Analysis and use of community-based health service data

GUIDANCE FOR COMMUNITY HEALTH WORKERS STRATEGIC INFORMATION AND SERVICE MONITORING

SELECTED HIGHLIGHTS

unicef for every child | World Health Organization | The Global Fund | UN WOMEN | UNAIDS

Stop TB Partnership | The Rockefeller Foundation | Gavi The Vaccine Alliance | HEALTH DATA COLLABORATIVE

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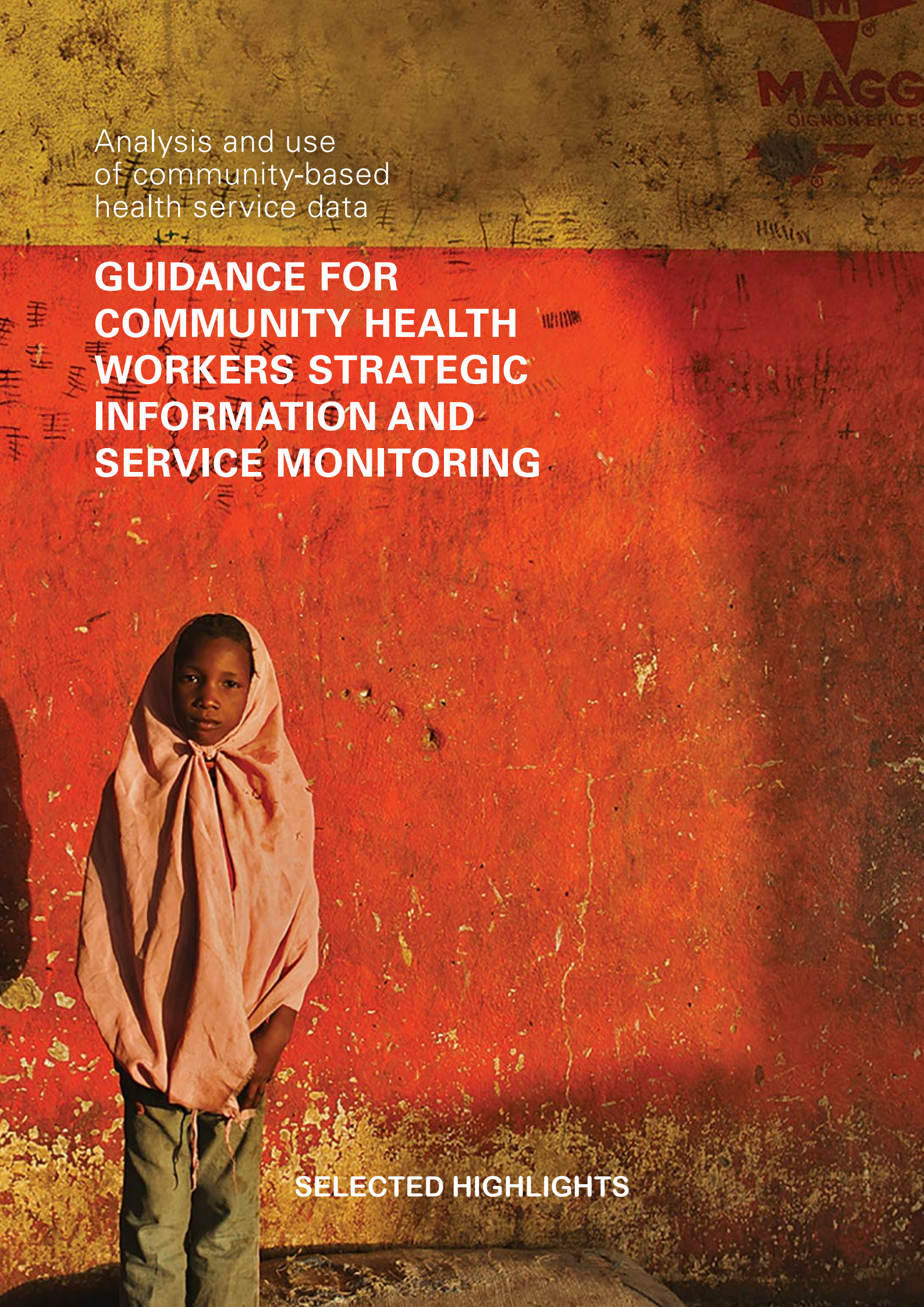
GUIDANCE FOR COMMUNITY HEALTH WORKERS STRATEGIC INFORMATION AND SERVICE MONITORING



SELECTED HIGHLIGHTS

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EXECUTIVE SUMMARY

Community health workers (CHWs) are non-professional health workers, either paid or volunteer, who are based in communities and provide outreach beyond primary health-care facilities or who are based at health posts not staffed by professional medical staff. Compared to other types of health workers, CHW cadres across and even within countries are remarkably diverse in terms of their tasks, functions and degree of institutionalization into the formal health sector.

A major obstacle to delivering services of good quality to children, adolescents and adults – including to key and vulnerable populations at the community level – is the dearth of data on community-level care and how they are managed and used. The absence of standardized and aligned CHW services indicators still limits the development of well-functioning community health information systems (CHIS), their integration within broader health information systems (HIS) and monitoring and evaluation (M&E) frameworks inclusive of both community- and facility-based service data. To facilitate the harmonization of monitoring of CHW services, this guidance offers a modular set of common indicators reported by CHWs at the time they provide services.

These indicators are aligned with existing monitoring frameworks, and are flexible enough to be adapted for different country contexts and varying maturity levels of different CHIS.

Areas covered by this guidance are:

- **population composition**
- **water, sanitation and hygiene (WASH)**
- **clean energy**
- **sexual and reproductive health (SRH)**
- **maternal health**
- **newborn health**
- **child health**
- **adolescent health**
- **immunization**
- **HIV**
- **malaria**
- **tuberculosis (TB)**
- **neglected tropical diseases (NTDs)**
- **child protection and interpersonal violence**
- **civil registration and vital statistics (CRVS)**
- **non-communicable diseases (NCDs)**
- **nutrition**
- **mental health**
- **people-centred services**
- **community-based surveillance (CBS)/early warning.**

During the process of selection of indicators, six principles are critical for a human rights–based approach to data: participation, data disaggregation, self-identification, transparency, privacy and accountability. It is important to ensure and plan for the participation of all relevant stakeholders, including for planning, data collection, dissemination and analysis of data. The views of vulnerable or marginalized groups, and groups who are at risk of discrimination, should be represented. These principles are critical in designing an equity-focused process, well articulated with community-led monitoring, to address specific data use cases, and inform all stakeholders for targeted action to reach the 2030 Sustainable Development Agenda.

