Training of Trainers Guide on
Community-Based Disease Surveillance

Revised: April 2020

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1. Introduction to the training guide

1.1 Intended participants for the Community Based Surveillance (CBS) training**:** relevant organization or person with a supervisory role in a defined catchment area who may play a critical role in implementing the integrated community-based surveillance at the community level. The number of participants per training should be representative of the catchment area but a class should not exceed 20 trainees.

1.2 Training Methodology**:** The CBS training is packaged and designed to be completed in three to four days. Principal facilitators mainly will be CBS implementing partners technical staff. However, to strengthen the training or support specific themes, other facilitators or resource persons such as officials from the World Health Organization, UNICEF, MoH and implementing partners may be invited to complement certain sessions.

1.3 Presentation and lecture**:** Presentations or lectures to introduce topics will be given with the aid of a range of materials and aids including audio-visuals. Sessions should be as interactive as possible. The sequence of the topics is structured to flow with developments in the classroom. The objectives of the presentations and lectures are to transfer and share knowledge.

1.3.1 Discussions**:** Participant discussion is an important part of CBS training, which requires participatory learning. The facilitator will generate a discussion to achieve the desired outcome by:

- Making clear to the participants the topic and reason for the discussion
- Initiating the discussion and stimulating the participants to be actively involved in the process
- Maintaining the focus of the discussion on the subject matter or relevant issues
- Drawing on the relevant experience of the participants
- Managing time and keeping the discussion on track and according to the plan
- Encouraging effective participation of all participants
- Listing the ideas coming out of the discussion on the flipchart or board for reference

1.3.2 Group work**:** In certain sessions, the participants will go into groups for discussion. They will be asked to examine the issues in light of their own situation and to apply what they have learned to real situations. Group work will help to improve the analytical skills of the trainees and bring out new ideas. The principal and supporting facilitators will serve as resource persons and keep an eye on the smooth working of the groups. After each group work session, representatives from the groups will present the outcomes from the discussions to the rest of the participants.

1.3.3. Brainstorming**:** The facilitator will use brainstorming for a specific idea and facilitate exploration of innovative thoughts. He or she will stimulate the participants to bring out new ideas and will help to maintain their quality. All the ideas will be written on a flipchart and then

streamlined to generate an orderly summary. This method is crucial in developing the imagination of the trainees and analyzing their explanations and interpretation of content of the training.

1.3.4 Case studies**:** Suspected cases from three case studies on Acute Watery Diarrhoea (Cholera), Viral haemorrhagic fever (VHF) (Ebola), COVID-19, and two conditions targeted for elimination and eradication i.e. measles and polio, respectively. These conditions will be presented for discussion and generation of diverse interpretations in groups, which will then be considered by the whole group and a collective conclusion reached. This helps in learning to work as a team for real situations.

1.4 Reading material**:** Each participant will receive relevant handouts for the case studies for use during the appropriate classroom discussion.

1.5 Practical exercises**:** Participants will be involved in practical sessions to apply the knowledge gained during the training. The practical exercises may be carried out individually or in groups depending on the local factors. The facilitator will explain what the trainees need to do, how to do it and what will be expected from them after the exercise.

1.6 Logistics and supplies

1.6.1 Training space setup: Five to six tables with a seating capacity of six participants per table is recommended. This will facilitate group work and discussions in the plenary sessions. The facilitator(s) also will be able to move around the tables easily to access the trainees.

1.6.2. Supplies for 25-30 participants

- Name tags and holders
- Writing pens and note pads
- Copies of the community case definitions for COVID-19, Acute Flaccid Paralysis, Ebola Virus Disease and Measles
- Copies of the reporting forms

1.6.3 Supplies for principal facilitator

- Flipcharts and markers
- Laptop computer and LCD projector to project slides

2. Day 1: Module 1 Introduction to the training and an overview to CBS

2.1 Session 1: Introduction to the training

This session will introduce and orient the participants to the structure and content of the 4-daysTraining of Trainers and allow participants and the trainer to share ideas about their expectations of what the training will and should achieve.

Participant Registration: Before starting the session make sure, all participants are registered. Name, designation, location, contact address, signature must be included for the records.

Introduction and training expectation: The facilitator(s) should introduce themselves and provide an overview of how the training shall be organized. The following issues should be addressed: Logistics, including hours, break times, lunch time, and arrangement of the facility. A description of the scope of the training and its purpose.

The facilitator should request that the participants introduce themselves. Facilitators should recommend that introductions include the following: Name, organization, location and one expectation from the training. The facilitator should ask a participant to write expectations on a flipchart to be discussed at the end of the training to see if all expectations were met. Do not discourage and keep writing participants' expressed expectations on the flipchart. Revisit by the end of the training.

Pre-test: At the beginning of the training, all trainees should undergo a pre-test that will be delivered by the facilitator immediately after all participants have introduced themselves and finalized with training expectations. The pre-test is not expected to last for a period of more than 20 minutes.

Group photo: Facilitators, guests and participants should gather immediately after the pre-test is completed for a class photograph.

Establishing ground rules: The facilitator should introduce the concept of ground rules (this will probably be very familiar to all participants) and encourage the group to talk about what rules the group would like to establish. The facilitator might want to start the group off with an example, such as arriving at the training on time. As the group decides on their ground rules, the facilitator will list them on a piece of flip chart paper. When the rules are complete, the facilitator should post them somewhere in the room for future reference.

2.1.1 Training Objectives: CBS training of trainers should enable the trainees to:

- Understand the concept of CBS in the context of Integrated Disease Surveillance in South Sudan
- Understand the roles and responsibilities of the different CBS networks
- Understand the basics of disease detection and reporting

- Understand their roles in community mobilization and advocacy with regard to CBS
- Evaluate and improve the quality of CBS
- Understand their roles in grants and field financial management

2.1.2 Introduction to Community Based Surveillance

*2.1.2.1 What is surveillance***?** Surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Such surveillance can:

- Serve as an early warning system for impending public health emergencies
- Document the impact of an intervention, or track progress towards specified goals

- Monitor and clarify the epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies

2.1.2.2. What is Community Based Surveillance? CBS is an active process of community participation in detecting, reporting, responding to and monitoring health events in the community. Communities are always the first to know when something is wrong. CBS provides a structure to communicate suspicious or unusual events when they first occur.

2.1.2.3. The scope of CBS

- Systematic, ongoing collection of data on events and diseases.
- Using simplified case definitions and forms
- Reporting suspected cases to project supervisors for verification and to health facilities for investigation and response as necessary

2.1.2.4. Routine functions of CBS

- In the pre-epidemic period, to provide early warning or alerts
- During the epidemic period, to actively detect and respond to cases and deaths
- In post-epidemic period, to monitor progress with disease control activities
- It should also include a process to report rumors and information on unusual public health events in the community

2.1.2.5. Importance of CBS

- Widening the reach of existing national surveillance and response (Integrated Disease Surveillance & Response)
- Filling the gap if no disease surveillance system currently exists in that community
- Sharing real-time information between communities, local healthcare system and project supervisors
- Complementing and strengthening of existing surveillance system
- Empowering the community to monitor their own health risks
- Creating a strong bond between community needs and public health actions
- Improving access for populations that might not access health facilities because of distance, cost or traditional belief

2.2 Session 2: CBS Network Roles & Responsibilities

2.2.1 Roles and responsibilities for community-based surveillance

CBS relies on many people with different roles. The following list describes each role required for CBS.

