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Community Based Surveillance and Response (CBS) A tool kit

December 2026

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One Health Kerala

Department of Health & Family Welfare
Government of Kerala

KERALA.HEALTH

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Preface

The concept of One Health is gaining acceptance worldwide because of the emerging needs with regard to epidemic outbreaks and other communicable health hazards.

Kerala state, as a policy, decided to initiate One Health programmes. Initially the programme is piloted in 4 Pamba river basin districts – Kottayam, Pathanamthitta, Idukki and Alappuzha and later, based on the learning from pilot phase, is getting expanded to other districts in the state. The Govt. of Kerala has launched One Health programme in May 2022 and set up the governance and management systems – both at state and district levels – to roll out the programme.

Implementation through Local Self Governing Institutions (LSGs) is the key strategy adopted for operationalization of One Health programme in the state. Center for One Health Kerala and District Programme Management Units are established as part of system setting up to design, plan and implement One Health programmes in the state.

Community Based Surveillance and Response (CBSR) is one of the key component of One Health programme. A series of consultations were held at multiple level involving various department officials and technical experts to finalise the design of ***CBS*** in the state. ***CBS*** is visualised as a community driven programme well supported by LSGs, District health facility and State level health unit. The programme is envisaged as a collaborative venture of various departments in the state.

Department of health and family welfare will be the lead department managing the programme at state level. ***CBS*** systems will be developed in all PRIs of the state and appropriate systems will be established at district and state level to provide adequate support for early detection and early intervention processes. I am sure that this approach will enhance the efficiency of epidemic control in outbreak situations in the state.

This tool kit is developed to provide guidance to various stakeholders at multiple levels in setting up and operationalizing ***CBS*** in the concerned PRIs. To support the programmes, many innovative capacity building programmes have been planned and provided inputs to various departments. But the very nature of the LSG level One Health functions and the community mentors/volunteers associating, demand, sustained ongoing support to effectively implement programme at LSG level. This CBS tool kit will also address those concerns with regard to the sustained inputs to improve

the quality of CBS implementation in the state.

I am optimistic that this ***CBS toolkit*** generates a greater interest in supporting One Health initiatives and encourages more programme managers to adopt it to state level systems across the country.

My appreciation to Center for One Health Kerala in Developing this ***CBS tool kit***. Let me also thank the COHK team, Dr. Dileep Kumar, Dr. Hari Kumar, Dr. Ajan, Dr. Zinia Nujum and Shri Satheesh Chandran for their technical inputs to make it happen.

Thank you

Dr Rajan Khobragade IAS

Additional Chief Secretary
Health & Family Welfare and
AYUSH Department
Govt of Kerala.

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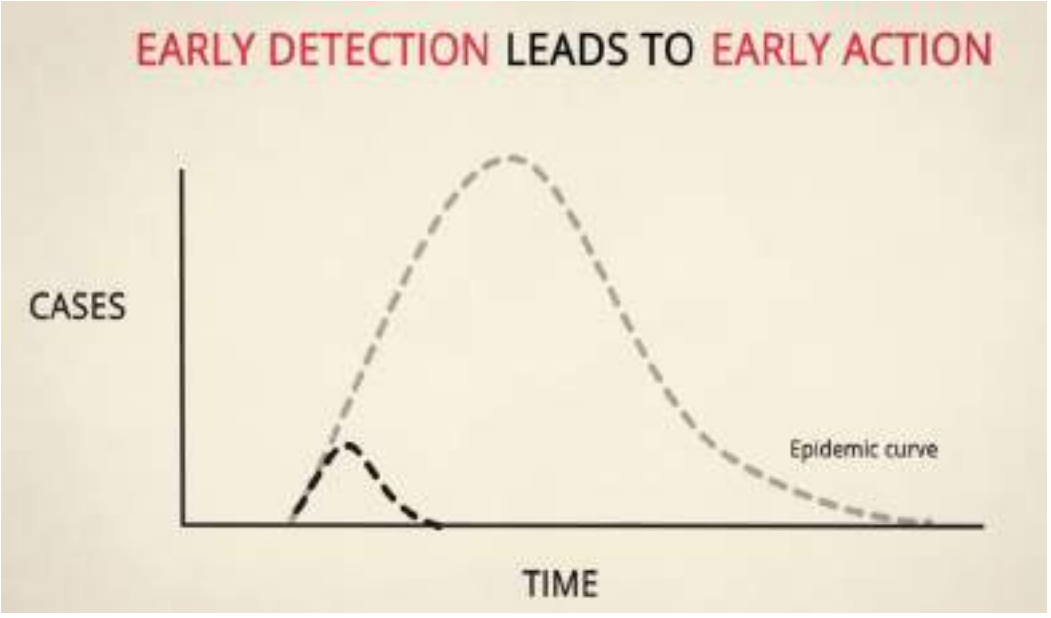
Abbreviations

