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Supplementary File 1: Key differences and similarities in CHW programme design features in 2015 in Ethiopia, Indonesia, Kenya, Malawi, Mozambique

Design Feature	Ethiopia		Kenya		Malawi		Mozambique	Indonesia		
General features										
Programme start	2004	2011	2006	2006	1992		1978; Revitalised 2010	1989 for village midwife (VMW), 1985 for kader, late 1960s for traditional birth attendant (TBA)		
Name of CTC provider	Health Extension Worker (HEW)	Health development army (HDA) leader	Community Health Extension Worker (CHEW)	Community Health Worker (CHW)	Health Surveillance Assistant (HSA)	Volunteer	*Agente Polivalente Elementar* (APE)	Village midwives	*Posyandu kaders* (Community Health Volunteer)	Traditional Birth Attendant (TBA)
Standing category	General CHW	Advocate or instructor	General CHW	General CHW	General CHW	Advocate or instructor	General CHW	Formal health provider	General CHW	Specialised CHW
Employment status (Gov/NGO)	Monthly, paid by the government	Volunteer	Government	Government/NGO	Government	NGO		Government	Community-based (community volunteer)	Self-employed
Programme focus area	Four major components, including 16 packages: disease prevention and control (HIV/AIDS, tuberculosis, malaria, first aid); family health (maternal and child health, family planning, immunization, nutrition, adolescent health); hygiene and environmental sanitation (excreta disposal, solid and liquid waste disposal,	Sensitization and community mobilization on HEP packages	Disease prevention and control, family health services and hygiene and environmental sanitation		Community health, family health, environmental health, prevention and control of communicable diseases and management and administration		Child health, diagnose and treat malaria, diarrhoea, chest infections	Maternal health: delivery care, antenatal and postnatal care	Weighing of infants, health promotion: nutrition advice and diarrhoea control	Previously, assisting in home deliveries. Now: partner with village midwives

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	water supply and safety measures, food hygiene and safety measures, healthy home environment, control of insects and rodents, personal hygiene); health education and communication									
Working hours per week	40 hours	Not specified	Full time government employee; 8 hours/day, 5 days a week	Not specified; however, each CHV should visit all households allocated in a month	40hours	15-20hours a week (varied depending on the nature of the assignment given by different NGOs)		Officially, 10-12 hours but, they have to stand by at the village for 24 hours per day	Approx. 6 hours per month (3 – 4 hours during in the Posyandu services and 2-3 hours doing home visit). Working hours are expanded when there are national programmes like vitamin A, national immunisation program, etc.	24 hours uncertain
Catchment area covered	Every Health Post has two HEWs, serving average population of 5,000	30 and 5 households for health development team and one to five network leaders' respectively	5,000 population	20 households (or 100 population)	1,000 population	Variable but often not determined	2500 households	1- 3 villages 500-15006500 people	1 'RT' or second tier of the village	1 village across villages and even sub-district and district
M&E activities	Monitor the leaders' of	No	MoH tools: CHEW	MoH tools; Referral register	YES	NO		VMW report their activities	Kader report their activities	Not available

