Community-based surveillance
Assessment tool

Cover photos: Ibrahim Mollik/IFRC,
Mahmoud Suleiman Mohamed/SRCS, Corrie Butler/IFRC.

Table of contents

List of tables

List of figures

Abbreviations

CBHFA	Community-based health and first aid
CBS	Community-based surveillance
CDC	Centers for Disease Control and Prevention
CEA	Community engagement and accountability
CHAW	Community health animal worker
CHW	Community health worker
DHIS2	Digital Health Information System (software platform 2)
DRR	Disaster risk reduction
ECV	Epidemic control for volunteers
ERU	Emergency response unit
FAO	Food and agriculture organization
FBO	Faith-based organization
FGD	Focus group discussions
GHSA	Global health security agenda
IDSR	Integrated Diseases Surveillance and Response
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International health regulations
IM	Information Management
JEE	Joint External Evaluation
M&E	Monitoring and evaluation
MoA	Ministry of Agriculture
MoH	Ministry of Health
NDRT	National disaster response team
NGO	Non-governmental organization
OD	Organizational Development
PGI	Protection Gender Inclusion
PMER	Planning, Monitoring, Evaluation and Reporting
PNS	Partner National Society
RDRT	Regional disaster response team
TWG	Technical Working Group on CBS
VHW	Village health worker
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Section 1 – Introduction

1.1 Introduction

Outbreaks normally begin with a cluster of sick people or sudden deaths in a community that are not detected early enough by facility-based surveillance systems. This may be aggravated in scenarios where surveillance systems have weaknesses, communities are unaware or reticent about reporting diseases, or there is inadequate coverage of communities by health facilities.

Often the community is aware of the health threat but the people who can mobilize response resources receive this information too late to limit the spread of a disease and save as many lives as possible. Community-based surveillance (CBS) aims to close this gap and improve early detection.

CBS is "the systematic detection and reporting of events of public health significance within a community by community members"[1]. CBS may stop disease outbreaks from turning into large scale epidemics and pandemics. Early warning leads to early action, which saves lives.

Thanks to its wide network of volunteers in communities around the world, the Red Cross Red Crescent Movement is uniquely placed to carry out CBS and support community resilience and early action to endemic, emerging or recurring public health threats in communities around the world where there is a Red Cross Red Crescent presence[2].

1.2 Why a CBS assessment tool?

CBS has garnered a lot of interest and support in the past years and more National Red Cross Red Crescent Societies are showing interest in starting CBS projects. Nevertheless, CBS may not be the answer in all cases, and a needs assessment should be conducted prior to planning implementation. Where there is a valid need for CBS, feasibility must be analysed, and a key understanding of the surveillance landscape in the country or area of interest needs to be gained, before developing a CBS project. It is also important to analyse the strengths and capacities of the National Society to conduct a CBS project and identify support needed.

To facilitate a useful and thorough CBS initial assessment the Technical Working Group (TWG) for CBS has developed this CBS assessment tool and template. The tool guides Red Cross Red Crescent staff or delegates in conducting an assessment in the country, using document reviews and interviews with relevant stakeholders at all levels as sources of data.

1. *A definition for community-based surveillance and a way forward: results of the WHO global technical meeting, France, 26 to 28 June 2018. Technical Contributors to the June 2018 WHO meeting, Eurosurveillance, 24, 1800681 (2019), https:// doi.org/10.2807/1560-7917. ES.2019.24.2.1800681.*

2. *Community Based Surveillance: guiding principles. International Federation of Red Cross and Red Crescent Societies (2017). https://media.ifrc.org/ ifrc/document/community-based-surveillance-guiding-principles/.*

1.3 What is the CBS assessment tool?

This tool facilitates the conducting of an effective CBS assessment study which can support decision-making on:

1. Whether there is a gap in the existing surveillance system and a need for CBS, by understanding the surveillance landscape in the country.

2. If there is a need, whether the National Society can respond to this need and whether it is an appropriate partner to fill that need in the current context, based on other existing partners and initiatives, as well as relationship to pertinent government ministries.

3. Whether it is feasible for the National Society to implement a CBS project based on its capacity – or what size of project would be feasible to implement.

4. If country health authorities and partners are open to collaboration with the National Red Cross Red Crescent Society on CBS activities and are able to respond to alerts if CBS activities are initiated.

5. If CBS is appropriate, what is the potential modality, structure, health risks and sites for a Red Cross Red Crescent CBS project.

These questions can be answered by developing an understanding of the context and the structures into which the CBS project needs to be integrated and assessing the capacity of the National Society in relation to conducting a CBS project.

The tool, based on real-life experiences of successful assignments, guides the reader through the data sources and data collection tools (**Section 2**) that are recommended for a CBS assessment. It then goes into the steps of planning a CBS assessment (**Section 3**), touching on a variety of aspects from objectives to planning an agenda.

It also describes the analysis that needs to be carried out in order to provide useful information and how to structure this information in the final report **(Section 4)**. A number of resources are listed in **Section 5** plus a set of conversation guides to facilitate data collection from individual and group interviews.

It is recommended to read the whole guide before carrying out an assessment, then go through each section in detail as you advance in the assessment exercise.

> **NOTE:** This CBS assessment tool supports the CBS guiding principles. To effectively use this CBS assessment tool it is key to read and become familiar with the CBS guiding principles (see Section 5 on Resources).

Section 2 – Data collection sources and methods

2.1 Introduction

2.2 Document review

2.3 Key informant interviews

2.4 Group interviews or focus group discussions

2.5 Observation

2.1 Introduction

The CBS assessment is based on two main sources of data:

1. A document review (including online resources and secondary data)

2. Interviews with key informants

Other sources, such as group interviews[3], focus group discussions and direct observations may also prove useful. Data collection and analysis will often happen in parallel during the assessment, as uncovering new data raises new questions and signals other potential data sources.

2.2 Document review

Documents can be collected through an online search (see example links in Table 1), and through direct requests to the National Society, Ministry of Health (MoH) and other partners participating in surveillance and/or CBS in the country.

Table 1. Examples of documents

Source	Analysis of vulnerability
International bodies/ online resources	Joint External Evaluation (JEE) Report. A JEE is a "voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events"[4]. Many countries have undergone this process already and the reports can provide valuable information.
	Demographic and Health Survey Report. Can provide health data at national and district level on vaccination coverage, malaria and nutrition, among other things.
MoH and government body in charge of epidemiological surveillance; Ministry of Animal Health	National strategic plans for surveillance and/or community health, and Integrated Disease Surveillance and Response (IDSR) country guidelines if available.
	If available, any CBS programme or project document, training manuals or guidelines
	National reports on health and epidemiological risks
	Routine data and statistics from the surveillance body
	District Health Information System (DHIS) 2 modules for epidemiological disease surveillance

---

3. *Suggestions and group interview guides can be found through CEA materials Tool 5: Guidance on running a focus group (https://media.ifrc.org/ifrc/document/tool-5-guidance-on-running-a-focus-group/) and in the eCBHFA Volunteer manual Topic 4: Community Assessment Tools - Part 2 (http://ifrc-ecbhfa. org/guides-and-tools/).*

4. *Strengthening health security by implementing the International Health Regulations. World Health Organization (2005). https://www.who.int/ihr/procedures/joint-external-evaluations/en/.*

Source	Analysis of vulnerability
National Society and Partner National Society (PNS)	If available, CBS project documents
	Recent reports on capacities and resources
	Annual reports on health, Community-based health and first aid (CBHFA) or Water, sanitation and hygiene (WASH) projects
	Reviews or evaluations of health, CBHFA or WASH projects
Other partners	Project plans or reports on CBS projects, training guides
Other data sources	International Communication Union has recent data on mobile network coverage for many countries.
	Humanitarian Data Exchange can provide useful links to contextual and geospatial resources.

