



Community-based surveillance

Protocol template

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Abbreviations

CAHW	Community animal health worker
CBHFA	Community-based health and first aid
CBS	Community-based surveillance
CDC	Centers for Disease Control and Prevention
CEA	Community engagement and accountability
CHV	Community health volunteer
CHW	Community health worker
DM	Disaster management
ECV	Epidemic control for volunteers
EOC	Emergency Operations Centre
EPoA	Emergency plan of action
ERU	Emergency response unit
IDSR	Integrated Disease Surveillance and Reporting
NGO	Non-governmental organizations
ORS	Oral rehydration solution
ORP	Oral rehydration points
PFA	Psychosocial first aid
PMER	Planning, monitoring, evaluation and reporting
PPE	Personal protective equipment
SDB	Safe and dignified burials
VHT	Village health team
WASH	Water, sanitation and hygiene
WHO	World Health Organization

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Instructions – How to use the CBS protocol template

The Community-based surveillance (CBS) protocol template provides guidance, design considerations and instructions for designing a CBS system. The contents cover the array of elements and activities which are important in CBS implementation. Careful design and thorough planning in advance for a CBS system improves the process of implementation, commitment, longevity and impact of the programme.

The document is divided into eight sections (e.g. **Section 1 – Project background**). Each section is further divided into sub-sections (e.g. **1.1 Context of the country**).

Brief instructions are outlined within each sub-section e.g. *Instructions (please delete before protocol completion)*. Examples are provided throughout with text either noted (e.g. **EXAMPLE**) or written in *italics*. Advice and tips are highlighted in separate text boxes and start with the reference **Note**.

This document will support with structuring conversations both internally with other Red Cross Red Crescent teams (e.g. Health, Finance, Disaster Management, WASH, Volunteer Management) as well as with external partners. It is encouraged that you seek input and draw on expertise from a diversity of departments and partners as you work through each section.

This CBS protocol template is a valuable guide in both emergency and non-emergency preparedness settings. Good luck!

Section 1 – Project background

- 1.1** Context of the country
- 1.2** Existing surveillance system

1.1 Context of the country

Instructions (please delete before protocol completion):

Briefly describe the general health context, including recent epidemics (both human and animal), as well as the healthcare system.

1.2 Existing surveillance system

Instructions (please delete before protocol completion):

Briefly describe the existing disease surveillance ecosystem, including:

Overview of system

Describe any existing surveillance system in country.

Existing CBS or community event-reporting activities already in place

If relevant, describe any existing CBS system within the country or other relevant community reporting systems.

Priority diseases reported

List priority diseases under surveillance in the current system.

Main staff, agencies

List key actors involved in any current surveillance systems and their role in the system.

Reporting channels/flow and timelines

List the format of data collection, data flows and frequency of reporting.

Laboratory capacity

Describe the laboratory capacity in country.

Response capacity

Describe the capacity of Ministry of Health, Ministry of Agriculture or affiliated partners to respond to alerts from the surveillance system.

Gaps and challenges in the system

Describe any gaps and challenges in the current surveillance system.

Section 2 – CBS project structure

- 2.1** Objectives and purpose
- 2.2** CBS project overview
- 2.3** CBS projects areas
- 2.4** National Society and branch capacity
- 2.5** Health risks/events in CBS
- 2.6** Community case definitions

2.1 Objectives and purpose

Instructions (please delete before protocol completion):

Please describe the aim and objectives of the CBS, for example:

- *Contribute to earlier detection and earlier notification of potentially serious and epidemic-prone risks/ events enabling timely response and control*
- *Improve the effectiveness of epidemic response operations with community-level real-time data to inform monitoring and targeted control actions*
- *Improve community capacity as the first responders for disease prevention and prompt, localized disease control measures*

2.2 CBS project overview

Instructions (please delete before protocol completion):

Please describe the planned CBS system. Include enough detail to be able to specify the resources required for your activities, including:

- The added value, and what gap or challenge CBS will help to overcome. This should be based on the conclusions of your CBS assessment
- Time frame for CBS (*include both implementation timeline and project period if available*)
- Integration with the government surveillance system
- Links with other health programmes

2.3 CBS projects areas

Instructions (please delete before protocol completion):

Based on the CBS assessment, please state the locations that are most in need and relevant for CBS.

Locality areas

Geographical villages, districts. Features of the areas that have an impact on the CBS project, such as major waterways, country borders at risk of disease crossing, remoteness or mountainous areas which affect access, etc.

Map

Population

Population number, catchment areas of villages, note any distinguishing features or vulnerabilities such as displaced or refugee populations, conflict-affected population, disadvantaged minority groups, etc.

Risks

Major cultural practices, livelihoods, farming practices, flood zones, forest areas, porous borders, crowded/overpopulated areas, highly mobile groups, transport routes, livestock migration or farming areas, etc. that impact on health and disease spread.

Health and veterinary facilities

List the main government, private and faith-based health facilities in the selected localities. Describe any issues with access and connection to local health services for most people. Are there existing government cadres at the community level (i.e. Community health workers (CHW), Village health teams (VHT), animal extension workers etc? What are the animal health offices and workers in the area?). Specify the cadre of health staff and veterinary staff who are the main focal points closest to the community level for notification of CBS alerts and who are responsible for investigation and disease control.

Stakeholders

List all related community actors, stakeholders and agencies in the CBS project areas. An example table is outlined below, *(please adjust as needed)*.

Table 1: List of Stakeholders

Stakeholders	Main activities / relationship to the project community
EXAMPLES: Village health teams/volunteers	
Animal health volunteers	
Traditional healers	
Religious leaders	
Teachers	
Local community leaders/ officials	
Civil society groups (e.g. Farmers Union, youth club, women’s group)	
School committees	
Health workers, local primary health care facility	
County/district health office	
County/district veterinary office	
Non-governmental organizations (NGOs)	
Private health facilities	
Local pharmacy store owners	
etc.	

