Conducting an Assessment for Community-based surveillance (CBS)

Updated July 2020
Review: The RCRC CBS Approach
CBS Compared with other surveillance strategies
CBS = Trained volunteers detect and report on health risks and events in their community

Contact tracing = Officials, VHWs or CHWs identify and follow up persons who may have been in contact with someone sick

Reporting Hotline = Communication network allowing community members to call and report if they believe COVID-19 is an issue in their community and provide information on symptoms for follow-up

Active case finding = Epidemiologists or CHWs systematically search and screen within target groups or locations
A Foundation of Community Health & CBS

CBS in Emergencies
Mobilize surveillance & support response

Preparedness CBS
Passive CBS & reporting. Collaboration with stakeholders and readiness to respond

Community Health Promotion & Risk Reduction
Health education and awareness, disease prevention and control practices
Integrating with other systems

• CBS is designed to become part of the existing surveillance system (MoH have this responsibility potentially though DHIS2)

• This means CBS is not a separate system, rather it gives us a bigger picture as community information becomes part of the whole surveillance and referral system
Importance of pairing CBS with Epidemic Actions & Communication
Suggested Training Package

Community-based Surveillance (CBS) + Epidemic actions

Volunteer skills to identify and report alerts and to provide communities with immediate care and response actions

- Community-Based Surveillance (CBS)
- Epidemic actions: mobilisation campaigns, hygiene and sanitation (WASH), psychosocial first aid
- Communicating with communities – rumour management, giving information, receiving community feedback (CEA & eCBHFA)
It is important to always link CBS with a response

- Referrals
- Appropriate links to Health Officials
- Appropriate risk communication and community engagement activities
- Appropriate epidemic control for volunteer activities

ECV Toolkit Online: https://ifrcgo.org/ecv-toolkit/
Volunteers report any information to their RC supervisor who report to their MoH Colleague. They then follow up and investigate to determine the appropriate response.
Why do a CBS Assessment?

- CBS may, or may not be the right approach in all contexts
- To identify existing surveillance systems and potential gaps
- Where CBS is a good match, feasibility must be assessed
- To identify strengths and capacity of National Society to conduct CBS & identify where support may be needed
Where to find information?

- Review of existing documents (JEE, MoH, RCRC, other partners)
- Ministry (national, district, and local)
- National Society (HQ, branch, volunteers)
- Community level (CHVs, community leaders, groups)
- Others working in CBS/EBS (WHO, NGOs, CDC,...)
CBS Assessment Questions & Process

1. Is CBS needed/justified?
2. How would CBS fit into surveillance landscape?
3. Is CBS feasible?
4. Clear recommendations
5. CBS decision (yes or no)
Assessment Process

1. Define Objectives
2. Define sources & Document Review
3. Interviews at central level & MoH
4. Community visits & Interviews at Community level
Key objectives

Is there a need for CBS?

• Is there a gap in the existing surveillance system?
• What are the key public health challenges (diseases of interest, high-risk public health emergencies)
• Would CBS be appropriate strategy to fill gaps detected?
• Would the information collected by CBS help to adapt the response?
Key objectives

If there is a need, is the National Society the appropriate partner in the current context?

- Is CBS already being implemented by other partners or MoH?
- Are there areas of the country where RC NS can provide added value (hard to reach, not covered, low facility care seeking behaviour etc.)
- How can RC CBS fit into the surveillance landscape?
- What existing partnerships already exist?
Key objectives

Is it feasible for the National Society to implement a CBS project based on its capacity?

- What size of project would be feasible to implement?
- Do you have the necessary human and material resources?
- Identify benefits, challenges, and risks of CBS implementation?
- Are country health authorities and partners open to collaborating with RCRC?
Key objectives

Assess potential modality, structure, health risks and locations for CBS

- Recommended size and geographical areas
- How to integrate/articulate into current surveillance landscape (MoH system)
- Recommended diseases
- Recommended data collection tool(s) and data flow
- Recommended data analysis and reporting
- Suggestions for key monitoring indicators
CBS Assessment

- Is CBS needed/justified?
- Is it feasible?
- How does it fit into surveillance landscape?
- Clear recommendations

CBS Assessment Report
Key implementation sites

- Epidemic outbreak areas
- No partners
- RC presence
Has a gap in existing surveillance systems already been identified?
• What surveillance systems already exist?
• What support would your National Society need to begin CBS (volunteer training? Technical support?)?
• What opportunities do you identify for CBS?