2.2.1.1 CBS volunteers

The CBS Volunteer is the most critical component in the community surveillance system. The CBS volunteer's role is to provide information on health events in the community to health professionals who can investigate and respond to the event. The CBS volunteers may include Community Mobilizers (CMs), Boma Health Promoters (BHPs), Community Health Workers (CHWs), and Boma Health Workers (BHWs). This group of people can also include community leaders, religious leaders, teachers, and other people who volunteer to participate in CBS.

The specific roles and responsibilities of CBS volunteers are as follows

To reside in the community

- To identify key informants in the community who will provide information on unusual public health events
- To identify suspected disease-related events as they occur in the community
- To report disease-related events to their associated health facility and/or supervisor immediately
- To provide weekly reports of cases or events to their associated health facility and/or supervisor
- To provide sensitization to the community on epidemic-prone disease and events of public health interest.

2.2.1.2 Community Key Informants

Key informants are any local person who, due to their status in the community, are likely to be informed about the occurrence of unusual health events and would be willing to share this information with CBS volunteers on a voluntary basis. They may include religious leaders, traditional healers or birth attendants, village chiefs or headmen, teachers, youth leaders, or other prominent members of the community. The CBS Volunteer will identify and recruit up to 10 of these individuals in their village.

The specific roles and responsibilities of community key informants are as follows:

- To reside in the community
- To receive information from people in the community on public health events
- To immediately report unusual health events to the CBS volunteer

2.2.1.3 Local Leadership

Local leadership can include village chiefs, elected officials, teachers, religious leaders, and other people that hold influence in the community, payam, county, and state. They may or may not also be included

as community key informants. Whether or not local leaders are formally involved in the CBS system, their cooperation and approval is important for CBS to be successful.

The specific roles and responsibilities of local leaders are as follows

- To be aware of and understand CBS
- Possibly to help recruit CBS volunteers and/or key informants for CBS
- Possibly to help with community entry and sensitization for the investigation and response to public health events

2.2.1.4 Health Facilities

Health facilities are the connection between the CBS volunteer and the formal health system. When an outbreak or unusual public health event occurs, the CBS volunteer will immediately report this to the nearest health facility, and the health facility will coordinate the initial investigation to determine if the report represents a true public health threat.

The specific roles and responsibilities of health facilities are as follows:

- To provide guidance and supervision to CBS volunteers
- To receive weekly and immediate reports from CBS volunteers on outbreaks or public health events

  To conduct an initial investigation within 24 hours to verify whether the alert represents a true public health event
- To report true public health events to the MOH surveillance officer in order to activate the rapid response team (RRT)
- To report all cases of disease in the formal South Sudan surveillance system (integrated disease surveillance and response [IDSR])
- To provide feedback to CBS Volunteer on the results of any investigation and response
- Possibly to help with community entry and sensitization for the investigation and response to public health events

2.2.1.5. Partner Community Surveillance Supervisors (PCSS)

In addition to the health facility, the CBS Volunteer may be associated with another organization, such as an international NGO. If this is the case, the CBS volunteer will also have a direct supervisor within that partner organization, known as a partner community surveillance supervisor (PCSS). If there is no nearby health facility, the CBS volunteer will report all outbreaks or public health events directly to their PCSS, who will conduct the initial investigation to verify the alert and will report directly to the health facility.

The specific roles and responsibilities of PCSS are as follows:

- To provide guidance and supervision to CBS volunteers
- To receive weekly and immediate reports from CBS volunteers on outbreaks or public health events

- To report outbreaks or public health events to the designated health facility
- To help health facilities to conduct the initial investigation within 24 hours to verify whether the alert represents a true public health event
- To provide feedback to CBS Volunteer on the results of any investigation and response
- Possibly to help with community entry and sensitization for the investigation and response to public health events

2.2.1.6 Ministry of Health (MOH)

The MOH's primary role is to receive alerts from health facilities that were initiated by CBS volunteers, and to activate a public health response. The MOH will also receive the data from CBS in order to record it for national disease surveillance (IDSR).

The specific roles and responsibilities of MOH Surveillance Officers are as follows:

- To receive alerts from health facilities of outbreaks or unusual public health events in the community
- To activate the rapid response team (RRT) to initiate an investigation and response
- To report public health alerts to the Emergency Operations Center (EOC)
- To receive data from health facilities for national disease surveillance
- To provide feedback to health facilities on results of public health investigation and response

2.2.2 Summary of Day 1 by groups**:** At the end of the day 1 presentation, each group should present bullet points summarizing the different aspects and importance of CBS and the roles of the Project Officer, Project Supervisor, Boma Health Promoter, and Community Key Informant.

3. Day 2: Module 2: Introduction to detection and notification of suspected Priority Diseases at the community level

3.1 Session 1: Priority Diseases and Surveillance cases definition

3.1.1 A case definition is a set of uniform criteria used to define a disease for public health surveillance. Development of a clear case definition is critical to effective investigation of an outbreak. Use of a common case definition allows for standardization of the cases of interest both within an ongoing outbreak investigation and possibly between outbreak investigations that differ over time or geographic location.

Epidemiologic case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient's health needs.

3.1.1.1 Types of case definitions

- **Clinical case definition:** For use at health facility level for clinical management of patient.
- **Epidemiologic case definition:** Used by surveillance officials for categorizing cases by disease.
- **Community case definition**: For use at the community level for purposes of notification by the CKIs or other community focal person.

3.1.1.2 Case Stratification: Case definitions are often further categorized by the degree of certainty regarding the diagnosis as "suspected", "probable", or "confirmed".

- **Suspected or Probable case:** A person who meets set clinical and epidemiologic criteria in the absence of confirmatory laboratory testing.
- **Confirmed case:** A person who has symptoms of the disease AND positive laboratory testing using the most widely accepted method.

Community case definitions are necessary in CBS. They help the community-based surveillance focal points in the following ways:

- To recognize the occurrence of diseases or health conditions selected for community-based surveillance.
- To notify the Project Supervisor or nearest health facility of the person with such a disease, condition, or event.

*3.1.1.3. Components of case definitions***:**

A case definition should include criteria for **person**, **place**, **time**, and **clinical features**. These should be specific to the disease condition under surveillance. In some cases, laboratory criteria may be included.

- ***"Person"*** *describes key characteristics the patients share in common. For example, this description may include age, sex, race, occupation and exclusion criteria (e.g., "persons with no history of X disease").*
- ***"Place"*** *typically describes a specific geographic location (state, county) or facility associated*

with the outbreak (X nursing home, Y high school).

- ***"Time"** is used to delineate a period of time associated with illness onset for the cases under investigation. Limiting the time period enables exclusion of similar illnesses which are unrelated to the outbreak of interest.*
- ***"Clinical features"** should be simple and objective (e.g., sudden onset of fever and cough). The clinical criteria may later be characterized by the presence of specific laboratory findings.*

3.1.1.4 Table 1: Shows priority diseases with corresponding case definitions for community-based surveillance

	Condition/Event	Community Case Definition
1	Acute Flaccid Paralysis (AFP) - body weakness	Any child under 15 years old with a sudden onset of weakness and/or inability to use their hand(s) and/or leg(s)
2	Acute Watery Diarrhoea	Any person with 3 or more watery stools within a day
3	Measles	Any person with fever and skin rash
4	Suspected Ebola	Sudden onset of fever with history of travel to an Ebola affected area. OR Any form of unexplained bleeding from any part of the body. OR Any sudden unexplained death.
5	Unusual health events	Two or more persons presenting with similar severe illnesses in the same setting (e.g., household, workplace, school, street) within one week OR Two or more persons dying in the same community within one week OR Increase in number of animal sicknesses and/or deaths, including poultry, within one week

6	Novel Corona Virus Disease 2019 (COVID-19)	A patient with acute respiratory illness (fever (38^0C), and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), **AND** a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset; OR A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms; OR A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND in the absence of an alternative diagnosis that that fully explains the clinical presentation

3.1.2 Poliomyelitis (Acute Flaccid Paralysis)

Polio is a crippling disease caused by any of the related poliovirus types: Poliovirus type 1, 2, or 3. Poliovirus infections are common in children less than 15 years old but can also occur in adults. **How polio is spread:** Poliovirus enters the body through the month when people eat food or drink water contaminated with faeces. It also occurs in throat secretions. Sometimes it can be spread in airborne droplets through close contact with person carrying the infection who are sneezing or coughing. It can also be spread through exposure to the throat and nose secretions in other ways.