2.4 National Society and branch capacity

Instructions (please delete before protocol completion):

Please outline the existing staff and resources of the National Society and local branch offices, including:

- Number and background of staff that will be supporting the CBS project
- Number of volunteers in the project areas, suggest showing their distribution in the form of a table (with rationale for the number of volunteers per population¹)
- Existing programmes in the proposed project areas (e.g. CBHFA, WASH, Disaster Management (DM))
- Existing relationships with public health offices, health centres, veterinary services and other agencies in the locality
- Key strengths, advantages which reinforce CBS
- Key challenges, limitations which interfere with CBS

2.5 Health risks/events in CBS

Instructions (please delete before protocol completion):

CBS focuses on the highest priority epidemic risks/events affecting the programme area. Volunteers should not report on a wide number of general health issues or diseases: rather the CBS protocol should be designed with an analysis of the most critical threats, including justification for each of those.

Use the three criteria below to guide you in determining on which events your CBS programme should focus. Use this table below for your analysis - list the epidemic diseases in the area and assess the magnitude of each based on the criteria. Only events which strongly satisfy all three of the criteria should be included in your CBS system²:

- **Major public health concern:** high impact with high case fatality rate and deaths, high prevalence of cases, past epidemics, very contagious or very mobile population with potential for major spread outbreak or epidemic, AND
- **Effective interventions** are possible to interrupt transmission quickly and early, provide rapid treatment to prevent death, AND
- **Feasible for community volunteers:** community case definition that is suitably sensitive and specific for reliable reporting by volunteers, not vague and general that is difficult for volunteers to identify

1. Consider additional indicators as required by the National Society or project such as sex and/or age distribution of volunteers.
2. It is recommended to keep the three criteria outlined in your protocol to facilitate health risk/event selection justification.

Table 2: Health Risk/Events

Health risk/ event	Justify the major public health concern <i>(high mortality, rapid spread, high prevalence)</i>	Effective community-level interventions for control <i>(e.g. from ECV Action Toolkit³)</i>	Feasibility for community volunteers - distinct, recognizable community case definition

2.6 Community case definitions

Instructions (please delete before protocol completion):

Based on the health risks or events prioritized above in section 2.5 for inclusion in CBS reporting, outline the community case definitions for each (often from your Ministry of Health, or existing surveillance guidelines (e.g. Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), IFRC, etc.). List the key activities volunteers will undertake to prevent and control each disease (often from CBHFA, Epidemic control for volunteers (ECV) or WASH volunteer trainings).

3. Epidemic Control for Volunteers Action Toolkit.

Table 3: Health Risk/Events

<p>Event/risk</p>	<p>Name of the health risk or event selected as a CBS priority</p> <p>EXAMPLE. <i>Acute watery diarrhoea</i></p>
<p>Community case definition</p>	<p>Use existing available resources that have set these already, such as Ministry of Health, World Health Organization, IFRC.</p> <p>Note. <i>Be careful that the definition is specially adapted for community use, not the medical case definition</i></p> <p>EXAMPLE. <i>Diarrhoea that is very loose and watery AND More than three episodes in the past 24 hours.</i></p>
<p>CBS volunteer activity: key messages</p>	<p>List the activities that a CBS volunteer will do when they identify a potential case or event (e.g. activities to care for the person/household and control the spread). Specify which modules of ECV, CBHFA or WASH packages you will use.</p> <p>EXAMPLE. <i>Submit a report⁴ into the SMS CBS system Provide care to the affected people and promote prevention. Use the IFRC ECV TOOL KIT- disease tool # 1 and actions tools # 1, 2, 3, 8, 9 and 12</i></p> <ul style="list-style-type: none"> • <i>Recognise dehydration, prepare oral rehydration solution (ORS) and teach families how to prepare and use ORS for care of people with diarrhoea</i> • <i>Mobilize and advise the households and communities on proper hygiene and sanitation</i> • <i>Advise on safe water and food handling practices. Teach households how to prepare clean water</i> • <i>Promote personal hygiene practices and demonstrate correct handwashing technique</i> • <i>Refer sick people to the health facility if they are severely ill or members of a vulnerable demographic group</i>
<p>National threshold for alert</p>	<p>The set number of cases to be reached before an alert is triggered to the surveillance system that requires urgent response and investigation.</p> <p>Note: the alert threshold is often set by the government (i.e. Ministry of Health or Ministry of Agriculture). Use the national standards in your CBS protocol and system when applicable.</p> <p>EXAMPLE. <i>Measles alert threshold is one case. All detected potential measles alerts must be immediately notified to authorities.</i></p>

4. Volunteers submit a report when they see a risk/event of public health concern. Once the number of reports reaches the designated threshold, it becomes an alert – note that many risks/events have a threshold of one. In these cases, supervisors would respond to all submissions from volunteers as an alert.

Event/risk	
Community case definition	
CBS volunteer activity: key messages	
National threshold for alert	

Event/risk	
Community case definition	
CBS volunteer activity: key messages	
National threshold for alert	

Event/risk	
Community case definition	
CBS volunteer activity: key messages	
National threshold for alert	

Table 4: Animal health

Event/risk	
Community case definition	
CBS volunteer activity: key messages	
National threshold for alert	

Event/risk	
Community case definition	
CBS volunteer activity: key messages	
National threshold for alert	

Section 3 – Data collection and management

- 3.1** Data collection
- 3.2** Data management
- 3.3** Red Cross Red Crescent data analysis

3.1 Data collection

What specific data will CBS volunteers record?