ACS	Additional Chief Secretary
ASHA	Accredited Social Health Activists
CBS	Community Based Surveillance
CBO	Community Based Organization
CS	Chief Secretary
CSO	Civil Society Organization
CHC	Community Health Centers
COHK	Center for One Health - Kerala
CV/CM	Community Volunteers/Community Mentors
DHS	Director of Health Services
DLM	District Level Mentors
DME	Director of Medical Education
DMO	District Medical Officer
DPSU	District Programme Support Unit
DSO	District Surveillance Officer
EBS	Event Based Surveillance
FHC	Family health centers
GO	Government Orders
HI	Health Inspector
HS	Health Supervisor
IDSP	Integrated Disease Surveillance Programme
IBS	Indicator Based Surveillance
IEC	Information Education Communication
IHIP	Integrated Health Information Platform
JAK	Janakiya Arogya Kendra
JHI/JPHN	Junior Health inspector /Junior Public Health Nurse
JOBI	Joint Outbreak Investigation
LSGs	Local Self Governing Institutions
LSGD	Local Self Governance Department
MO	Medical Officer
NGO	Non Government Organization
OH	One Health
OHM	One Health Mentors
OHP	One Health Programme
PHC	Primary Health Center
PH Lab	Public Health Lab
PHN	Public Health Nurse
PHRM	Periodic Hazards and Risk Mapping
PRI	Panchayat Raj Institutions

Purpose of the toolkit

The impact of outbreaks in any society leads to heavy loss of human life, damages to infrastructure and instabilities in social life. One Health approach in epidemic control focuses on preventive, curative and control aspects in the early stages itself. There are systems inbuilt in one health approach which ensures early alerts, early detection and early interventions which helps to initiate appropriate responses well in advance. Community based surveillance and response programme is one such system which enables the community and other stakeholders to understand the situation, identify the issues and act on the issues in an early stage.

The below given diagram shows the advantages of early detection and early intervention in controlling the epidemic in an outbreak situation. Early detection and actions lead to decline in cases as well as reduction of deaths. It condenses the impact level of epidemic outbreak.



This toolkit is for setting up Community Based Surveillance System in PRIs. The tool kit is developed in consultation with many stakeholders and focuses on reducing the impact of epidemic by ensuring early identification, early detection and setting early responses. This tool kit will be a useful guideline to set up community-based surveillance and response systems in PRIs. It clearly defines the roles and responsibilities of various stakeholders with regard to setting CBS as well as operationalizing it at the PRI level. The

tool kit also focuses on the technical aspects of carrying out CBS and roles of state and district units in facilitating the processes.

This tool kit provides guidelines to health and other departments to set up CBS and operationalize it at PRI levels. The annexures provide disease information and action points.

Scope of the tool kit

The CBS system is not an alternative for any of the existing surveillance systems.
However, it may increase the efficiency of identification, detection and interventions in an epidemic situation. Community based Surveillance and response system is an effective method to prevent or control epidemic outbreaks, which is a proven practice in many countries. This system focuses on meaningful and enhanced community engagement in surveillance, detection and responses. A coordinated response initiative involving the larger community, Volunteers and Health or other departments' facilities is ensured in this system.

The scope of this toolkit is limited to establishing and operationalizing CBS system in a LSG (rural, urban or tribal) within the state and supported by state and district level units. This tool kit is developed based on the learning from first phase implementation of One Health Programmes in 4 Pamba basin districts (Kottayam, Pathanamthitta, Alappuzha and Idukki).