Incubation period of poliovirus: The incubation period of the poliovirus ranges from 3 to 35 days. **Signs and symptoms of Polio**

- Majority of the people infected with polio virus do not have symptoms
- Fewer than 10% show flu-like (influenza-like) symptoms such as fever, loose stools, sore throat, stomach upset, headache, or stomachache
- Pain or stiffness in the neck, back, and legs occurs in rare cases
- Paralysis occurs in approximately 1 out of every 200 infections
- Paralytic polio is the most serious form of the disease **Characteristic polio paralysis:**
- Paralysis due to polio is of sudden onset and rapidly developing, often reaching full inability to use the affected limb(s) within hours following history of fever
- Usually starts in the feet and ascends the body
- Paralysis is completed by end of three days and is flaccid (floppy)
- Can affect one side more than the other
- Involves legs more commonly than arms
- Affects proximal muscles more commonly than distal muscles
- Involvement of four limbs uncommon
- No effect on sensation- Touch and pain sensations are usually normal

- Overs years, the unstimulated muscle of paralyzed patient diminish in size (atrophy) living the affected limb(s) thinner than the other(s).

Prevention of polio

- Through immunization with four or more doses of oral polio vaccine (OPV) Improved water supply and sanitation practices. **Disease Elimination and Eradication**
- **Disease Elimination:** Reduction to zero of the incidence of a specified disease in a defined geographical area as a result of deliberate efforts; continued intervention measures are required.
- **Disease Eradication:** Permanent reduction to zero of the worldwide incidence of infection caused by a specific agent as a result of deliberate efforts; intervention measures are no longer needed.

Polio community case definition: Community case definitions will be used at the community level to facilitate localized detection and reporting of suspected cases acute flaccid paralysis.

- **Acute flaccid paralysis:** Any child below the age of fifteen years with a sudden onset of acute paralysis.

3.1.3 Ebola Virus Disease

Ebola Virus Disease is a rare but severe, often fatal illness. Death rates from previous outbreaks varied from 25% to 90%. The Ebola virus named after Ebola River in the Democratic Republic of Congo (DRC) causes the disease.

The first outbreak of EVD occurred simultaneously in Yambuku in DRC and Nzara in present South Sudan in 1976.

How EVD is transmitted or spread: The natural host of Ebolavirus is the fruit bats of the Pteropodae family. Source of human infection is primarily contact with the body fluids of infected humans. EVD can also be contracted through contact with the blood, secretions, organs or other bodily fluids of infected animals and or bush meat including chimpanzees, gorillas, fruit bats, monkeys, forest antelopes found ill or dead or in the rainforest.

Signs and Symptoms of Ebola Virus Disease:

Sudden onset of fever	Intense weakness	Muscle pains
Red eyes (Conjunctivitis)	Headache	Sore Throat
Abdominal pain	Vomiting	Diarrhea
Rashes	Blood from any body part	

Ebola standard clinical case definitions

Suspected EVD case:

Sudden onset of fever (37.8°C) and no response to treatment for usual causes of fever, and at least one of the following signs:

- Bloody diarrhoea
- Bleeding from gums
- Bleeding into skin (purpura)
- Bleeding into eyes

- Blood in the urine
- Bleeding from the nose
- Miscarriage (spontaneous abortion)
- Any other form of unexplained bleeding

OR

Any individual who within the past 21 days has had history of travel from Ebola-affected areas **OR** contact with a person with such travel history **OR** History of contact with a suspect, probable or confirmed Ebola case

AND

A. Sudden onset of fever (□37.8°C) **OR** At least three of the following symptoms:
- Headache
- loss of appetite
- Diarrhoea
- Vomiting
- Lethargy or Fatigue
- Stomach / abdominal pain
- Body pains, muscle/ joint pain
- Difficulty in breathing
- Hiccups
- Sore throat
- Rash
- Difficulty in swallowing

OR

B. Any unexplained bleeding from any body parts (with or without fever): e.g. Bloody diarrhoea, Bleeding from gums, Bleeding into the skin (purpura), Bleeding into eyes, Blood in the urine, Bleeding from the nose, Miscarriage (spontaneous abortion) or Any other form of unexplained bleeding.

OR

C. Any sudden unexplained death

Confirmed case: Any suspect case with a laboratory confirmation (test positive for the virus by detection of virus RNA or by detection of IgM antibody against Ebola or viral isolation by culture.

Ebola community case definition - Alert case:

- Sudden onset of fever with history of travel to an Ebola-affected area;
    - **OR**
- Any form of unexplained bleeding from any part of the body;

- **OR**

- Any sudden unexplained death

Who is most at risk of Ebola? *(List on flipchart.)*

- Health care workers and people who work in a health facility because someone with Ebola might have gone to the health facility
- Traditional healers because they might treat a person with Ebola
- People who live in the same household as a person with symptoms of Ebola because they have close contact with the sick person
- Travelers who have come from another community because they might have had contact with a person with Ebola
- Close friends and relatives of a person who is confirmed to have Ebola because they might have had contact with that person
- People who have washed a corpse or attended an unsafe burial because the person who died might have died from Ebola

Community Key Informants and Boma Health Promoters are responsible for monitoring their communities, including these people who are at risk, and reporting to their supervisor if there are any suspected cases or someone dies.

EVD Prevention and control strategies:

1. **Community engagement and awareness:** Build trust between health workers and communities by providing Ebola prevention education, correcting misinformation, and promoting desired health practices and behaviours particularly for caring for the sick and deceased.
2. **Control infection in health care settings:** Implement standard precautions at all times regardless of patient diagnosis in all work practices. Implement infection prevention measures for health care workers treating Ebola patients to prevent contact with patient's blood, bodily fluids, contaminated surfaces, or materials e.g. clothing and beddings. Minimize transmission risk of laboratory personnel by ensuring that samples taken from suspected case are only handled by trained staff and processed in suitably equipped laboratories.
3. **Reduce wildlife to human transmission:** Minimize or avoid contact with fruit bats, monkeys, or apes, their body fluids, and the consumption of their raw meat. Handle uncooked animal and animal products with gloves and other appropriate protective devices. Animal products (meat and blood) should be thoroughly cooked before consumption.
4. **Reduce risk of possible sexual transmission:** Male survivors of Ebola should be encouraged to practice safer sex and hygiene for 12 months from onset of symptoms or until their semen tests negative twice for Ebola virus

3.1.4 Measles

Measles is a disease caused by the measles virus. It is one of the most communicable diseases on Earth. It spreads easily and will infect almost every unvaccinated child. The disease affects more children than

any other Expanded Program on Immunization (EPI) targeted disease. It is constantly present in some populations and often causes epidemics.

