Community-Based Surveillance

Training of volunteers manual

March 2020
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Acknowledgements

International Federation of Red Cross Red Crescent Societies (IFRC) have worked with National Societies to develop effective tools, and gained valuable experience using Community-Based Surveillance (CBS) during the last years. Building on this accumulation of experience and knowledge, this manual was developed to further strengthen implementation of CBS by providing training material and guidance to volunteers in a systematic way that can be implemented in a variety of contexts and settings. The manual was developed through the dedication of both employees and volunteers. Their commitment to excellence made this manual possible.
### Abbreviations and acronyms

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<th>Abbreviation</th>
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<tr>
<td>CBHFA</td>
<td>Community based health and first aid</td>
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<td>CBHS</td>
<td>Community-Based Health Surveillance</td>
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<td>CBS</td>
<td>Community-Based Surveillance</td>
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<td>CEA</td>
<td>Community Engagement and Accountability</td>
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<td>ECV</td>
<td>Epidemic Control of Volunteers</td>
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<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>NS</td>
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<td>RCRC</td>
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<td>PH ERU</td>
<td>Public Health Emergency Responds Unit</td>
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Introduction to the Community- Based Surveillance Training of Volunteers (ToV)

Background and aims
Norwegian Red Cross has in cooperation with the International Federation of Red Cross Red Crescent Societies (IFRC) and Belgian Red Cross, developed an innovative platform for community-based surveillance – Nyss. Community based surveillance (CBS) is the systematic detection and reporting of events of public health significance within a community by community members.

Public health crises, such as disease outbreaks, can occur in settings where health systems and public health surveillance systems are weak or overburdened. This gap in health systems and national surveillance poses a risk to communities, as disease outbreaks can develop undetected. In these settings, establishing a CBS system can be a key step to improving early detection and early response. In communities with limited health service coverage and surveillance systems, CBS can be used to ensure early warning, early response and monitoring of disease outbreaks and epidemics, both for preparedness and in emergencies.

The ability to scale up CBS-efforts; to cover large areas and to respond quickly – especially during critical times such as during an emergency – demands remote data collection and communication through technology that enables automation of data management processes. As such, Nyss has been developed to provide a custom software platform for data collection, management and analyses; tailored to our needs, with functionalities not combined in any other tool or service.

Nyss can be used as a long-term surveillance platform or in emergency settings. The ability to scale up CBS-efforts; to cover large areas and to respond quickly – especially during critical times such as during an emergency – demands remote data collection and communication through technology that enables automation of data management processes. As such, Nyss has been developed to provide a custom
software platform for data collection, management and analyses; tailored to our needs, with functionalities not combined in any other tool or service.

One area of strength within the Red Cross Red Crescent (RCRC) Movement is preventing and responding to community disease outbreaks. To organise an effective response to stop further transmission at community level, having early and systematic collected data of health risks/events from the affected areas or populations will increase the ability to implement appropriate interventions. By making tools available for RCRC volunteers to report on suspected health risk/event and provide this information to key stakeholders, potential outbreaks can be detected earlier, and responses can be activated earlier. Community participation, engagement and a reliable response network are key features of an effective CBS.

CBS activities and outcomes enable community volunteers to identify the risks they see and hear about and provide a reliable ‘real-time’ communication structure to alert others, giving a voice to existing local knowledge to identify public health crises as early as possible. This manual aims to strengthen this process by providing materials and guidance on how to organise trainings for RCRC volunteers in CBS principles and activities.

**For whom is this manual written?**
This manual is aimed at RCRC facilitators who will organize and conduct Training of Volunteers (ToV) in CBS in emergency settings. It will support the responsible individuals within the National Societies (NS) to clarify what CBS is, how it could be used in their context, and how to teach this knowledge to others.

**How to use this manual**
The overall goal of this manual is to ensure participants are ready to successfully identify health risks and events and report to Nyss at completion of the training.

The manual consists of two sections. Section 1 presents how you can prepare for the training, while section 2 entails all the training sessions. For each session presented, a Power Point Presentation (PPTT) is developed and annexed. The entire training
can be conducted without PPTTs, but they are available as support materials for the training as required.

In “Suggested agenda ToV”, the facilitator will find examples and recommendations on how a training program can be designed. However, it is of essence that facilitators tailor their agenda and the PPTTs used to their current context, taking into consideration; time resources available, current health risk(s)/events, size of group that will receive the training, familiarity to the RCRC as an organisation and literacy level. It is recommended that the facilitators get an overview over the training material and then make adjustment as needed (see 1.3 for further guidance).

The manual is based on theory and training materials provided in “Epidemic Control of Volunteers” (ECV), “Community Engagement and Accountability” (CEA), “Watsan Mission Assistant” and “Community based health and first aid” (eCBHFA) developed by the RCRC movement.
1 Section 1: Preparing and facilitating the training for volunteers

1.1 Who is this training manual for?

1.1.1 Who can be a facilitator?

To conduct the ToV a team is needed. The set-up of the team might vary from context to context based on resources available. The facilitator should ideally be a volunteer or worker in RCRC with knowledge in eCBHFA. Lead facilitators should have the overview of the training and have good knowledge about CBS, Nyss, ECV and CBHFA. The recommended structure for the teams is as following:

- 1 lead facilitator
- 1 facilitator per 10 participants (30 participants requires 3 facilitators in total)
- Ideally one additional person supporting with administration and finances

Note: This structure might not be applicable in an emergency setting, and the lead facilitator will organise the team according to resources and need of how they will structure their teams based on available resources.

The people making up the facilitator team should read and have an overview over the following materials:

- Community-Based Surveillance Training of Volunteers Manual and the accompanying library of Power Point presentations made available
- The Nyss Manual
- CBS assessment
- ECV toolkit
- eCBHFA materials

1.1.2 Who can be a course participant?

Participants that commence the training should preferably be existing volunteers in RCRC with knowledge in eCBHFA. However, the training material and manual goes
in-depth in these topics in case the human resources with RCRC and eCBHFA knowledge aren’t available.
1.2 Objectives for the training

The main objectives for the training program:

- The participants understand the purpose of CBS and understand how CBS works in their context
- The participant can recognize symptoms and signs to the health risks/events they are trained in
- The participants manage to report correctly by sending SMS to the Nyss platform
- The participants are aware of their role as volunteers, and understand how they can impact their community to stay healthy
1.3 Preparing for the training

The manual is meant as a guide, thus material and training recommendations need to be adapted to the current context of where it is being used, and to the participants the training is provided to. Make sure to calculate a realistic timeframe for your training, both in terms of preparations and conduction.

It is suggested that trainers undertake the following tasks prior to hosting the training:

1.3.1 Adapt and prepare training material

- Review or/and adapt teaching materials for each session
- Update the name of the health risk/event where mentioned (in session 5 and 8) and incorporate the relevant health risks/events as examples.
- Prepare the slides specific for the local context
- Make sure to adapt the training to the cultural context, for instance when planning the time schedule, day of the week to organize the training and cultural norms.

1.3.2 Prepare yourself

- If you haven’t used Nyss before, ensure that you get an introduction yourself by someone who knows Nyss
- Ensure you feel confident in guiding the participants through the practical exercises.

1.3.3 Register data collectors in Nyss

As a key part of obtaining the learning outcomes for the training, it is necessary that the participants are able to report to the Nyss platform. Therefore, simulation exercises will be conducted. For this to be an effective learning activity, the facilitator must make sure that the participants will have an opportunity to practically complete
this. Before the data collectors can report to Nyss in the training, the facilitator needs to have a plan on how and when to do it. One suggestion can be to let the supervisors register his/her data collectors, so they get to know each other, and the supervisors can practice how to register data collectors in Nyss.
2 Section 2: Training program

This section will take you through a step-by-step plan on how to conduct the training. Each session corresponds with the CBS ToV PPTTs made available in a folder, or can be found here.