The following are the key steps to choosing and standardizing CHW indicators for the main implementing partners:

1. REVIEW NATIONAL STRATEGIES TO PRIORITIZE MODULES

COUNTRY LEADERS

- Identify who is responsible for setting up or updating the CHIS, especially in terms of the standardization of CHW indicators.
- Map key actors, including communities, the private sector and civil society organizations, implementers (nongovernmental organization [NGOs], including for community-based surveillance [CBS]) and all other key stakeholders.
- Review all relevant national or subnational strategies.
- Evaluate carefully the plans and ongoing initiatives for digitalization and their impact in terms of the choice of indicators, including for maturity and costs.
- Review the two main types of CHW activities (consultations versus household assessments), including which tasks CHWs are allowed to perform.
- Identify the specific CHW indicator modules to prioritize.

IMPLEMENTING PARTNERS, NGOs and PRIVATE SECTOR

- Actively participate in the process and provide feedback on key modules to focus on.
- Plan how best to align and standardize CHW indicators, and how best to contribute to CHIS.

COMMUNITIES/CIVIL SOCIETY ORGANIZATIONS

- Actively participate in the process and provide feedback on key modules to focus on.
- Allow community-led organisations to bring their experience in community led monitoring to inform CHW strategic information.

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- Review with country leaders and implementing partners costs and sustainability of the plan.
- Ensure good governance of the whole process of standardization of CHW indicators.

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- Review whether there are opportunities to learn from the standardization and digitalization process to facilitate it – for instance, through implementation research.

2. REVIEW CHW TASKS AND CHIS MATURITY BY INDICATOR

COUNTRY LEADERS

- For each chosen module, review which CHW tasks should be reported during household assessments or CHW consultation types of activities.
- Choose CHW indicators based on CHW tasks as a primary filter.
- Then, review CHW indicators based on their specific maturity within the CHIS.

IMPLEMENTING PARTNERS, NGOs and PRIVATE SECTOR

- Review which tasks CHWs are doing and coordinate with country leaders so these are captured by CHIS.

3. REVIEW THE REPORTING BURDEN OF CHWs

COUNTRY LEADERS

- Estimate the CHW reporting burden by considering the total number of data points to be collected, the number of indicators to calculate, disaggregation, frequency of reporting, the design of data collection instruments and the average catchment area.
- Based on this assessment, review the number of indicators, their disaggregation and reporting frequency; prioritize indicators and basic types of disaggregation.

IMPLEMENTING PARTNERS, NGOs and PRIVATE SECTOR

- Actively participate in the selection process and provide feedback on key CHW tasks and corresponding indicators to focus on, as well as CHW reporting burden.
- Discuss alignment in terms of frequency of reporting and disaggregation.
- Share best practices on reporting tools.

COMMUNITIES/CIVIL SOCIETY ORGANIZATIONS

- Actively participate in the process and provide feedback on key indicators to focus on.
- Contribute to and articulate the choice of indicators with community-led monitoring.

FUNDING PARTNERS

- Review with country leaders and implementing partners costs and sustainability of the tools, especially if undergoing digitalization.

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- Review the best ways to estimate the reporting burden of CHWs.


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4. REVIEW THE QUALITY OF REPORTING

COUNTRY LEADERS

- For each indicator considered, assess potential double counting and how it can be minimized.
- Explore the feasibility of clinical assessment indicators in terms of resources, training and reliability.
- Consider all levels of CHIS interoperability and whether they are taken into account within a comprehensive health information system strategy.
- Ensure necessary policies or legal framework and standard operating procedures (SOPs) are in place to ensure confidentiality.
- Review whether there are issues with processes and practices ensuring confidentiality.
- Review whether data security in all its dimensions can be ensured.
- Based on these evaluations and a review of data quality in general, consider whether certain CHW indicators should be measured or tested for feasibility before scaling up.

IMPLEMENTING PARTNERS, NGOs and PRIVATE SECTOR

- Offer feedback on issues and best practices on data quality, feasibility, confidentiality and data security for the indicators considered.
- Review specifically issues of double counting between implementing partners.
- Review how best to operationalize interoperability to best contribute to CHIS.
- Discuss alignment in terms of measurement, including for clinical assessments.

COMMUNITIES/CIVIL SOCIETY ORGANIZATIONS

- Provide feedback on issues of data quality, confidentiality and data security for the indicators considered.
- Offer possible solutions or share known best practices.

FUNDING PARTNERS

- Review how best to support improvement initiatives for data quality with data use, interoperability and data security/confidentiality.
- Review how to support the sustainability of training, supervision and reporting resources.

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- Research on best ways to improve data quality, interoperability and data security/confidentiality.

5. KEY STEPS FOR ACTION WHEN REVIEWING DATA USE, EQUITY AND FEEDBACK LOOPS

COUNTRY LEADERS

- Aim for a rights-based strategy for data democratization.
- Review whether there are multicomponent interventions in place to improve data quality, access and use.
- Establish clear SOPs for each chosen indicator, including the ways it should be collected, calculated (with denominators if relevant), analysed and provided feedback on, and possible actions it could trigger.
- Ensure communities are included in the processes with feedback loops, convening participatory routine data reviews with community/civil society partners.
- Establish the monitoring approach for equity in general (including gender, age and geographic location) and vulnerable and key populations in particular.

IMPLEMENTING PARTNERS, NGOs and PRIVATE SECTOR

- Articulate different feedback loops between partners.
- Review and articulate equity strategies and their monitoring between implementing partners, including for vulnerable populations.