Measles risk factors

- Overcrowded conditions
- Poor nutritional status
- Conditions of poverty where large numbers of non-immunized people are in close contact Measles is more severe among unimmunized children aged less than five years **How is measles spread?**
- Measles is spread by contact air droplets released when an infected person sneezes or coughs or contact with nose and throat secretions of infected people
- Transmission by air droplets can occur even two hours after an infected person has left the room or other closed area.
- A person with measles can infect others for several days before and after he/ she has developed symptoms
- The disease spread easily in areas where infants and children gather. E.g. Health centers, schools and among displaced persons (Internally Displaced Person (IDP) or Refugee camps) **Incubation period:** The incubation period of measles ranges from 7 to 21 days with an average of 10 days

Signs and symptoms of measles: The first sign of infection with the measles virus is high fever lasting between one and seven days. During this period, other signs might appear such as:

- Runny nose
- Cough
- Red eyes and watery eyes (conjunctivitis)
- Small white spots inside the cheeks (Koplik spots) **After 3 days:**
- A slightly raised rash develops, spreading from the face and upper neck to the body
- Rashes further spreads to the hands and feet over a period of about 3 days
- Rashes last 5-6 days and fades successively from the same areas
- Loss of appetite
- Loose stools, especially in infants

Standard clinical case definition of measles: A measles case is defined as follows.

- Generalized rashes lasting at least three days **AND**
- History of fever of at least 38C (or hot to touch if not measured) **AND** at least one of the following;
- Red eyes (conjunctivitis)
- Red lips and sore mouth (stomatitis)
- Cough or
- Runny nose or coryza (inflammation of the mucous membrane of the nose)

Measles prevention

- Vaccinate with measles vaccine at nine months of age

- All children aged six to nine months admitted in hospital should be screened and those found eligible should be vaccinated against measles because of danger of exposure to infection in the hospital. This should be followed by second dose at nine months or at first contact after nine months
- Children admitted to hospital with measles should be isolated for at least four days after the skin rash has appeared
- Malnourished children with measles should be isolated for duration of their illness and should be given a balance diet.

Measles community case definition: Community case definitions will be used at the community level to facilitate localized detection and reporting of suspected measles cases.

- Any person with an elevated body temperature and widespread rashes on the face and the body

3.1.5 Acute Watery Diarrhea (AWD)

- Acute watery diarrhea is defined as any person who has three or more loose stools within a 24-hour period. This condition is dangerous due to the risk of severe dehydration. Diseases that can cause AWD include cholera, which is very contagious and can cause large outbreaks very quickly. South Sudan has a history of cholera throughout the country, including among displaced populations.
- It is very important to report even one case of AWD in order to stop the spread of this disease as early as possible.
- Diarrheal diseases including cholera can be prevented with improved sanitation and hygiene, including clean drinking water, improved latrines, and handwashing

3.1.6 Unusual public health events

- There are many other diseases or events of public health importance that may require an investigation and response. If any unusual public health-related event occurs in the community, it is important to report to the nearest health facility.
- These kinds of events may include 2 or more people in the community who are sick with similar severe symptoms, 2 or more deaths in the community, or a noticeable increase in the number of animal deaths without a clear explanation.
- Severe symptoms may include fever, diarrhea, bleeding, rash, severe cough, stiff neck and disorientation, yellowing of eyes and skin, and others. If there is a doubt about whether symptoms are severe, the CBS volunteer can report them to a health facility, and an investigation will determine if a public health event or outbreak is occurring.

3.1.7 COVID-19

- Clinical presentation among reported cases of COVID-19 varies in severity from mild respiratory illness to severe illness such as severe pneumonia with respiratory failure and septic shock.
- Fever, cough, myalgia, fatigue, and shortness of breath are symptoms frequently reported at illness onset by hospitalized patients.
- Currently it is believed that many people with COVID-19 have mild, self-limited disease.
- There are currently no treatments or vaccines to prevent infection.

- Prevention measures such as keeping a 2 meter distance from people, frequent hand washing, staying away from sick people as much as possible, covering your cough or sneeze with a tissue and then throwing away that tissue.

3.2 Session 2: Case Study Exercises on Priority diseases

3.2.1 Ebola Virus Disease (EVD) case studies:

Scenario 1: Three village brothers went to trap wild animals for meat in a forest reserve near the DRC border. They managed to catch one limping monkey and some bats, which they killed, roasted, and ate as they looked for more game to take home and sell. Two days later, the younger brother fell sick with a high fever, a headache, muscle pain, abdominal pain, diarrhoea and vomiting blood. He could hardly walk, so his siblings carried him, but he died on the way home. Soon after, the elder brother also fell ill but refused to go to hospital fearing arrest.

Time required for this case study: 80 minutes

Learning objectives, after completing this case study, the trainee will be able to:

a. Identify the signs and symptoms of a suspected EVD case
b. Understand the role of the community in surveillance and disease outbreak detection and reporting
c. Provide the minimum information needed for the Project Supervisor or the nearest health facility to prompt an investigation
d. Provide the required preventive measures for EVD
e. Recognize that fewer than half of EVD cases have abnormal bleeding

Questions

1. After reading the case scenario, what disease will you suspect?
2. What is EVD?
3. Have you heard about EVD in your community? If yes, how?
4. Is EVD dangerous? If Yes, Why?
5. How is EVD spread?
6. Can EVD spread from an adjacent area? Can it cross a border? How?
7. Using the community case definition for Ebola Virus Disease, discuss within your group if the brothers should be suspected of having Ebola Virus Disease.
8. Since the brothers are known to not have yet visited the clinic, what should the community do?
9. What information could you give to both communities to help them keep themselves safe?
10. What action should the Boma Health Promoter take?
11. Discuss if a Boma Health Promoter should be part of the investigation and community feedback team.

3.2.2 Acute flaccid paralysis measles case study

Polio Scenario: On October 2, 2019, Mrs. Agnes reported that two days previously her 8-year-old daughter had experienced a sudden onset of fever and arm and leg stiffness. Her daughter then

developed weakness in her lower legs in the muscles that progressed to paralysis and has made it difficult for her to move from one place to another.

Time required for this case study: 80 minutes

Learning objectives: after completing this case study, the trainee will be able to:

a. Identify the signs and symptoms of suspected acute flaccid paralysis
b. Understand the role of community-based surveillance in disease eradication programs
c. Provide the minimum information needed for the project supervisor to prompt an investigation on the suspected case

Questions

1. What disease was Mrs. Agnes' daughter probably suffering from?
2. What are the signs of acute flaccid paralysis?
3. Are Mrs. Agnes daughter's symptoms indicative of acute flaccid paralysis? Please discuss your answer within your group.
4. Referring to the definitions of 'elimination' and 'eradication', please discuss within your group if community-based surveillance is relevant within the polio surveillance programs.
5. What action should a Cv/Boma Health Promoter take to support polio eradication?
6. Discuss if a CV/Boma Health Promoter should be part of the investigation and community feedback team for suspected acute flaccid paralysis.

3.2.3 Measles case study

Measles Scenario: Musa, a child aged 4 years in a village school, came to the school and the teacher discovered that the he had a runny nose, red eyes, coughs frequently and red rash covering his face and neck. When the teacher contacted the mother, she discovered that two of the child's siblings also have the same conditions within the house and the children of the neighbor with whom they play together while Musa is at home.

Time required for this case study: 80 minutes

Learning objectives: after completing this case study, the trainee will be able to:

a. Identify the signs and symptoms of suspected measles.
b. Understand the role of CBS in disease elimination and eradication programs.
c. Provide the minimum information needed for the project supervisor to prompt an investigation on the suspected case.

Questions

1. What disease do you suspect Musa suffering from?
2. What are the signs and symptoms of measles?
3. Are Musa's symptoms indicative of suspected measles? Please discuss your answer within your group.
4. Referring to the definitions of 'elimination', please discuss within your group if community based surveillance is relevant within the measles surveillance programs.