The training program is designed to be delivered over two full days, see document called “suggested agenda”, with descriptions for each session. Each of these sessions have time indicated used per PPTT and specific learning outcomes. This will need to be adapted to specific context and group of volunteers participating in training.

For some sessions, specific instructions and notes have been made to help contextualize the training and give practical advice in training delivery. As a facilitator, make sure you have the overview of the training program at hand so you can always orientate yourself as of which learning outcomes is in focus for the training sessions.
2.1 Day 1 – Session 1: The Training of Trainers

2.1.1 Introduction

1. Welcome participants to the training.

2. Give an update on the current emergency situation.

3. Introduce all facilitators and participants.

4. Explain short the role of CBS and RCRC volunteers:

   • CBS is a methodology for preventing transmission and outbreaks; it enable early detection of health risks/event which can be potential epidemic prone diseases and lead to outbreaks, to ensure early response and limit transmission in the community. With Nyss CBS can be done in real time, which makes it possible to trigger early responses.

   • RCRC volunteers know their community and are often trusted people in the society. This make the volunteers in a very good position to do CBS.

2.1.2 Video: Nyss – a community-based surveillance platform for epidemic-prone diseases.

1. Show the video: Nyss – a community-based surveillance platform for epidemic-prone diseases. (3 minutes). If it’s not possible to show video, give an introduction to CBS and Nyss.

2.1.3 Main objectives of the training program

1. Introduce the main learning objectives of the training to the participants by writing them on a flip chart/presenting them in the PPTT

Learning objectives:

• The participants understand the purpose of CBS and understand how CBS works in their context
• The participant can recognize symptoms and signs to the health risks/events they are trained in
• The participants manage to report correctly by sending SMS to the Nyss platform
• The participants are aware of their role as volunteers, and understand how they can impact their community to stay healthy

1. Explain to the participants that learning outcomes would be best achieved if they themselves are active and contribute to learning activities, discussions and demonstrations.

2.1.4 Agenda

The agenda is created by the facilitator before the training. Use the excel-sheet “Suggested Schedule ToV”, as template for the three days training, but remember to adapt to the local context and situation.

1. Present the agenda for the two-days-training.

2. Ask for comments or questions related to the agenda.

2.1.5 Activity

1. Organise the groups so the participants have the opportunity to get to know each other.

2. Ask participants to group into pairs with someone they do not know (or know least). Suggest around 5 minutes to interview each other on:

   • Name
   • How did you join the Red Cross?
   • Why do you want to be at this training?
   • Something funny or surprising about themselves.

3. After the interview, let them introduce their partner.
2.1.6 **Expectations**

To help clear the participants expectations regarding the upcoming days of training, instruct the participants to:

1. Ask the participants to write down 1 – 3 expectations for the training.

2. After some minutes, let the participants and you present the expectations to the rest of the group.

2.1.7 **Ground Rules**

1. Divide participants into groups of 3-4 persons.

2. Ask each group to suggest ground rules for the training.

3. After 5 minutes, come together as a full group. Each small group presenting their rules, and by consensus agree on ground rules.

4. Ask a volunteer to write down the rules on a flip chart and make sure it is visible during the training.

**Ensure that three key rules are included:** Ask questions, respecting each other, a learning environment (participants should feel free to take risks and make mistakes, this will ensure mistakes will be less frequent in a real-life scenario).

**Other suggestions:** keeping time, participate actively, there are no stupid questions, being supportive, no use of cell phones or computers (apart from in the mobile phone session).
2.2 Day 1 – Session 1: Introduction to Red Cross Red Crescent

2.2.1 Introduction

Introduce the theme of the session for a few minutes. Add information as you see fit, based on your reading and/or experience.

2.2.2 Objectives

Start the session with presenting the objectives for the session. By the end of this session, participants:

- Have knowledge of the history of RCRC.
- Know the NS main activities.
- Can identify the seven principles.
- Can identify the emblems.
- Can identify the role of a volunteer.

2.2.3 Brainstorming: Red Cross Red Crescent movement

1. Write “Red Cross Red Crescent” on a flip chart or black board.

2. Ask the participants to say words they associate with the organization and write down all of them.

3. Use the words they mention as a start to a brief introduction about the organization.

Key facts to mention:

- Started with Henry Dunant in 1828
- RCRC works to alleviate human suffering and save lives.
- 192 NS.
- The largest volunteer network in the world (approx. 12,6 million volunteers).
• Volunteers are based in their communities, meaning they know the local context and are a resource for the community.
• Seven principle that guides all the volunteers and staff.

1. Ask the participants why they think it is important to spend time during a ToV on this topic?

2.2.4 Video: story of an idea

1. Show the video “Story of an idea”.

2. After the video: Ask the participants what they saw in the movie, to check if they understood the content.

3. Write down the answers on the paper/ black board from the brainstorming.

2.2.5 The emblems

1. Explain that the Red Cross, Red Crescent and Red Crystal emblems provide protection for medical services and relief workers in armed conflicts. NS in each country also use the emblems for identification purposes.

The red cross is the inverse of the Swiss flag – Henry Dunant’s home country – while the red crescent is the inverse of the Ottoman empire’s flag and is most often used by majority Muslim countries. Despite this distinction, the emblems do NOT indicate a specific religion, culture or political loyalty. A new emblem, the red crystal, appears as a red frame in the shape of a square on edge, on a white background. It was developed to be free of any misinterpretation associating it with a specific religion, political loyalty or culture, making it universally acceptable for any country.

2. You can ask the participants questions to make them reflect further on the information given, for example:

• What is the emblem that your NS uses?
• How do the emblems protect RCRC staff when they do their work?
• How does identification as a RCRC staff or volunteer help you when you do your job as a volunteer?
• How are the RCRC emblems more protective than a UN or a Ministry emblem or logo?

2.2.6 The seven principles

1. Explain the 7 principles of RC very briefly, and how we need to know them and respect them as a volunteer for RC.

Ask the participants what they think the different principles mean before explaining them:

• **Humanity** – Show kindness to each other, respect for each other, mutual understanding, showing friendship and cooperation.
• **Impartiality** – Make no discrimination based on nationality, age, sex, religion, race and beliefs.
• **Neutrality** – Do not take sides in a political, racial, religious or ideological nature while you are a RCRC facilitator.
• **Independence** – Freedom from other organizations or governments. National societies are subject to their national laws, but we must always maintain our autonomy.
• **Voluntary service** – The volunteers show up voluntary without any payment. There are only external people in a training who could be paid.
• **Unity** – Only one RCRC Society must carry on its humanitarian work throughout its territory.
• **Universality** – Working for humans everywhere, all the national societies have equal status and share equal responsibility and duty to help each other.
2.2.7 Brainstorming: The role of a Red Cross Red Crescent volunteer

1. Draw a person on a flipchart and write “Red Cross Red Crescent volunteer” over the figure.

2. Ask the participants to write down what they associate with the word. Let them write down all the words on one post-it each.

3. After some minutes, let the participants present their words. If someone has written the same word, ask them to organize them together on the wall.

4. Use these words as a start to talk about what a RCRC volunteer is. Try to answer why the position as a volunteer is so special and important, particularly when talking about health. The role and responsibilities of a volunteer should also be addressed.

![Volunteers in epidemics](image)

**Figure 1: Volunteers in epidemics**

2.2.8 Presentation of the National Society

In this session you will present the NS, the activities and key information about the NS. Examples: How is the NS structured, programs and activities, branches, who will follow up supervisors?
2.3 Day 1 – Session 3: Vulnerability and Capacity Assessment

The purpose for this session is to introduce participants to different methods for collecting information about their own communities’ vulnerability and capacity. Use the tools from eCBHFA (in the folder “material to be used on the training”) to conduct the data using these methods: Community mapping, transect walk and seasonal calendar. The participants should also try to analyse the data they collect, to see which health risks/events that can affect their community.