2.3 Key informant interviews

A majority of the key information needed for the assessment will come from these interviews. It is thus important to set aside enough time for in-depth conversations. Conversation guides for each type of key informant are available in Section 5.

Table 2. Potential key informant interviewees

Level	Where	Who
National	MoH and/or government body in charge of epidemiological surveillance, Ministry of Animal Health, Ministry of Agriculture	• Focal points or heads of departments for epidemiological surveillance, prevention, community health or CBS, if it exists. • National Public Health Centre and laboratory office • Focal points for zoonoses and/or One Health
	National Society and PNS	• National Society Secretary General and/or President* • Head of Health department, CBS project lead, Information Management (IM) and Planning, monitoring, evaluation and reporting (PMER) officers • PNS country head and health or CBS project delegates
	Other actors	• Directors of non-governmental organizations (NGO), staff in charge of CBS or surveillance project • Advisory agencies such as WHO, Centers for Disease Control and Prevention (CDC), Food and Agriculture Organization (FAO) based in-country

This is usually an advocacy and informational meeting more than an interview.

Level	Where	Who
District	MoH and Ministry of Agriculture (MoA)	Chief Medical Officer or adjunct advisors at the health district structure, surveillance officer or similar position
	National Society	Branch Secretary General and/or President, Health/WASH project coordinators, volunteer group leaders
	Other actors	NGOs, faith-based organizations (FBOs) present at the district level working on community health and/or CBS
Community	MoH and MoA	Health personnel at lowest health facility level and community health workers (CHW)
	National Society	Volunteers (especially those trained in CBHFA and/or Epidemic control for volunteers (ECV)[5], or other relevant areas such as WASH).
	Other actors	Key community members, community groups and associations working on community health and/or CBS

Recommendations when planning key informant interviews

1. It is important to interview or discuss with high-level decision-makers both within the MoH and MoA if zoonoses are a threat, and with the National Society, as this is an opportunity to understand the political landscape and will for CBS, as well as an opportunity to explain how CBS is conceived by the Red Cross Red Crescent Movement and how it adds value.

2. It is critical to also request interviews with people in key technical positions in the MoH at the National and District/County level, and the National Society, who will be able to provide much more detailed answers and describe the systems clearly.

3. Arrange interview times with contacts well in advance as these focal points are often on very tight schedules with limited availability.

4. It might be valuable to do a first round of interviews at national level before going to the field visit and do a second round after the return to the capital city, as more questions may arise after field data collection.

5. Continue to make revisions to the questions in the conversation guides based on the data that you retrieve from the document review – tailor your questions to ask about points that are specific to your country.

6. Practise the conversation guides in advance so you know the questions and the conversation flows well.

Table 3. Key informant interviews do's and don'ts

DO	DON'T
Ask mainly open questions (e.g. questions that require more than a yes/no answer)	DON'T use the time to provide information or showcase your understanding of CBS. Your role is to listen and ask questions
Start by asking broad questions on CBS and surveillance and let the interviewee describe the system, then ask questions on details that have not yet been covered	DON'T insist on going through the whole conversation guide if the interviewee has already provided you with the answers needed at an earlier stage of the conversation
Leave most of the talking to the interviewee, limit yourself to asking questions	DON'T record the conversation without the person's consent
Gently return the conversation to the key questions in the conversation guide if it has strayed from topic	DON'T interrupt, unless it is for a short and urgent clarification
Summarize key points and agreements at the end of the conversation	DON'T contradict the interviewee if you do not agree with one of their comments. Your role is to listen and ask questions
Request the person's full name and contact information for any potential follow up questions	DON'T share/disclose the comments that other interviewees have made during other interviews
Take notes, and if the person gives consent, record the conversation	
Request permission to cite them in the report	

2.4 Group interviews and focus group discussions

Focus group discussions (FGD) and group interviews can be used with community members, community health workers (CHW), and Red Cross Red Crescent volunteers to gather points of view from a variety of people in a short amount of time. In addition, group interviews also create the opportunity to build/strengthen relationships among key stakeholders if the assessment suggests moving forward with the CBS project.[6]

In instances where key informant interviews take place with more than one person at a time the recommendations below may also be applicable.

- Create a safe space by explaining the purpose of the interview and the importance of collecting the interviewees' honest point of view.

6. *Topic 4: Community Assessment Tools – Part 2. Core eCBHFA Volunteer Modules, International Federation of Red Cross and Red Crescent Societies (2018).* http://ifrc-ecbhfa.org/guides-and-tools/.

- Request verbal informed consent to conduct the interview, and special consent for recording the interview and citing the names in the report. Explain they may choose to be cited anonymously.

- Encourage all group interviewees to participate, ensure equitable speaking time, and ask explicitly for diverging opinions to what the majority are saying.

- Manage expectations and clarify the importance of the data and how they will be used.

2.5 Observation

Direct observation allows you to capture important information and clarify details about surveillance systems that might be hard to grasp through interviews. Important points to observe both within the National Society structure and the national health and surveillance system structure may include:

- **Paper registries:**

  - How surveillance data are captured on paper (Who? When? Where?)
  - What data exist in these registers
  - If a particular variable is consistently not recorded
  - If there have been cases in recent weeks or months that would have required an alert, and whether one was sent out
  - How data protection is implemented for these paper registries
  - Who is responsible for completing the paper registries, and at what level of the system this takes place
  - For the National Society, ask to see monitoring and evaluation tools for volunteer activities to get a sense of how they follow up activities and volunteers

- **Digital data registries:**

  - How surveillance data are captured (who? When? Where?)
  - What the digital registry looks like
  - How user-friendly it is, how comfortable users are with it
  - What data protection measures are in place
  - If there are particular variables that are mandatory, or that are consistently not captured
  - If the system creates basic graphs and figures to help interpret the data
  - If the system sends out alerts when a threshold is reached
  - Who uses the digital system, and at what level of the system this takes place
  - Who/which division manages the system and the data

Section 3 – Planning a CBS assessment

3.1 Determine the objectives

3.2 Explore and define data sources

3.3 Determine the area to visit

3.4 Develop an agenda

3.5 Refine data collection tools

3.1 Determine the objectives

The first step is determining the objectives of the assessment exercise. While the general objectives of a CBS assessment have been described above (Section 1), it is important to refine and adapt these to the assessment in the local context. Some might not be relevant to this particular exercise and other relevant angles might be missing.

Objectives of the assessment may be already clearly stated in the Terms of Reference for the assignment. If they are not, it is important to discuss with the organization requesting the assessment (IFRC, PNS, National Society or other) and clarify them. Table 4 below suggests general and specific potential objectives for an assessment.

