

**iCCM Country Indicators Chart (Based on Benchmark Framework)**

Produced by the CCM Task Force

Component and Indicator	Definition	Metric	Type and Level of Indicator	Data Source	Frequency
<b>Coordination and Policy Setting</b>					
iCCM coordination	An iCCM stakeholder coordination group, working group or task force – led by the MOH and including key stakeholders – exists and meets regularly to coordinate iCCM activities	<p><u>Yes</u> – MOH-led iCCM stakeholder group established and meeting as outlined in terms of reference (TOR), or if no TOR exists, at a minimum of twice per year</p> <p><u>Partial</u> – MOH-led iCCM stakeholder group established but meets less than twice (0-1 meeting) per year</p> <p><u>No</u> – MOH-led iCCM stakeholder group not established</p>	<p>National-level milestone (NMS)</p> <p>Input</p>	Document review of administrative documents; Key informant interviews with iCCM program managers	Annual
iCCM partner map	List or map of iCCM partners, activities and locations is available and up to date	<p><u>Yes</u> – List/map of all known sites where iCCM is being implemented, by whom and for which condition (diarrhea, pneumonia or malaria) is available and has been updated within the last year</p> <p><u>Partial</u> – List/map of some or all known iCCM partners, activities and locations available but not updated within the past year</p> <p><u>No</u> – List/map of iCCM partners, activities and locations not available</p>	<p>National-level milestone (NMS)</p> <p>Input</p>	Document review of administrative documents	Annual

iCCM target areas defined	Target areas for iCCM are defined, based on country-specific criteria	<p><u>Yes</u> – Target geographic areas for all iCCM conditions (i.e. diarrhea, pneumonia, and malaria in countries with malaria) are defined based on country-specific criteria</p> <p><u>Partial</u> – Some but not all of the above conditions are met (Either target areas are defined for <i>all</i> iCCM conditions but are <i>not</i> based on country-specific criteria, OR target areas are defined for some <i>but not all</i> iCCM conditions and <i>are</i> based on country-specific criteria)</p> <p><u>No</u> – iCCM target areas are not defined for any condition</p>	National-level milestone (NMS)	Document review of administrative documents	Annual
			Input		

<b>Costing and Financing</b>					
iCCM national financing contribution	Percentage of the total annual iCCM budget which comes from national funding sources	<p><u>Numerator</u> – Total annual public budgeted funding (MOH, provincial, and municipal budgets) allocated to iCCM</p> <p><u>Denominator</u> – Total annual budgeted funding allocated to iCCM program (public plus international donors)</p>	Special study (SS)	Costing study	Episodic
Expenditure (1): iCCM proportion of disease program	Average annual recurrent actual expenditure for iCCM in geographic target areas as a percentage of total average expenditure on child health, by type of condition	<p><u>Numerator</u> – Total annual public budgeted funding (MOH, provincial, and municipal budgets) allocated to iCCM</p> <p><u>Denominator</u> – Total annual budgeted funding allocated to iCCM program (public plus international donors)</p>	Special study (SS)	Costing study	Episodic
			Input		
			Output		

<p>Expenditure (2): Average iCCM expenditure per capita (child) by disease program</p>	<p>Average annual recurrent actual expenditure in iCCM programs per capita (child) under five in target areas by type of condition</p>	<p><u>Numerator</u> – Annual recurrent iCCM expenditure in target areas (by type of condition)</p> <p><u>Denominator</u> – Population under five each year in target areas</p>	<p>Special study (SS)</p> <p>Output</p>	<p>Costing study; Census or other source required for denominator</p>	<p>Episodic</p>
<p>Expenditure (3): Average cost per iCCM contact</p>	<p>Average expenditure per iCCM contact by type of condition</p>	<p><u>Numerator</u> – Annual recurrent iCCM expenditure in target areas (by type of condition)</p> <p><u>Denominator</u> – Number of iCCM contacts each year (by type of condition)</p>	<p>Special study (SS)</p> <p>Output</p>	<p>Costing study; Service statistics required for denominator</p>	<p>Episodic</p>
<p><b>Human Resources</b></p>					

