2022

COVID-19 INDICATORS FOR CL-M

A COMPILATION OF INDICATOR REFERENCE SHEETS FOR COVID-19 FOR CL-M

Table of Contents

A. INTRODUCTION

A critical area of focus in the implementation of CL-M intervention is tracking of key indicators to measure success against the overall CL-M goal and objectives. Each performance area of CL-M will be monitored through commonly agreed indicators.

Community capacity to monitor COVID-19 interventions and services is one of the service areas to be monitoring under the CL-M mechanism. The following indicator compendium has been developed to standardize indicator definitions for routine reporting by CL-M implementing institution and partners on delivery of COVID-19 services. This includes COVID-19 testing, vaccination and community awareness through training and information dissemination. Data generated from these indicators will be used by communities to influence decision and planning around COVID-19 interventions.

B. Core Indicators for Data Triangulation

The success of COVID-19 interventions is hinged on two critical areas; 1) COVID-19 testing to enhance surveillance and inform community prevention measures, and 2) community vaccination against COVID-19 to enhance community immunity against COVID-19. Communities have a role to play in monitoring these two critical interventions through a set of two indicators outlined in the summary table below;

Table 1: Indicator summary table

Ref	Category	Indicator Name
1	Core	Number of people tested for Covid-19
2	Core	Number of people who received a last recommended dose of an approved COVID-19 vaccine

The two indicators will be used to triangulate data generated from CL-M and that collected through other approaches by partners.

C. CL-M Specific COVID-19 Indicators

The second set of indicators include indicators that will be tracked and monitored on a regular basis by CL-M implementing institutions. Data on these indicators will be generated directly from CL-M systems and are captured on real time basis. Community led monitoring of issues around COVID-19 will be done following the following four performance areas;

- Community access to information on COVID-19
- Community COVID-19 competencies
- COVID-19 testing for most at risk populations
- Community vaccination against COVID-19

To effectively monitor these four areas, CL-M mechanisms has included a number of performance management indicators, captured in table 2 below.

Ref	Category	Indicator Name
1	Testing	Number of PLHIV who tested positive for COVID-19
2	Service delivery and health commodities	Number of reported cases of people who cannot access Covid-19 vaccine
3	Capacity building	Number of community health workers trained on COVID-19 related topics
4	Social and Behaviour Change and Demand Generation	Number of people reached with Covid-19 vaccine related messaging
5	Pharmacovigilance	Number of reported cases of Covid-19 vaccine adverse side effects

D. Indicator Protocol sheet

The indicator reference sheets are developed to provide a common definition of the indicators and ensure indicator data quality. The sheets provide rationale for ,the community COVID-19 indicators, data collection approach and frequencies, level of data collection and data desegregation.

The following are indicator protocol sheets for the community COVID-19 indicators under CL-M:

1.1.

Description	**Number of communities health volunteers trained on COVID-19 vaccine related topics**
Rationale	Well trained staff and Community Health Volunteers are critical for COVID-19 vaccine rollout. This indicator measures the extent to which Community Health Volunteers are trained on COVID-19 vaccine-related activities and prepared for community mobilisation and sensitisation on COVID-19 vaccine uptake.
Type	Summary output
Numerator	Number of Community Health Volunteers trained on COVID-19 vaccine-related topics
Denominator	N/A
Reporting level	County
Reporting frequency	Quarterly
Data collection	The number of Community Health Volunteers who received training on COVID-19 vaccine-related topics should be counted in the reporting period in which they received training. Partners should maintain training records to collect data for this indicator at the end of each reporting period. For the parent (total) indicator and the disaggregations by healthcare worker category ad sex, this indicator counts the number of Community Health Volunteers who have received any amount of training in the reporting period. Each person should be counted once, even if they attended more than one training or if the training covered more than one TA area. For the disaggregation by TA area, people can be counted more than once because the training programs may cover multiple TA areas.
Reporting process	Standard processes. Partners will report data on the Core Vaccine Indicators for each supported county using a standard CL-M online form (platform).
Disaggregation	
TA areas	• Pharmacovigilance • Vaccine service delivery • Communications and advocacy • Community engagement and demand • Monitoring and reporting
Sex	• Male • Female

1.2.