Table 4. Suggested objectives for a CBS assessment

General objectives	Specific objectives
1. Determine if there is a gap in existing surveillance system and a need for CBS, by understanding the surveillance landscape in the country	Identify key public health challenges, which may include diseases of interest with a high public health impact[7]; seasonal diseases; high-risk public health emergencies such as cyclones, floods, earthquakes etc.; public health emergencies in neighbouring regions; major historical outbreaks; or zoonotic public health risks.
	Understand local public health and project implementation context and identify key stakeholders.
	Assess existing health facility-based surveillance systems and gaps.
	Assess existing zoonotic and unusual events surveillance systems and gaps, particularly gaps that may signal a need for CBS.
	Assess whether CBS is the appropriate strategy to fill the gaps detected.
2. Suitability: If there is a need for CBS, determine whether the National Society can respond to this need and is an appropriate partner in the current context, based on other existing partners and initiatives, as well as relationship to pertinent government ministries	Assess the existing surveillance systems and any existing CBS programmes; recommend potential for collaboration or extension of existing systems; understand successes and challenges to date in CBS implementation in the country.
	Gather policy, guideline, training documents related to the formal surveillance system (e.g. IDSR Guidelines) and CBS material (e.g. CHW training manual for CBS)
3. Whether it is feasible for the National Society to implement a CBS project based on current capacity – or what size of project would be feasible to implement	Discuss with the National Society their interest in implementing a CBS system, as well as the feasibility of the project, and areas where support might be needed, including volunteer management, data collection, data management, data protection, response and investigation capacity, training requirements.
	Identify likely benefits, challenges and risks with CBS implementation.

---

7. *Criteria for determining the public health importance of a health event include disease burden, potential for spread, preventability of the disease, other factors such as public and political perceptions of the health event.*

General objectives	Specific objectives
4. If country health authorities and partners are open to collaboration with the National Red Cross Red Crescent Society on CBS	If country health authorities and partners are open to collaboration with Red Cross Red Crescent on CBS activities.
5. Assess potential modality, structure, health risks and sites for a Red Cross Red Crescent CBS project	Determine data that could be collected by the CBS system, potential reporting and response mechanisms at all levels.
	Assess potential sites for CBS project.
	Make initial recommendations on potential modality, diseases and processes for CBS.

3.2 Explore and define data sources

This comprises sources for document and secondary data review, and for interviews. At this stage it is useful to discuss with the organization requesting the assessment to understand which documents are available, and who would be key actors in-country to interview, at all three levels (national, district and community).

Sections 2.2 and 2.3 provide general guidance on the type of documents to look for and common key informant individuals and groups to consider for interviews.

3.3 Determine the area to visit

The assessment will ideally be carried out at three levels:

1. **National:** interviewing individuals at the national level (National Society staff at headquarters, MoH, Surveillance/Disease Control Division and Ministry of Agriculture staff and other NGOs), this will normally take place in the capital city.

2. **District:** interviewing individuals in the district (branch staff, health district facility staff, government surveillance officers, NGO staff implementing health and surveillance programmes)

3. **Community:** interviewing community volunteers, CHWs, health care structures if any and community members

Some assessments are carried out when there is already a clear mandate or argument for the need for CBS in a certain geographical area. In this case, a plan can be made to visit that specific area.

Alternatively, the area for the project may not yet be defined. In this scenario, ideally before choosing an area for a visit, a certain amount of research must be carried out.

Using data from document reviews and interviews, create three lists of areas. These "areas" normally represent a "district level" either in administrative or a health division, as it is still possible to find health and surveillance data disaggregated at this level.

- **List 1.** Areas prone to epidemic outbreaks that have gaps in surveillance and thus may benefit from CBS

- **List 2.** Areas where there are no other partners or government carrying out similar projects

- **List 3.** Areas with presence of Red Cross Red Crescent volunteers and district level branches, ideally with previous or ongoing community health programmes

Areas that appear in all three lists are prime candidates for visits and that merit further investigation.

Figure 1. Selecting a CBS project area

NOTE: If an assessment is being conducted by a Movement partner, it is suggested that the National Society produce these lists in the document review phase, before doing the in-country part of the assessment (if possible). This way, any field visits can be planned in advance to these particular areas.

Once the district(s) has been decided, telephone discussions with National Society branch staff can provide further information to choose the specific sites. When deciding the visit sites, accessibility is a consideration as there is normally limited time to carry out the assessment. However, take into account that the areas most likely to benefit from CBS are those that are more remote and have more limited access to services.

3.4 Develop an agenda

To develop an agenda, consider 2—4 days for document review, which can happen before the field visit takes place if documents are available digitally. Considerations should also be given to costs associated with field visits when developing the agenda given the project context and budget.
Below is a template for an agenda that can be used as a guide. Before setting the dates, discuss with the National Society:

- Normal working weekdays and whether some interviewees may be available over the weekend

- Any upcoming holidays

- Any planned trainings, conferences, or other events or programme activities that may mean that MoH or National Society staff or volunteers will not be available during the field trip dates

Table 5. Recommended time use for the CBS assessment
Please note that this table is provided as guidance, but actual timelines will vary assessment to assessment based on the context.

Activity	Recommended number of days
Document review	2—4
Interviews at central level (MoH, National Society, other partners)	2—4
Interviews at district level	1—2 per site
Interviews at community level	1—2 per site
Final interviews at central level and wrap-up	1—2
Data analysis and report writing	7—10

3.5 Refine data collection tools

Take time to go through the conversation guides and adjust them based on what you already know, and specific gaps in information that you need to fill. Examples and suggestions for conversation guides can be found in Section 5.

Section 4 – Data analysis

4.1 Introduction

4.2 Data analysis steps

4.3 CBS assessment template (report structure)

4.1 Introduction

A strong analysis focuses on answering the specific questions and objectives of the assessment. In general, it can help answer the questions shown in Table 4:

- Is CBS needed?

- Is it feasible?

- How can it fit into the existing surveillance landscape?

- What is the capacity of the National Society to implement it?

A useful report will clearly answer those questions and provide recommendations on whether to go ahead with CBS or not, and if yes, what type of CBS system is needed, how to potentially integrate it in the context and what key issues need further investigation. Example tables and layout for this report are available in section 4.3 CBS assessment template (report structure).

4.2 Data analysis steps

Prepare data for analysis. Group similar data from different sources by themes or sub-headings in the report. This facilitates data triangulation and highlights discrepancies and gaps in the information.

Description of the data. Describe the findings in each sub-heading, focusing on information that is key for answering the objectives. Make sure to highlight areas where data are missing and where a more in-depth analysis may be needed, or where there is a discrepancy among the data from different informants.

Figures (graphs, tables, etc.) can be very useful, especially to ensure a clear understanding of data flow.

Summarize key findings. A summary table of the findings structured as (i) needs, (ii) challenges, (iii) strengths/existing positives to further build upon, (iv) opportunities. You may wish to present these as per each level of the existing surveillance landscape, for instance National, District, Community. Data interpretation. Based on the descriptive data, inform decision-making through clear conclusions and recommendations that answer the objectives and the assessment questions.

4.3 CBS assessment template (report structure)

The following section outlines the key CBS assessment report document headers (**bold, numbered**), sub-sections (lettered (a), roman numerals (i), or numbered (1)), as well as advice on what to include in the section *(italics)*. Not every sub-section must be completed, as some may not be relevant within the country context. However, the overall structure is an excellent starting point for outlining the depth of information expected from a CBS assessment so as to guide decisions on potential future engagement.