5. What action should a CV/Boma Health Promoter take in support of the measles elimination?
6. Discuss if a Boma Health Promoter should be part of the investigation and community feedback team for suspected measles case?
7. Have you ever heard about the measles follow-up campaign? If yes, what were the actions taken with the community in your village to support the campaign in the past?
8. What were the challenges of participation in the measles campaign?

3.2.4 Acute Watery Diarrhoea (Cholera)

Scenario

On 1 April 2018, Chol, a 25-year old trader from the XXX payam in XXX town, XXX county, complained that he had severe watery diarrhea for a day. He also vomited twice that morning. He lives in the same household with his three children, wife and stepmother. There have been episodes of cholera in the neighboring YYY county. Chol was there three days ago for his auntie's wedding.

Time required for this case study: 30 minutes

Learning objectives

After completing this case study, the trainees will be able to:

a) Identify the signs and symptoms of a suspected cholera case;
b) Understand the role of the community in surveillance and outbreak detection and notification;
c) Provide the minimum information needed for the nearest health facility or CBS supervisor to prompt an investigation.
d) Understand what to do when reporting an infectious disease that can spread from one area to another **Questions:**

1. What are the signs and symptoms of cholera?
2. How does cholera spread within a community?
3. Can cholera spread to or from a neighboring area (e.g. across a border)?
4. Using the community case definition for cholera, discuss within your group if Chol should be suspected of having cholera.
5. What actions should the CBS volunteer take? How do you report suspected cholera? Discuss the line of reporting.
6. Discuss some ways that the community can help prevent the spread of cholera.

3.25 COVID-19 Case Study

Scenario

COVID-19 Scenario: On February 6, 2020, Mrs. Ayuba reported that two days previously her 38-year-old daughter had experienced a sudden onset of fever, dry cough, and shortness of breath. Her daughter had traveled to Uganda 3 weeks prior to the symptoms started. She knew that there had been cases of a new disease that's like influenza going around the region.

Time required for this case study: 80 minutes
Learning objectives: after completing this case study, the trainee will be able to:

d. Identify the signs and symptoms of suspected COVID-19 and other respiratory disease
e. Understand the role of community-based surveillance in disease eradication programs
f. Provide the minimum information needed for the project supervisor to prompt an investigation on the suspected case

Questions

- What disease was Mrs. Agnes' daughter probably suffering from?
- What are the signs of COVID-19?
- How would you differentiate them from influenza or a severe cold?
- Are Mrs. Agnes daughter's symptoms indicative of? Please discuss your answer within your group.
- Referring to the definitions of prevention and mitigation, please discuss within your group if community-based surveillance is relevant for a new disease that we are learning about as it spreads.
- What action should a Cv/Boma Health Promoter take to support this investigation?
- Discuss if a CV/Boma Health Promoter should be part of the investigation and community feedback team for suspected COVID-19.

3.3 SESSION 3: Detection and Reporting of suspected cases and documenting at the community level.

When a Community Volunteer (CVS) /Boma Health Promoter is notified about a potential suspected case by the Community Key Informant, the CVS/Boma Health Promoter checks that the case matches the CBS Community Case Definition. If it does, then it should be reported immediately to the **Partner Community Surveillance Supervisors (PCSS)** or the nearest health facility.

Anyone with onset of an illness meeting any of the community case definitions in the catchment area and any sudden death if the catchment area is undergoing a known public health event should immediately be reported to the Project Supervisor.

If a suspected case (living or dead) is identified: Report the case to the Project Supervisor or nearest health facility in charge in the catchment area immediately (or within 24 hours).

- Cases should be reported by the fastest means possible such as telephone, text message or in person.
- Initial information on the suspected cases can then be gathered using the Boma Health Promoter weekly report form.
    - Critical information includes name of the person with the disease, gender, age, location, time and date of reporting, case contact information.

Exercises: Report a suspected case to the Project Supervisor or the nearest health facility and document at the community level. Use the examples presented of cases and community case definitions for

suspected EVD, AFP, and measles. Each trainee will complete and submit a CBS Boma Health Promoters weekly report form.

3.3.1 Disease Detection and feedback (What to look for and what to do)

Emphasis should be put on the priority diseases: EVD, AWD, AFP, Measles, COVID-19 and **Unusual public health events**

If a CVS/Boma Health Promoter is informed of a suspected priority disease case, they should immediately notify the nearest health facility and complete the weekly report form and write the particulars of the suspected cases as follows.

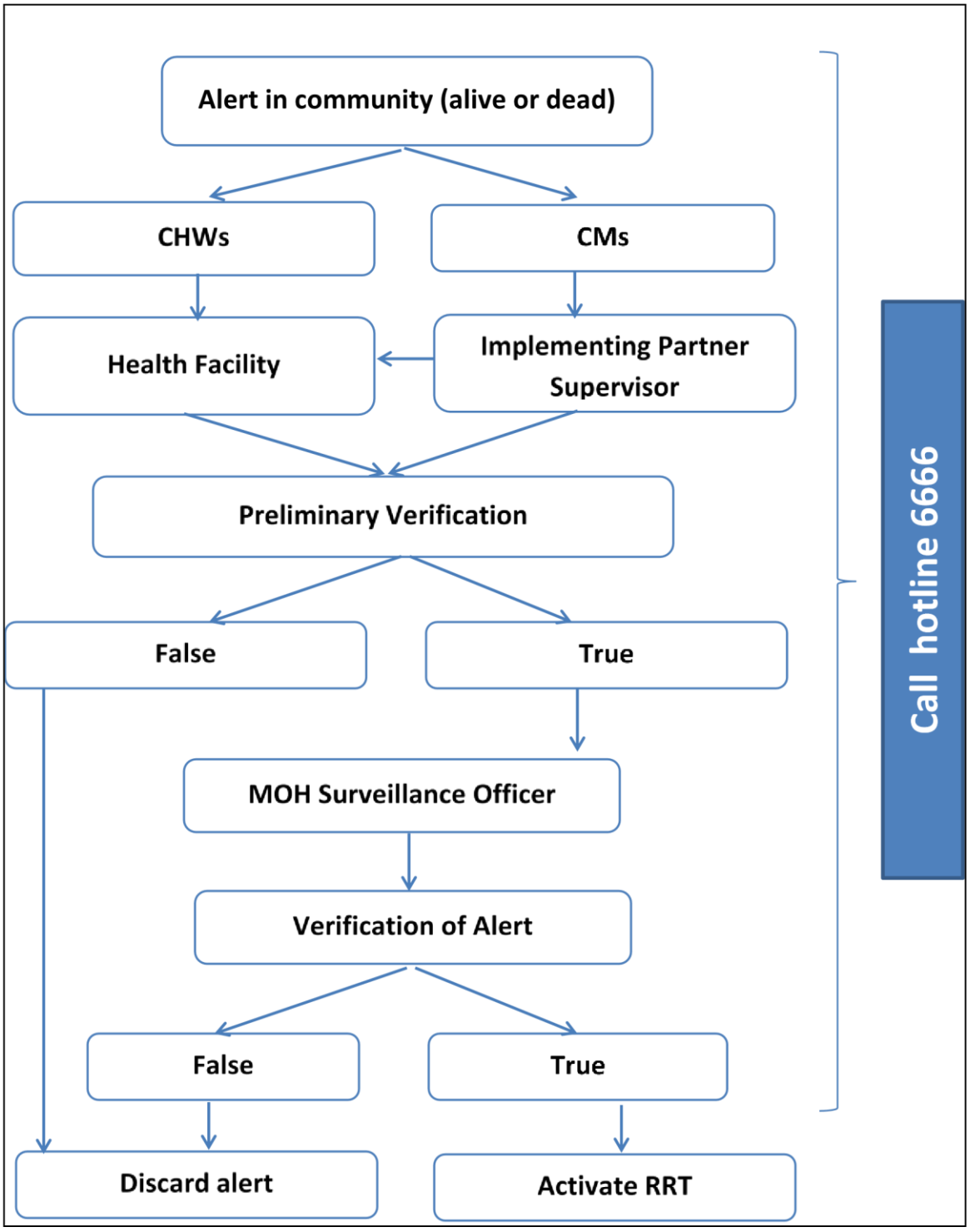
- The name of the suspected case
- The sex and age of the suspected case
- Name of the village, location of the household
- Head of the household and phone contact
- The date of onset
- Name of community key informant who reported the suspected cases
- Date and time community key informant reported the suspected case
- Date and time the Boma Health Promoter referred the suspected cases to health facility or Project