Description	# of people reached with Covid-19 vaccine related messaging
Rationale	This indicator provides insight on the reach of COVID-19 vaccine social and behavioural change (SBC) and demand generation mass media and social media activities.
Type	Summary output
Numerator	Number of people reached through mass media and social media with COVID-19 vaccine-related messaging.
Denominator	N/A
Reporting level	County
Reporting frequency	Quarterly
Data collection	The number reached should be estimated using partner, government, and other publicly available data sources. Some people may receive messaging from multiple sources, to limit double counting, the parent indicator should never exceed the total population living in the geographic areas where media messaging is being used. For mass media channels, such as TV, radio, and newspapers, the number reached for a reporting period should be the estimated audience number for the media being used for the geographic areas being covered. If no audience estimates are available, population survey data (Demographic and Health Survey, or others) can be used to estimate the population with access to the media for the geographic areas being covered to obtain the potential audience size to estimate the number reached. For any social media platforms used, IPs should document their methods for defining and extracting reach data and make the methodology accessible.
Reporting process	Standard processes. Partners will report data on the Core Vaccine Indicators for each supported county using a standard CL-M online form (platform).
Disaggregation	
Mass media channels	Mobile and telephone Hard copy print Other mass media
Social media channels	Social networking Messaging platforms Photo sharing sites Video sharing platforms Other social media
Sex	Male Female

1.3.

Description	Number of PLHIV who tested positive for COVID-19
Rationale	This indicator monitors the impact of COVID-19 on PLHIV as a most at-risk community. This indicator will measure the impact of COVID-19 containment measures, prevention massaging and strategies to protect the most vulnerable populations. Data collected through this indicator will be useful to inform strategies and interventions for protecting PLHIV from COVID-19.
Type	Outcome
Numerator	Number of PLHIV who have tested positive of COVID-19 during the reporting period
Denominator	N/A
Reporting level	County
Reporting frequency	Summary Output
Data collection	Data on this indicator should be compiled by partners and networks PLHIV, at county level. Partners are encouraged to use national and CL-M tools and reporting systems, rather than setting up parallel partner program monitoring tools. This indicator should be reported in each reporting period based the CL-M data analysis plans.
Disaggregation	
Sex	• Male • Female

1.4.

Description	Number of reported cases of people who cannot access Covid-19 vaccine
Rationale	COVID-19 vaccination is one of the effective measures of protection from severe COVID-19 symptoms, hospitalisation and COVID-19 related mortality. This indicator measures the extent to which communities can access COVID-19 vaccines as a protective measure against COVID-19 infections. Breaking down barriers to accessing COVID-19 vaccines is also a strategy for increasing community uptake of vaccines.
Type	Summary output
Numerator	Number of reported cases of people who cannot access Covid-19 vaccine
Denominator	N/A
Reporting level	County
Reporting frequency	Quarterly
Data collection	CL-M mechanisms should have a provision for communities to report on cases where people cannot access COVID-19 vaccines. CL-M mechanism will therefore be the primary source of data for this indicators and communities will be sensitised on how to report incidences where they are not able to receive COVID-19 vaccines at a designated vaccination centre.
Reporting process	Standard processes. CL-M implementing partner and county CL-M responsible institutions will canalise the data and ensure that it is reflected in the CL-M quarterly reports as well as in the CL-M reports for multi sectoral partnership forums.
Disaggregation	
Locality	• 47 Counties
Sex	• Male • Female

1.5.

Description	Number of reported cases of Covid-19 vaccine adverse side effects
Rationale	This indicator monitors the ability of community pharmacovigilance systems to adverse events following COVID-19 immunization. This indicator monitors the extent to which communities are able to partner with state agencies to monitor and report on effects of COVID-19 vaccines for appropriate response.
Type	Summary output
Numerator	Number of reported cases of adverse side effects of COVID-19 cases
Denominator	N/A
Reporting level	County
Reporting frequency	Quarterly
Data collection	Th data will be collected through CL-M systems where the CL-M platform will include sections where communities can report on the side effects of COVID-19 vaccine. CL-M implementing institution will analyse this data and where possible provide a daily or weekly update to partners and ensure the cases are located and processes further.
Reporting process	Standard processes. CL-M implementing institutions at national and county level will collect the data and ensure linkages with referral mechanisms.
Disaggregation	
Location	• 47 counties
Sex	• Male • Female

1.6.

Description	**Number of people who received a last recommended dose of an approved COVID-19 vaccine**
Rationale	This indicator monitors the effectiveness of vaccination service delivery and ability to fully immunize populations. It directly measures vaccine uptake, that is, the number of people vaccinated with the last recommended dose of the vaccine in the reporting period. This indicator can also be used to monitor the equitable uptake of the vaccine over time, by dose, by geography, and by population groups. With other data, this indicator can also be used to understand vaccination coverage and dropout.
Type	Output
Numerator	Number of people who received a last recommended dose of an approved COVID-19 vaccine
Denominator	N/A
Reporting level	County
Reporting frequency	Quarterly
Data collection	Data on this indicator should be compiled by partners from the national and county vaccines administrative reporting systems (for example, the HMIS/DHIS2; facility-based records, tally sheets, or tools; or electronic immunization registries). CL-M implementing institution is encouraged to use other data sources to triangulate CL-M COVID-19 data.
Reporting process	CL-M implementing partners should extract data from national administrative reporting systems for the facilities/service delivery sites in their respective counties
Disaggregation	
Locality	Enter data by county
Vaccine brand	Enter data by brand
Sex	• Male • Female