Instructions (please delete before protocol completion):

Please create a table outlining the specific information CBS volunteers will be reporting. An example data record form is below:

Table 5: Data Record Form

Volunteer ID:					
Village location ID:					
Date of alert	Health risk/ event	Under five (M/F)	Over five (M/F) ⁵	Village	Action taken
EXAMPLE 1 May 2019	Watery diarrhoea 3 x 24 hrs (AWD)		M	14	Given ORS, alerted local MoH authorities

NOTE: There are multiples ways in which data may be collected for CBS, including paper, SMS, smartphone questionnaires, etc. For support/guidance on specific tools please visit cbsrc.org⁶.

Format of data collection

Instructions (please delete before protocol completion):

Please identify the most suitable method for data collection in your context, considering your resources, for example:

- **Paper:** printing and distributing forms to volunteers, pens/pencils, sharpeners, rain and weather protection, storing the paper report forms, transferring paper data into a computer (at which level), analyses of the data, cost of paper and ink supplies.
- **Mobile phones:** upfront cost, network coverage, power for charging, ongoing credit costs, options for free SMS such as centralized funded numbers, security of phone assets, monitoring of credit use/misuse, which platforms are accepted (i.e. Kobo, CBS platform, WhatsApp, USSD, other software).

5. Age/sex reporting structure will vary country to country and should be based on national guidelines.

6. Technical support is also available through cbs@ifrc.org

Additionally, consider a range or combination of feasible options, for example:

- Perhaps CBS volunteers⁷ can record in their general paper activity logbooks and notify to the CBS supervisor in person and only CBS supervisors need a mobile phone to upload electronically.
- Perhaps the mobile phone is a good incentive and motivator for the CBS supervisors, and therefore a valuable investment for the National Society. One advantage is that supervisors may also use the allocated smart phone for other programme purposes, such as monthly project report submissions.
- Use a Volunteer ID and Village ID - unique numbers allocated to each CBS volunteer. This allows volunteers to submit a CBS report from any mobile phone, anywhere. The ID numbers will correspond to who and where an alert comes from, which does not rely on the phone number as the identifier. Advantages include: no need to rely on volunteers owning their own phone which can be inclusive of low socioeconomic groups; no obstacle if the phone battery is dead, no phone credit etc. as an alternative phone can be used; volunteers changing their sim and phone number do not disrupt the database.

Literacy of data collection

Instructions (please delete before protocol completion):

Which tools will best help your volunteers understand the CBS system and reporting? For example, would they understand written guidance or are picture guides better? Local dialect or national language?

Frequency

Instructions (please delete instructions under subheadings before protocol completion):

- **Timing for volunteers**
How often are CBS data collected and submitted (e.g. weekly, daily) by CBS volunteers in the community (ideally immediate reporting of health risks/events should be considered)? How much time do volunteers dedicate each day, week or month to community activities and CBS? Consider the need and urgency in your context - is it routine preparedness CBS, or is it a current outbreak you are trying to control?
- **Timing for supervisor and authorities' response**
 - What is the time period required for supervisors to take action on CBS alerts received? Is there a time period required for supervisors to notify the Integrated Disease Surveillance Response (IDSR) or similar focal point or health facility for validation and investigation?
 - What is the time period required for authorities to take action (i.e. investigate and respond) to an alert once shared? If this time period is exceeded (i.e. no response), how quickly will the issue be escalated to higher level?
- **Activity/zero reporting**
Will "activity reporting" or "zero reporting" be included?
 - Daily activity/zero reporting is preferred for emergency CBS during active outbreaks and epidemics.
 - Weekly activity/zero reporting is preferred in preparedness CBS when no outbreak is present. What day will you set for all volunteers to submit their activity/zero reports?

7. Volunteers may also be referred to as "data collectors" depending on the CBS project and NS terminology.

Flow of data

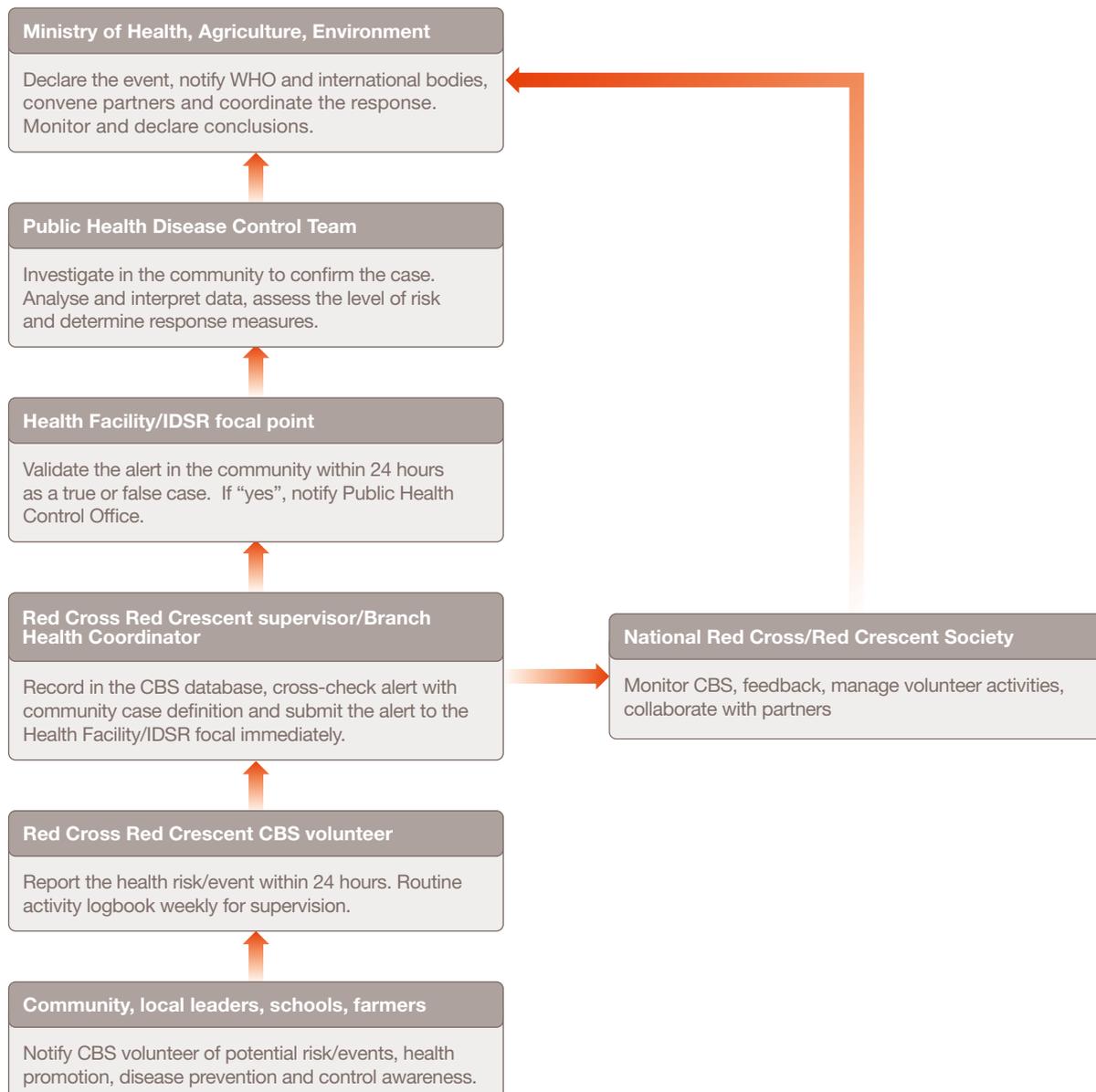
Instructions (please delete before protocol completion):