Training strategy	Existence of comprehensive iCCM training strategy that is competency based	<p><u>Yes</u> – The training strategy has all the critical components for successful training. Components may be country defined but should ideally include the following (based on WHO standards):</p> <ul style="list-style-type: none"> <li>– Recommended length of 5–6 days</li> <li>– Uses a trainer-to-participant ratio of 1:4 or better (where feasible)</li> <li>– Trainers have been trained in the iCCM course and in facilitation skills</li> <li>– Includes training of supervisors as well as CHWs</li> <li>– Includes at least 30–35% of the training time devoted for actual clinical training including examining and treating actual cases (competency based)</li> <li>– Includes follow-up visits within 4–6 weeks after initial training</li> <li>– Other criteria defined by country</li> </ul> <p><u>Partial</u> – Strategy has at least two, but not all, of the above critical components (not counting “other”)</p> <p><u>No</u> – Strategy has no critical components or there is no written training strategy</p>	National-level milestone (NMS)	Document review of administrative documents	Annual or when revised
iCCM CHW density	Number of CHWs trained and deployed for iCCM per 1,000 children under five in target areas	<p><u>Numerator</u> – Number of CHWs who are trained and deployed (to serve in a specific target area)</p> <p><u>Denominator</u> – Number of children under five in target communities ÷ 1,000</p>	Routine monitoring (RM)	Review of administrative records or CHW survey; Census estimates or similar estimate required for denominator	Annual or episodic if by CHW survey
Annual iCCM CHW retention	Proportion of CHWs trained in iCCM who are providing iCCM 1 year after initial training	<p><u>Numerator</u> – Number of CHWs providing iCCM services 1 year after initial iCCM training (time frame can be modified if desired by country stakeholders)</p> <p><u>Denominator</u> – Number of CHWs in the initial iCCM training</p>	Routine monitoring (RM)/special study (SS)	Review of administrative records or CHW survey	Annual or episodic if by CHW survey

**Supply Chain Management**

Medicine and diagnostic registration	All key iCCM medicines and diagnostics are registered with the National Regulatory Authority (NRA) or similar agency (key products defined by country policy)	<p><u>Yes</u> – iCCM medicines and diagnostics appropriate for use with children for all relevant conditions are registered (if required) with the NRA</p> <p><u>Partial</u> – iCCM medicines and diagnostics for some iCCM conditions are registered with the NRA</p> <p><u>No</u> – No iCCM medicines or diagnostics are registered with the NRA</p>	National-level milestone (NMS)	Document review of administrative documents	Annual
Medicine and diagnostic continuous stock	Percentage of iCCM sites with no stock-outs of key iCCM medicines and diagnostics in the past month (key products defined by country policy)	<p><u>Numerator</u> – Number of iCCM sites with no stock-outs of key iCCM medicines or diagnostics in the past month</p> <p><u>Denominator</u> – Number of iCCM sites assessed</p>	Routine monitoring (RM)	Routine supervision reporting or CHW survey	Monthly or quarterly; Episodic if by CHW survey
Medicine and diagnostic storage	Percentage of iCCM sites with medicines and diagnostics stored appropriately	<p><u>Numerator</u> – Number of iCCM sites with medicines and diagnostics stored in an appropriate manner</p> <p><u>Denominator</u> – Number of iCCM sites assessed</p>	Routine monitoring (RM)	Routine supervision reporting, or CHW survey	Monthly or quarterly; Episodic if by CHW survey
Medicine and diagnostic validity	Percentage of iCCM sites with no expired or damaged medicines or diagnostics on the day of observation	<p><u>Numerator</u> – Number of iCCM sites with no expired or damaged iCCM medicines, RDTs or other key products on the day of observation</p> <p><u>Denominator</u> – Number of iCCM sites assessed</p>	Routine monitoring (RM)	Routine supervision reporting, or CHW survey	Monthly or quarterly; Episodic if by CHW survey
<b>Service Delivery and Referral</b>					
iCCM treatment rate	Number of iCCM conditions treated per 1,000 children under five in target areas in a given time period	<p><u>Numerator</u> – Number of treatments for children under five provided by iCCM condition in a 12-month period in target area by point of treatment (community or facility)</p> <p><u>Denominator</u> – Number of children under five in target areas at a given time divided by 1,000</p>	Routine monitoring (RM)	Routine CHW and health facility reporting; Census estimates for U5 population in target areas for denominator	Monthly or quarterly; Episodic if by extraction of routine reports