3.3.2 Where to report suspected cases or alert: Community Key Informants should report all suspected priority disease to their CVS/ Boma Health Promoter immediately after being notified. The Boma Health Promoter should immediately report all priority diseases or health event including deaths to the Project Supervisor and to the nearest health facility either by phone call or physically going to the health facility. Health workers from the nearest health facility should verify and conduct initial investigation of all information coming from the CVS/Boma Health Promoters regarding priority diseases. They should provide feedback on the actions taken and what the CVS/Boma Health Promoter should do immediately.

Examples of actions include reassuring the family of help coming from the health facility or advising family members to stay away from the sick person until a Rapid Response Team comes. If the verification process confirms a serious health event, the health facility staff should immediately trigger the 6666 emergency number and inform the RRT.

In areas where there are no functional health facilities all suspected cases or EVD alerts should be reported to the project supervisors who have the ability and capacity to verify and conduct initial investigation of all information coming from the Boma Health Promoters regarding priority diseases. They should provide feedback on the action that they are taking and what the Boma Health Promoter should do immediately e.g. reassuring the family of help coming from the health facility or advising family members to stay away from the sick person until Rapid Response Team comes. If the verification process confirms a serious health event, the project supervisor should immediately trigger the 6666 emergency number and inform the RRT.

3.3.2.1 Figure 1: Steps for Alert Management and Reporting in CBS



3.3.3 Providing Feedback to the community following investigation and confirmation of suspected case.

Effective feedback is an essential function of community-based surveillance.

It provides the community with summary information about the investigation and confirmation of the suspected case.

- It demonstrates transparency in the management of the suspected case.
- It addresses community concerns
- Builds confidence on the system

Following investigation and confirmation of a suspected cases or alert, the CVS/Boma Health Promoters should:

- Liaise with the project supervisor at the county level.
- Seek guidance on giving feedback to the community from the project supervisors. After confirmation of the case, feedback to the community should follow the directions and key messages provided by the project supervisors or county surveillance officers. NOTE: Boma Health Promoters are not community spokespersons and should not address the community unless they are delegated to do so by the Project Supervisors or county surveillance officers.

CVS/Boma Health Promoter will work within the field response team to:

- Organize community briefings for providing regular information following the directions from county and state level
- Identify local powerful channels for delivery of the information to the community
- Meet regularly with local stakeholders to disseminate correct messages to the community on public health event prevention and surveillance
- Organize door-to-door campaigns to reach every household within the catchment area to promote the prevention of the spread of the public health event and to encourage self reporting, treatment and health-seeking behavior among people who have had contact with the suspected case
- Support response team in contact tracing and follow up during an outbreak period

Exercises: Brainstorming in groups on the following questions:

1. Following the investigation and confirmation of a suspected case in your community, with whom should the field response team (county/state) liaise? And why?
2. Community feedback should follow the directions provided by whom?
3. Who should provide the public key messages? Why?

3.3.4 Summary of Day 2 by groups**:** At the end of the day 2 presentation, each group should present two bullet points summarizing everything that has happened during the day's session.

4. Day 3: Module 3: Community Mobilization and Communication

4.1 Session 1: Introduction to Community Mobilization (CM)

At the start to the training it will be useful to explore the most basic question: what is community mobilization? This session will encourage participants to explore this concept in general and with reference to the goals of the CBS. This session will provoke discussion about what we hope to achieve through the community mobilization component of the CBS.

Brainstorm: The trainer should first engage the group in an exercise to clarify what community mobilization means. The trainer should the participants to think about community mobilization efforts they may have heard about, known about, been involved with, or observed.
Following this discussion, the trainer should ask the groups to come up with two most important elements of successful community mobilization.
Community is defined as a group of people having something in common and will act together in common interest. However, community can mean different things in different contexts. Some common elements of community are:

- Individuals or groups who share a common geographic location
- Individuals or groups who have common language, culture or values
- How the groups or individuals interact or have relationships with each other
- How members of the community use common resources and make decisions

Teams doing community mobilization activities should take time at the beginning of a program to create a definition of community that is meaningful where they work.
Community Mobilization is a process of building the capacity of communities to plan, carry out, and evaluate activities in a participatory and sustained way in order to improve their health. It engages with all populations in a community-wide effort to address a health, social, or environmental issue. It brings together policy makers; opinion leaders; local, state, and national governments; professional groups; religious groups; businesses; and individual community members. Community mobilization empowers individuals and groups to take some kind of action to facilitate change.
Community mobilization is the process of engaging communities to identify community priorities, resources, needs, and solutions in such a way as to promote representative participation, good governance, accountability, and peaceful change. Sustained mobilization takes place when communities remain active and empowered after the program ends. Fostering people to be their own agents of change is the underlying goal of 'community mobilization.
To mobilize a community around any issue or problem, such as the disease outbreaks, is to raise the community's consciousness about that issue through education, support the community to think about how the issue affects them, and to nurture the will and commitment of community members develop constructive responses.
Brainstorm: What does community mobilization mean with respect to Community Based Surveillance? What are we mobilizing communities to do?? The trainer should ask the group to reflect on the following questions:

- What are the aims of the Community Based Surveillance?
  How does the community mobilization component of the intervention contribute to the achievement of those aims?

The trainer should facilitate a discussion that draws attention to the importance of community mobilization in achieving the aims and objectives, specifically around early detection and notification of

the priority diseases and reduction of risky behaviors among the communities in relation to the dangers of the priority diseases.

4.1.1 Benefits of community mobilization

- Increase community, individual, and group capacity to identify and satisfy their needs
- Improve program design
- Improve program quality
- Improve program results
- Improve program evaluation
- Cost effective way to achieve sustainable results
- Increase community ownership of the program

4.1.2 Skills needed for community mobilizers

Community mobilizers must have clear information and knowledgeable about immunization goals (e.g. polio eradication), must have knowledge about target community (e.g. social organization, languages, layout, map, etc.) must have required skills (e.g. Interpersonal communication, IPC, public speaking, listening skills, how to illustrate a point and make it interesting to a listener. Learn how to remain confident) and understand fundamental concepts of mobilization (i.e. culture)

- Attitude: This include a genuine respect for all community members
- A non-judgmental and accepting approach
- Good communication skills, listening, ability to response to assumptions sensitively
- Knowledge which includes understanding of ethical issues related to community mobilization
- Good communication skills
- Good facilitation skills
- Good listener
- Committed
- Decision maker
- Active
- Negotiation skills
- Honest
- Known to culture and values of society
- Well dressed
- Catalyst
- Management skills

4.1.3 Roles of CVS/Boma Health Promoters in Community Mobilization

House-to-House visits: The Boma Health Promoter will ensure as a routine activity weekly household visits to sensitize caregivers, mothers and fathers on key messages on polio, EVD and measles. While during polio campaigns, they will work with community key informants to train, deploy and supervise their activities.