Create a flow diagram for how CBS alert data will move from the community to volunteers and into the Red Cross Red Crescent and government surveillance systems. Do not forget to include all relevant systems the data must link to, including;

- Both human and animal health surveillance systems
- Climate centre early warning systems, if relevant
- Emergency Operations Centre (EOC), if relevant

EXAMPLE. The diagram below shows one example data flow pathway through the human health system, and what each agent does with the data. This is a guide for the structure you may use, but it is important that you adapt this to the relevant sectors and departments within your country.

Figure 1: CBS Data Flow Example



3.2 Data management

Informed communities

Instructions (please delete before protocol completion):

What is the process for community members to be engaged and informed about the CBS programme?
What orientation and information will be given to local community leaders, groups, committees etc. so they understand what information is being collected, are motivated for actions and participate in the CBS?

Privacy

Instructions (please delete before protocol completion):

How will CBS volunteers ensure that discussions with community members are in a private space, not overheard or shared with other people?

NOTE: Volunteers must be trained to provide privacy to community members when they are discussing health issues in the public community area.

Data record storage

Instructions (please delete before protocol completion):

- How will CBS volunteers protect the information written in their activity logbooks or CBS alert forms?
- How will the data be protected? For example, passwords on computer and phone. Stored in a locked room or cupboard?

De-identification

Instructions (please delete before protocol completion):

- What is the process for removing personal identifiable information (such as names and phone numbers) and using code numbers before passing on to other agencies?
- Explore using Volunteer IDs, Village ID and number codes for health risks/events. This is easy for SMS reporting, and protects from reporting any names or locations for sensitivity.
- Volunteers do not need to record the name or identity of a possibly sick person. They only need to report if there is a possible serious health risk/event in the location area.
 - Note: Authorities may record the name of an affected sick person when they investigate in order to trace contacts or provide follow-up medical care.

NOTE: Keep the names and precise locations confidential (only used for contact tracing or medical treatment if essential).

Data “cleaning” – ensure accuracy

Instructions (please delete before protocol completion):

- How will the database be checked to see that the data are accurate?
 - Please check that the data uploaded are correct (e.g. correct format, no missing fields, data appropriate fields).
- Who is responsible for this task?
- How will that person be trained?

3.3 Red Cross Red Crescent data analysis

Instructions (please delete before protocol completion):

In the Red Cross Red Crescent CBS records and database, how will the following be managed:

- Database software?
- Analysis - automatic and/or manual? If manual, by whom?
- Visualizations for interpretation of results and tracking progress (e.g. charts, maps)?
- Is there need for technical support?

The analysis should be able to show the following elements:

- **Time:** graph the number or rate of alerts over time. Note major events along the timeframe, such as: date of onset of the first alert, date of first case seen at health facility, when the investigation team came, when the district response began, etc.⁸
- **Place:** use maps to show clusters of alerts occurring in a particular area; to track travel patterns and method of transmission (especially to predict and contain spread routes); identify common sources of the transmission.
- **Person**⁹: people most at risk, contact and communication (e.g. age, sex, occupation, location of residence, vaccination, risk factors, outcomes, final outcomes). Suggest that line tables or mapping with details for follow-up tracing are used, if needed.
- **Trends:** graphs of reports last seven days and last eight weeks (EPI curves) by health risk/event and location
- **Performance:** Active volunteers, error reporting, etc.

8. Health facility-level data should be collected through regular communication between Red Cross Red Crescent district supervisors and health facility officials. The information is not expected to be collected by volunteers, but can be analysed alongside health risk/event data reported by volunteers to provide a larger picture on time-lag between detection and response.

9. Risk factors can often be identified during the assessment process.

Section 4 – Preparedness CBS implementation

- 4.1** Roles and responsibilities
- 4.2** Training
- 4.3** Quality control
- 4.4** Collaboration with stakeholders
- 4.5** Community engagement, communication and accountability
- 4.6** Sustainability
- 4.7** Risk management

4.1 Roles and responsibilities

Instructions (please delete before protocol completion):

Please list the personnel and agencies involved in the CBS system, including their roles and responsibilities. The table format examples below may be useful. Add the agencies and staff that are relevant for your context. These are examples only.