COMMUNITIES/CIVIL SOCIETY ORGANIZATIONS

- Put in place feedback monitoring with country leaders and implementing partners.
- Articulate CHW indicators with community-led monitoring.
- Participate in assessing inequities, underserved populations, and human rights and gender related barriers to services.
- Representatives of vulnerable populations should supervise equity monitoring strategy.

FUNDING PARTNERS

- Ensure good governance in terms of data use, feedback loops and equity strategy.

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- Research on best ways to improve feedback loops, equity, articulation of different community monitoring systems, including community-led monitoring, and monitoring and participation of vulnerable populations.

ALIGNMENT WITH EXISTING MONITORING FRAMEWORKS

To facilitate data flow, data aggregation and interoperability across the HIS, indicators should be aligned from the community level to the global level as much as possible. Typically, global strategies and frameworks – such as the Monitoring Framework for the Sustainable Development Goals or UN Every Woman Every Child Global Strategy – have been endorsed by countries after comprehensive processes of consultation and validation. WHO publishes normative guidelines as global goods; for example, the WHO Consolidated HIV strategic information guidelines are based on a robustly representative, participatory/partner-based process.

This derivative guidance is based on multiple guidelines. The proposed set of community indicators has been reviewed so their metadata align as much as possible with published guidelines, and to allow the data to flow from the community level to the facilities, district, national and global levels, where necessary. The figure below depicts the data flow from the community to global strategic planning for malaria.

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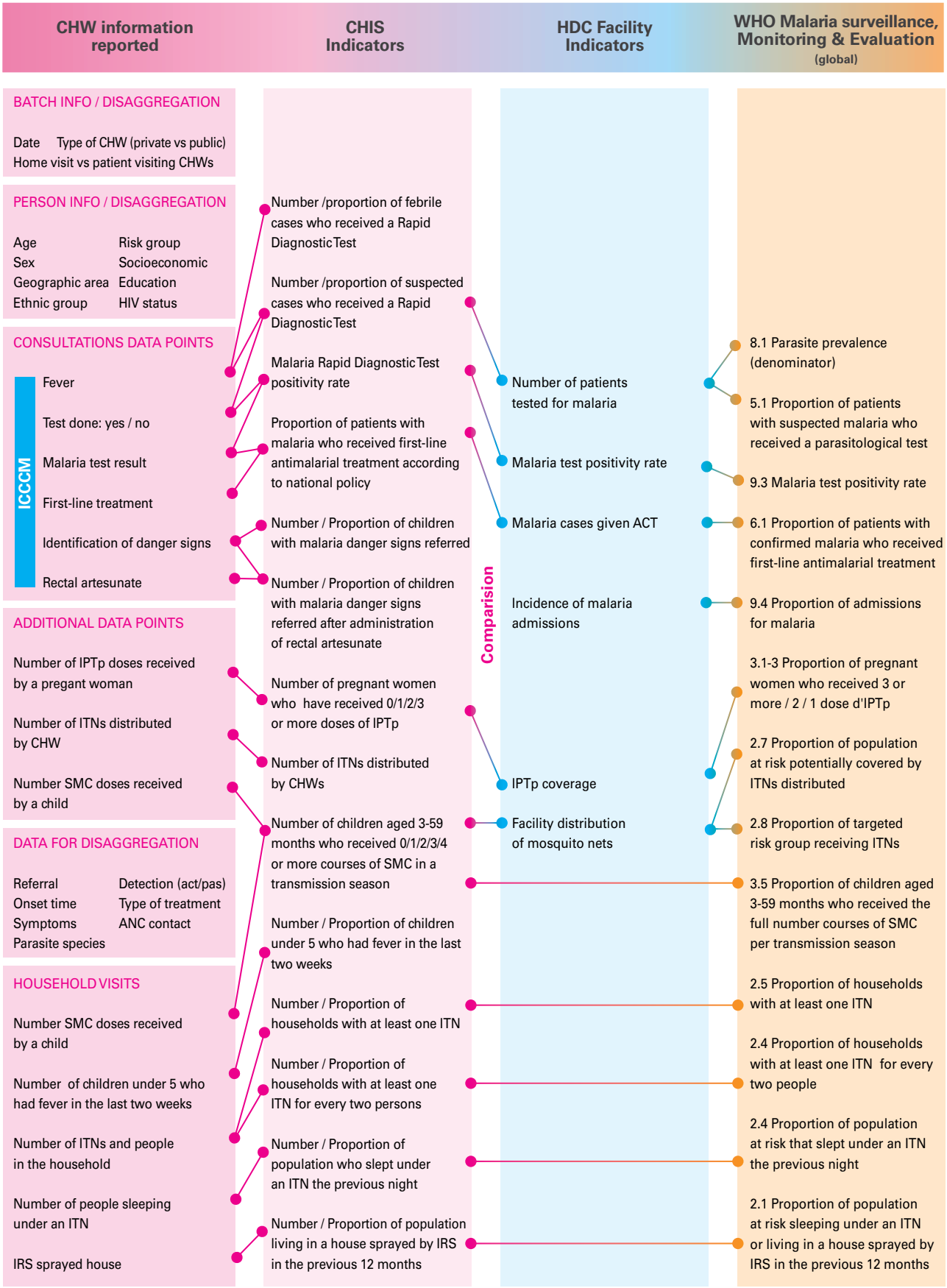
Figure 1 Alignment of malaria indicators from data collection at the community level to global technical strategy



ACT: artemisinin-based combination therapy; **IPTp:** intermittent preventive treatment of malaria during pregnancy; **ITN:** insecticide-treated nets; **SMC**: seasonal malaria chemoprevention

CHOOSING MODULES AND INDICATORS

1. Review national strategies to prioritize modules

To facilitate the integration of CHIS within the HIS, adopting a health systems perspective is particularly critical. As the community health system must be integrated into the overall national health system, the CHIS must also be integrated with the national HIS, ensuring alignment with existing national strategies, policies and action plans. These national strategies will inform which modules should be prioritized in developing CHW indicators. Sustainable resources available for the CHIS should also be estimated and budgeted properly. Digitalization can become a phenomenal accelerator if carefully designed with a health system perspective and bringing all stakeholders to the table from the start, including end-users.