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	HDAs and one to five network		summary (MoH 515), supervision of CHVs, Household Register summary	(MoH 100), Service Delivery Log book (MoH 514), Household register (MoH 513)				to the DHO through midwife coordinator and head of Puskesmas.	to the village midwives, to the 'kader Posyandu forum' and to the village head/head of PKK.	
Health service responsibilities	Curative, promotive and preventive services	Advocacy and sensitisation	Curative, promotive and preventive services. Six age cohorts – includes pregnant women	Mobilisation, referral, follow up, basic treatment	Essential health package, curative and preventive services, supervision of village health committees	Information, Education and Communication, growth monitoring, referrals to health facilities	Promotive and preventive services, limited curative services (80% and 20% respectively)	Antenatal care, point of care tests, postnatal care	Mobilisation and support	Partner with midwives
Selection and recruitment										
Gender	Female	Female and male	Male and female	Male and female	Male and female	Male and female	Male and female (71% male)	Female	Majority female	Majority Female
Selection criteria	Residence in the village, capacity to speak local language, completed 10th grade, and willingness to remain in the village and serve communities	Belonging to a model family, be able role model to others, having the trust of members, and being able to mobilize the community.	A certificate in one of the following areas: Community Health, Sociology, Nutrition, Psychology, Counselling, Social Work, Community Development	Respected and literate community resident, approachable and able to motivate others, good example in health and development, and willing to volunteer for five years	At least completed primary school, preferably secondary school	Willingness to volunteer	Being aged 18 or over, being a resident and active member of the community and well respected by fellow community members, having minimal literacy (able to read and write in Portuguese) and numeracy (able to perform basic arithmetic calculations). Preference was given to women candidates (although in practice more men are selected for reasons yet to be better studied).	Trained Midwives	Willingness to volunteer, literate	Traditionally in place
Recruitment process	Selection is done by a committee comprising members nominated by	Leaders of the health development teams and the one-to-five networks are	Trained health professionals	Committed local residents	Interviewed and recruited by government health system	Community selection process	Community selection process	Civil service scheme and 'PTT' scheme	Selection by the community, mostly elders/ head of village/head of community.	NA

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	the local community and representatives from the woreda (district) health office, the woreda capacity-building office, and the woreda education office.	selected by their team members supported by the HEWs and kebele administration							Increasing involvement of village midwives in selection process.	
Training and supervision										
Supervision responsibilities	Supervise leaders' of HDA and one to five network	No	Oversight of CHWs	No	Oversight of volunteers	No	No	Oversight of volunteers	No	No
Initial training	1 year	Few days	Full professional training	10 days training	12 weeks training	None, ad hoc for campaigns or activities	Four months residential training	Nursing academy 3 years	None	Non-formal; through mentoring
Additional training	On-job training related to local interventions Upgrading to diploma level education	HEWs' packages focused updates	Five days training of trainers	Quarterly refresher updates	Ad hoc for campaigns of NGO activities	Ad hoc for campaigns of NGO activities	Ad hoc refreshers	In service training offered	On the job. Learning by doing	Through mentoring
Supervision structure	Supervised by supervisors from the Health Centre and *woreda* health office weekly and monthly respectively	Informal and irregular, by HEWs	Supervised by district focal person; at least once per month	Supervised by CHEWs in a 1-25 ratio; at least once per month	Supervised by Environmental Health Officers and Community Nurses Monthly/quarterly	Ad hoc by HSAs	Supervised by facility-based health care workers (monthly) and district (quarterly) and provincial supervisors (6 month). But irregular	Formally supervised by midwife coordinator at PHC Frequency: once a month	None by the head of village/head of PKK (once a month) and village midwife (after Posyandu service, but not applied in all Posyandu).	None
Remuneration and supplies										

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Salary	Yes	No	Yes	No	Yes	No	Yes (described as an allowance or subsidy)	Yes	No	No
Incentives from health system	Some programmes give airtime, allowance during in-service training Ad hoc best performance award from regional health bureau or ministry of health during HEWs festival	Ad hoc per diem when campaigns are conducted	Some programmes give airtime, motorbikes, bikes	Non-monetary e.g. bicycles, badges etc.	Some programmes give bikes, t-shirts, airtime	Some programmes give t-shirts or other goods	Uniforms, flashlight, backpack. Some programmes (from NGO) give airtime, bikes.	Transport; incentive per antenatal care, delivery assisted and postnatal care, from national insurance scheme, district and region insurance scheme	Allowance varying from 5-20 Euros per month. Incentives from various government and NGO heath programmes.	Gifts in kind, incentives for referral to facility delivery
Supplies	Basic Kit	Information, Education and Communication materials	Custodians of the kit	Basic kit	Uniform, weighing scale, Information, Education and Communication materials and others depending on district/ NGOs involved	None	Custodians of the kit that includes gloves, bandages, antibiotics, ORS, malaria tests and treatment	Midwifery kit, tests, training	Uniform, Information, Education (training) and Communication materials	Previously: delivery kit Now: None