**Note:** To introduce VCA methodology to the volunteers enable them to identify health risks and events in their local communities. Note that as part of the process in deciding whether CBS and Nyss is a useful tool for the specific situation, is an assessment carried out, and the assessment define the health risks for the specific context. Even though this assessment is done, is the VCA included in the manual to enable the volunteers to understand their community’s capacities and vulnerabilities and which actions the volunteers can carry out.

2.3.1 Introduction

Introduce this session with explaining for the participants that it has been done a CBS assessment before the training, that’s the reason why we do the training. Explain the results from that assessment. Further, tell the participants, that this session is valuable for let volunteers know how to evaluate what needs their communities have. This session gives the volunteers tools for identify the needs and further know how to respond to them.

2.3.2 Objectives

1. Start the session with presenting the objectives to the participant. By the end of this session, they will:

2. Have good understanding of the contexts of your community.

3. Know how to collect information from various sources.
4. Know how to validate information through comparing and investigation.
5. The participants are aware of risks and resources in the community and can identify these.

2.3.3 *Show video:* Show this video explaining Vulnerability and Capacity Assessment (VCA).

1. After the video, ask:
   - What tools do you see that you can use to identify health risks and resources with your community?
   - How might you use the results of these tools to build healthier communities?
   - How is disaster risk and health intertwined?
   - How are they separate?

2.3.4 **Vulnerability and Capacity**

1. Ask the participants these questions:

*What is vulnerability?*

**Answer:** Vulnerability in this [humanitarian] context can be defined as the diminished capacity of an individual or group to anticipate, cope with, resist and recover from the impact of a natural or man-made hazard. The concept is relative and dynamic. Vulnerability is most often associated with poverty, but it can also arise when people are isolated, insecure and defenceless in the face of risk, shock or stress. (from IFRC)

*What is vulnerability in your community?*

*What is capacity?*

**Answer:** Answer from dictionary: Is the opposite of vulnerability and is “the ability or power to do or understand something”
What is capacity in your community?

2.3.5 Methods to collect information about the community

1. Explain the three different methods to collect information. This introduction should be short, and a longer explanation will be done when they are divided in groups later in the session.

Community mapping:

- Community mapping helps to visualize resources/services, vulnerabilities, exposure and risks in a specific community, often a rural or semi-rural community.
- May include roads and bridges, health clinics, schools, water sources, markets and shelter, as well as other important features in the community.
- The community map is appropriate for identifying risks such as flood areas, health hazards, vulnerable locations and vulnerable groups.

Transect walk:

- A transect walk is a walk through the community to observe people, the surroundings and community resources.
- A transect walk can help to identify issues and strengths (capacities) that exist in a community.
- It can give a good overview of the community and can point out things that may require further study later during other assessment activities, such as focus group discussions or household interviews.
- It can also be used to confirm that information gathered by other methods is accurate.

Seasonal calendar:

- A seasonal calendar is a community assessment tool that helps explore seasonal changes taking place in a community over a one-year period.
• It can be used to show events such as hurricanes, floods or drought; periods when more diseases strike the community; periods of food shortages; and activities such as festivals, holidays and harvest.
• A seasonal calendar can be used to identify periods of sickness, disease, hunger or vulnerability.
• The calendar can act as a planning tool as it can help determine the best time to start a disease prevention campaign (for example, to begin a malaria prevention campaign prior to the high transmission season).

2.3.6 Group work: Vulnerability and capacity assessment

1. Divide the group in three and decide which group takes which method: Community mapping, transect walk and seasonal calendar.
2. Let the facilitators do the introduction of their method to the group, using the information in the eCBHFA-manual (or the folder Session 3 – VCA).
3. Do the assessments out in the community.

2.3.7 Presentation of the results

Ask the three groups to present what they found during the assessment. Make an overview of the findings, and discuss the findings with the group:

• Are there any surprises?
• Any comments to the content?
• How we can get use this information?
• Do some of you disagree with the information collected?
2.4 Day 1 – Session 4: Definition of health risk/event and transmission

2.4.1 Introduction

Introduce the theme of the session for a couple minutes. Add information as you see fit, based on your reading and/or experience.

2.4.2 Objectives

Start the session with presenting the objectives. By the end of this session, participants:

- Understand how diseases can spread.
- Understand the connection between human health, animal health and a healthy environment.
- Understand the infection cycle.
- Understand what vulnerability to disease and outbreaks are.
- Understand how volunteers can contribute to prevent outbreaks and be able to discuss why CBS volunteers look at health risks/ events rather than diseases.
- Be able to recognize sign and symptoms related to the health risk/event relevant for the context.
2.4.3 Activity: Glitter disease

1. Prior to starting, put glitter on your hands and start touching a thing in the room, for instance a hat or a white paper.

2. Demonstrate for the participants that the glitter will “transmit” from your hands to the thing you hold in your hands.

3. Ask the participants what would happen if another person took the paper/hat?
   Answer: the glitter will “transmit” to the new person.

4. Ask the participants what they think this can illustrate?

5. How can we prevent the glitter from “transmit” from person to things to new persons?

6. Show the figure 1 “The spread of disease” to the participants and relate it to the exercise with explaining how one person can transfer the disease to many people.
Figure 2: The spread of disease
2.4.4 Infection cycle

1. Explain the participants that infectious diseases are present to some extent all the time in any community. Outbreaks and Epidemics is when the disease affecting many more people than usual.

2. Ask the participants to discuss the illustration “The infection cycle” with the person next to them. What does the illustration try to explain?

**Figure 3: Understanding Epidemics and Disease Outbreaks**

*Key points from the illustration:*

An epidemic start with germs. Germs can be transmitted through:

- The environment.
- Vectors (insects).
- Through carriers (people, animals carrying the germ although they are not sick themselves).
- Direct to the person who becomes sick.
The carrier can spread the germs to the environment and/or the surroundings.
Because one ill person, animal or a vector can infect many people, an outbreak can start when one or a few people fall sick.

2.4.5 One Health

Note: The one health activity can be too theoretical for some settings. Adjust the activity to fit the participants circumstances.

Figure 4: The One Health Triad

1. Start with talking about the learning from the previous session where environment and animals are already mentioned and explain that you will now look a bit deeper into these relations.

2. Show the illustration “The One Health Triad” (Figure 4) or paint a similar illustration on a flip chart.

3. Let the participants discuss the illustration for two minutes. What do they think the illustration try to explain?
4. Go through what the different groups have discussed together. Below are some key points to help you as trainers know what should be addressed in the discussion:

a. Healthy humans and animals:

- Some human diseases result from interaction with animals and the environment.
- People who are in contact with animals and animal products (such as meat, milk, or dairy products), are at risk from diseases that animals can transmit.
- Insects can also transmit some diseases from animals to humans. Animals can be infectious even if they show no signs of disease.

b. Healthy environment:

- Changes in the environment can expose both humans and animals to infectious diseases. For example, when a human population occupies a new area, it may be more exposed to diseases transmitted by wildlife.
- People may be at higher risk of disease following deforestation or the expansion of industry.
  - Environmental changes expose animals to new infectious agents.
  - The growth of international travel and trade allows diseases to spread easily and swiftly across the globe.

c. Epidemics can affect both animals and humans.

- These epidemics need to be stopped by prevention actions targeted for humans and animals, and early warning of health risk/events both in animals and people. Early reporting of animal diseases by CBS volunteers can prevent the spread of infection to humans.