Caseload by CHW	Proportion of CHWs (or iCCM sites in cases of multiple CHWs/ area) treating at least X cases per month (to be defined locally)	<p><u>Numerator</u> – Number of CHWs (or iCCM sites in cases of multiple CHWs/site) treating at least X cases per month (to be defined locally)</p> <p><u>Denominator</u> – Number of CHWs (or iCCM sites in cases of multiple CHWs/site) in area of interest</p>	<p>Routine monitoring (RM)</p> <p>Output</p>	Routine CHW reporting or extraction of routine reports	Annual, or more frequently if desired and feasible
Referral rate	Proportion of sick child cases recommended for referral by the CHW	<p><u>Numerator</u> – Number of sick children seen by CHWs who are recommended for referral in a target area in a given time period</p> <p><u>Denominator</u> – Number of sick children seen by CHWs in a target area in a given time period</p>	<p>Routine monitoring (RM)</p> <p>Output</p>	Routine CHW reporting, or CHW survey	Quarterly or monthly; Episodic if by CHW survey
iCCM treatment coverage of diarrhea and malaria by CHW	Proportion of overall treatment coverage of diarrhea and malaria being provided through iCCM by CHWs (reported separately for each iCCM condition)	<p><u>Numerator</u> – Number of children under five with an iCCM condition (diarrhea or malaria in malaria-endemic areas) in the last 2 weeks receiving timely and appropriate treatment from a CHW</p> <p><u>Denominator</u> – Number of children under five with an iCCM condition in the last 2 weeks (report separately for each iCCM condition)</p>	<p>Special study (SS)</p> <p>Outcome</p>	Household survey to interview caregivers	Episodic
Appropriate care-seeking	Proportion of sick children who were taken to an appropriate provider (appropriate provider and aspects of timeliness defined by country protocols) (reported separately for each iCCM condition)	<p><u>Numerator</u> – Number of children under five with an iCCM condition (diarrhea, suspected pneumonia or malaria in malaria-endemic areas) who were taken to an appropriate provider (appropriate provider and any aspects of timeliness defined based on country protocols)</p> <p><u>Denominator</u> – Number of children under five with an iCCM condition in the last 2 weeks (report separately for each iCCM condition)</p>	<p>Special study (SS)</p> <p>Outcome</p>	Household survey to interview caregivers	Episodic