Discussion: Examples from your National Society and Country
Template and Decision-making tables
<table>
<thead>
<tr>
<th><strong>Objectives</strong></th>
<th>Yes/Feasible</th>
<th>Possible, but challenging</th>
<th>No/Unfeasible</th>
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<tbody>
<tr>
<td><strong>Need/ Relevance of CBS</strong></td>
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<td>Is there a gap in surveillance, would CBS be useful to fill this gap?</td>
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<td>Is there a risk of localized or community transmission of COVID-19?</td>
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<td><strong>Mandate and Capacity of the National Society</strong></td>
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<tr>
<td>If CBS is relevant, is RCRC best positioned to fill that gap?</td>
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<tr>
<td><strong>Feasibility of CBS</strong></td>
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<tr>
<td>Given the financial, human resource and training is CBS feasible?</td>
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<td>What Technical support will be needed?</td>
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<td><strong>Collaboration &amp; Partnerships with MoH/ MoA/ others</strong></td>
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<tr>
<td>Any existing community based surveillance structures from MoH or other actors?</td>
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<td>Is the MoH supportive of RC implementing CBS?</td>
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<td>Does the National Health system have the capacity to respond to alerts?</td>
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<tr>
<td><strong>Modality, data collection structure &amp; Health Risks</strong></td>
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<tr>
<td>Have considerations been made on the modality and feasibility of data flow?</td>
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<td>Will the response match the health risks/events identified?</td>
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</table>
Assessment Conclusion & Summary

• Is CBS
  1. Recommended?
  2. Recommended with considerations?
  3. Not recommended (include rational)?

• Provide recommendations on
  1. Key CBS systems and features (next slide)
  2. Suggested locations (map)
  3. Further assessments or information needed
  4. Next steps

• Include an annex with people interviewed, documents referenced, etc.
<table>
<thead>
<tr>
<th>WHAT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection Structure</td>
<td>How do you plan to collect data at volunteer level e.g. paper-based, SMS, phone calls, etc.?</td>
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<tr>
<td></td>
<td>How will data be forwarded from supervisors to branch, to National Society HQ, to Ministry?</td>
</tr>
<tr>
<td>Data flow</td>
<td>Briefly describe suggested data flow from community members to volunteers, to supervisors and from supervisors forward to the branch and National Society HQ/health facilities, MoH and other actors. (Adding a figure below may also be useful.)</td>
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<tr>
<td>Response Flow</td>
<td>Briefly describe the response process that is suggested with a health risk/event at the supervisor and officer level.</td>
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<td></td>
<td>(Adding a figure below may also be useful).</td>
</tr>
<tr>
<td>Collaborations</td>
<td>Please include the different actors suggested to be involved (MoH, MoA, NGOs, etc.) in the surveillance system, the level at which their involvement would take place and their role.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Please describe the suggested frequency of data collection and reporting.</td>
</tr>
<tr>
<td>Data protection</td>
<td>What measures should be put in place to protect personal data at each level?</td>
</tr>
<tr>
<td>Key Performance Indicators</td>
<td>Please list key performance indicators suggested for the CBS project.</td>
</tr>
</tbody>
</table>
Additional Resources available in the Assessment tool