National Society human resources

Table 6: National Society Human Resources

Personnel	Number, location	Roles and responsibilities
EXAMPLES: Community health volunteer		
CBS supervisor		
Branch health coordinator		
IT officer		
Partner National Society directly in CBS		
etc.		

National Society CBS volunteers¹⁰

Instructions (please delete/replace with relevant information under each subheading before protocol completion):

Allocation and selection

- Who will be the CBS volunteers: are they existing volunteers or new recruits?
- Number of CBS volunteers: number required to cover population (e.g. number of volunteers per number of households/per community area). It is generally recommended for one volunteer to cover maximum of 30–50 households, though this is dependent on the context.
- NOTE: the terrain and distance between households, security, the volume of activities that you are asking volunteers to undertake, the situation of emergency outbreak response requires more volunteers, whilst a passive preparedness CBS may rely on fewer volunteers (to be sustainable).
- Time commitment per week/month?
- Selection criteria: how will selection and/or recruitment take place, including criteria and characteristics?
 - It is recommended to select volunteers from the project community. They should be respected by the community, reflect the diversity of gender, age groups, cultural and ethnic groups in the community, and should speak the local language. Volunteers should show commitment and motivation to help their community, and willingness to give their time for free is essential. Literacy and education are not essential - be cautious not to exclude people from low socioeconomic or socially marginalized groups.

¹⁰ In many context CBS supervisors are also volunteers. For the purpose of these tools “volunteer” refers specifically to volunteer data collectors.

- Consider the geographic spread of the CBS volunteers - are they located with good distribution to reach all areas through the villages? Do you need additional “informants” who are sensitized to inform the CBS volunteer if they see anything, to increase the reach of your CBS?
- Will volunteers be in teams or pairs? Both options can often aid with motivation and enjoyment, security, confidence, and accuracy.
- Will you assign volunteer team leaders? Perhaps persons who are literate to support or submit the reporting for a wider group of volunteers?

Roles and responsibilities

- Volunteer roles and responsibilities in CBS: What activities will they conduct, how frequently? Note any relevant activities which are specifically *not* the responsibility of volunteers.
Example: *Volunteers will not conduct safe and dignified burials unless specifically trained to do so.*
- How will the programme collaborate with existing government community health volunteers (CHV) in the area? Will the programme integrate and include external CHVs? Will Red Cross Red Crescent volunteers work in pairs with CHVs?

Resources

- What resources do they require? For example, job aid booklets, reporting forms, stickers to remember the CBS health risks/events, phone recharge credit, field visibility gear etc.

National Society CBS supervisors

Instructions (please delete/replace with relevant information under each subheading before protocol completion):

Allocation and selection

- CBS supervisors help to manage the volunteers. Are they existing staff, volunteers at branch level or at National Society level? Who will be their upper supervisors in the National Society?
- Selection criteria: how will selection and/or recruitment take place, including criteria, qualifications and experience to manage and motivate volunteers?
- Number of CBS supervisors: what number is required (e.g. number of CBS supervisors per number of CBS volunteers)? It is generally recommended to aim for one supervisor to a maximum of 20-35 volunteers, though this depends on the context.
- Consider the geography and how accessible the supervisors are to the volunteers. Is it feasible for the supervisors to easily meet and communicate with the volunteer teams?
- Funding of CBS supervisors: consider how this fits within the budget and can it be maintained long-term?

Roles and responsibilities

- Supervisor roles and responsibilities in CBS: what activities will they conduct, how frequently, and how will they travel in the areas?
- Communication: how will they communicate and contact the Red Cross Red Crescent Branch or HQ in the event of serious concerns? Who will be their counterparts in the government local health and veterinary offices?

Resources

- What resources will they require? Phone communication, internet access, etc.

Government

Table 7: Government Stakeholders

Personnel/agency	Number, location	Roles and responsibilities
EXAMPLES: Village health team		
Animal welfare volunteer		
Veterinary officer		
Health worker		
IDSR focal person		
Public health disease control		
Ministry of Health		
Ministry of Agriculture		
etc.		

Partners and local actors

Table 8: Partners and local actors

Personnel/agency	Number, location	Roles and responsibilities
EXAMPLES: Farmer’s Union		
Women’s group		
School/teachers		
NGO		
Private health facility		
Local pharmacy outlet		
etc.		

4.2 Training

Up-front training

Instructions (please delete before protocol completion):

Your training plan – who will be your master trainers? How many of them are needed? How many cascade sessions for volunteers will you need? The content in the table below is an example guidance only. Consider how the National Society, local government and partners will use the CBS programme, and therefore which range of people is best to be included.

NOTE: Volunteer training session is recommended to have a maximum 20–30 participants, with 2–5 trainers, per session.

Table 9: Training Plan

Level	Participants – list the roles/ titles. (How many people?)	Number of people to be trained	Number of sessions, locations
Master trainer course, national level (OPTIONAL – can use existing master trainers to simply train ToT)	<ul style="list-style-type: none"> • Red Cross Red Crescent CBS Officer (1) • Red Cross Red Crescent training coordinator (1) • Red Cross Red Crescent health coordinator (1) • Red Cross Red Crescent health officer (1) • Consider DM, WASH, CEA and other departments in Red Cross Red Crescent • Consider Ministry staff such as Health Officers, Veterinary Officers, Surveillance Officers 	4–8 per project area	1 national or regional course
Training of trainer (ToT) course, district level	<ul style="list-style-type: none"> • Red Cross Red Crescent CBS staff and/or supervisors (#) • Red Cross Red Crescent branch health coordinators (#) • Red Cross Red Crescent district health officers (#) • Government district health officers (#) • Government veterinary/wildlife officers (#) • Health facility staff (#) • Others (e.g. government surveillance officers, public health nurse coordinator, community health worker (CHW) supervisors etc.) 	#	# in Region A # in Region B etc.
Volunteer training, community level	<ul style="list-style-type: none"> • Red Cross Red Crescent volunteers (#) • Community health workers/community health volunteers (#) • Community animal health workers (CAHW) (#) • Others, e.g. teachers, pharmacists, traditional healers, religious leaders, etc. 	#	# in District A # in District B # in District C etc.