First source of care	Proportion of sick children under five in iCCM target areas taken to iCCM-trained CHWs as first source of care	<p><u>Numerator</u> – Number of sick children under five in the target area whose caregivers sought care from iCCM-trained CHWs as first source of care for the child within a given time period</p> <p><u>Denominator</u> – Number of sick children under five in the target area within a given time period</p>	Special study (SS)  Outcome	Household survey to interview caregivers	Episodic
Follow-up rate	Number and proportion of cases followed up according to country protocol after receiving treatment from CHW	<p><u>Numerator</u> – Number of cases followed up according to protocol after receiving treatment from CHW in target area for a given period of time</p> <p><u>Denominator</u> – Total number of cases receiving treatment from CHW in target area for a given period of time</p>	Special study (SS)  Output	Extraction of routine reports; Household survey to interview caregivers	Quarterly or annual; Episodic if by household survey
Successful referral	Proportion of children recommended for referral who are received at the referral facility	<p><u>Numerator</u> – Number of sick children with danger signs who are referred by CHW and who are received at the referral facility</p> <p><u>Denominator</u> – Total number of sick children with danger signs recommended for referral by CHW</p>	Special study (SS)  Outcome	Extraction of routine reports; Household survey caregivers	Episodic
<b>Communication and Social Mobilization</b>					
Communication strategy	Communication strategy for childhood illness exists and includes iCCM	<p><u>Yes</u> – Communication strategy for childhood illness includes iCCM for all relevant conditions (diarrhea, pneumonia and malaria in malaria-endemic countries)</p> <p><u>Partial</u> – Communication strategy for childhood illness includes iCCM for at least one but not all relevant conditions</p> <p><u>No</u> – Communication strategy for childhood illness does not exist or exists but does not include iCCM for any relevant condition</p>	National-level milestone (NMS)  Input	Document review of administrative documents and implementation materials; Key informant interviews	Annual or when policy is revised

Caregiver knowledge of CHW location and role	Proportion of caregivers in target areas who know of the presence and role of their CHW	<u>Numerator</u> – Number of caregivers of children under five from target communities who can describe the location of a CHW in their community and the role and iCCM services provided by that CHW <u>Denominator</u> – Total number of caregivers of children under five interviewed from target communities	Special study (SS)  Output	Household survey to interview caregivers	Episodic
<b>Supervision and Performance Quality Assurance</b>					
Supervision strategy	A national supervision strategy exists and outlines designated cadres, job descriptions and standardized supporting materials (e.g., checklists, training materials)	<u>Yes</u> – National supervision strategy for iCCM exists and includes designated cadres, job description, and standardized supervision checklists, guidelines and training materials <u>Partial</u> – Supervision strategy for iCCM exists but does not include all required components and materials <u>No</u> – Supervision strategy and supporting materials for iCCM do not exist	National-level milestone (NMS)  Input	Document review of administrative documents	Annual or when policy is revised
iCCM supervisor training	Proportion of supervisors assigned to iCCM (at all levels of health system) that were trained in iCCM	<u>Numerator</u> – Number of supervisors assigned to iCCM (at all levels of the health system) that have been trained in iCCM <u>Denominator</u> – Number of supervisors assigned to iCCM (at all levels of the health system)	Routine monitoring (RM)  Output	Review of administrative records; Key informant interviews	Annual
CHW-to-supervisor ratio	Ratio of CHWs deployed for iCCM to iCCM supervisors	<u>Numerator</u> – Number of CHWs trained in iCCM <u>Denominator</u> – Number of supervisors assigned to iCCM supervision	Routine  Output	Review of administrative records; Key informant interviews	Annual; Episodic if by key informant interviews
Clinical supervision coverage	Proportion of CHWs who received at least one supervisory contact during the prior 3 months during which a sick child visit or scenario was assessed and coaching was provided	<u>Numerator</u> – Number of CHWs receiving at least one supervisory contact in the prior 3 months where a sick child visit was observed or scenario was assessed and coaching provided <u>Denominator</u> – Number of CHWs trained in and deployed for iCCM, or number of CHWs interviewed (if survey used for measurement)	Routine monitoring (RM)  Output	Routine supervision reporting or CHW survey	Quarterly; Episodic if CHW survey is required



