CHEW, CHO, JCHEW	CHEW, CHO	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Injectable contraceptives	CHEW, CHO, JCHEW	CHEW, CHO	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	IUDs	CHEW, CHO, JCHEW	CHEW, CHO	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Lactational amenorrhea method	CHEW, CHO, JCHEW		CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Oral contraceptive pills	CHEW, CHO, JCHEW	CHEW, CHO, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Other fertility awareness methods	CHEW, CHO, JCHEW		CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Permanent methods	No	No	CHEW, CHO, CORP, JCHEW	No
	Standard Days Method	Unspecified		Unspecified	Unspecified
Maternal health	Birth preparedness plan	Unspecified	Unspecified	Unspecified	Unspecified
	Iron/folate for pregnant women[1]	CHEW, CHO, CORP, JCHEW	CHEW, CHO, JCHEW	CHEW, CHO, CORP, JCHEW	Unspecified
	Nutrition/dietary practices during pregnancy	CHEW, CHO, CORP, JCHEW		CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Oxytocin or misoprostol for postpartum hemorrhage	Unspecified	Unspecified	Unspecified	Unspecified
	Recognition of danger signs during pregnancy	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Recognition of danger signs in mothers during postnatal period	CHEW, CHO, JCHEW	CHEW, CHO, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
Newborn care	Care seeking based on signs of illness	CHEW, CHO, CORP, JCHEW			CHEW, CHO, CORP, JCHEW
	Chlorhexidine use	Unspecified	Unspecified	Unspecified	Unspecified
	Managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	CHEW, CHO, CORP, JCHEW		CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Nutrition/dietary practices during lactation	CHEW, CHO, JCHEW		Unspecified	CHEW, CHO, JCHEW
	Postnatal care	CHEW, CHO, JCHEW	CHEW, CHO, JCHEW	CHEW, CHO, JCHEW	CHEW, CHO, JCHEW
	Recognition of danger signs in newborns	Unspecified	Unspecified	Unspecified	Unspecified
Child health and nutrition	Community integrated management of childhood illness	CHEW, CHO, JCHEW	CHEW, CHO, JCHEW	CHEW, CHO, JCHEW	CHEW, CHO, JCHEW
	De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years[1]	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Exclusive breastfeeding for first 6 months	CHEW, CHO, CORP, JCHEW		CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Immunization of children[2]	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Vitamin A supplementation for children 6–59 months	Unspecified	Unspecified	Unspecified	Unspecified
HIV and TB	Community treatment adherence support, including directly observed therapy	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Contact tracing of people suspected of being exposed to TB	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	HIV testing	CHEW, CHO, CORP, JCHEW	CHEW, CHO	CHEW, CHO, CORP, JCHEW	CHEW, CHO
	HIV treatment support	CHEW, CHO, CORP, JCHEW	CHEW, CHO	CHEW, CHO, CORP, JCHEW	CHEW, CHO

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
Malaria	Artemisinin combination therapy	CHEW, CHO, CORP, JCHEW	CHEW, CHO, JCHEW	CHEW, CHO, CORP, JCHEW	Unspecified
	Long-lasting insecticide-treated nets	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW
	Rapid diagnostic testing for malaria	CHEW, CHO, CORP, JCHEW	CHEW, CHO	CHEW, CHO, CORP, JCHEW	Unspecified
WASH	Community-led total sanitation	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW		
	Hand washing with soap	CHEW, CHO, CORP, JCHEW			
	Household point-of-use water treatment	Unspecified			
	Oral rehydration salts	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW	CHEW, CHO, CORP, JCHEW

[1] CHEWs, CHOs, CORPs, and JCHEWs can also provide de-worming medication to those other than children under 5 years.
[2] Vaccines administered to newborns and children include BCG, oral polio vaccine, DPT, measles vaccine, yellow fever, tetanus toxoid. CORPs can only administer non-injectable immunizations.

KEY POLICIES AND STRATEGIES

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