5. Ask the participants if they can give some examples of how diseases can spread from animals to humans?
a. Examples:

- Bites and scratches, or direct contact with the saliva, blood, urine, wastes, or other body fluids of an infected animal.
- Eating meat, milk, eggs, blood or other contact with the products of infected animals. Eating wild animals, such as bats and monkeys, is very high risk.
- Through the air
- By touching an infected animal.
- Through vectors which carry diseases - for example, mosquitoes, fleas, ticks, rats, bats, chickens, monkeys, pigs, dogs and livestock.

2.4.6 Activity: How do diseases enter the body? (Transmission)

The purpose of these exercises is to draw on participants’ existing knowledge and experience and assess their understanding of how diarrhoea, measles or other diseases are transmitted. The activities can also be used to motivate the volunteers to take action by asking what they can do to prevent and respond to the health risks/events illustrated.

By the end of the session participants should be able to describe ways in which hygiene practices are related to the spread of diseases and identify ways of preventing them.

1. Divide the participant in groups of approximately four people.

2. Ask the groups to draw a person on a paper.

3. Ask the groups to discuss how/where a germ/disease can enter the body? They should mark the areas on the person they have drawn. They have 10 minutes to discuss.

4. Go through the different paintings together, and let the participants explain for the rest where and why they have marked the places they have. If the groups don’t mention all possibly ways, the facilitator can present what are missing. Under is illustration for inspiration.
Figure 5: The spread of disease

Figure 6: Spread of disease
2.4.7 Activity: The Story of Transmission

Note: Print out the illustrations from the folder “Session 4” the PDF is named “Activity, the story of transmission”.

1. Divide participants into small groups and give each group a set of randomly ordered sequential pictures (see note box above) showing different ways of transmission.

2. Ask them to put the pictures into an ordered sequence. Some people in the group may have more knowledge than others and this activity usually generates a lot of discussion about how the disease is spread.

3. Ask the groups to explain their ‘story of transmission’ to the rest of the group and clarify any misunderstandings.

4. Ask each group to draw pictures or symbols of barriers to transmission and to place these at key points in the story.

5. What action could be taken in the current situation to prevent transmission and by whom?

6. Ask the participants to:
   - Identify what they will do differently as a result of the activity
   - Consider how they will mobilise others to take action to prevent this disease

7. Revise the main ways for transmission and the main prevention methods.
2.4.8 **Activity: Vulnerability to diseases**

**Note:** This exercise can be done as group work with one larger flip chart or pages from a flip chart and participants coming in the front or working in groups to fill different sections.

1. Tell the participants to sit in small groups.

2. Introduce the activity: In this activity we will discuss how and what can make people more vulnerable to disease.

3. Ask them to fill in the form (as shown below), and mark whether they think it is the group could be vulnerable to infectious diseases or not, and why.

4. Remind the participants to keep in mind the things that help spread diseases.

5. When all groups are finished, go through the answers.

6. **Key points to mention:** Some of the people mentioned are vulnerable to all kinds of infection, while others are vulnerable only to some, depending on their circumstances, the way in which infections spread, and other factors.
### Table 1: Vulnerability table (Annex 3)

<table>
<thead>
<tr>
<th>Category</th>
<th>Vulnerability</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Elderly people</td>
<td>Yes</td>
<td>They may have weak immune system</td>
</tr>
<tr>
<td>Babies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderly people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soldiers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farmers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factory workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV + people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single parents and widows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People living on the street</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Print or show this table to the participants for the activity. If you don’t have access to printer, ask them to write the answers down on a white paper.
2.4.9 **What is a “health risk”/ “event,” and how is it different from a disease?**

1. Explain to the participants the reason why we report on health risks/events and not diseases: Volunteers are often not medically trained and should not diagnose. It is also often not possible to say if it is a specific disease without more examination or test, so this might have to happen beyond community level. The volunteer’s role is to detect and notify if they see something that can be of risk and need further investigation, Thus, they should report on what they see; signs, symptoms, events. These can indicate if someone has a disease of concern. Nyss has a list of health risk/ event with signs and symptoms that are easy to recognize by volunteers. Reporting on a health risk or event rather than suggesting a disease also make it clearer to community members and health officials what the volunteer role is, in addition to being very clear on what Nyss is collecting, analyzing and sharing of data.

2. Ask the participants: What do you think are some health risks/ events you have seen in your community? Do you know any common diseases? Can you say the signs and symptoms of these diseases?

2.4.10 **Activity: How to recognize the health risk/event?**

*Part 1*

1. Write the health risks/events on a big piece of paper each and put it on the floor or hang it on the wall.

2. Take all the pictures with signs and symptoms and put it on the floor (from the document “Sign and symptoms”).

3. Let the volunteers choose the pictures relevant for the health risks/events that’s written and put it together with the health risk/event paper.

4. Go through the signs and symptoms for all the health risks/events relevant for the training, with using the illustrations the volunteers have chosen. If some om the signs and symptoms are missing/wrong, correct it and explain why. You can find these sign and symptoms in the document “Global list of
Community Case Definitions” and in the ECV disease tools (see the 2.5.11 health risk/event list).

5. Emphasize that even though we have a definition, the health risk/event does not necessarily look similar in every person every time. They can also have other signs and symptoms. Come up with some examples.

6. Explain that when volunteers are doing community activities, they will also look for these health risks/events. These are what should be reported using SMS. Ask the participants why they think these health risks/events should be reported?

Part 2

1. Take all the pictures with signs and symptoms and put it on the floor again, make sure to hide the health risks/events definitions for this exercise.

2. Divide participants into small groups and ask them to find the symptoms and signs related to the health risk/event they are supposed to report on. For example, for the health risk “Fever and rash” could the symptoms and signs grouped be: Fever, rash, runny nose, tiredness, headache, feeling unwell.

3. Ask the participants to explain the different groups of pictures they have collected to the rest of the group and clarify any misunderstandings. Make a point that different diseases have some of the same symptoms. These make it difficult to report on diseases, the volunteers only report on a health risks/event.

4. Ask each group to discuss how the health risk/event can be transmitted, and draw or write key points, and place them with the different groups of illustrations. Go through the answers together.

5. What action could be taken in the current situation to prevent transmission and by whom?

6. Ask the participants to:
• Identify what they will do differently as a result of the activity.
• Consider how they will mobilise others to take action to prevent these diseases.
• Go through the main ways in which the disease is transmitted and the main prevention methods.
• Let the pictures hang on the wall with the definitions, so it is visible during the training.

Note: Choose the relevant health risks/events from the list below to use in session 5 about health risks/events. This information can be used as background information and support for the facilitator during the training.

2.4.11 Health risks/events list

Acute diarrhoeal disease

Definition of health risk/event:
3 or more loose or liquid stools over a period of 24 hours

ECV disease tool:
- 1. Acute diarrhoeal disease

Advise on:
• Explain how to prepare salt and sugar solution and/or give ORS (ECV action tool 9 and 10)
• Handwashing (ECV action tool 35)
• Safe food and water (ECV action tool 30 and 31)
• Good sanitation facilities (ECV action tool 32)
**Bloody diarrhoea**

**Definition of health risk/event:**
Loose stools with visible blood

**ECV disease tool:**
- 6. Acute bloody diarrhoea

**Advise on:**
- Explain how to prepare salt and sugar solution and/or give ORS (ECV action tool 9 and 10)
- Handwashing (ECV action tool 35)
- Safe water and food (ECV action tool (ECV action tool 30 and 31)
- Appropriate sanitation facilities (ECV action tool 32 and 33)

**Cough and difficulty breathing**

**Definition of health risk/event:**
Cough and difficulty breathing. Can start with fever, runny nose, tiredness, headache, feeling unwell

**ECV disease tool:**
- 7. Acute respiratory infections preventable by vaccine – Diphtheria, mumps, rubella, chickenpox, whooping cough

**Advise on:**
- Encourage social distance (ECV action tool 28)
- Explain importance of handwashing (ECV action tool 35)
- Refer to health facility if difficult breathing (ECV action tool 4)
Fever and painful throat

Definition of health risk/event:
High fever, very painful sore throat, difficulty breathing/ swallowing and/or swollen throat

ECV disease tool:

Advise on:
- Encourage social distance (ECV action tool 28)
- Refer to health facility (ECV action tool 4)
- Advise on vaccination where this is available (ECV action tool 24)
- Provide home care for fever (sponging) (ECV action tool 12)

Acute flaccid paralysis

Definition of health risk/event:
Child under 15 suddenly paralysed - Legs or arms are weak and floppy, the person is suddenly unable to walk or crawl (not due to an accident).