Correct case management (knowledge)	Proportion of CHWs who demonstrate correct knowledge of management of sick child case scenarios	<u>Numerator</u> – Number of CHWs who demonstrate correct management of sick child case scenarios  <u>Denominator</u> – Number of CHWs assessed	Routine monitoring (RM)/Special Study (SS)  Output	Routine supervision reporting, extraction of routine reports or CHW survey	Episodic
Correct count of respiratory rate	Proportion of CHWs who correctly count respiratory rate	<u>Numerator</u> – Number of CHWs who correctly count the respiratory rate of live case, supervisor, community infant, or video  <u>Denominator</u> – Number of CHWs assessed	Routine monitoring (RM)/Special Study (SS)  Output	Routine supervision reporting, extraction of routine reports or CHW survey	Annual; Episodic if by survey
Complete and consistent registration	Proportion of CHWs whose registers show completeness and consistency between classification and treatment	<u>Numerator</u> – Number of CHWs whose registers show completeness and consistency between classification and treatment for at least four out of five cases reviewed  <u>Denominator</u> – Number of CHWs assessed	Routine monitoring (RM)/Special Study (SS)  Output	Routine supervision reporting, extraction of routine reports or CHW survey	Quarterly; Episodic if by CHW survey
Appropriate RDT use	Use of RDTs (for child presenting with fever where RDTs are part of the iCCM package)	<u>Numerator</u> – Number of sick children under five in target areas who present with fever within the age group appropriate for RDT per policy and who are tested with an RDT in a given time period  <u>Denominator</u> – Number of sick children under five in target areas presenting with fever in a given time period within the age group appropriate for RDT per policy	Special Study (SS)  Output	CHW survey, routine CHW or supervision reporting, or extraction of routine reports; Household survey to interview caregivers	Quarterly; Episodic if collected by CHW or household surveys
Appropriate prescribing practice for positive RDTs	Appropriate prescribing practices are used when results of RDTs are positive (where RDTs are part of the iCCM package)	<u>Numerator</u> – Number of children presenting with fever in a target area with a positive RDT who receive an ACT in a given time period  <u>Denominator</u> – Number of children presenting with fever in a target area with positive RDT in a given time period	Special Study (SS)  Output	CHW survey, routine CHW or supervision reporting, or extraction of routine reports	Quarterly; Episodic by CHW surveys

Appropriate prescribing practice for negative RDTs	Appropriate prescribing practices are used when results of RDTs are negative (where RDTs are part of the iCCM package)	<p><u>Numerator</u> – Number of sick children in a target area with negative RDT who do not receive an ACT in a given time period</p> <p><u>Denominator</u> – Number of sick children in a target area with negative RDT in a given time period</p>	Special Study (SS)  Output	CHW survey, routine CHW or supervision reporting, or extraction of routine reports	Quarterly; Episodic if by CHW surveys
First dose	Proportion of sick children provided first dose of treatment in the presence of a CHW	<p><u>Numerator</u> – Number of children given first dose of treatment in the presence of a CHW</p> <p><u>Denominator</u> – Number of children treated by CHWs</p>	Special Study (SS)  Output	CHW survey, routine CHW or supervision reporting, or extraction of routine reports; Household survey to interview caregivers	Annual; Episodic if by CHW or household survey
Counseling quality	Among children receiving prescription medicines for an iCCM condition, the proportion in which the caregiver receives counseling on how to provide the treatment(s)	<p><u>Numerator</u> – Number of children provided medicines where caregivers were provided proper counseling for provision of treatments (dose, duration, frequency and follow-up)</p> <p><u>Denominator</u> – Number of cases of children prescribed medicines</p>	Special Study (SS)  Output	CHW survey with direct observation and clinical reexamination	Episodic
Correct referral	Proportion of children with danger signs that were correctly recommended for referral	<p><u>Numerator</u> – Number of cases with danger signs or severe disease recommended for referral according to protocol</p> <p><u>Denominator</u> – Number of cases with danger signs who should be referred according to protocol as assessed by reexamination (by gold standard clinician)</p>	Special Study (SS)  Output	CHW survey with direct observation and clinical reexamination; Routine supervision reporting in special settings	Episodic

### Monitoring & Evaluation (M&E) and Health Management Information Systems (HMIS)

District reporting	Proportion of districts reporting complete iCCM monitoring data on time	<p><u>Numerator</u> – Number of implementing districts reporting complete iCCM monitoring data on time</p> <p><u>Denominator</u> – Number of districts implementing iCCM</p>	Routine monitoring (RM)  Input	Document review of administrative documents	Annually; Quarterly if possible
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