While establishing CBS system in various LSGs, there will be new learning as well as a need to increase the scope of the initiative. Such learning and needs shall be analysed and appropriate revisions shall be made in this tool kit. The document is open for any review and further revisions based on the felt needs.

This tool kit shall be used by Policy makers, Programme managers at multiple levels, PRI level governance persons, Community leaders, mentors or community volunteers and those who are willing to be community volunteers/Mentors in planning and implementation of CBS. Later, relevant guidelines of this toolkit shall be compiled and make it as a guide for Community Volunteers.

Community Based Surveillance & Response (CBS) is a Functional system and not a structural one

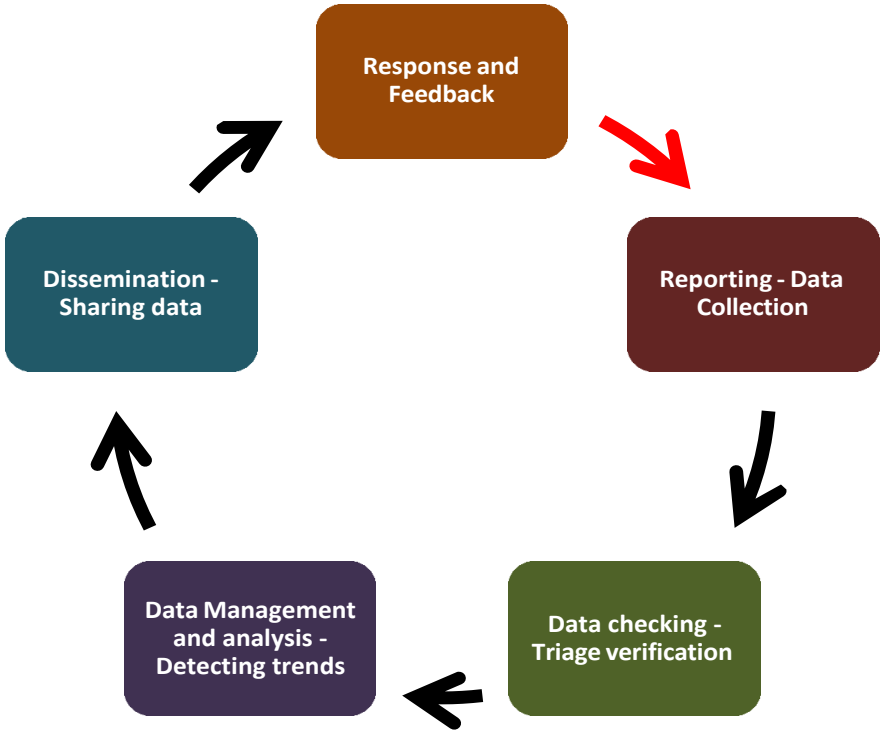
Significance and types of surveillance

What is surveillance

"Surveillance is the continuous systematic collection analysis and interpretation of health related data for action."(ref WHO).

There are many types of surveillance. Public health surveillance is a process of detecting changes in health patterns and monitoring its influence on population. The focus of surveillance is to detect health threats at the earliest, and ensures that various stakeholders are informed properly, and receive relevant information on the situation on time. It strongly facilitates the planning, implementation, monitoring and control of public health interventions during epidemics including emergency situations.

Key Processes in Surveillance and Response System



There are different types of surveillance – Active, Passive, Sentinel, Community based etc. In all the surveillance systems, the detection of outbreaks is spotted at the earliest and rapid prevention and control measures to reduce the spread of a disease is initiated. Early detection leads to early response which ensures safety of people in the area. The systematic collection of information (data) can occur at the health facility level (e.g.

JAK/PHC/FHC/CHC, other hospitals etc.), or at the community level (e.g. PRI/Ward, markets, schools, workplaces, etc.). The reporting also regularly taking place through existing systems such as IDSP or IHIP (from JAK/PHC level to tertiary care level).