ECV disease tool:
- 10. Polio

Advise on:
- Refer to health facility (ECV action tool 4)
- Handwashing (ECV action tool 35)
- Safe water (ECV action tool 30)
- Use of appropriate sanitation facilities (ECV action tool 32)
- Vaccination (ECV action tool 24)
**Painful swelling under the arms or groin**

**Definition of health risk/event:**
Any person with painful swelling under the arms or in the groin area.

**ECV disease tools:**
- 20. Plague
- 25. Monkeypox

**Advise on:**
- Encourage community cleaning to avoid rodents and fleas close to households (ECV action tool 32)
- Refer to health facilities (ECV action tool 4)

**Acute malnutrition**

**Definition of health risk/event:**
Red or yellow score on MUAC screening (MUAC <125mm).

**ECV disease tool:**
- 29. Malnutrition

**Advise on:**
-Refer malnourished children to health facility or nutrition facility immediately (ECV action tool 4)
- Promote vitamin A (ECV action tool 22)
- Advise on handwashing (ECV action tool 35)
**Cluster of unusual illnesses or deaths in people**

**Definition of health risk/event:**
Cluster of people (3+) suddenly sick or died with the same signs of illness

**ECV disease tools:**
- 5. Typhoid fever
- 28. Cluster of unexplained illnesses or deaths

**Advise on:**
- Social distance (ECV action tool 28)
- Handwashing (ECV action tool 35)
- Note the types of symptoms and inform the health facility
- Refer sick people to health facilities (ECV action tool 4)

**Unusual/ Alarming event**

**Definition of health risk/event:**
Anything happening in the community that is unusual and seem to pose a risk or causing concern in the community.

**For example:**
- Flood, fire, critical water shortage, major conflict, sudden spread of illnesses, Chemical spill/ poisoning.

**Advise on:**
- Listen to notifications from authorities
- Assist people to stay safe
- Use evacuation centres if available
- Send updates to your supervisor.
**Animal with aggressive unusual behaviour**

**Definition of health risk/event:**
An animal that is behaving as: Aggressive, possibly trying to bite everything, people, other animals or objects. AND, 2 + of the following: Excessive uncontrolled hyperactivity, or seizures A lot of saliva, uncontrolled drooling Fear of light or fear of water – stay hidden

**CP3 action tool:**
- Rabies.

**Advise on:**
- Stay clear from the affected animal.
- Provide first aid to people - wash wounds, bites, scratches for 15 minutes with soapy water.
- Refer to health facility if injured. (ECV action tool 4)

**Animal deaths with unusual bleeding**

**Definition of health risk/event:**
Sudden deaths of animals with unexplained bleeding from gums, eyes, nose or anus, or blood in stools or vomit.

**CP3 Action tool:**
- Unusual bleeding

**Advise on:**
- Promote protective gear for farmers
- Isolate sick animals
- Notify veterinary officials.
- Advise communities to cook all meats and animal products very well.
- Advise against eating animals which have died with illness
**Cluster livestock abortions or young animal deaths**

**Definition of health risk/event:**
Cluster of abortions in livestock and/or sudden deaths of many young lambs/ calves.

**CP3 action tool:**
- Unusual bleeding

**Advise on:**
- Promote protective gear for farmers
- Isolate sick animals
- Notify veterinary officials
- Advise cooking all meat and animal products very well
- Advise against eating animals which have died with illness

**Unusual bird deaths**

**Definition of health risk/event:**
Cluster of sudden deaths of birds, ducks or chickens in local area. (All within one small village area in the past 2-week period).

**Advise on:**
- Promote protective gear for farmers
- Isolate sick animals
- Notify veterinary officials
- Advise against eating meat, eggs, milk products from animals which died with illness.
Cluster of unusual illnesses or deaths in animal

Definition of health risk/event:
Cluster of animals (3+) with illness or sudden deaths that is unusual and with unknown cause. All within one small village area in the past 2-week period.

CP3 action tool:
- Cluster unusual illness

Advise on:
- Promote protective gear for farmers
- Isolate sick animals
- Notify veterinary officials
- Advise against eating meat, eggs, milk products from animals which died with illness
2.5 Day 1 – session 5: Introduction to CBS and Nyss

2.5.1 Introduction

In this session we will learn how to do community-based surveillance (CBS) and report to Nyss

2.5.2 Objectives

Start the session with presenting the objectives for the session. By the end of this session, participants:

- Understand what CBS is and why we are doing it in their communities
- Be able to send SMS reports to Nyss and be familiar with the feedback SMS the data collectors will get (explain to the supervisors that the community volunteers are referred to as data collectors)

2.5.3 Introduction to CBS

1. Give the participants an introduction to the CBS methodology. Use the animations on the PowerPoint to explain (if possible) or use a flip chart to demonstrate.

2. Course of an outbreak: explain the epidemic curve to the participants. Show them how an outbreak often can evolve before being detected, and responded to- demanding a large response

3. Then show where CBS can detect an outbreak and explain how response can come early and stop further transmission to more people.

4. In theory: explain how traditionally surveillance systems are connected to the health facilities. When a person is sick with for example measles and goes to the hospital, this case will be reported to the surveillance system of the government.

5. But in the reality? It might be many more cases then the one reported at the hospital:
6. Ask the participant what they do in their community if people fell sick? What kind of system do they have nearby the community? Are there any health facilities close? What happens when they do what they normally do?

7. Go through all the cases in the PowerPoint (if power point is not available you can have participants take turns reading the cases from paper for the group to consider):

- **Case 1** dies before seeking medical care – Not captured by any surveillance system
- **Case 2** goes to the local clinic – is there a nurse or doctor who can diagnose, and is there a functional surveillance system in place, meaning the clinic can report in a timely manner?
- **Case 3** goes straight to pharmacy and buys the medicine he thinks he needs – Not captured by any surveillance system
- **Case 4** goes to see the traditional healer and gets traditional medicine – Not captured by any surveillance system
- **Case 5** goes to the district hospital and is admitted – Captured by the surveillance system – if it is functional - but the doctor has only seen one case, so how can he know they are facing an infectious disease outbreak?

8. Ask the participants: How to fill the surveillance gap?

**Answer:** With CBS and RCRC volunteers

9. Explain the CBS animation:

- The volunteers are trained in recognising health risks/events, report to get response and help to the community, and give first aid themselves The community knows that the volunteer has this knowledge and can offer support, and that they should inform the volunteer when someone in the community gets sick.
  - Who knows about these sick people in the community? The family, the local pharmacist, the community leader, the community healer - basically, the community knows. And as the RCRC, we are part of those local communities, through the volunteer network.
The volunteer investigates the possible health risk/event fits the community definition. This can be done by asking the family members or others who know about the health risk/event. It can be a risk for the volunteers to visit the sick person in home. Instead of asking the person directly, a family member can explain the situation, or the volunteer can call the sick person and ask directly. If the volunteer goes home to the sick person, make sure to keep distance and good hygiene to protect themselves form the possible health risk/event.

