Green indicators come from the CCM M&E handbook

Information domain	Routine indicator
Human resources	**Under-five catchment population per CCM site:** # of children under 5 per CCM site
	Geographic access to CCM: % of target population (or target communities) with access to CCM services (countries to define eligibility for CCM and definition of active CHW)
	CCM CHW density: Number of CHWs trained and deployed for CCM per 1,000 children under five in target areas
	CHW to supervisor ratio: Ratio of CHWs deployed for CCM to CCM supervisors
Service delivery	**Case load by CHW:** # cases treated by CHW by reporting period (total and disaggregated by disease)
	CCM treatment rate: Number of CCM conditions treated per 1,000 children under five in target areas in a given time period
	Percent of expected cases treated: Number of CCM conditions treated/Number of expected cases for population and time period
	RDT positivity rate: % of fever cases presenting to CHW who were tested with RDT and received a positive result

Supply chain/logistics	**Medicine and diagnostic continuous stock (1):** % of CCM sites with no stock out of each CCM commodity over the period (disaggregated by commodity) (*recommended by SC group*)
	Medicine and diagnostic availability (2): % of CCM sites with all key CCM medicines and diagnostics in stock on last day of reporting period (more common because easier to collect)
Referrals	**Referral rate:** # cases referred per 100 cases seen by CHWs
Reporting	**Reporting:** % of CHWs/HFs/districts submitting reports on iCCM during time period (disaggregated by level)
Supervision *(rename - quality improvement interaction?) - need to relook at this and how to measure it - will consult with HR group)*	**Completed versus expected supervision activity**: proportion of expected supervision activities* completed during reporting period **-to be defined locally'*

Data elements required for routine reporting	Level(s) of health system	Data source(s)
# U5 children in CCM target areas; # CCM sites	CHW; HF; district	Headcount (easiest); census(projection estimates); population models (grided population surface)
# U5 children with geographic access to CCM (# communities with CCM); #U5 children in CCM target areas (# communities in CCM target areas)	HF; district	Numerator (sum of indicator above); denominator: Headcount (easiest); census (projection estimates); population models (grided population surface) meeting eligibility criteria for CCM
# CHWs deployed for CCM; # U5 children in target areas	district; national	HR records/HF records; denominator same sources as above
# CHWs deployed for CCM; # supervisors trained and deployed for CCM supervision	district;national	HF/district records
# cases seen and # cases treated for each condition (for RDT areas report # RDT- tested fever; #RDT + tested fever; # treated for confirmed malaria; # treated for presumptive malaria) # CHWs reporting	CHW; HF; district	CHW registers and reports
	CHW; HF; district	CHW registers and reports; headcounts etc
	CHW; HF; district	CHW registers and reports; headcounts and expected incidence by condition
# RDT+ tests; # RDT tests conducted	CHW; HF; district	CHW registers and reports

Y/N for whether had stock-out for each commodity	CHW; HF; district	CHW stock-cards/reports
Y/N for whether have stock on hand for each commodity at time of reporting	CHW; HF; district	CHW report
# of referrals made by type (danger signs, stock-out)	HF; district	CHW registers and reports
# of reports received; # of reports expected for each level	HF; district	HF/district records
# supervision activities completed; # of supervision activities expected	HF; district	HF/district records

Indicator selection criteria

Frequency	Important for decision-making/ actionable	Feasible in routine systems at scale	Experience /use in national HMIS systems	Technical merit/face validity
Annual	Yes (useful for planning; forms basis for expected cases/supply chain quantification)	Yes	Yes	Yes
Annual	Yes	Yes	Yes	Yes
Annual	Yes	Yes	Yes	Yes
Annual	Yes	Yes	Yes	Yes
Monthly/quarterly	Yes	Yes	Yes	Yes
Monthly/quarterly	Useful on monthly/quarterly basis (but less useful for annual planning etc)	Yes	Yes	Yes
Annually or more frequently if adjusted for seasonality	Yes - especially for program planning	Yes	Yes	Yes
Monthly/ quarterly	Yes	Yes	Yes?	Yes

Monthly/ quarterly	Yes	Harder to collect; requires that CHWs have stock cards	Limited	Yes
Monthly/ quarterly	Yes	More common; just have to count stock at end of month	Yes	Yes
Monthly/ quarterly	Not very actionable without additional information - want	Yes	Yes	Yes
Monthly/ quarterly	Yes	Yes	Yes	Yes
Monthly/ quarterly	Yes	Yes	Yes (this is what many programs are able to report on routinely in contrast to supervision coverage)	Yes

Contributes independently to set of indicators	COMMENTS
Yes	Highlight difference between CHW and CCM site (e.g. when VHT has multiple members but only one providing CCM) - should be for CCM site Needed for denominator of other indicators (esp treatment) Accurate and feasible except in situations where populations are very mobile; difficult political situations, etc; quality issues with data sources
Yes	Knowing both total population and # sites is essential for planning purposes; countries can decide which one is most actionable Requires defining and capturing 'active' CHWs. Numerator could also be derived from a census projection gridded popiulation surface but would need to have the georeferenced boundaries of the catchment area of each CHW/CCM site or you need the geographic location of the CHWs/CCM sites (e.g. from a georeferenced census of CHWs or CCM sites) and you can use a 5km buffer around the locations (or match the census EAs to the catchment area boundaries). This could be done through a georeferenced census of CHWs/CCM sites repeated every 3 years (to establish a National Master CHW List) since trainings do not take place that often or it new CHWs/CCM sites could be georeferneced and added on a rolling basis.
Yes	Ideally would be updated more than once per year; again should factor in whether CHW is active or not. Could also be derived from a georeferenced census of CHWs/CCM sites as per above
Yes	Could also be derived from a georeferenced census of CHWs/CCM sites as per above
Yes	
Yes	
Yes	data elements for the above indicators are the same so we can calculate variations; Note - expected number of cases would be generated using catchment population and incidence figures. Incidence (which is typically annual) would need to be adjusted for quarterly or monthly reporting.to reflect seasonal fluctuations.
Yes	

Just need 1 or 2	This is the preferred routine indicator - but because not often feasible - 4.2 is suitable alternative
Just need 1 or 2	
Yes	Need to provide guidance on how to interpret and what to do with the information; need benchmarks
Yes	
Yes	Supervision approaches are changing in response to relatively limited success with the standard monthly onsite supervision of individual CHWs, which hasn't been feasible in many settings; group supervision, monthly meetings, peer supervision, phone calls/sms messages, refresher training sessions, etc are various options being tried and tested; needs further discussion