1. **Main page:**
   a. Country:
   b. Organization requesting the assessment:
   c. Local National Society:
   d. Prepared by:
   e. Assessment dates:

2. **Table of contents**

3. **Acronyms and abbreviations**

4. **Background and objectives**
   a. *Short background and context for the interest in CBS (such as health situation and/or epidemic risks)*
   b. *General and specific objectives of the CBS assessment (can reference suggestions from Table 4)*

5. **Methodology**
   Can be added in the annexes instead to create a more fluid reading experience

   a. Data collection:
      i. Description of data collection tools used, and data sources
      ii. List of people interviewed, and documents reviewed (can be added in annexes)
      iii. Visit schedule
   b. Data analysis: *any specificities of the data analysis*
      i. Limits of the assessment: *any limitations on documents, sites or interviewees accessed (i.e. flooding during the assessment period led to cancelled location visits originally planned in the assessment)*

6. **Findings**

   This is a descriptive section. A narrative of the findings is laid out in an organized manner with suggested tables. Figures and tables should be used wherever they help to summarize data or facilitate reading of the information (see recommendations in parenthesis). Interpretations or analyses by the person preparing the report should NOT be included in this section.

   a. Country context
      i. Description of the health system structure in the country
         (figure recommended)
      ii. Description of surveillance system in the country
          Considerations should be made about the relevant topics listed in the table below. If there is a community-based surveillance project in country, please list the details for this directly below (iii).

Table 6: Surveillance system in country

WHAT	DESCRIPTION
Data Collection System	*How were data collected e.g. paper-based, SMS, phone calls, etc.? How were data forwarded from supervisors to branch, to National Society HQ, to Ministry?*
Data flow	*Briefly describe how data flow from community members to health facilities, MoH and other actors.[8] Adding a figure below is suggested).*
Response	*Briefly describe the responses associated with a health risk/event. If a diagram is more useful please add it below.*
Actors involved	*Include the different actors involved (MoH, MoA, NGOs, etc.) in the surveillance system and the level/role in which their involvement takes place.*
Frequency	*Describe the frequency of data collection and reporting.*
Data protection	*What measures are in place to protect personal data at each level?*
Key Performance Indicators	*List any key performance indicators in use/ required in current surveillance systems.*
Surveillance Gaps identified	*List any surveillance gaps that were brought up during group discussions or key informant interviews.*

---

8. *Example diagrams can be found in The Technical Guidelines for Integrated Disease Surveillance and Response in the Africa Region (2010). WHO and CDC.*

Table 7: Health risks/events under surveillance through existing systems

Health risks/events under surveillance	Responses
Health risk/event 1	Describe any responses affiliated with the health risk/event. This should include key messages for volunteers if CBS is in place as well as MoH/partner response to the alert once raised.
Health risk/event 2	
Health risk/event 3	

iii. Description of current CBS system in place if relevant (use tables below to structure key information regarding current CBS systems within the country)

Table 8: Existing community-based surveillance systems

WHAT	DESCRIPTION
Data Collection System	How are data collected e.g. paper-based, SMS, phone calls, etc.? How are data forwarded from supervisors to branch, to National Society HQ, to Ministry?
Data flow	Briefly describe how data flow from community members to volunteers, supervisors, health facilities, MoH and other actors. Adding a figure below is suggested.
Response	Briefly describe the responses associated with a health risk/event at each level (volunteer, supervisor, MoH, etc.). If a diagram is more useful please add it below.
Actors involved	Please include the different actors involved (MoH, CHWs, VHWs, MoA, NGOs, etc.) in the CBS system and the level at which their involvement takes place and their role.
Frequency	Please describe the frequency of data collection and reporting.
Data protection	What measures are in place to protect personal data at each level?
Key Performance Indicators	Please list any key performance indicators in use/required in the current CBS system.
Surveillance Gaps identified	List any surveillance gaps that were brought up during group discussions or key informant interviews.

Table 9: Health risks/events under surveillance through existing community-based surveillance systems

If available please also include a map of specific areas covered by CBS systems

Health risks/events under surveillance	Community case definition (if applicable)	Threshold for alerts/ response *(can be 1)*	Responses
Health risk/event 1	*Community case definition used by MoH (if CBS or similar system is in place)*	*X*	*Describe any responses affiliated with the health risk/ event. This should include key messages for volunteers if CBS is in place as well as MoH/partner response to the alert once raised.*
Health risk/event 2			
Health risk/event 3			

In addition to the tables above please include (if available):

1. Rationale for CBS as it has been laid out in-country
2. Description of CBS trainings (if existing CBS training manuals or guidelines are being used, please attach to the report as an appendix)
3. Supervision, and monitoring and evaluation
4. Implementation successes and challenges to date and current state of implementation
5. Consideration on gaps in CBS or surveillance from key informants

b. National Society
   i. Please describe the rationale for CBS assessment, suggested sites for the CBS project and funding available for the CBS programme (if this has been committed by a partner already).
   ii. Description of National Society capacity *(please use the table below to guide you in assessing capacity and gap)*

Table 10: National Society CBS capacity mapping

	National level (HQ)	Sub-national (District)	Community
Number of staff who could/would be involved in the project			
Number of volunteers available/number of districts volunteers are active			
Number of staff and volunteers trained in CBHFA, ECV and/or CEA			
Supervisor to volunteer ratio[9]			
List ongoing Health, WASH or DRR projects, especially those including CBHFA[10]			

iii. Other projects being implemented (including PNS projects) and potential for collaborations

7. **Summary, gaps and opportunities**
   This is an analytic section. Based on the findings section, it aims to answer the objectives and questions laid out in the Terms of Reference for the assessment. Present key information which is needed for stakeholders to make an informed decision.

---

9. *Include management experience and levels of training below the consolidated table if this information is available.*

10. *Please include any relevant M&E frameworks as an Annex.*

Table 11: Decision table based on CBS assessment objectives

The table below offers suggestions and guidance on what to consider when addressing assessment objectives.

Conclusion/ways forward	Yes/ feasible	Possible, but hard	No/ unfeasible	Explanatory comment
Objectives				
1. Need or relevance of CBS				
Is there a gap in surveillance at the community or primary health care level?				
Would CBS be a useful tool to fill this gap?				
Are there other systems or digital solutions that may be better suited to address the needs?				
2. Suitability: If there is a need, whether the National Society can fill it and whether it is the appropriate partner to fill that need in the current context?				
If a national level CBS programme is being implemented, can the National Society join these efforts?				
Have considerations been made regarding access to data and accountability to community members?				
3. Whether it is feasible for the National Society to implement a CBS project based on its capacity – or what size of project would be feasible to implement, and what type of support would be needed.				
Are there staff who could be involved in the CBS project				
Additional training needs for staff and volunteers?				
Would additional support be required?				
Are funding mechanisms identified to support CBS?				
4. Are country health authorities and partners open to collaborating with the National Red Cross Red Crescent Society on CBS activities?				
Is there openness by ministry and other actors to Red Cross Red Crescent playing a role in CBS activities?				
Can a partnership with the MoH be established for investigation of cases and response?				
Does MoH or other actors have capacity to respond to CBS?				
5. Potential modality, structure, health risks and sites for a Red Cross Red Crescent CBS project				
Does/can the Red Cross or Red Crescent work in the locations identified as key sites to implement CBS?				
Have considerations been made regarding the modality of data collection, feasibility and data flow?				

Table 12: Summary of critical considerations to consider in the CBS design

	Needs	Challenges	Strengths	Opportunities
National				
Sub-national (District/ Prefecture)				
Community				

Any additional considerations?