- If it matches what the volunteer is supposed to report on, the volunteer sends an SMS.
- The message goes directly to the platform and the volunteer receive a feedback message.
- At the same time the supervisor receives a SMS notification about the report.
- He/she will then cross check the information reported by calling the volunteer.
- If it matches the definition of the reported health risk/event, then he/she will call for a response.

2.5.4 Video: Halting Ebola at the border of DRC and Uganda

1. Show the video “Halting Ebola at the border of DRC and Uganda”.

Note: Please note that a shorter version of the video is saved to the folder “material”

2. After the video: ask the participants if they have any comments to the video.

2.5.5 How to report?

1. Explain to the participants that they will learn how the data collectors will report. All definitions of health risks/events are linked to a number. (show the participants the numbers of the health risks/events the they will report on).
2. Explain why we use coded SMS:

- For Nyss to be able to understand what is being reported - nyss cannot read text
- To make it easy to report without having to know how to read and write

Explain the table:

<table>
<thead>
<tr>
<th>Health risk/event</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 = Acute diarrhoeal disease</td>
<td>1 = Male</td>
<td>1 = 0 – 4 years old</td>
</tr>
<tr>
<td>13 = Unusual event</td>
<td>2 = Female</td>
<td>2 = 5 years or older</td>
</tr>
</tbody>
</table>

2.5.6 Activity: Practice the meaning of the numbers

1. Test the participants understanding of the numbers by writing different numbers on a blackboard/flip chart they need to interpret (for instance: 2#1#2, 13#2#2, 2#2#1).

2. Ask them to discuss the different numbers with the person next to them.

3. When you feel the participants understand the meaning of the numbers, present some cases to them, that they need to write in numbers (see the PowerPoint for examples).

4. Go through some examples all together.

5. Write some examples that’s in a wrong format, for instance 3+2+1 or 211 and ask them if they can identify something wrong with the numbers?

6. Present also some examples of health risks/events (from the document “health risk/event examples”) that the participants should not report, and discuss what kind of actions the volunteers can do to these?
Explain to the participants that they are registered in Nyss with the phone number he/she has received, so Nyss will only see the messages sent from that phone number. Nyss will also only see the messages that are reporting on the health risks/events they are supposed to report on, and the reports that are written in the correct format.

2.5.7 Single or aggregated reporting:

Single reporting:

1. A single report consists of three numbers. These numbers represent different information and are divided by a #.

   • 1st number: health risk
   • 2nd number: sex
   • 3rd number: age
2.5.8 Aggregated reports

1. Explain what aggregated reports is:

2. Aggregated reports are an opportunity to send one SMS with the summary of all people/animals/events you have seen in one day for one health risk/event. If the volunteers should send single or aggregated reports is decided from the beginning and can then be changed if the situation change. This is then decided by the supervisor together with the manager and the data collector might need a refresher training. The aggregated report is sent by the end of the day, with all registered cases in one SMS. When the volunteers report using aggregated reports, they need to write down the cases they see during the day. Here is the form they can use for this:

<table>
<thead>
<tr>
<th>Nr</th>
<th>Health risk/event</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0 to 4 years</td>
<td>5 years and older</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Divide the participants in small groups.

4. Explain the aggregated report table, and that the coded SMS when it is aggregated report looks like this: health risk#number of male four or younger five#number of male over five#number of female four or younger#female five or older. Example: 5#2#4#4#6.

5. Give out a lot of cases to each group

6. Let them use the form to register the cases and ask them to send one aggregated report to Nyss.
2.5.9 **Unusual event**

**Note:** Include this only if the volunteers will report on “Unusual events”

1. Explain that sometimes the data collectors observe things that may not match the definition of the health risk/event but should be reported. In these cases, the volunteers can report the event as an “Unusual event”

2. Present the definition of health risk/event: Anything happening in the community that is unusual and seem to pose risk or causing concern in the community.

3. Ask the participants what kind of event that can be in their community?

4. Use the findings in VCA assessment done in session 4, to look at different events that might be an unusual event in their community.

2.5.10 **Activity report /zero report**

- Explain that Activity report/zero report is used to know if the data collectors are active

- If no reports are sent by a data collector, the sends a SMS with ‘activity report’ or “zero report” to notify the supervisor that there have been no health risks/events to report this week/day. **Present to the data collectors the option chosen for this project.**

- CBS Supervisor knows that Volunteers are active in the community, but has not seen any health risks/events this week

- Explain how you send the activity report: SMS with only number “98” or “99” (depending of it zero- or activity report is chosen). The SMS is written with only one number, no hash.
2.5.11 Role play: Report to the system

Use this time to make sure all the participants have the possibility to report and that it works in Nyss. If it does not work, this need to be fixed before training day number 2. It will be more time to practice reporting on day two.

1. Divide the participant in groups of four and four.

2. Distribute some examples (from the document “Health risks and events examples”) to every participant. This should be the examples they are supposed to report on as this is what is registered in Nyss.

3. Let one of the participants in every group play out a case.

4. Another participant will be the volunteer practicing how to ask the ill person about how s/he feels, and that they should find out if the ill person meet the definition of the health risk/event.

5. The two others will observe and give feedback.

**Note:** When giving feedback it is good to start with what the person did right, and then mention points that could be improved, and why/how to

6. All the participants should try to report to Nyss if they “find” someone with signs and symptoms that match the health risk/event definition.
2.6 Day 1 – Session 6: Recap of the day

2.6.1 Introduction

Sum up what you have done today. Add information as you see fit, based on the experience from the day.

2.6.2 Objectives.

Present the objective for the session:

- Repeat key learning points of the day, so the participants get a repetition before they go home for the day.

2.6.3 Lessons learned

1. Ask the participants to talk to the person next to them. Answering the question: What have you learned today?
2. After some minutes, invite the participants to sum up the day together.

2.6.4 Feedback from the participants

1. Ask the participants about feedback on the sessions, both what they liked and what could have been done differently.

2.6.5 End day 1

1. Before ending the day, find a group of approximately 5 people who will be responsible for facilitate a recap activity about day 1 in the morning on day 2. Encourage them to prepare an activity, not just listing up what they have learned.
2. Repeat the time the training start on day two.
3. Thank the participants for the day, and their contribution in the training, before you finish day 1.
2.7 Day 2 – Session 7: Welcome

2.7.1 Welcome and recap

Welcome all the participants back to the training and thank them for coming to day two of the training.

2.7.2 Agenda

1. Go through the agenda for day two.

2.7.3 Recap from yesterday

- Ask the group that was responsible for the recap, to do their activity with the rest of the participants.
2.8 Day 2 – Session 9: Data Collection and protection

2.8.1 Introduction

Introduce the theme of the session for a few minutes. Add information as you see fit, based on your reading and/or experience.

2.8.2 Objectives

Start the session with presenting the objectives for the session. By the end of this session, participants will:

- Be able to collect data with sensitivity to respondents
- Have capacity to protect personal information

2.8.3 Discuss the topic

Discuss the topic with the participants, to ensure all have the same understanding on why this topic is important and what it means. Ask them the following questions:

1. What does data collection and protection mean?

   **Answer:** Data collection is what we do when we do surveillance in the community. Asking for information is data collection. Data protection means to protect the data from not being misused or shared in a way that can be used for another purpose than the original reason for collecting the data. When we collect data, we always have the approval to do so, but we only receive the approval for the reasons we present to them. So, if we collect the data to do surveillance of health risk/events we cannot use it for other purposes than explained to the person we collect data from.

2. Why do we learn about data collection and protection?

   **Answer:** Personal data is highly sensitive, and we need to understand and be clear on what we collect, how we do it, and what we do with the data. The community can be sceptic to share information, and you as a volunteer should
take this concern seriously and explain them how we collect and protect the data.