Training modules/curriculum/topics

Preparedness CBS training

Instructions (please delete before protocol completion):

- What training will take place in routine passive periods before an epidemic or emergency event?
 - For example, health promotion, behaviour change communication, disease prevention actions, first aid - use the CBHFA and ECV Toolkits.
 - CBS volunteers training for detecting, reporting and taking action on early identification of potential health risks and events in the community.
 - Teach the community case definitions/signal signs to look out for.
 - Prepare an SMS or real-time notification system.
 - Teach the actions which volunteers may need in order to be prepared for instances when they may encounter a health risk/event. For example, WASH, epidemic hand washing technique, personal protection, psychological first aid (PFA) for epidemics, ORS and Cholera Oral Rehydration Points, CEA for rumour management.
- Engage volunteers to conduct routine health promotion activities in their communities, perhaps once per week, to keep them actively engaged and present to promptly identify potential risks and/or events.

Refresher training

Instructions (please delete before protocol completion):

- At what time intervals will refresher training take place?
- How will new volunteer recruits be trained to replace volunteers who leave?

Emergency CBS response training

Instructions (please delete before protocol completion):

- What training will take place if an epidemic or emergency event is declared?
 - For example, to refresh CBS volunteers for active case-searching surveillance, to boost ECV activities, contact tracing, first aid, safe and dignified burials, and other response support activities?
 - Teach disease control actions, such as Oral Rehydration Points, screening, mass immunization campaigns and water treatment.
- How will master trainers be mobilized at short notice in emergencies?
 - For example, a database of master trainers and other trained Red Cross Red Crescent staff or volunteers who can be mobilized.

4.3 Quality control

Training quality control

Instructions (please delete before protocol completion):

How will you ensure that the volunteers learn the necessary skills? For example, theory and practical tests to pass trainings.

Supervision of data collection and activities

Instructions (please delete before protocol completion):

- How will supervisors check the activities of CBS volunteers? How frequently?
 - For example, supervisor checks weekly activity logbooks of CBS volunteers.
- Will there be supportive supervision visits checking the accuracy of volunteer activities practised in communities.
- Which activities will be conducted for skills refreshing (e.g. practicals, drills, peer groups)?

Cross-checking CBS alerts

Instructions (please delete before protocol completion):

- CBS supervisors must cross-check that reports sent by CBS volunteers match the community case definition. Are they dismissing some possible health risks/events because they failed to recognize the symptoms?
- Have data been recorded correctly in the form?
 - For example, in SMS message reports, are CBS volunteers using the correct number codes as determined by the project design? How will the supervisors check the quality?
- Are volunteer reports submitted immediately/within one hour of detecting a health risk/event?

4.4 Collaboration with stakeholders

The government system

Instructions (please delete before protocol completion):

- Government staff: how will the CBS project regularly coordinate and collaborate with local government offices? Which Red Cross or Red Crescent staff link with which government counterpart staff, such as health workers, surveillance officers, animal workers, IDSR or other surveillance focal points? How frequently? Does this vary by level (health facility level, health areas, health zone, district, national)?
- Which meetings or forums must Red Cross Red Crescent attend to participate in coordination? For example, Cluster Meetings, Taskforce, Technical Working Groups. What frequency? Does this vary by level (health facility level, health areas, health zone, district, national)?
- Counterparts and committees with which to collaborate will depend on the situation - emergency outbreak response versus passive preparedness with no outbreak. Specify the collaboration forms which are appropriate to your context.

Partners and other stakeholders

Instructions (please delete before protocol completion):

How will the CBS project regularly coordinate and collaborate with local actors? Working with them for better early alerts and community health information for:

- Development partners
- Private health care providers
- Civil society organizations
- Businesses
- Add others that are relevant to your project area

4.5 Community engagement, communication and accountability

Community engagement and accountability (CEA) activities

Instructions (please delete before protocol completion):

- What are the activities for engagement with community and community groups throughout all project phases (e.g. (i) early planning, (ii) launch, (iii) feedback and reviews)?
 - How will Red Cross Red Crescent engage communities in planning and implementing the project, communicate updates, information and health messages?
 - How will communities be motivated and be actively involved?
 - List all the activities you will conduct so that you can plan and allocate resources.
- Accountability and two-way dialogue with community: how will the Red Cross Red Crescent manage expectations, what channels for community feedback, for reporting complaints?
 - Be creative for public communication mechanisms for project update sharing, important messages, community feedback etc.
 - For example, post boards in relevant places such as public square, schools, health facility, radio programmes, radio call-in, hotline number, feedback box, public theatre or demonstrations, songs, group dialogues, community meetings.
 - How will confidentiality of feedback and complaint reports be protected (e.g. anonymous hotline)?
 - Who is responsible for responding to and acting on the community feedback, and how often?

NOTE: Connect with the CEA department and CEA colleagues at the National Society. Use the CEA Toolkit as part of your CBS programme.

4.6 Sustainability

Volunteer and staff retention

Instructions (please delete before protocol completion):

- Incentives and strategies to motivate and retain CBS volunteers and supervisors?
 - Consider the standardized allowances set by the National Society, consider feasibility and sustainability of such cash allowances.
 - Prioritize non-cash incentives, for example, public recognition certificate ceremonies, badges and performance awards, celebration days such as World Red Cross Red Crescent Day and World Volunteers Day, extra training opportunities etc.
- Safety and security protection for volunteers?
- Psychosocial support for volunteers and supervisors during outbreak response?
- Process for recruiting and training new volunteers if numbers become low?
- Back-up strategy for loss of CBS staff?
 - For example, CBS assistant with knowledge of the project, multiple master trainers at start-up to allow for some loss.