2. Review CHW tasks and CHIS maturity by indicator

The list of indicators in this guidance consist of a menu from which countries can select desired indicators; countries should not use all indicators. For each module, CHW tasks are listed – corresponding indicators should be considered only if these tasks are performed or planned in the country. The same indicators can appear in different modules as they may be critical for different modules (for example, child health and nutrition). Supervisors and programme managers must keep in mind that not all CHW key activities may be reflected in the routine CHIS. Because the development and design of CHIS are frequently service specific, CHWs usually have different ways of reporting information, depending on their tasks, with different registers for different programmes. Therefore, a simplified maturity score has been assigned to each indicator and not to the whole CHIS. For instance, longitudinal tracking systems with unique IDs at CHW level may be available only for follow-up of pregnancies. A given indicator should be considered then only if the CHIS has the maturity necessary for this specific indicator to be reported.

3. Review the reporting burden of CHWs

After considering the different pieces of community monitoring, and the best way to articulate them given needs, resources and capabilities, the CHW workload and reporting burden are critical to map and evaluate as they can impact the quality of the data reported. The indicators presented in this document should be considered part of the whole reporting burden for CHWs. Deciding how, by whom and at what level the indicator should be calculated is therefore a critical decision when designing the CHIS. Frequency of reporting can vary a lot between indicators, according to the objective of the indicator and the specific country HIS. Based on this review of burden, prioritizing and reducing the number of indicators may become a necessity. For each module, indicators have been classified as either priority or additional, to help with the prioritization exercise. Countries might first consider the priority indicators if they need to reduce the reporting burden.

4. Review the quality of reporting

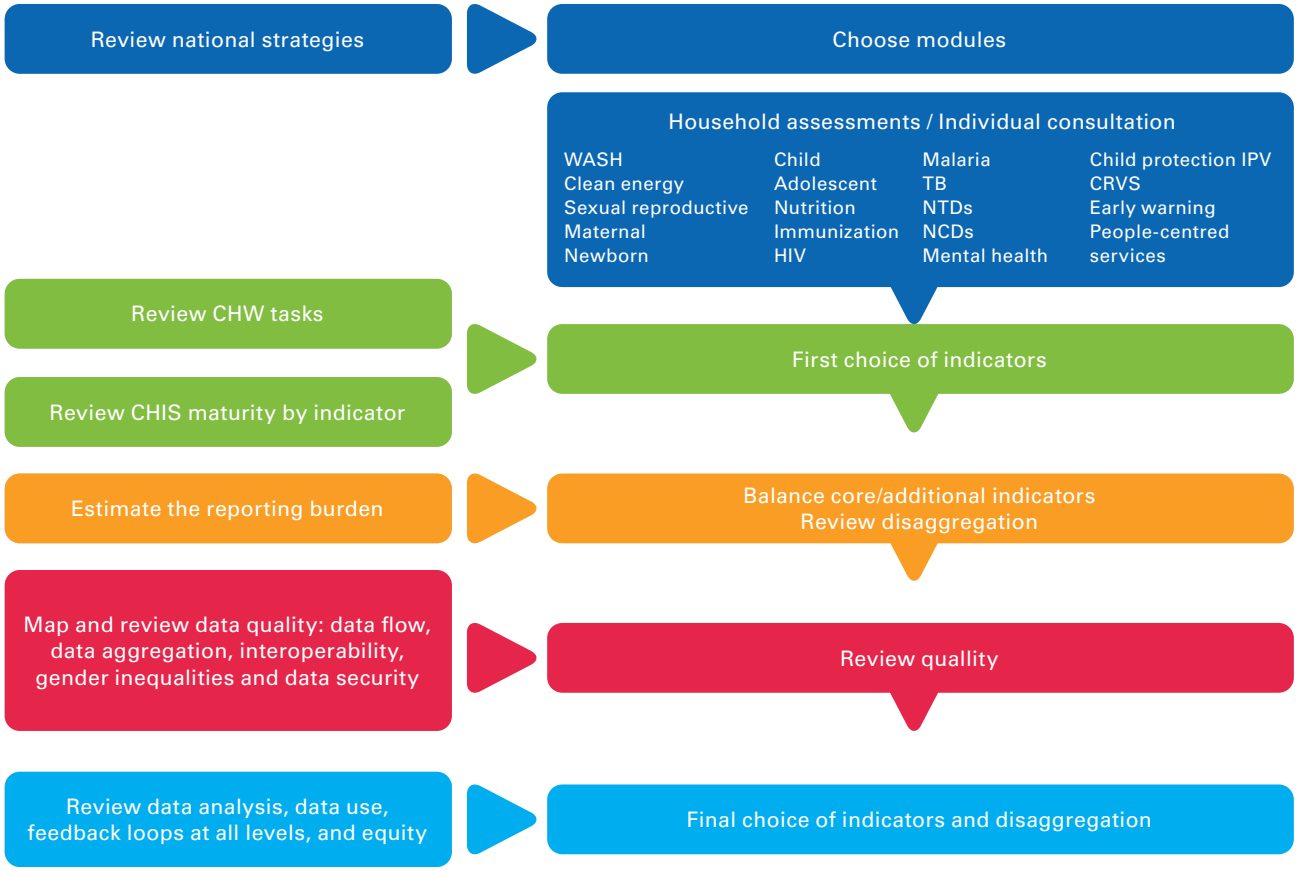
The quality of CHW services and reporting should be assessed when choosing which indicators can be reported, and then periodically reassessed. Critical elements to review are the design of reporting tools, coordination and adequate training of all people involved in the CHIS: collection, cleaning, analysis, use and communication of data. Some key elements in particular are to be checked when selecting indicators: unintentional double or multiple counting of the same event, accuracy of indicators reporting on clinical assessments such as anthropometric measurements, interoperability, confidentiality and data security processes.

5. Review data use, equity and feedback loops

Data collection should be used to inform decision-making for action to improve programmes. This concerns all stakeholders, and data should be fed back to the community and used by all relevant CHIS stakeholders. Data democratization can be enabled by a supporting comprehensive data use culture. Feedback of data (data loops) to all stakeholders has shown its potential to improve surveillance systems as well as the quality of health services and the corresponding data.