8. Conclusion and recommendations
   a. Summary of assessment
      i. Is CBS (i) recommended, or (ii) recommended with certain consideration, or (iii) not recommended (including rationale)?
      ii. If needed, add recommendation on:

         1. Key CBS system features and considerations *(a table is provided below to assist in organizing details)*

Table 13: Suggested CBS system features for data collection and reporting

WHAT	DESCRIPTION
Data Collection Structure	*How do you plan to collect data at volunteer level e.g. paper-based, SMS, phone calls, etc.? How will data be forwarded from supervisors to branch, to National Society HQ, to Ministry?*
Data flow	*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.)*
Response Flow	*Briefly describe the response process that is suggested with a health risk/event at the supervisor and officer level. (Adding a figure below may also be useful).*
Collaborations	*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.*
Frequency	*Please describe the suggested frequency of data collection and reporting.*
Data protection	*What measures should be put in place to protect personal data at each level?*
Key Performance Indicators[11]	*Please list key performance indicators suggested for the CBS project.*

11. *In emergency contexts please consider core indicators available in "suggested minimum standards for CBS programming".*

Table 14: Suggested locations and health risks/events for CBS

If available, a map should also be included.

Province/District	Project area/subdistrict	Health risks/events	Suggested threshold for alerts	Rationale for location/health risk/event selection
District A	*Area 1*	*Health risk/event 1* *Health risk/event 2* *Health risk/event 3*	*1* *1* *3*	*1: XXX* *2. XX* *3. XX*
District B	*Area 2*	*Health risk/event 1* *Health risk/event 2*	*1* *1*	*1: XXX*
	Area 3	*Health risk/event 1* *Health risk/event 3*	*1* *3*	*1: XXX*

2. Further assessments or information needed

3. Next steps

9. Annexes
   a. People interviewed
   b. Documents reviewed
   c. Others, as appropriate

Section 5 –
CBS resources
and interview questions

5.1 Red Cross and Red Crescent resources

5.2   National level interview suggestions

5.3 District level interviews

5.4 Community level interviews

5.1 Red Cross and Red Crescent resources

➤ IFRC – Community-Based Surveillance: guiding principles. Available in English and French

➤ IFRC – Community-Based Surveillance Protocol Template.

➤ Community Based Surveillance Website

➤ Technical support for National Societies in CBS: cbs@ifrc.org

➤ IFRC – eCBHFA Teaching guides and tools

➤ IFRC – Community Engagement and Accountability (CEA) toolkit

➤ IFRC – Epidemic Control for Volunteers (ECV)

5.2 National level interview suggestions

The following tables have been developed from previous experiences conducting CBS assessments. Questions can be selected and/or adapted throughout the assessment process to meet the needs of the context where the assessment takes place.

Table 15. Conversation guide with Partner National Society for CBS project (Country officer and/or CBS delegate, if CBS is already planned)

Theme	Questions
General	Can you describe briefly the CBS project and rationale for it?
	What are the health risks in the country/region?
	How does this project fit in with the vision of the PNS in the country/region?
	Why has the PNS decided to engage in CBS?
	What have been the key challenges so far with CBS implementation?
	What have been the successes? And the key lessons?

Table 16. Conversation guide with National Society – Headquarters/ National Office (Secretary General)

Theme	Questions
General	Explain CBS, what it is and where it has an added value.
	Discussion if s/he sees an added value of CBS in their existing programmes and how it fits into National Society strategy.
	What is the status of collaboration between the National Society and different partners, inside and outside the Movement?
	What is the status of collaboration between the National Society and the MoH or other relevant ministries?

Table 17. Conversation guide with National Society – Headquarters/ National Office (Head of Health department and Health/CBS team)

Theme	Questions
Country's health and surveillance context	What are the health and sanitary risks in the country? • How do these risks change by region/district? • Has an epidemic risk assessment taken place? When? How? By whom? • Has a JEE, GHSA or other evaluation been carried out?
	Please describe the structure of the health system in the country.
	Please describe the surveillance system in the country.
	Is there a One Health approach in the country? • If yes, is there a One Health platform? If yes is the National Society a member and attending meetings?
	Is there a national CBS programme by the government (in place or being designed?) If yes, please describe it. • What are the health risks under surveillance? • What are the community case definitions? • How are the data collected and by whom? • Describe the data flow and response flow. • What changes take place or are supposed to take place when there is an outbreak? • Who is participating? (partners) Describe roles and responsibilities. • Are there trainings available? And training manuals? • How are data being protected? • Indicators and M&E framework? • State of implementation? Reviews or evaluations? Gaps?
	Do you have documents on the CBS or surveillance projects?

Theme	Questions
National Society and health department	Can you please describe the structure of the National Society? • What is the number of staff at each level? (national, regional, district) (ask for organizational map). • Number of branches and where these are situated (ask if they have a map). • Number of volunteers and how are they distributed countrywide.
	Describe the PNS and projects they are/have been involved with, in particular any health-related projects.
	How is the National Society's monitoring and evaluation system structured? (data collection tools (platform), analysis, visualization reporting lines, use of data). Ask to see examples.
	Is there an Information Management (IM) department in the National Society? How do you work with the IM department?

	Can you please talk about the health department and the team?
	• What are the roles and responsibilities of the staff in the health team at all levels?
	• How do you work together?
	• How many team members?
	• What is the capacity and training of health staff?
	• What is the capacity and training of volunteers? (ECV? CBHFA?)
	  ■ How often do they volunteer, in which programmes, etc.?
	  ■ Successes and areas of opportunity detected.

National Society health projects and activities	What are the ongoing health activities/projects in the National Society? (or previous if no current ones). Include nutrition, HIV/tuberculosis/malaria, maternal deaths, WASH, DRR with health components, CBHFA, etc.
	How do you work with MoH and other partners? (relationship at different levels and with health facilities)
	How do your activities respond to the prioritized health risks in the country?
	What kind of reports do you receive from the health activities? How are they used?
	Could you share the latest activity/project reports?
Outbreak response in the National Society	How does the National Society prepare for - and respond to - disease outbreaks?
	Has the National Society been involved in government/national response operations of epidemics in the past/experience with epidemic response?
	Can you describe the last outbreak in which the National Society responded, and how did it respond?
	How do you work with MoH and other partners during an outbreak?
	If the CBS project is part of a current emergency response operation, how does CBS integrate with Emergency Response Units (ERU), National disaster response teams (NDRTs), Regional disaster response teams (RDRTs) and other response activities and agencies?