2.8.4 Different ways to collect data

1. Ask the participants: how can we collect data?

2. Write down all the answers on a blackboard or a flip chart.

The list of answers should include:

- Observing the community during usual activities
- Overhearing or discussing matters with community people (e.g. At the marketplace, school, during awareness sessions, at group meetings)
- Someone / a family member calls on the volunteer to visit a sick person
- A community member alerts the volunteer about an unusual event or a concern.

Explain the role of the volunteers between the community and health facilities. If volunteers are trusted, they can use the information they receive/collect to help the community with early detection and early action to a health risk/event.

Discuss the importance of doing CBS together with the communities, and that the communities need to be involved and informed from the beginning in regards to what CBS and Nyss is and why it should be done in their community. Work with the community members to decide how to collect information, report and receive response.

Discuss how they can involve the community members from the beginning?

2.8.5 Why communication matters

1. Ask the participants why they think good communication is important?

2. Write down the answers on a flip chart.
Suggested answers:

- Information can save lives
- More effective and efficient programs
- Changing peoples’ behaviours
- Communication is a mark of respect and builds trust with communities
- Recognizing the community as experts
- Dispelling rumours
- Solving problems
- Communication happens with or without us

2.8.6 Roleplay: How to present you as a volunteer, and meet with the sick person/surroundings

1. Explain to the participants that the volunteers need to present themselves in a good manner, to build trust with the community members. It is several ways to do that, and you will now practice how to do it in a good manner.

2. Do a role play with one of the participants, where you are the volunteer.

3. Present yourself, including these steps:

   - Introduce yourself and who you are. What the Red Cross is and your role.
   - Identify who is the sick person or animal.
   - Identify a family member / involved person who can give you more information about the sick person or animal.
   - If it is safe, visit the sick person. Be accompanied by a family member who can assist with the discussion, and able to care for the sick person.
   - You may want to call on another RCRC Volunteer or CHW to accompany you.

4. After the role play, ask the participants what you did, and why they think you did it that way?

5. Write down the answers on a blackboard or a flip chart.
6. Ask the volunteers to go together in pairs, practicing how they will introduce themselves for approximately 5 minutes.

2.8.7 Activity: Communication

1. Explain that participants will now take part in a game to decide which characteristics belong to a good communicator and which belong to a bad communicator

2. Give all participants at least one characteristic on a piece of paper (to be found in the folder “materials” under “session 9 data collection and protection”)

3. In the room, there will be two flip chart sheets. On one will be written ‘A Good Communicator…’ and on the other ‘A Bad Communicator…’

4. Ask participants to decide where their characteristic should be and stick it on the correct flip chart sheet

5. After everyone has stuck their characteristic on a flip chart, ask everyone to review and say if they disagree with where any of the characteristics have been stuck and if so why

6. Some specific characteristics to discuss include…

   - **Body language:** What kind of body language should we use? (Look at people when they speak and maintain eye contact. If they are sitting down, then you should sit down too. Don’t point at people)

   - **Listening well:** How important is to listen to what people say? Can we read between the lines? Can we assume we know what people are going to say before they speak? How frustrated do you feel when you are talking to someone and it feels like they aren’t really listening to you?

   - **Language:** Which language should we use? Is it better to use the correct term for something or language people will understand?

   - **Honest:** Should you always be honest? Is it ever ok to lie to a community? When?
• **Explaining things clearly**: Think of a time when someone has explained something very complicated to you and you understood well – how did they do this? What type of language did they use?

• **Listening and answering to questions**: how important is it to answer people’s questions when they ask them? What if you don’t know the answer? Should you make one up? What if it is a stupid question – how would you handle it?

• **Temper**: is it ever ok to shout at the community?

• **Laughing**: When is it ok to use humour and laugh with people? Laugh at people?

• **Talking**: How much should you talk…and when should you let the community talk?

• **Adaptable**: What if the community ask for something different? Can you be responsive to what they are saying? How important is it to be flexible? What if the community don’t understand what you are saying?

• **Respect**: How important is it to show respect to people?

7. **Wrap-Up**: Ask if people have any other characteristics to add to the good and bad flip chart.

**2.8.8 Information and agreement**

1. Go through the list of points with the participants and let them help you explain the different points.

List of information the sick person must receive before you collect the data:

- What information you are recording.
- How the information will be used.
- Confidential, that you will not identify the person to any others than health personnel that come to help.
- Ask if they have any questions.
- Confirm that the person is ok with this information.
2. **Discuss this case with the participants:** You are RCRC volunteer and are attending a community meeting held by Red Cross volunteers about safe water and sanitation. After the meeting one of the participants ask if you can look after her sick neighbour. You say yes, and she shows you the way. When talking to the sick person do you identify that he meets the definition of the health risk/event you have learned to report on. You present yourself and explain the case. He doesn’t want you to send the SMS report to Nyss. What do you do?

**Suggested answer:**

- The volunteer can call the supervisor to discuss the case
- Try to explain the sick person why it is important
- Make sure before starting to report, that the community know about the reporting.

2.8.9 **Surroundings**

1. Explain to the participants that the surroundings are important when talking to an informant. This is because the information shared can be sensitive, and it is better to receive this information in a quiet place without interruption:

- Be aware of your surroundings when receiving information
- Be in a quiet, private place when talking to an informant about an alert.
- Speak quietly
- Seek support from the CBS Supervisor and other CBS Volunteers, but do not discuss the alert with general people.
- Never record the name of the sick person, or their exact household location.

2. Ask the participant what it means for the community that the volunteers do CBS?

**Answer:** if a report is part of an alert, the volunteer data collector will be called by the supervisor to cross check the report to see if its matched community
definition. They may also be asked to accompany RCRC staff and MoH to investigate and verify a potential case. As CBS is an early warning system to ensure a response, a response by MoH or a health facility is necessary. Thus, it is important that the community has been involved in planning CBS and that they have agreed to do CBS; give information and receive response. However, it is important that they know that their name or address will not be sent in an SMS and if someone is coming to see them, it will be through the data collector or the supervisor.
2.8.10 Activity: Practice introduction to a community

Now it is time to practice! The objective for this activity is for the volunteers to get used to present themselves and inform the sick person/community members about their role, reporting and sharing important information.

1. Give the participants these instructions:
   - Move around the room and find a partner
   - **Practice** - Introduce yourself to the community informant – use what you have learned in this session. Pretend that the person you presenting to, meet the definition of health risk/event and practice how to explain what the person should do, that the volunteer wants to report it, and what may happen when it is reported.

2. After some time (10-15 minutes), let the group discuss how it was to practice? What was difficult?
2.9 Day 2 – Session 9: Disease control actions in epidemics

Note: This session will be an active session, with different stations where the participants can learn and practice the relevant actions and how to teach them to others.

2.9.1 Introduction

To be able to prevent diseases, volunteers need to know which actions that can help the community to prevent the disease spread in the community. In this session you will learn how to do the relevant actions, and how to teach it to others.

2.9.2 Objectives

Start the session with presenting the objectives for the session. By the end of this session, participants will:

- Know how to do relevant actions in a good way.
- Manage to teach the knowledge to others.

2.9.3 Activity: Practice relevant actions

Choose the relevant actions for the health risk/event for the training and make stations for all the different actions. You find all the actions under session 5, day 1 in both this manual and in the PowerPoint “Tov, day 1, Session 5 – Definitions of health risks/events”.

Note: This session can be done in many ways, and the below activity is only a suggestion. What is important is that the volunteers get knowledge in the required actions to the health risk, and that they practice teaching it to others.
Before the activity: Prepare together with some of the participants, so they can help you during the training. Consider discussing this the day or evening before. Their role will be to explain the action for the first round of the activity and give feedback on how the participants do the action.