Targeting equity is paramount to reach the SDG agenda of "leaving no one behind and reaching the furthest behind first." Gender-responsive health policies, programmes, services and delivery models require considering power dynamics within communities and between individuals and the differential needs of men, women, boys, girls and gender-nonconforming people in all their diversity. Vulnerable populations are essential to consider for equity, as they have a heightened risk of poor health, reduced access to services, and can be criminalized or marginalized. Characteristics of vulnerable populations need to be explicitly integrated in monitoring frameworks, so they are not left out of reporting.

Figure 2 Main steps to consider when choosing modules and indicators



CHIS: community health information system; **CHW:** community health worker; **CRVS:** civil registration and vital statistics; **IPV:** interpersonal violence; **NCDs:** noncommunicable diseases; **NTDs:** neglected tropical diseases; **TB:** tuberculosis; **WASH:** water, sanitation and hygiene

LIST OF INDICATORS

Household assessments (HH): In certain countries, CHWs do annual or semi-annual household assessments that are akin to survey or census activities. These visits usually aim to assess some characteristics of the population, of specific practices (vector control, WASH), but also to deliver some interventions.

Individual consultations (CS): These are consultations performed by CHWs on a regular basis, and can either happen at the health post or during home visits. This constitutes the core of their activities.

The same indicators can appear in different modules as they may be critical for different modules (for example, child health and nutrition).

For each module, indicators have been classified as either **priority** (in **bold**) or additional, to help with the prioritization exercise.

Population composition

1	**Number of households in the catchment area**	HH
2	**Number of live births**	HH
3	**Number of infants in the catchment area (0 to less than 1 year old)**	HH
4	**Number of children in the catchment area (1 to less than 5 years old)**	HH
5	**Number of children in the catchment area (5 to less than 10 years old)**	HH
6	**Number of young adolescents in the catchment area (10–14 years old)**	HH
7	**Number of older adolescents in the catchment area (15–19 years old)**	HH
8	Number of pregnant women in the catchment area	HH
9	Number of adults in the catchment area	HH

Water, sanitation and hygiene (WASH)

10	**Main drinking-water source**	HH
11	**Time to collect drinking-water**	HH
12	Location of drinking-water point	HH
13	Drinking-water quality at the source	HH
14	Availability of drinking-water when needed	HH
15	**Access to handwashing facilities with water and soap available on premises (household level)**	HH
16	**Use of improved sanitation facilities**	HH
17	Sharing of sanitation facilities	HH
18	Emptying of on-site sanitation facilities (septic tanks and pit latrines)	HH
19	**Private place to wash and change during menstruation**	HH
20	Use of hygiene materials during menstruation	HH

Clean energy

21	**Proportion of households with primary reliance on clean fuels and technologies for cooking**	HH
22	**Proportion of households with primary reliance on clean fuels and technologies for lighting**	HH
23	**Proportion of households with primary reliance on clean fuels and technologies for heating**	HH

Sexual and reproductive health

24	**Number of condoms distributed**	HH, CS
25	**Number of women and adolescent girls who initiate modern methods for family planning in the community**	CS
26	**Number of women and adolescent girls who use modern methods for family planning**	HH
27	**Proportion of adolescents and young people seeking contraception/family planning who received an HIV test**	CS
28	**Number of HIV tests conducted (testing volume) and the proportion of HIV-positive results returned to people (positivity)**	HH, CS
29	Men and adolescent boys with urethral discharge	CS
30	Proportion of antenatal care attendees tested for syphilis	CS
31	**Proportion of women who have been screened for cervical cancer**	HH
32	**Number of women referred for any post-abortion complication**	CS
33	**Number of women referred for safe abortion**	CS
34	Number/proportion of women aged 15–49 years old who have undergone female genital mutilation	HH

Maternal health

35	**Proportion of pregnant women who have first antenatal care (ANC) contact with CHW in first trimester**	CS
36	**Proportion of antenatal care contacts during which women received breastfeeding counselling**	CS
37	**Proportion of community antenatal care contacts in the reporting period during which pregnant women were given/prescribed iron-containing supplements**	CS
30	**Proportion of antenatal care attendees tested for syphilis**	CS
38	**Proportion of people with raised blood pressure measured by CHW**	HH, CS
28	**Number of HIV tests conducted (testing volume) and the proportion of HIV-positive results returned to people (positivity)**	HH, CS
39	Number of pregnant women referred for maternal complications	CS
40	Proportion of women who gave birth in the community without skilled birth attendant and who were administered oral immediate postpartum uterotonic to prevent postpartum haemorrhage	CS
41	**Number/proportion of people assessed for mental, neurological and substance use (MNS) disorders**	CS
42	**Number/proportion of people with mental, neurologic and substance use (MNS) referred**	CS
43	Number/proportion of people with mental, neurologic and substance use (MNS) disorders receiving services	HH
44	**Number of pregnancy-related deaths**	HH

Newborn health

45	**Number of stillbirths (late fetal deaths)**	HH
46	**Number of neonatal deaths (0–27 days)**	HH
47	Proportion of newborns delivered in the community who were put to breast within the first hour of birth	CS
48	Proportion of newborns delivered in the community with documented birthweight	CS
49	Prevalence of low birthweight among newborns delivered in the community	CS
50	**Number of preterm newborns discharged from facility that received follow-up on Kangaroo Mother Care (KMC) by CHW**	CS

51	Proportion of preterm newborns delivered in the communit	CS
52	**Number/proportion of newborns and children referred for danger signs**	CS
53	Proportion of newborns delivered in the community initiated on skin-to-skin contact immediately after birth	CS
54	Newborns delivered in the community whose cord was cut with clean instrument	CS