Funding

Instructions (please delete before protocol completion):

- Up-front and recurrent costs: which costs will be recurring and how will recurrent costs be minimized for the National Society to continue long-term CBS (affordability)?
 - CBS staff salaries: how will CBS supervisors and staff be funded long-term?
 - Volunteer per diems or allowances: what is the existing standard for Red Cross or Red Crescent volunteer allowances?
 - Avoid setting up a system that demands everyday allowances to volunteers (be very careful and critical about this).
- How will volunteer costs be funded long-term?
- Do volunteer allowances/per diems vary during preparedness CBS versus emergency CBS activities? How will this variation be managed to retain volunteers and manage expectations?
- How do Red Cross Red Crescent volunteer allowances impact on the local government health volunteers? Are they paid any allowances by the government? Or does this cause a conflict and inequality between Red Cross Red Crescent versus government volunteers?
- Asset protection: which protocols will be put in place to minimize asset loss (e.g. mobile phone register and dispatch log, secure locked storage)?

4.7 Risk management

Instructions (please delete before protocol completion):

List the risks and possible important challenges that may occur in your CBS programme. Plan strategies to prevent these, or how to overcome them.

Table 10: Risks and potential challenges

Risks/potential challenges	Strategy to prevent or overcome	Responsible

Section 5 – Mobilization of “emergency CBS”

- 5.1** Emergency CBS volunteer reporting
- 5.2** Response and control actions
- 5.3** Community engagement, information, communication during emergencies
- 5.4** Coordination and collaboration during emergencies
- 5.5** CBS emergency response handover and sustainability

When a preparedness CBS programme has been in place and an epidemic disease has been detected and the case has been confirmed, an outbreak or epidemic may be declared by the authorities.

The CBS system at this point will escalate to emergency CBS – volunteers will be mobilized for more intensive activities in the communities searching for illnesses and reporting potential cases. Led by the government and taskforces, volunteers will participate in large scale response and disease control actions, as relevant.

Some distinct considerations for advanced planning will aid a smoother transition from preparedness to emergency and back to preparedness CBS.

In emergencies where a Public Health Emergency Response Unit (ERU) has been deployed in the CBS configuration, please refer to the Public Health ERU Community Based Surveillance Handbook¹¹ during the CBS protocol development process.

NOTE: Red Cross Red Crescent do not ever declare an outbreak or epidemic. This applies to volunteers, supervisors, branches and Red Cross Red Crescent headquarters. Red Cross Red Crescent CBS programmes identify and notify of potential health risks/events, and support authorities and communities in response actions.

5.1 Emergency CBS volunteer reporting

Instructions (please delete before protocol completion):

- How will CBS volunteers actively detect potential risks/events in the community? For example, household visits, school visits, meeting with community group leaders and group contact people, etc.
- How often will volunteers do these surveillance tasks (e.g. daily, hourly, alternate days)?
- Will the data reported change in any way from the preparedness format? Will “activity/zero reporting” be used (volunteers required to submit an activity report of zero risks/events indented each day during emergency phase)?
- How many volunteers will be required to cover the catchment area for surveillance?
- If required, how will you rapidly mobilize additional CBS volunteers? For example, deploy from other branches, rapid training for other Red Cross Red Crescent programme volunteers.
- Format: will active surveillance change in any way from the routine paper or phone system of preparedness CBS?
- How will the daily incoming data be analysed to monitor alerts and hotspots?
- How will these data be protected and shared with authorities and partners?

¹¹ The Public Health ERU Community Based Surveillance (CBS) Handbook is available to all delegates deploying under the ERU mechanism and includes additional details relevant to the operational context of IFRC ERU deployments.

5.2 Response and control actions

Instructions (please delete before protocol completion):

- How will the Red Cross or Red Crescent supervisors and volunteers support government and partners during an epidemic or emergency?
 - For example, health promotion (CBHFA), ECV, psychological first aid (PFA), oral rehydration points (ORP), water treatment points, contact tracing, safe and dignified burials (SDB), social mobilization for immunization campaigns, vector control and environmental management etc.
 - **Note:** Carefully consider the skills of the Red Cross Red Crescent branch, the types of activities with which they are familiar, the resources and limits of the branch capacity and funding. Be realistic.
- Identify the most suitable referral health services in the locality and inform volunteers of where to refer severely ill people. Note that the capacity of health services may change during an emergency - the local health facility may not be the best place at certain times. Communicate with authorities and taskforce committees.
- What measures and materials will be required for volunteers to be personally protected themselves, for instance masks, gloves, sanitizer.
 - **Note:** Ensure protection measures are in line with the tasks volunteers are expected to complete (for example, if volunteers are involved in social mobilization activities and are not in personal contact with individuals, there is no need to wear personal protective equipment (PPE) when conducting outreach within the community). This follows the concept not to do more harm than good (i.e. create a false sense of security or stigma for volunteers). How will volunteers be trained for these tasks? Consider how many, and if the model of specific trained Response Teams is best.
- How will these activities be supervised?
- How will these emergency response activities be funded?

5.3 Community engagement, information, communication during emergencies

Instructions (please delete before protocol completion):

Acceptability of the CBS project by community members is essential and requires continuous engagement with the community from initial assessment onwards. Implementers should consider:

- How will Red Cross or Red Crescent engage and communicate with community members during emergencies?
 - For example, community meetings, information boards, radio bulletins, loudspeaker messaging, house-to-house visits, etc.
- What is the process for managing community concerns, fears, reports about conduct, etc?