1. Divide the participants into the different stations.

2. Explain the action to the group and let the participants try to do it. Give them feedback on how they do it.

3. After 10 minutes, let half of the group go to next station, while the other half stay at the same station.

4. The volunteers that practiced the station last round, will be the ones explaining it to the other half.

5. Continue to all have both explained and practiced all the stations.

6. After the activity, let the participants comment the activity. Was it difficult? Did they learn something new? How was it to teach the activity to others? Why do we practice like this?

Note:

The ones that goes from a station second round will not do the explaining of the last station but have two rounds of practicing. This round it can be possible that all try to explain the action to each other.

Let the volunteers use ECV action tools to practice the technique

In the agenda you have 1 hour and 30 minutes for this session. It is important that you plan the session with the timeframe in mind. Do adjustment so it fits to the size of the group and the time you have available.
2.10 Day 2 – Session 10: Nyss

2.10.1 Introduction

In this session will the participants learn more about the system the reports are sent to – Nyss.

2.10.2 Objectives

Start the session with presenting the objectives for the session. By the end of this session, participants will:

- Understand what happens after a report is sent
- Understand the role of a supervisor

2.10.3 Show Nyss to the participant:

1. Start the session with showing Nyss on a big screen.

2. Go through the details of their project. How many data collectors, where are they, how many supervisors etc. For the volunteers get an overview of the project.

3. Send one report to Nyss, so the participants can see the SMS be registered in the system.

4. Explain that when the participants send a message to Nyss, the message shows up on the computer/tablet/phone. It is not a person they send the SMS to. When sending the SMS correctly will the volunteer receive a feedback message.

5. Show on the screen one of the volunteers registered in Nyss. Emphasize that the volunteer needs to send the report from her/his phone, because it is registered. Show the volunteer-profile “edit data collector” in the platform, so they can see how it is registered in Nyss.

6. Explain what happens after the report is sent to Nyss. The supervisor can get an “alert” when the amount of report reaches a threshold of cases. Then the
supervisor needs to cross-check the alert, to double-check the information. The supervisor will then call the volunteer that reported the case and ask some questions about the case and the situation. If it is something to report to the Ministry of Health (MoH) or others in the organization, the supervisor will do that. The MoH can ask to go with the volunteer to the sick person to see the person themselves.

7. The supervisor will call if the numbers of reports meet the threshold for that health risk/event. Sometimes it is only 1, and sometimes more.

8. Repeat: the volunteers will do first aid and home care to the sick person and give relevant information to the household.

9. Talk to the participants about the performance of the volunteers. It doesn’t mean you are a better volunteer if you send a lot of reports. The important is to send the report when it is a case that meet the definition of health risk/event and if there have been no cases, to remember to send activity report.

10. Make sure it is clear on “why this matter” explain the big picture with some (fake) examples from other implementations.

2.10.4 Role play: The CBS loop

1. Let some of the participants play out the whole chain from the volunteer identify a sick person who meet the Health risk/event definition, to the supervisor’s reaction and further on. This can depend from context to context, so the role play needs to be adapted to the situation.
2.11 Day 2 – Session 11: Practice

Now is the time to practice all what the participants have learned during the two days. This session can change, depending on the context and the possibility to practice in the community. The important is that the volunteers can try out what they have learned and have some time to reflect on it.

2.11.1 Introduction

It is now time to practice what the participants have learned during the training.

2.11.2 Objectives

Start the session with presenting the objectives for the session. By the end of this session, participants will:

- Capacity to operationalize correct CBS reporting and first aid.

2.11.3 Summarize key learning points

1. Ask the participants what they have learned during the training and write the answers on a blackboard or flip chart. Use the animation on the Power Point if you find it useful. Change the text so it fits to your training.

2.11.4 Activity: Practice in the community or through simulation

After repeated key learning points, present the activity:

1. Go together two and two

2. We divide the group into different areas of the community

3. Try to use what you have learned to make an assessment:

   - Present yourself and explain what Red Cross is, and your role.
- Explain the situation, and that you are doing Community Based Surveillance, to early detect an outbreak.
- Ask if someone is sick in the household?
- Evaluate if this is a case that should be reported?
- Report/or not
- Explain the household/persons about how to prevent a disease from spreading (handwashing, safe water, good sanitation, breastfeeding vaccination, ORS++). You can use the ECV tools as a guide.

7. Come back to the training: [15.30] for evaluation.

**Note:** If the participants need more time to practice how to communicate with the community, let them practice in the classroom, before going out.
2.12 Day 2 – Session 12: Recap

2.12.1 Introduction

Introduce the theme of the session for a couple minutes. Add information as you see fit, based on your reading and/or experience.

2.12.2 Objectives

Start the session with presenting the objectives for the session. By the end of this session, participants will:

- Summarize key learning points of the training
- Receive feedback on the training
- Have information on the way forward

2.12.3 Feedback and way forward

1. Ask the participants if they have any final questions?

2. Make sure to tell them that they can come to you with questions after the training if they have.

3. Ask the participants to say two things they liked about the training and two things that could be improved.

4. Inform the participants about the time and place for the next activity for the volunteers.
3 Recommended reading


4 List of figures

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5 Annexes

5.1 Ensuring best practices for a successful training

5.1.1 Teaching approach

The training will be conducted based on a practical approach. The aim is that the facilitator spends less time demonstrating in front of the classroom and more time observing and guiding the participants on necessary skills, allowing them to practice through activities and role-play exercise. The following best practices can be useful when facilitators are training RCRC volunteers;

In general adults will learn better in an environment where:

1. They feel at ease to ask questions and make mistakes without fear of feeling humiliated or mocked.
2. They can immediately practice what they have learned.
3. Have the space and time to make mistakes and correct them by themselves or with the help of others.
4. Have repeated opportunities to showcase back to the facilitator the rest of the class what they have learned.

When asking questions, facilitating a discussion or letting participant present, strive to:

5. Ask your participants what they already know about a given subject, by asking open-ended questions. Let other participants provide feedback and corrections. Only afterwards intervene to reinforce the correct information and correct any misleading information.
6. Ensure engagement and participation, it's important to acknowledge participants when contributing with a comment/question, even if the comment is incorrect. Do, however, clarify wrong information, but address the entire group and not only the person who shared the wrong information.
7. Let the group try and solve it by themselves first (either individually, in small groups or as a whole). Finding solutions on their own will help them gain confidence and memorize key learning points.
When preparing to present, be aware of your teaching style and deliverance methods, strive to:

8. In order to speak freely and engaging, memorize key take-aways prior to the session or activity. Look at the participants as you give the information. Even if you read the information, aim to get eye contact so that people do not feel ignored.

9. Show enthusiasm and passion about the learning subject.

10. After an important learning point, pause for a moment to let the participants think about it. Watch people to see if they look confused. If they look confused, stop and ask if they have any questions. Clarify any points, using different words.

11. Build the participants’ confidence by telling them that in terms of knowing their own communities, they are the “experts” and they need to share their expert knowledge with you and each other.

12. Tell stories, as its easier to remember than bullet points of information. If you can present important information through stories, do so. You can, for example, share interesting cases from your own work with CBS, ensuring there is a “lesson learned” inside the story. You can use stories to illustrate common problems faced during a CBS operation, for instance. Keep your stories short and to the point.

5.1.2 Teaching environment

Ensure a suitable space to conduct the training. It can be useful to design seating arrangements so that participants can make eye contact with each other and so that you can easily facilitate group conversation. Make sure that participants are comfortable. Ensure that demonstrations can be seen by all. Try to avoid having lines of chairs or long tables. The preference would be for small tables for four to six people, or a u-shaped formation.
### 5.2 Annex 2 Activity: Vulnerability to diseases

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<td>Single parents and widows</td>
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<td>People living on the streets</td>
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5.3 Annex 3 The infection cycle
5.4 Annex 4 One health
### 5.5 Annex 5 Aggregated report list

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