Child health

55	**Number of infant deaths (0 to less than 1 year old)**	HH
56	**Number of child deaths (1 to less than 5 years old)**	HH
57	**Number of child deaths (5 to less than 10 years old)**	HH
58	**Proportion of consultations for infants under 6 months providing counselling on appropriate infant and young child feeding**	CS
59	**Proportion of consultations for children 6–23 months providing counselling on appropriate complementary feeding**	CS
60	**Proportion of people receiving preventive chemotherapy for deworming**	CS
61	**Percentage of children 6–59 months of age who received an age-appropriate dose of vitamin A through CHW contacts (routine contacts as well as contacts via events) in each semester**	CS
62	**Number/proportion of children aged 6–59 months assessed for wasting in the reporting period**	CS
63	**Proportion of children 6–59 months with mid-upper-arm circumference (MUAC) < 115 mm (severe acute malnutrition)**	CS
64	**Number/proportion of children under 5 years who had their weight assessed**	CS
65	Number/proportion of children under 5 years who are underweight	HH, CS
66	Proportion of wasting among children aged 6–59 months	CS
67	Number/proportion of children under 5 years who had their height/length measured	CS
68	Proportion of overweight among children under 5 years of age	HH, CS
69	Proportion of overweight and obesity in school-age children and adolescents 5–19 years	HH, CS
70	**Number/proportion of children who received treatment for diarrhoea**	CS
71	**Proportion of children presenting fast breathing and/or chest indrawing**	CS
72	**Proportion of children receiving antibiotic treatment for fast breathing and/or chest indrawing**	CS
73	Number/proportion of young infants, 0–59 days old who received pre-referral treatment for signs of possible serious bacterial infection	CS
74	**Number/proportion of caregivers receiving information on early identification of danger signs**	CS
52	**Number/proportion of newborns and children referred for danger signs**	CS
75	Proportion of children monitored for early signs of developmental delays	CS
76	Proportion of children with suspected developmental disabilities referred	CS
77	Proportion of caregivers being counselled on responsive caregiving and early learning activities	CS
78	Proportion of children with suspected developmental disorders and disabilities whose caregivers receive parenting information	CS
28	**Number of HIV tests conducted (testing volume) and the proportion of HIV-positive results returned to people (positivity)**	HH, CS
79	**Number of people referred for HIV testing**	HH, CS
80	Insufficient physical activity among children (0 to less than 5 years of age)	CS
81	Insufficient physical activity among children (5 to less than 10 years of age)	CS

Adolescent health

82	**Number of young adolescent deaths (10–14 years old)**	HH
83	**Number of older adolescent deaths (15–19 years old)**	HH
27	**Proportion of adolescents and young people seeking contraception/family planning who received an HIV test**	CS
28	**Number of HIV tests conducted (testing volume) and the proportion of HIV-positive results returned to people (positivity)**	HH, CS
84	**Supplementation with iron-containing supplements (and folic acid) to adolescent girls and women of reproductive age for anaemia prevention**	HH, CS
60	Proportion of people receiving preventive chemotherapy for deworming	CS
85	Women and adolescent girls who are underweight	HH, CS
69	Proportion of overweight and obesity in school-age children and adolescents 5–19 years	HH, CS
86	**Insufficient physical activity among adolescents**	HH
87	Proportion of adolescents currently using tobacco	HH, CS
88	Proportion of alcohol consumers	HH
89	Proportion of people with heavy episodic drinking	HH
90	Proportion of people who use psychoactive drugs	HH
91	Proportion of people who inject psychoactive drugs	HH
41	**Number/proportion of people assessed for mental, neurological and substance use (MNS) disorders**	CS
42	**Number/proportion of people with mental, neurologic and substance use (MNS) referred**	CS
43	**Number/proportion of people with mental, neurologic and substance use (MNS) disorders receiving services**	HH
92	Number of people with suicidal ideation or plan	CS
93	Number of people with suicide attempts	CS
94	Average time on weekdays and weekend days dedicated to screen time for leisure activities	HH

Immunization

95	**Number/proportion of persons who are not up to date with immunizations and are referred**	HH, CS
96	**Number/proportion of children under 5 never vaccinated (zero-dose) and referred**	HH, CS
97	Detection and reporting of neonatal tetanus	CS
98	Detection and reporting of acute flaccid paralysis	CS
99	Detection and reporting of rash and fever for measles or measles/rubella	CS
100	Polio vaccination with oral polio vaccination (OPV) (%)	CS

HIV

24	**Number of condoms distributed**	HH, CS
27	**Proportion of adolescents and young people seeking contraception/family planning who received an HIV test**	CS
28	**Number of HIV tests conducted (testing volume) and the proportion of HIV-positive results returned to people (positivity)**	HH, CS
79	**Number of people referred for HIV testing**	HH, CS
101	**Early infant referral**	CS
102	**Number of individual HIV self-testing (HIVST) kits distributed**	HH, CS
103	**Number of people who were identified and tested for HIV using HIV index testing services and received their results**	HH, CS
104	**Proportion of people on pre-exposure prophylaxis (PrEP) supported and counselled by CHWs**	CS

105	**Number and percentage of people living with HIV reported on antiretroviral therapy (ART) at the end of the last reporting period and/or newly initiating ART during the current reporting period who were not on ART at the end of the reporting period**	HH
106	**Number of people living with HIV on ART**	CS
30	Proportion of antenatal care attendees tested for syphilis	CS
31	**Proportion of women who have been screened for cervical cancer**	HH
107	**Avoidance of health care due to stigma and discrimination (key populations)**	HH
108	**Avoidance of health care due to stigma and discrimination (people living with H**IV)	HH
109	Proportion of people eligible for any form of economic support referred by a CHW to apply for it	CS
110	Proportion of people eligible for any form of economic support that receive(d) it	HH, CS
111	Proportion of eligible people for legal services referred by a CHW to apply for them	CS
112	Proportion of eligible people that receive(d) legal services	HH, CS
41	Number/proportion of people assessed for mental, neurological and substance use (MNS) disorders	CS
42	Number/proportion of people with mental, neurologic and substance use (MNS) referred	CS
43	Number/proportion of people with mental, neurologic and substance use (MNS) disorders receiving services	HH