Theme	Questions
CBS in the National Society	Do you think CBS would have an added value in your health programmes? • If yes, how? • If no, why not?
	If there is a project for CBS already, please describe it • Which are the sites chosen and why these sites? • Are there surveillance gaps in these areas? If yes, describe them. • Have you defined health risk priorities for surveillance? If yes, which? Do these change from one site to another? • Have there been initial discussions with the MoH for CBS? • How does the CBS project from the National Society align with national CBS priorities or projects?
	What capacities do you think are necessary to be able to do CBS and do you think you have them in the National Society? What would need to be developed or strengthened? • How many volunteers would be trained for this project? • What trainings do the volunteers in these sites already have?
	What data collection tools and processes have you envisaged for this CBS project?
	Have you thought about the data flow? Can you describe it?
	Have you thought about triggers, alerts and responses? Can you describe these?
	Please describe roles and responsibilities in the team who would be participating in CBS.
	What types of data analysis are you contemplating at each level? How would these be carried out and by whom? • Please describe the response at each level.
	Based on the previous descriptions, how are data going to be protected at each step?
	What is the long-term vision and sustainability of the CBS project? Is this planned to be ongoing? Or limited in timeframe to an outbreak period?
	How will the project be sustained in terms of volunteer skills, management, analysis, investigation and response, and financing?
Communities	What do the volunteers do now if someone is sick in the community?
	In the light of this CBS project, have you already assessed the priorities and concerns of the communities in the potential sites for the project? If yes, what are the results?
	Are these communities receptive to the idea of CBS?
	Have you detected any resistance or concerns around CBS?
Action plan for CBS	Describe the implementation plan for CBS.
	Could you share any documents on the project?
	What would a success in CBS look like for the National Society? And for the PNS/donor?
	Does the project already have an M&E framework?
	What are the indicators?
	Does the National Society have the necessary competences to implement the M&E framework?
	How do you collaborate internally and externally? (Do you share data with someone? (MoH, partners, receive data from others (DHIS2))?

Table 18. Conversation guide with National Society – Headquarters/ National Office (Information Management (IM) focal person or department)

Theme	Questions
General	What are your responsibilities in your position?
	What are the responsibilities and activities for the department?
	How do you work with the other departments (PMER, Health, how do you inform projects)?
	How are data collected from the communities?
	What do you collect data on?
	How are data used?
	Who are data shared with? In what way?
	What capacity do you think is necessary in terms of following up CBS alerts? Do you think you have this capacity? (human resources, knowledge)
	Do you share information with others? (MoH, partners, receive data from others)
	What do you do concerning data protection?

Table 19. Conversation guide with National Society – Headquarters/ National Office (Community Engagement and Accountability (CEA) focal person or department)

Theme	Questions
General	How is CEA used in the ongoing programmes?
	How will volunteers be or are being trained on CEA?
	How do you interact with the community to gain their trust?
	How do you get feedback from the community and give feedback to the community?
	Are most people able to read and write?
	Is there a system to track and manage rumours? If yes how does this work and who maintains the database?
	Has a "risk communication" study been undertaken? Have the most appropriate channels of communication been documented already?
	What do you think about mobile phones as a way to collect information and communicate with the volunteers?
	What do you think is needed in the CBS project to ensure a good mainstreaming of CEA? Which of these actions have already taken place?

Table 20. Conversation guide with National Society – Headquarters/National Office (Protection Gender Inclusion (PGI) focal person or department)

Theme	Questions
General	How is PGI considered in programmes?
	What is the gender division between the volunteers?
	How is this considered when planning projects?
	Are any other staff or volunteers trained on this topic?
	What do you think is needed in the CBS project to ensure a good mainstreaming of PGI issues?

Table 21. Conversation guide with National Society – Headquarters/National Office (Organizational Development department)

Theme	Questions
General	What are the responsibilities of the OD department?
	How do you work at the different levels? (volunteers, branch, national)
	How do you give feedback to branch and volunteers?
	Do you have an up-to-date volunteer database? If yes, does it include training courses? How is the volunteer database managed and how many volunteers do you have?

Table 22. Conversation guide with Ministry of Health (national level)

Theme	Questions
Health risks and surveillance systems	What are the prioritized health risks in your district?
	Can you describe reporting through the surveillance system? • IDSR? • Use of DHIS2 or other digital HIS? • Data collection? (at which levels, tools, etc.) • Reporting lines? • Any documents or training materials available? • Data flow and response? • Laboratory capacity?
	How are catchment areas for clinics decided? (e.g. everyone should live a maximum of five kilometres from a health facility?)
	Can you describe how the data collected are used? (analysed, shared, actions, reporting lines) (any reports to see?)
	How timely and complete is the reporting?
	How timely is the response?
	Can you please describe the existing systems to watch for zoonoses and other unusual events?
	Do you have a One Health approach?
	Has there been a JEE in the country? (ask for report if not obtained prior to assessment)
	How do you work with partners?
	What do you believe are the priority gaps in the surveillance system?
	Have you had - or do you have any CBS initiatives/plans now? (JEE recommendations)
	Have you worked on CBS or surveillance with other partners? If yes who? What is the scope of their roles/their inputs?
	Do you coordinate with animal health/human health surveillance actors at the national level? If yes, how and how often?
	What are your thoughts on working with the Red Cross Red Crescent on CBS? Do you think the Red Cross Red Crescent could play a role in CBS? • If yes what kind of role? • If no why not? What are the barriers?

Theme	Questions
Outbreak response	How and when is a disease outbreak declared?
	When was the last time an outbreak was declared in your district? Can you please describe what happened before and after?
	How do you prevent and prepare for an outbreak?
	How do you work with partners in an outbreak?
If there is not already a CBS system in-country	Do you believe there is a gap in the surveillance system in terms of getting information from community level? Do you think CBS could have an added value and feed into your existing surveillance system?
	What is the capacity of the national system to manage and respond to alerts from the community? (data management, case verification and community-based investigation, intervention and coordination, particularly at the community level; prefectural and sub-prefectural)
	What are your procedures regarding data protection?
If there already is a CBS system in country	If there is a project for CBS already, please describe it. • Data collection: who does it, how is it done? • Describe data flow. • Do you participate in data analysis? How? • Describe response at community/facility level - please give examples. • What are the feedback mechanisms? Do you receive feedback? How often? By whom? • How are data protected?
	Please describe roles and responsibilities in CBS among different participants in the health facility/community.
	Based on the previous descriptions, what is the long-term vision and sustainability of CBS? Is this planned to be ongoing? Or limited in timeframe to an outbreak period?
	How will the project be sustained in terms of skills, management, motivation, analysis, investigation and response, and financing?
Communities	What do the community members or CHW do now if someone is sick in the community?
	In the light of this CBS project, have you already assessed the priorities and concerns of the communities in the potential sites for the project? If yes, what are the results?
	Are these communities receptive to the idea of CBS?
	Have you detected any resistance or concerns around CBS?
CBS implementation	Describe the implementation plan for CBS and what the current state of implementation in your district is.
	Could you share any documents on the project?
	How is success being measured/or plans to be measured?
	What are the indicators?
	Has there been any evaluation of the CBS programme? What have the results shown? What has been done in light of these results?

Table 23. Conversation guide with other stakeholders (national or district level)

Theme	Questions
General	What are your activities in the country? And where?
	In your activities in-country, do you collect data on communicable diseases? • If yes, which data? • How are these data collected? • How are these data used? • How are these data shared? • How are these data protected?
	Do you participate in surveillance and/or CBS? If yes, how?
	In your opinion, are there gaps in the surveillance system? If yes, which and where.
	Do you see a need for CBS? If yes, what added value would this have?
	How do you collaborate with government and partners? (MoH, Ministry of Agriculture, others)
	How has your organization been involved in/responded to previous outbreak declarations in the country?