Visits to public places: Sensitization in public places will be included as one of the community mobilization and communication strategies to reach with key messages on the priority diseases in schools, markets, football grounds and religious venues.

Community leaders' sensitization meetings: Once in a quarter or as needed, Boma Health Promoters should organize a meeting of key community stakeholders in catchment village to discuss about immunization of children, polio campaign, and community disease surveillance. Such meetings can also be used to provide orientation on health program and updates on certain health topics.

Street announcements during campaigns: Microphones are one of the most effective ways of social mobilization. Community Key Informants will move throughout their areas and announce: the date, the service and action required from parents. Stop in the middle of markets, schools, densely populated areas etc. Repeat the announcement in full, clearly and loudly. Do not move before completing the message. Remember people have to receive complete information to understand it and act upon.

4.2 Session 2: Key messages for the priority diseases

4.2.1 Key messages on polio:

- Polio is caused by Polio Virus
- Polio is incurable, but preventable
- Just two drops of Oral Polio Vaccine (OPV) can prevent polio
- Only polio vaccine can prevent polio
- Polio spreads through faecal oral route
- Children up to 5 years-old are most susceptible to the infection
- Polio can paralyze for life and even kill
- Every child up to 5 years of age should be given OPV every time it is offered

4.2.2 Key message on Ebola Virus Disease

- EVD causes sudden high fever, vomiting, diarrhea, bleeding, extreme tiredness, headache, body pain, loss of appetite
- EVD can quickly spread from person to person, but it can be prevented
- If you think you may have been exposed to Ebola, minimize close contact with others
- EVD is spread by direct contact with wounds, body fluids like blood, saliva, vomitus, stool, urine of infected person, unsterilized injections
- Ebola can enter your body through your mouth, nose and eyes, or a break in the skin Wash your hands with soap and water after every contact with sick people Avoid eating bush meat like monkeys, chimpanzees and bats.
- Avoid eating fruits that bats or wild animals have earlier eaten
- You cannot become infected with Ebola by talking to people, walking in the street, or shopping in the market

  The body of a person who has died from EVD is highly infectious and should not be touched. The body of a person who has died from EVD should only be handled by trained staff

- EVD is very infectious, even after death. Pay respects from at least 1 metre away, without touching
- Pay attention to your health, check your body temperature daily for 21 days if you were in close contact with an Ebola infected person
- Speak with your community leaders, teachers, neighbours and work together to prevent Ebola.
- A person suspected to be suffering from EVD should be referred to the nearest health facility or Boma Health Promoter immediately
- Early treatment can increase one's chances of survival and EVD care is free
- Patients who survive from EVD are free to re-enter the community where they should be welcomed and not stigmatized
- Once recovered, a person cannot spread EVD to anyone else

4.2.3 Key messages on measles virus

- Measles is a highly infectious disease. It is caused by a virus. It spreads from person to person through coughing, sneezing, touching infected surfaces, etc.
- A person having measles shows symptoms of fever and rash, cough, runny nose, or redness of eyes
- Measles can be prevented by a measles vaccine and two doses provide adequate protection
- The first measles vaccine dose should be given along with Vitamin-A syrup when the child has completed 9 months of age
- Children who do not receive at least 2 doses of vaccine are at high risk of getting measles
- A measles case is infectious from 4 days before appearance of rash to 4 days after the rash has subsided
- Measles can cause complications such as diarrhea, pneumonia, mouth ulcers, ear infection, damage to eyes, and brain injury.
- Measles can lead to death from complications that it causes.
- Death from measles can occur within 30 days after onset of disease
- Rash might not be present at time of death, which can occur from brain injury many years after death
- Vaccination is the only method of preventing measles
- The measles vaccine is free during the campaign and under routine immunization program in all government health facilities

4.2.4 Key Message on AWD

- Diarrhoeal disease is the second leading cause of death in children under five years old. It is both preventable and treatable.
- Each year diarrhoea kills around 525 000 children under five.
- A significant proportion of diarrhoeal disease can be prevented through safe drinking-water and adequate sanitation and hygiene.

- Globally, there are nearly 1.7 billion cases of childhood diarrheal disease every year.
- Diarrhea is a leading cause of malnutrition in children under five years old.

Key measures to prevent diarrhea include:

- access to safe drinking-water;
- use of improved sanitation;
- hand washing with soap;
- exclusive breastfeeding for the first six months of life;
- good personal and food hygiene;
- health education about how infections spread; and rotavirus vaccination.

Key measures to treat diarrhea include the following:

- Rehydration: with oral rehydration salts (ORS) solution. ORS is a mixture of clean water, salt and sugar. It costs a few cents per treatment. ORS is absorbed in the small intestine and replaces the water and electrolytes lost in the faeces.
- Zinc supplements: zinc supplements reduce the duration of a diarrhea episode by 25% and are associated with a 30% reduction in stool volume.
- Rehydration: with intravenous fluids in case of severe dehydration or shock.
- Nutrient-rich foods: the vicious circle of malnutrition and diarrhea can be broken by continuing to give nutrient-rich foods – including breast milk – during an episode, and by giving a nutritious diet – including exclusive breastfeeding for the first six months of life – to children when they are well.
- Consulting a health professional , in particular for management of persistent diarrhea or when there is blood in stool or if there are signs of dehydration.

4.2.5 Key messages on COVID-19

- COVID-19 is a disease caused by a new strain of coronavirus. ‘CO’ stands for corona, ‘VI’ for virus, and ‘D’ for disease. Formerly, this disease was referred to as ‘2019 novel coronavirus’ or ‘2019-nCoV.’
- The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold.
- Symptoms can include fever, cough and shortness of breath. In more severe cases, infection can cause pneumonia or breathing difficulties. More rarely, the disease can be fatal. These symptoms are similar to the flu (influenza) or the common cold, which are a lot more common than COVID-19. This is why testing is required to confirm if someone has COVID-19.
- The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected from and touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). The COVID-19 virus may survive on surfaces for several hours, but simple disinfectants can kill it.

- We are learning more about how COVID-19 affects people every day. Older people, and people with chronic medical conditions, such as diabetes and heart disease, appear to be more at risk of developing severe symptoms.
- As this is a new virus, we are still learning about how it affects children. We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children.
- The virus can be fatal in rare cases, so far mainly among older people with pre-existing medical conditions.

Key measures to prevent COVID-19

- There is no currently available vaccine for COVID-19.
- However, many of the symptoms can be treated and getting early care from a healthcare provider can make the disease less dangerous.
- As with other respiratory infections like the flu or the common cold, public health measures are critical to slow the spread of illnesses.
- Public health measures are everyday preventive actions that include:

✓ staying home when sick;

✓ covering mouth and nose with flexed elbow or tissue when coughing or sneezing. Dispose of used tissue immediately;

✓ washing hands often with soap and water; and

✓ cleaning frequently touched surfaces and objects.