Malaria

113	**Number/proportion of children under 5 who had fever in the last two weeks**	HH
114	**Number/proportion of households with at least one insecticide-treated nets (ITN)**	HH
115	**Number/proportion of households with at least one ITN for every two persons**	HH
116	**Number/proportion of population who slept under an ITN the previous night**	HH
117	**Number/proportion of population living in a house sprayed by IRS in the previous 12 months**	HH
118	Number of ITNs distributed by CHWs	HH, CS
119	**Number/proportion of febrile cases who received a rapid diagnostic test (RDT)**	CS
120	**Number/proportion of suspected cases who received a RDT**	CS
121	**Malaria RDT positivity rate**	CS
122	**Number/proportion of patients with malaria who received first-line antimalarial treatment according to national policy**	CS
123	**Number/proportion of children with confirmed malaria and danger signs who are referred**	CS
124	**Number/proportion of children with malaria danger signs referred after administration of rectal artesunate**	CS
125	Number of pregnant women who have received zero/one/two/three or more doses of intermittent preventive treatment of malaria in pregnancy (IPTp)	CS
126	Number of children aged 3–59 months who received zero/one/two/three/four or more courses of seasonal malaria chemoprevention (SMC) in a transmission season	HH, CS

Tuberculosis

127	**Proportion of people confirmed with TB out of all people who were referred for diagnosis by CHW**	CS
128	**Proportion of people notified with TB through CHW referrals out of all people notified with TB**	CS
129	**Proportion of people to whom TB preventive treatment (TPT) support/follow-up was provided by CHW**	CS
130	**Proportion of people to whom TB disease treatment adherence support was provided**	CS
131	**TB contact screening**	CS
132	Proportion of people who were successfully treated and who benefited from community-based TB treatment adherence support	CS

133	Proportion of individuals who started TPT who complete the course	CS
134	Proportion of people with TB referred by a CHW to a health facility to manage drug side effects	CS
109	**Proportion of people eligible for any form of economic support referred by a CHW to apply for it**	CS
110	**Proportion of people eligible for any form of economic support that receive(d) it**	HH, CS
111	**Proportion of eligible people for legal services referred by a CHW to apply for them**	CS
112	**Proportion of eligible people that receive(d) legal services**	HH, CS
41	**Number/proportion of people assessed for mental, neurological and substance use (MNS) disorders**	CS
42	**Number/proportion of people with mental, neurologic and substance use (MNS) referred**	CS
43	**Number/proportion of people with mental, neurologic and substance use (MNS) disorders receiving services**	HH, CS

Neglected tropical diseases

60	**Proportion of people receiving preventive chemotherapy for deworming**	CS
135	**Number of suspected neglected tropical disease (NTD) cases reported**	HH, CS
136	**Number of rumours of guinea worm disease/dracunculiasis cases reported**	HH, CS
137	**Number of rumoured yaws cases reported**	HH, CS
138	**Number of people referred to health centre for diagnosis or treatment of NTDs**	HH, CS
139	**Geographical coverage of preventive chemotherapy (PC) for targeted NTDs**	HH
140	**Population coverage of PC for targeted NTDs**	HH
141	**Proportion of households in the targeted communities that received social mobilization/awareness campaigns on NTDs**	HH
142	**Number of people bitten by an animal (animal bite cases) in the community, by animal**	HH, CS
143	Number of deaths in the community occurring within three months after a snakebite or a dog bite	HH
144	Number of people screened for skin lesions consistent with NTDs (and population coverage)	HH, CS
145	Number of NTD cases that received adequate/recommended wound care	HH, CS
146	Number of people screened for signs and symptoms of visceral leishmaniasis (VL) and/or PKDL (and population coverage)	HH, CS
147	Proportion of people presenting hematuria, either visible hematuria reported by the patient or micro-hematuria detected by a positive dipstick	HH, CS
148	Proportion of people suffering from physical disability related to NTDs who receive rehabilitation support	HH, CS
149	Number (and proportion) of cases who received instructions for self-care for relevant NTDs	HH, CS
150	**Proportion of targeted houses covered by domiciliary vector reduction measures**	HH
151	**Number of surface water bodies enumerated and mapped**	HH
152	Proportion of households with all water storage containers covered and protected	HH
41	Number/proportion of people assessed for mental, neurological and substance use (MNS) disorders	CS
42	Number/proportion of people with mental, neurologic and substance use (MNS) referred	CS
43	Number/proportion of people with mental, neurologic and substance use (MNS) disorders receiving services	HH, CS

Child protection and interpersonal violence

153	**Number/proportion of households reached with health promotion messages about the impacts of violence against women and where to seek help**	HH
154	**Number of referrals made to health or other essential services for women and girls who disclose intimate partner violence or sexual violence**	CS

34	**Number/proportion of women aged 15–49 years old who have undergone female genital mutilation**	HH
155	**Number/proportion of girls under 15 years old who have undergone female genital mutilation (FGM) or are at risk of FGM**	HH
156	**Number/proportion of households with children where CHW raised awareness of positive parenting**	HH
157	**Number of households where CHW provided referrals to family services**	CS
	Module on Civil registration and vital statistics	

Civil registration and vital statistics

2	**Number of live births**	HH
45	**Number of stillbirths (late fetal deaths)**	HH
46	**Number of neonatal deaths (0–27 days)**	HH
55	**Number of infant deaths (0 to less than 1 year old)**	HH
56	**Number of child deaths (1 to less than 5 years old)**	HH
57	**Number of child deaths (5 to less than 10 years old)**	HH
82	**Number of young adolescent deaths (10–14 years old)**	HH
83	**Number of older adolescent deaths (15–19 years old)**	HH
158	**Number of adult deaths**	HH
44	**Number of pregnancy-related deaths**	HH
159	Number of deaths due to road traffic crashes	HH
160	Number of deaths due to drowning	HH
161	**Number/proportion of live births happening in reporting period that were not registered, for which notification was submitted by CHW to local authorities**	CS
162	**Number/proportion of deaths happening in the reporting period that were not registered, for which notification was submitted by CHW to local authorities**	CS
163	**Number/proportion of children under-five year old whose births are registered with the civil authority**	HH
164	**Number/proportion of deaths that were registered in a timely manner over the reporting period**	HH