5.3 District level interviews

Table 24. Conversation guide with National Society (branch)

Inform why you are there and what CBS is briefly (show illustration)

Theme	Questions
Structure and activities	What is the structure of the branch? Staff, volunteers - roles and responsibilities? (projects, public health project officer?)
	With which (health) projects has the branch been involved or is currently involved?
	Can you describe the activities and work of the volunteers? (activities, how much do they work, geographical area, incentives, training)
	How do you monitor the activities? (area, transportation, capacity, data collection, ITT, M&E plan - ask to see documents)
	How do the volunteers report on their activities? (data collection tools, frequency, reporting lines - ask to look at reports)
	How are these data being used by the branch? (for further project implementation, for management, decision-making etc.)
	How are feedback and support given to volunteers?
	How do you work with the headquarters and the other structures/branches?
	How do you work with the government and health facilities in the area?
	Do you collaborate with other organizations? If yes, which and how?

Theme	Questions
Health risks	Where are the health facilities in your area? • How are they used by the community members? • What is the access to health facilities?
	What do the volunteers do if someone is sick? • Does the branch know about it?
	How do you think you are responding to the risks and needs in your area? (particularly related to contagious diseases)
	How do you prepare for and respond to disease outbreaks? • Preparedness and response activities? What do these include? • Do you share information with other branches/districts?
	What did you do during the last outbreak?
	What are the areas in your district more at risk for an outbreak? Why?
	Which diseases or health risks are you most worried about and why?
CBS and communities	Do you believe there is a need for CBS in your area? Why? For what?
	How do you see CBS being integrated into your existing activities?
	What capacity do you think is necessary and do you believe the branch has it? (data management, response, collaboration, volunteer support, data sharing)
	What is the mobile network coverage in your area? • Do people mostly know how to use a mobile phone? • Can volunteers read and write? • How good is access to electricity?
	Do you believe the volunteers would be interested/receptive to CBS?
	What about the communities? Why?

Table 25. Conversation guide with Ministry of Health (district level)

Theme	Questions
Health risks and surveillance systems	What are the prioritized health risks in your district?
	Can you describe reporting through the surveillance system? • IDSR? • Use of DHIS2 or other digital HIS? • Data collection? (at which levels, tools, etc.) • Any documents or training materials available? • Data flow and response? • Data protection?
	How are catchment areas for clinics decided? (e.g. everyone should live maximum of five kilometres from a health facility?)
	Can you describe how the data collected are used? (analysed, shared, actions, reporting lines) (any reports to see?)
	How timely and complete is the reporting?
	How timely is the response?
	Does the health district collaborate with other partners for surveillance and response? Which ones and how?
	What do you believe are the priority gaps in the surveillance system?
	Do you interact or collaborate with animal health surveillance actors at the district level? If yes, how and how often?
	Have you worked on CBS or surveillance with other partners? If yes who?
	What are your thoughts on working with the Red Cross Red Crescent on CBS? Do you think the Red Cross Red Crescent could play a role in CBS? • If yes, what kind of role? • If no, why not? What are the barriers?
Outbreak response	How and when is a disease outbreak declared?
	When was the last time an outbreak was declared in your district? Can you please describe what happened before and after?
	How was it responded to?
	How do you prevent and prepare for an outbreak?
	How do you work with partners in an outbreak?

Theme	Questions
CBS	Do CHWs participate in surveillance? If yes, how?
	Do community animal health workers exist? If yes, do they participate in surveillance? If yes, how?
	Do you believe there is a gap in the surveillance system in terms of getting information from community level? In which communities/areas? Why?
	Do you think CBS could have an added value and feed into your existing surveillance system? • Why? • How?
	What is the capacity of the district to manage and respond to alerts from the community? • Data management? • Case verification and community-based investigation? • Intervention? • Communication and coordination?
If there already is a CBS system in country	If there is a project for CBS already, please describe it: • Data collection: who does it, how is it done? • Describe data flow. • Do you participate in data analysis? How? • Describe response at community/facility level - please give examples. • How are the feedback mechanisms? Do you receive feedback? How often? By whom? • How are data protected?
	Please describe roles and responsibilities in CBS among different participants in the health facility/community.
	What do the community members or CHW do now if someone is sick in the community?
	In the light of this CBS project, have you already assessed the priorities and concerns of the communities in the potential sites for the project? If yes, what are the results?
	Are these communities receptive to the idea of CBS?
	Have you detected any resistance or concerns around CBS?
CBS implementation	Describe the implementation plan for CBS and what the current state of implementation in your district is?
	Could you share any documents on the project? Could we see digital or paper registries where you collect the data?
	Do you need to report on any indicators? If yes, which ones? How often? By what means?
	Do you get feedback on your reports?
	Has there been any evaluation of the CBS programme? What have the results shown? What has been done considering these results.

Table 26. Conversation guide with district animal health

Theme	Questions
Animal health risks and surveillance systems	What are the prioritized animal health risks in your district?
	Can you describe reporting through the surveillance system? • Use of digital HIS? • Data collection? (at which levels, tools, etc.) • Any documents or training materials available? • Data flow and response? • Data protection?
	How are catchment areas decided?
	Can you describe how the data collected are used? (analysed, shared, actions, reporting lines) (any reports to see?)
	How timely and complete is the reporting?
	How timely is the response?
	Does the animal health district collaborate with other partners for surveillance and response? Which ones and how?
	What do you believe are the priority gaps in the animal health surveillance system?
	Do you interact or collaborate with human health surveillance actors at the district level? If yes, how and how often?
	Have you worked on CBS or surveillance with other partners? If yes who?
	What are your thoughts on working with the Red Cross Red Crescent on CBS? Do you think the Red Cross Red Crescent could play a role in CBS? • if yes, what kind of role? • If no, why not? What are the barriers?

5.4 Community level interviews

Purpose: To understand what the volunteers, CHWs and animal health workers do in their community, how they relate to the community members, how they work with the branch, what support mechanisms they have and what capacity they have to implement CBS.

Introduction: Introduce yourself, say why you are there and what you will do with the answers. Explain that you are there to support the National Society with their health programmes and to assess if there is a need for community-based surveillance. Explain shortly what CBS is and how it can be of value to communities. Clarify that names will not be cited in your report, so that their answers will remain anonymous. Remind them that their opinions and understanding of the community are very important and to please speak their minds freely.

Managing the group interview: Throughout the interview, ask questions to the group at large, but ensure everybody gets a turn to speak. Ask individuals who have been quiet if they would like to give their opinion and ask explicitly for diverging opinions. (see Section 2 and Methods)

Table 27. Conversation guide with National Society volunteers – group interview

Theme	Questions
General	Ask participants to introduce themselves one by one, and state their name, occupation, how long they have been volunteers, their background, and if they have any health experience.
	Can you talk about the health-related activities you do in your community? Please describe how you carry out these activities and with what frequency.
	How were you trained to do these activities? • What trainings have you done? • Have you received training from and/or are working for other organizations as well?
Working as a volunteer	What are the geographical areas you cover? • How do you move around?
	Can you talk about what it is like to work as a volunteer in your communities? • Do community members accept you? Trust you? Can you give examples of why yes or why no? Why do you think they do or do not trust/accept you? • Do community members tell you what is going on? When something is wrong? How do they tell you? How do they reach you? Can you give examples? • Do they listen to you when it comes to health issues? Do they follow your advice? Can you give examples of this?
	Do you get support from the branch or someone else? • Can you describe this support? Give examples?
	Do you like working as a Red Cross Red Crescent volunteer? • Why? Why not? • What are the main advantages or motivations for doing it?
Communication and reporting	How do you communicate with the branch and the National Society? • Who is your main point of contact? • Do you have regular communication?
	How do you report on your activities? Do you report anything else?
	Do you get feedback from the branch on your activities and work? • Can you describe this feedback? • Is it regular? Always from the same person? • Is it useful? What do you do with it?
	Do you have a mobile phone? Smartphone/regular? • How do you charge it? • Do you usually have credit on it? • How reliable is the network coverage in your area? • How good is access to electricity for charging your phone?