4.3 Session 3: Designing community social maps

4.3.1 Introduction**:** Social mapping is a visual representation of a specific area (village, section, Subdistrict), which contains all community and geographical information. Social Mapping is most effective when developed through consultations with the community. It is useful to identify households with eligible children and important locations such as:

- Human settlements (houses)
- IDP camps
- Churches/Mosques/Shrines
- Markets
- Schools
- Cattle camps
- Health facilities
- Main roads
- Water points
- Main border entry points

4.3.2 Benefits of social mapping

Social mapping helps to identify social groups and individuals who can be contacted for supporting Community Based Surveillance and vaccination campaigns. These people can help provide valuable information to the health team, including:

Presence and locations of eligible children

- The best way to ensure community participation and to get information out
- Timing/location of immunization sessions
- Support on overcoming refusals and encouraging participation
- Linkages with the hard-to-reach groups
- Possible security/access issues and possibly support access negotiations
- Identifying informal caretakers, community leaders, elected representatives, tribal elders and other key figures
- How to ensure coverage of missed children during polio campaigns

4.3.2.1 Step by step on how to develop a social mapping

- Develop a checklist regarding type of information required. It is particularly important to think about the issues that the Community Based Surveillance or immunization campaigns are facing (i.e. delay in reporting cases, refusals in a particular population group, access/security problems, nomadic populations, etc.)
- Find people who know the area well, the mapping topic, and are willing to share their knowledge
- Chose a suitable place and medium (chalk, sticks, seeds, pens, pencils, etc.)
- Help the Boma Health Promoters get started. However, let them draw the map themselves – it's their map!
- Probe based on the checklist

The checklist items needed to develop a social map can include location, social set up, and resources.
Location:

- Topography such as mountainous areas, rivers, desert areas which make provision of immunization and communication difficult.
- Geographical divides, roads, other seasonal factors (i.e. flood channels)
- Environmental such as slums, middle income, high income groups

Social set up:

- Identify the most influential i.e. community leaders, traditional healers, religious leaders, Traditional birth attendance, teachers etc.
- Identify any other communal existing groups – CBOs, NGOs, credit groups, sports persons, informal caretakers, elected representatives, tribal elders, religious leaders.
- Demographics such as population characteristics – nomadic**,** movements patterns, IDPs, refugees, minority groups, Any community activists or volunteers

Local resources:

- Identification of communal/gathering places
- Market areas

- Churches/mosques
- Schools
- Health facilities, water points (borehole, etc.)
- Identify areas where there have been a high number of missed children (i.e. during SIAs)
- Identify where there have been areas of refusals (i.e. for polio/polio/other)

Conclude by explaining use of the map to

- Identify households with eligible children and locate them
- Identify key community structures
- Identify community influencers in
- Assist with monitoring and reporting.

4.3.2 Summary of Day 3 by groups: At the end of the day 3 presentation, each group should present bullet points summarizing:

- Purpose of Social Mobilization
- Key messages of the priority diseases
- Benefits of Social Mapping

5. Day 4: Module 4: Monitoring & Reporting

5.1 Session 2: CBS data collection tools and data sources**:** multiple tools for data collection and tracking of the project performance. Kindly refer to the CBS document

- CBS weekly reporting form
- CBS immediate reporting form
- Supervisory checklist

5.1.1 Annex 1. Community based surveillance weekly reporting form

Community Based Surveillance weekly reporting sheet

Start of Week from Monday _____/_____/_____ to Sunday_____/_____/_____

(Day) (Month) (Year) (Day) (Month) (Year)

	Condition or event	**Community case definition**	**Tally**	**Total**
1	Acute Flaccid Paralysis /AFP (Polio)	Any child under 15 years old with a sudden onset of weakness and /or inability to use their hand(s) and/or leg(s)		
2	Acute Watery Diarrhoea	Any person with 3 or more watery stools within a day		
3	Measles	Any person with fever + skin rash		
4	Suspected Ebola	Sudden onset of fever with history of travel to an Ebola affected area. **OR** Any form of unexplained bleeding from any part of the body. **OR** Any sudden unexplained death.		
5	Unusual health events	Two or more persons presenting with similar severe illnesses in the same setting (e.g., household, workplace, school, street) within one week **OR** Two or more persons dying in the same community within one week **OR** Increase in number of animal sicknesses and/or deaths, including poultry, within one week **OR** Acute jaundice		

6	Novel Corona Virus Disease 2019 (COVID-19)	A patient with acute respiratory illness (fever (38^0C), and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), **AND** a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset; OR A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms; OR A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND in the absence of an alternative diagnosis that that fully explains the clinical presentation		

Date of Report Submission: _____ State: _____

County: _____Payam: _____ Boma: _____

Name of Supervisor: _____ Mobile: _____

Number of CV/Boma Health Promotors Expected to Report During the Week: _____

Total Number of Alerts during the Week: _____

Total Number of Alerts Verified: _____

5.1.2 Annex 2. Community based surveillance immediate reporting form

Community based surveillance immediate reporting form

Name of case: _____Age: _____Years:_____ Months:_____ Sex (M/F): _____ Address: _____ Boma/Village_____

Payam_____ County_____ State_____

Household Head: _____ Mobile: _____

	Condition or event	**Community case definition**	**Check one**	**Description**
1	Acute Flaccid Paralysis /AFP (Polio)	Any child under 15 years old with a sudden onset of weakness and /or inability to use their hand(s) and/or leg(s)		
2	Acute Watery Diarrhoea	Any person with 3 or more watery stools within a day		
3	Measles	Any person with fever and skin rash		
4	Suspected Ebola	Sudden onset of fever with history of travel to an Ebola affected area. **OR** Any form of unexplained bleeding from any part of the body. **OR** Any sudden unexplained death.		
5	Unusual health events	Two or more persons presenting with similar severe illnesses in the same setting (e.g., household, workplace, school, street) within one week **OR** Two or more persons dying in the same community within one week **OR** Increase in number of animal sicknesses and/or deaths, including poultry, within one week		

6	Novel Corona Virus Disease 2019 (COVID-19)	A patient with acute respiratory illness (fever (38^0C), and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), **AND** a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset; OR A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms; OR A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND in the absence of an alternative diagnosis that that fully explains the clinical presentation		

Date: _____ State: _____ County:_____ Village:_____

Name of reporting CBS Volunteer _____ Mobile: _____

5.1.3 Annex 3. Supervisory checklist

Checklist for Project Supervisors

Name of Project Supervisor:.....Agency:.....

Total # of community key informants in Payam.....

Name of Boma Health Promoter:.....County:.....Boma.....

Date of current Supervision...../...../.....Date previous supervision:...../...../.....

Name of Payam visited:.....# of community Key informants visited during the supervision.....

Sn	Description of Indicators	Insert names of the BHP being evaluated in one of the columns below		
		Yes=1, No=0	Yes=1, No=0	Yes=1, No=0
1	Does the Boma Health Promoter (BHP) have an updated workplan for the current month?			
2	Does the BHP have a quarterly updated Boma social map?			
3	Does the BHP have up to date list of community key informants for the Boma?			
4	Does the BHP have running service contract?			
5	Did the BHP received his/her monthly incentives for the previous month?			
6	Does the BHP have the minimum number of community key informants as stipulated in the CBS SoP?			
7	Did the BHP supervise at least 5 key informants in the previous week?			
8	Does the Boma Health Promoter have a logbook signed by the key informants for the previous visit?			
9	Did the BHP visit and sensitize at least 9 households in the previous week?			
10	Did the BHP visited & sensitized at least two social places in the previous week?			
11	Does the BHP have data collection and recording tools available (Weekly Report form) ?			
12	Does the BHP have copies of their previous Weekly reports?			
13	Does the BHP have a functional bicycle?			
14	Is the BHP able to mention two or more cardinal signs & symptoms of EVD ((Sudden onset of fever with histrory of travel, Unexplained death & unexplained bleeding from any body parts) ?			
15	Is the BHP able to mention two or more cardinal signs & symptoms of AFP (sudden paralysis of children under the age of 15, weaknesses in the limbs, unable to walk or move his/her arms)?			
16	Is the BHP able to mention two or more cardinal signs & symptoms of Measles (Rash, redness of the eyes, high fever, runny nose etc.)?			
17	Did the community key informants assigned to this BHP report any suspected AFP, EVD or Measles cases in the last three months?			
18	Did the BHP conduct a key informants review meeting in the last three months?			
TOTAL SCORE (%) =18/18*100 = 100%				