5.4 Coordination and collaboration during emergencies

Instructions (please delete before protocol completion):

- How will Red Cross Red Crescent coordinate with government, health facilities and other stakeholders at the community/branch level during response and control actions?
- What Cluster, Taskforce, Committees must Red Cross Red Crescent attend and participate with?
- Who is responsible? How often? What meetings/channels?
 - Ensure coordination is ongoing throughout the response and the protocol is linked to any additional planning materials such as emergency plan of action (EPoA) documentation etc.
- How will CBS data be shared with government and partners to facilitate more effective, informed response? Who will be the technical person responsible for analysing and managing the data and sharing on a daily basis?
- What documentation will be maintained to record the lessons learnt for future sharing after the emergency response?

5.5 CBS emergency response handover and sustainability

- For CBS systems set up for response to emergency outbreaks and epidemics – will the operation aim to be continued and sustained after the outbreak has been resolved?
 - Are there gaps in the national facility-based surveillance systems where CBS may prove a useful strategy to reinforce epidemic surveillance?
 - Ensure both the National Society and other implementing partners are engaged in this discussion.
- Which department and team in the National Society becomes responsible? How have they been engaged during the emergency CBS?
- What resources will be needed for the longer term? How will these be funded after emergency response funds have closed?
- What changes will the CBS design adopt to transition from emergency to preparedness CBS? For example, zero reporting change from daily to weekly, adding more range of priority diseases.
- What training does the National Society team need to manage the CBS system?
- Will the CBS become integrated or linked with other National Society programmes?

Section 6 – Activity plan, monitoring, evaluation and reporting (PMER)

Instructions (please delete before protocol completion):

Based on this CBS protocol, sort your objectives and activities into a log frame. Plan how you will monitor those activities and outcomes. Set indicators for monitoring and evaluating. The detailed activity work plan will enable you to complete a full budget.

Attach a detailed:

- Log frame
- Monitoring and evaluation (M&E) framework
 - Suggested indicators may include:
 - Total number of master trainers trained in CBS
 - Total number of volunteers trained in CBS
 - Number and percentage of targeted communities with active CBS volunteers
 - Percentage of active volunteers submitting health risk and/or activity/zero reports “on time” (as determined by the protocol)
 - Number and percentage of CBS alerts that match the community case definition as cross-checked by volunteer supervisors
- Activity work plan spreadsheet

Section 7 – Resources and budget

7.1 Resource planning tables

Create a budget for all the resources and costs of each activity. These headings cover the main elements;

Human resources

Table 11a: Resource planning: Human resources

Personnel	Item	Unit cost	Frequency	Quantity	Total cost	Budget line/code
EXAMPLES: CBS supervisor	<i>Salary</i>	#	<i># months</i>	#	#	
Red Cross Red Crescent volunteers	<i>Allowances</i>	#	<i># days or months</i>	#	#	
Incentives	<i>Awards, event days</i>	#	#	#	#	
etc.						

Training

Table 11b: Resource planning: Training

Topic/module	Participants	Cost per course	Quantity (# courses)	Total cost (currency)	Budget line/code
EXAMPLES: ECV master training	<i>Master trainers</i>	#	#	#	
ECV volunteers training	<i>Red Cross Red Crescent volunteers</i>	#	#	#	
	<i>VHT volunteers</i>	#	#	#	
CBHFA master training					
CBHFA volunteers training					
CBS operational master training					
CBS operational volunteers training					
etc.					

CBS implementation

Table 11c: Resource planning: CBS Implementation

Resources/ materials	Purpose	Unit cost (currency)	Quantity	Total cost (currency)	Budget line/ code
EXAMPLES: CBS volunteers ID	<i>Visibility of volunteers</i>	#	#	#	
Red Cross Red Crescent vests for volunteers	<i>Visibility of volunteers</i>	#	#	#	
Volunteer protection	<i>Personal hygiene kits</i>	#	#	#	
Activity books	<i>Volunteer job aids and activity records</i>	#	#	#	
Mobile phones	<i>CBS reporting</i>	#	#	#	
Phone credit recharge	<i>CBS reporting</i>	#	#	#	
Computer	<i>CBS supervisor reporting</i>	#	#	#	
Supervisor transport	<i>Supervision visits</i>	#	#	#	
Radio airtime	<i>CEA</i>	#	#	#	
ORP kits	<i>ECV/health promotion activities</i>	#	#	#	
ECV demonstrations	<i>Emergency response support</i>	#	#	#	
Epidemic response resources	<i>Prepositioning or mobilization of tools – ORPsP, disinfectant sets</i>	#	#	#	
etc.					

Collaboration, coordination, PMER

Table 11d: Resource planning: Collaboration, coordination and PMER

Resources/ materials	Purpose	Unit cost (currency)	Quantity	Total cost (currency)	Budget line/ code
EXAMPLES: Stakeholder planning meetings	<i>Coordination and collaboration</i>	#	#	#	
Community inception meetings	<i>CEA</i>	#	#	#	
Community assessment	<i>Baseline - endline M&E, lessons documentation</i>	#	#	#	
Monthly CBS-IDSR focal point meetings	<i>Coordination and collaboration</i>	#	#	#	
Printing	<i>Brief and information materials, data reports and presentations</i>	#	#	#	
etc.					

Section 8 – Useful resources

- IFRC. Community-based surveillance: guiding principles. Available in [English](#) and [French](#)
- IFRC. Community-based surveillance assessment tool and template.
- Community Based Surveillance Website
 - Includes useful tools, links, case studies and examples from Red Cross and Red Crescent CBS project implementation.
- Technical support for National Societies in CBS: cbs@ifrc.org
- Handbook for Public Health ERU Community Based Surveillance Configuration¹²
- IFRC. eCBHFA Teaching Guides and Tools
- IFRC. Community Engagement and Accountability (CEA) Toolkit
- IFRC. Epidemic Control for Volunteers (ECV)

¹². The Public Health ERU handbook will be shared with all delegates during trainings and prior to deployments.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

For more information on this IFRC publication, please contact:

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