Theme	Questions
Health and health risks	How close or far is the nearest health clinic from your community?
	What is your relationship to the clinic? What is your relationship with the clinic staff? (Nurse, midwife, doctor present?) • Do you go there often? How often? • Do you participate/help with different activities? Please describe. • Do you work with the community health workers, community health committees, the health facilities, community animal health workers (if they exist)?
	Are there any community health workers (CHW) or village health teams (VHT) in the community? • Are you a community health worker? • What is the difference between a Red Cross Red Crescent volunteer and a CHW?
	Are there any community animal health workers in the community? • Are you a community animal health worker (CAHW)? • What is the difference between a Red Cross Red Crescent volunteer and CAHW?
	Can you discuss what health risks you see in your community? • Do your activities respond to these?
	Can you talk about what happens if someone in the community gets sick? • Do people go to the health facility? (access, cost) • Are there traditional healers? • Access to pharmacies?
	If something serious was happening in the community (death, disease, disaster): • Who in the community would be the first to know? • How would YOU find out? • What do you do if something serious is happening in the community? • Has this already happened to some of you? What did you do?
	Can you talk about how the community would respond to a disease outbreak? • Have you ever had a disease outbreak in your community? What happened? • How is a community death responded to?
	What do you think are the most important actions to prevent outbreaks in your community? (both actions you are doing and actions you think should be done, but are not done now)

Table 28. Conversation guide with health facility staff and/or CHW (community level)

Theme	Questions
General	What is the area you cover? (Population size/catchment area?)
	Do you think everyone in this area can easily get to you? (access, cost, trust) • Are there some populations you know that do not come to the clinic if they are sick?
	Does your health facility collaborate with other partners for health activities? Please describe.
Health risks and surveillance	What are the health problems you see in this area? • Do you have any reports, register? Can we see what you have? • Are there any seasonal differences?
	If someone comes to you with a communicable disease, what do you do? Do you have a surveillance system?
	Can you describe reporting through the surveillance system? • How do you collect data? Where? • Do you use digital or paper registers? Can we see them? • Who do you report these data to? (what is the next level?) • How and when do you report on the data you collect? ▪ How does this change if it is something of urgent concern to you or the community? • Who are data shared with and how? • Do you get data from other areas about cases or outbreaks? • How do you protect the data?
	What happens if you report, for example, a case of measles or other communicable disease? • Is there an investigation? By whom? • How fast? • Can you give an example of a previous case? • How do you participate? • What is the response?
	Do you receive any feedback in return based on your reporting to the district/region/next level? How do you use your surveillance data in your planning?
	When was the last time an outbreak was declared in your area? Can you please describe what happened before and after?
	What happens if someone dies in the community?
	Does your health facility collaborate with other partners for surveillance and response? Which ones and how?
	Do you have any interaction with those that manage animal surveillance in the community? If yes, how does this work, how often?
	Do you believe there is adequate and timely detection of potential outbreaks? • If yes, why? • If not, why not? • What are the gaps? What do you think should be done?

Theme	Questions
CBS	Do the health facility and CHWs participate in surveillance? If yes, how?
	If someone is sick in the community, do you have the capacity to go there and verify? (number of staff, outreach activities)
	Do Red Cross Red Crescent volunteers often refer to you?
	Do you think that the Red Cross Red Crescent could play a role in CBS? • If yes what kind of role • If no why not? What are the barriers?
	Do you think CBS could be useful/have an added value in your area? How can you picture it adding value?
If there already is a CBS system in country	If there is a project for CBS already, please describe it: • Data collection: who does it, how is it done? • Describe data flow. • Do you participate in data analysis? How? • Describe response at community/facility level - please give examples. • What are the feedback mechanisms? Do you receive feedback? How often? By whom? • How are data protected?
	Please describe roles and responsibilities in CBS among different participants in the health facility/community.
	What do the community members or CHW do now if someone is sick in the community?
	In the light of this CBS project, have you already assessed the priorities and concerns of the communities in the potential sites for the project? If yes, what are the results?
	Are these communities receptive to the idea of CBS?
	Have you detected any resistance or concerns around CBS?
CBS implementation	Describe the implementation plan for CBS and what the current state of implementation in your health facility is?
	Could you share any documents on the project? Could we see digital or paper registries where you collect the data?
	Do you need to report on any indicators? If yes, which ones? How often? By what means?
	Do you get feedback on your reports?
	Have there been any evaluation of the CBS programme? What have the results shown? What has been done in light of these results.

Table 29. Conversation guide with animal health staff (community level)

Theme	Questions
General	What is the area you cover? (population size/catchment area?)
	Do you think everyone in this area can easily get to you if there is an outbreak of concern among animals? (access, cost, trust)
Health risks and surveillance	What are the health problems you see in this area? • Do you have any reports, register? Can we see what you have? • Are there any seasonal differences?
	If someone comes to you with a communicable disease, what do you do? Do you have a surveillance system?
	Can you describe reporting through the surveillance system? • How do you collect data? Where? • Do you use digital or paper registers? Can we see them? • Who do you report these data to? (what is the next level?) • How and when do you report on the data you collect? ▪ How does this change if it is something of urgent concern to you or the community? • Who are data shared with and how? • Do you get data from other areas about cases or outbreaks? • How do you protect the data?
	What happens if you report? • Is there an investigation? By whom? • How fast? • Can you give an example of a previous case? • How do you participate? • What is the response?
	Do you receive any feedback in return based on your reporting to the district/region/next level? How do you use your surveillance data in your planning?
	When was the last time an animal disease outbreak was declared in your area? Can you please describe what happened before and after?
	Do you collaborate with other partners for surveillance and response? Which ones and how?
	Do you believe there is adequate and timely detection of potential outbreaks? • If yes, why? • If not, why not? • What are the gaps? What do you think should be done?

Table 30. Conversation guide with community members

Theme	Questions
Structure	Can you talk about your different roles in the community and what a normal day in this community looks like? (do people meet regularly? groups? activities?)
	How is your community structured: • distances within community? • distance to next community? • distance to health facility? • who is/are the community leader(s)? • mobile network coverage, electricity?
	Do you have health committees? Community health workers? Red Cross Red Crescent volunteers?
Health risk	Can you discuss what health risks you see in your community?
	Can you talk about what happens if someone in the community gets sick or dies? • Do people go to the health facility? (access, cost) • Do you work with the health facilities? Traditional healers?
	Can you talk about how the community would respond to a disease outbreak?
	Have you ever had a disease outbreak in your community? What happened? Who is responsible?
	What do you think would be the most important support you could give to your community to prevent disease outbreak or during a disease outbreak?
Partners	How do you work with Red Cross Red Crescent? • Are there volunteers present in the community? If so, do you know what they do?
	Are there other organizations doing activities here? Which ones? What are their activities?

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

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

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

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

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

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

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

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

For more information on this IFRC publication, please contact:

**International Federation of Red Cross and
Red Crescent Societies**

Health and Care Department
Email: health.department@ifrc.org

International Federation
of Red Cross and Red Crescent Societies