Noncommunicable diseases

87	Proportion of adolescents currently using tobacco	HH, CS
165	**Proportion of current tobacco users**	HH, CS
80	**Insufficient physical activity among children (0 to less than 5 years of age)**	HH
81	**Insufficient physical activity among children (5 to less than 10 years of age)**	HH
86	**Insufficient physical activity among adolescents**	HH
166	**Insufficient physical activity among adults**	HH
68	Proportion of overweight among children under 5 years of age	HH, CS
69	Proportion of overweight and obesity in school-age children and adolescents 5–19 years	HH, CS
167	**Proportion of overweight and obesity in adults**	HH, CS
31	**Proportion of women who have been screened for cervical cancer**	HH
38	**Proportion of people with raised blood pressure measured by CHW**	HH, CS
168	**Number/proportion of asymptomatic adults older than 40 with a BMI ≥ 25 who have raised blood glucose/diabetes**	HH, CS
89	**Proportion of people with heavy episodic drinking**	HH
169	**Number/proportion of people supported for drug therapy and counselled to prevent heart attacks and stroke**	CS
21	Proportion of households with primary reliance on clean fuels and technologies for cooking	HH

22	Proportion of households with primary reliance on clean fuels and technologies for lighting	HH
23	Proportion of households with primary reliance on clean fuels and technologies for heating	HH
49	Prevalence of low birthweight among newborns delivered in the community	CS

Nutrition

36	**Proportion of antenatal care contacts during which women received breastfeeding counselling**	CS
37	**Proportion of community antenatal care contacts in the reporting period during which pregnant women were given/prescribed iron-containing supplements**	CS
47	**Proportion of newborns delivered in the community who were put to breast within the first hour of birth**	CS
48	**Proportion of newborns delivered in the community with documented birthweight**	CS
49	**Prevalence of low birthweight among newborns delivered in the community**	CS
58	**Proportion of consultations for infants under 6 months providing counselling on appropriate infant and young child feeding**	CS
59	**Proportion of consultations for children 6–23 months providing counselling on appropriate complementary feeding**	CS
60	Proportion of people receiving preventive chemotherapy for deworming	CS
61	**Percentage of children 6–59 months of age who received an age-appropriate dose of vitamin A through CHW contacts (routine contacts as well as contacts via events) in each semester**	CS
62	**Number/proportion of children aged 6–59 months assessed for wasting in the reporting period**	CS
63	**Proportion of children 6–59 months with mid-upper-arm circumference (MUAC) < 115 mm (severe acute malnutrition)**	CS
64	**Number/proportion of children under 5 years who had their weight assessed**	CS
65	Number/proportion of children under 5 years who are underweight	HH, CS
66	Proportion of wasting among children aged 6–59 months	CS
67	Number/proportion of children under 5 years who had their height/length measured	CS
68	Proportion of overweight among children under 5 years of age	HH, CS
69	Proportion of overweight and obesity in school-age children and adolescents 5–19 years	HH, CS
70	**Number/proportion of children who received treatment for diarrhoea**	CS
84	**Supplementation with iron-containing supplements (and folic acid) to adolescent girls and women of reproductive age for anaemia prevention**	CS
85	Women and adolescent girls who are underweight	CS

Mental health

41	**Number/proportion of people assessed for mental, neurological and substance use (MNS) disorders**	CS
42	**Number/proportion of people with mental, neurologic and substance use (MNS) referred**	CS
43	**Number/proportion of people with mental, neurologic and substance use (MNS) disorders receiving services**	HH
92	Number of people with suicidal ideation or plan	CS
93	Number of people with suicide attempts	CS
94	Average time on weekdays and weekend days dedicated to screen time for leisure activities	HH
75	Proportion of children monitored for early signs of developmental delays	CS

76	**Proportion of children with suspected developmental disabilities referred**	CS
77	Proportion of caregivers being counselled on responsive caregiving and early learning activities	CS
78	**Proportion of children with suspected developmental disorders and disabilities whose caregivers receive parenting information**	CS
88	Proportion of alcohol consumers	HH
89	**Proportion of people with heavy episodic drinking**	HH
90	**Proportion of people who use psychoactive drugs**	HH
91	Proportion of people who inject psychoactive drugs	HH
170	Number/proportion of drug overdose deaths	HH, CS

People-centred services

109	**Proportion of people eligible for any form of economic support referred by a CHW to apply for it**	CS
110	**Proportion of people eligible for any form of economic support that receive(d) it**	HH, CS
111	**Proportion of eligible people for legal services referred by a CHW to apply for them**	CS
112	**Proportion of eligible people that receive(d) legal services**	HH, CS
171	**Number of people who needed care and did not get it in the last month**	HH
172	**Proportion of people who refused care among those targeted by CHW**	CS

Community-based surveillance /early warning

173	**Event/alert case detected**	CS
174	**Proportion of CBS alerts responded to within 24 hours or within specified time period from the CBS protocol**	CS
175	**Proportion of communities in which action was taken following an alert (per month)**	CS

LIST OF COMMUNITY INDICATORS RELEVANT FOR INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM)

Child health

52. Number/proportion of newborns and children referred for danger signs
63. Proportion of children 6–59 months with MUAC < 115 mm (severe acute malnutrition)
70. Number/proportion of children who received treatment for diarrhoea
71. Proportion of children presenting fast breathing and/or chest indrawing
72. Proportion of children receiving antibiotic treatment for fast breathing and/or chest indrawing

Malaria

119. Number/proportion of febrile cases who received a rapid diagnostic test (RDT)
120. Number/proportion of suspected cases who received a rapid diagnostic test (RDT)
121. Malaria rapid diagnostic test (RDT) positivity rate
122. Number/proportion of patients with malaria who received first-line anti-malarial treatment according to national policy
123. Number/proportion of children with malaria danger signs referred
124. Number/proportion of children with malaria danger signs referred after administration of rectal artesunate

Immunization

95. Number/proportion of persons who are not up to date with immunizations and are referred
96. Number/proportion of children under 5 never vaccinated (zero-dose) and referred
100. Polio vaccination with oral polio vaccination (OPV) (%)

HIV

28. Number of HIV tests conducted (testing volume) and the proportion of HIV-positive results returned to people (positivity)
79. Number of people referred for HIV testing

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