**Table 13. Conversation guide with Ministry of Health (nongovernmental organizations)**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health risks and surveillance systems</td>
<td>What are the prioritized health risks in your district?</td>
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<td>Can you describe reporting through the surveillance system?</td>
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<td>o IDS?</td>
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<td></td>
<td>o Use of DHIS2 or other digital HIS?</td>
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<td></td>
<td>o Data collection? (at which levels, tools, etc.)</td>
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<td></td>
<td>o Reporting lines?</td>
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<td></td>
<td>o Any documents or training materials available?</td>
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<td></td>
<td>o Data flow and response?</td>
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<td></td>
<td>o Laboratory capacity?</td>
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<td></td>
<td>How are catchment areas for clinics decided? (e.g., everyone should live within 15 kilometres from a health facility?)</td>
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<tr>
<td></td>
<td>Can you describe how the data collected are used? (analysed, shared lines) (any reports to see?)</td>
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<td></td>
<td>How timely and complete is the reporting?</td>
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<tr>
<td></td>
<td>How timely do you plan (start) your surveillance activities?</td>
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<td></td>
<td>Do you have an M&amp;E plan?</td>
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<td></td>
<td>Has there been any feedback and support given to the Ministry of Health?</td>
</tr>
</tbody>
</table>

**5.3 District level interviews**

**Table 15. Conversation guide with National Society (branch)**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure and activities</td>
<td>What is the structure of the branch? Staff, volunteers - roles and responsibilities in public health project officer?</td>
</tr>
<tr>
<td></td>
<td>With which (health) projects has the branch been involved or is currently involved?</td>
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<tr>
<td></td>
<td>Can you describe the activities and work of the volunteers? (activities, how much work, work area, geographical area, incentives, training)</td>
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<td></td>
<td>How do you monitor the activities? (area, transportation, capacity, data collection)</td>
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<tr>
<td></td>
<td>How do the volunteers report on their activities? (data collection and analysis)</td>
</tr>
<tr>
<td></td>
<td>How are the data being used by the branch? (for further use, management, decision-making etc.)</td>
</tr>
<tr>
<td></td>
<td>Inform why you are there and what CBS is briefly (show illustration)</td>
</tr>
</tbody>
</table>
Step 1: Conduct assessment for CBS in your country
Include partners, remote support available
Step 2: Develop a National protocol
What does protocol development include?

✔ Project background
✔ Project structure
✔ Roles and responsibilities
✔ Data collection and management
✔ Preparedness CBS implementation
✔ Mobilization of emergency CBS
✔ Activity plan
✔ M&E, and reporting
CBS reporting methods

**Nyss**
- Report via SMS
  - Reports are automatically integrated to platform
  - Automatic analysis
  - Automatic alert
  - Automatic access to MoH

**Kobo**
- Alerts via SMS or USSD
  - Supervisor feeds alerts to Kobo during check
  - Automatic analysis
  - Automatic alerts
  - Manual access to MoH

**Paper**
- Report via paper forms
  - Supervisor manually records alerts in register
  - Manual analysis
  - Manual alerts
  - Manual access to MoH
Additional Considerations: Human resources

- **Community volunteers** – may be RCRC existing volunteers, CHWs, or new recruits
- **CBS supervisors** – usually an existing volunteer from the closest branch (ideally already trained in ECV).
- **Health Officer/Manager** from closest NS branch – coordinates the information that goes to the MoH (should be ECV and CBS trained)
When CBS is not the answer

This doesn’t mean early detection and early action programming isn’t possible!

Other options include:

• ECV and epidemic preparedness programming with the addition of CCDs and referrals to MoH
• Focused programming on early actions that can be taken at community level
• Advocacy and dialogue with partners in case the situation changes
**Online Tools and Resources**

- IFRC community-based surveillance guiding principles
- IFRC community-based surveillance Assessment Tool
- IFRC community-based surveillance Protocol Template
- IFRC community-based surveillance for COVID-19 Guidance
- Training Materials for ToV and ToTs
- Red Cross Red Crescent Nyss platform for CBS
- COVID-19 Health Help Desk FAQs for CBS

**Upcoming:**
- Playlist of online training resources
- M&E Framework for CBS

[https://www.cbsrc.org](https://www.cbsrc.org)
Discussion:
Questions?
Challenges?
Opportunities?
Questions?
Visit www.cbsrc.org