S2 Table. Thematic framework for synthesis

Theme		Sub-theme	
1	Document Information	1.1 Country	
		1.2 Research Title	
		1.3 Research Objectives	
		1.4 Method	
		1.5 Sample (numbers, types of stakeholders, locations including whether	
		urban or rural	
		1.6 Dates of fieldwork/data collection	
		1.7 OTHER document details	
2	CHW cadre characteristics	2.1 CHW cadre	
		2.2 Typical Years of training for each cadre	
		2.3 Mode of engagement for each cadre	
		2.4 Payment mode for each cadre	
		2.5 OTHER type of Support provided to CHW beyond payment	
3	Routine services provided by these CHW cadres (pre-	3.1 Preventive services	
	covid) - specify for each cadre discussed in the report	3.2 Provision of clinical services	
		3.3 Community mobilization and education	
4	Roles CHW played in the COVID-19 response, including vaccine delivery	4.1 Identification of potential covid cases / screening people with potential	
		COVID-19 symptoms	
		4.2 Contact tracing	
		4.3 Follow-up of patients with COVID-19	
		4.4 Epidemographic surveillance and record-keeping	
		4.5 Delivery of Covid Vaccines	
		4.6 Community education and awareness on COVID-19	
	0	4.7 OTHER Roles	
5	Support provided to CHW during COVID-19– including	5.1 Training on providing services related to Covid-19	
	information on lack of this support	5.2 Training on providing routine services during COVID-19	
		5.3 Guidelines to support CHWs activities related to Covid-19 or delivery of	
		routine services during COVID-19	
		5.4 Additional human resource	

Theme		Sub-theme		
		5.5 Financial motivation / support for CHWs		
ł		5.6 Personal protective equipment (PPE)		
ł		5.7 Managerial support for CHW during COVID-19		
ł		5.8 Community support		
ł		5.9 Peer Support		
ł		5.10 Support for CHW mental health/ wellbeing		
ł		5.11 Other types of support provided		
ł		5.12 Other support requested or suggested by CHW		
ł		5.13 Sources of information for CHW		
ł		5.14 Technological Support		
6	Beyond the areas of support provided – or not provided -	System Level		
ĺ	what other issues helped or hindered CHW experience in	6.1 Human resource		
ł	providing services during COVID-19 – including routine	6.2 Financial resources		
ł	services and COVID-19-specific services?	6.3 Essential medicines / routine vaccines		
ł		6.4 Information systems		
ł		6.5 Power Structures		
ł		Community Level		
ł		6.6 Community attitudes		
ł		6.7 Community ability to access services		
ł		Family/Personal level		
ł		6.8 Domestic responsibilities and family support		
ł		6.9 Financial circumstances		
ł		Wider issues beyond the health system		
ł		6.10 Movement restrictions		
ł		6.11 Transportation		
ł		6.12 Other enablers/barriers		
ł		6.13 Enablers and Barriers in providing services during Covid-19		
<u> </u>		6.14 Gendered hierarchies		
7	Wider system issues that affected support provided to	7.1 Previous epidemic experience		
ł	CHW and their ability to conduct activities related to	7.2 Support from development partners and level of coordination 7.3 Government coordination and decision-making systems		
ł	covid and to continue routine services			
<u> </u>		7.4 OTHER factors		

Theme		Su	b-theme
8	Effectiveness of service delivery – COVID-19-specific services	8.1 Effective delivery of COVID-19-related services by CHW 8.2 Effectiveness Covid-19 Services- patient/community views	
9	Effectiveness of service delivery – routine CHW services	9.1 Delivery of routine services during COVID-19 - changes in coverage	
		9.2 Delivery of routine services during COVID-19 – changes in equitable coverage	
		9.3 De	livery of routine services during COVID-19 - changes in quality
		9.4 Ce	ase providing essential healthcare services
10	CHW well-being during COVID-19	10.1	Mental well-being of CHWs during COVID-19
		10.2	Effects on CHW workload
		10.3	Other effects on CHW wellbeing
11	What adaptations enabled continued service delivery?	11.1	Telemedicine
		11.2	Change in drug provision
		11.3	Change service location
		11.4	OTHER adaptations