Concept of Community Based Surveillance and Response

CBS is an integral part of One Health approach. Community based Surveillance is a participatory process of early identification, early detection and early interventions during potential epidemic outbreak situations to control the epidemic outbreak and reduce its impact.

CBS is defined as "The systematic detection and reporting of events of public health significance within the community by community members. CBS includes both indicator-based (IBS), event-based (EBS) surveillance methods and a mixture of both methods."

Under CBS, community volunteers or focal persons are selected in demarcated areas to identify events or indicators which shall be warnings of epidemic outbreaks and inform it to the immediately available health facility for further detection and intervention planning.

Objectives

To build and strengthen the capacity of communities to conduct effective surveillance and response activities (under guidance) in line with One Health approach and strategies

To improve the flow of surveillance information between the community and the local health facilities or other concerned facilities

To plan participatory early detection and early interventions to prevent and control the epidemics

Key approaches to collect community information as part of CBS

- **Indicator Based Surveillance - IBS** - one relies on identifying and reporting events based on agreed indicators (lay case definitions). For example, trusted community members are trained to identify diseases such as measles, cholera, polio and Guinea worm, using community (lay) case definition and use the standardized reporting system to the next level.
- **Event Based Surveillance – EBS** - relies on reporting of unusual events (alerts) which can alert the early stages of an outbreak or any other public health threat in the community. Alerts may capture a wide variety of unusual events emerging

at the community level, and information from these alerts may be incomplete and unconfirmed and as such, need to be triaged and verified at health or other facilities.

- Information using this strategy can also come from people who have already been oriented on the agreed indicators (lay case definitions), for example, the CBS volunteers, or any other representatives from community, who have been trained to detect events, such as unusual animal deaths or bird deaths etc. and report them to the next level.

Reporting and methods of reporting

Community volunteer or mentor identifies or observes certain issues in the surroundings and neighborhood and alert the system (reporting it to the concerned people). There are many sources to share the information with in the PRI.

Mode 1 – Community volunteer or community mentor identify an issue of health hazards and as a first step reporting it to nearest health facility or LSG facility or any other associated department facility. As soon as the information is received, the facility acts up on the information and initiate detection processes. Simultaneously share the information to district level units (health department or associated departments based on the nature of the information or issues reported)

Mode 2 – Community volunteers/community mentors using the dedicated number or App sharing the information to district or state level facility. As soon as they receive the information, the district or state contacts with LSG level health or other facilities and requests for further action and reporting.

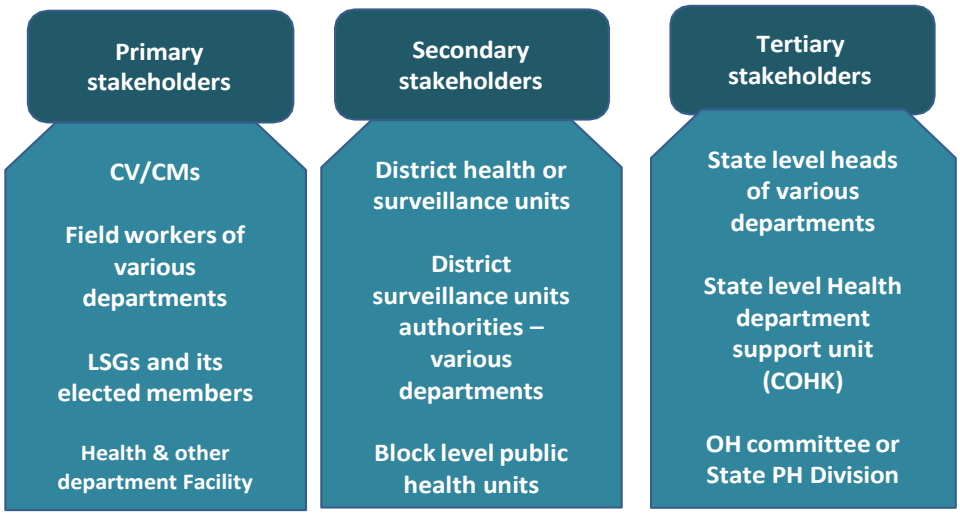
Mode 3 – Third mode may be share the information to the Ward member or any officials in the LSG and push them to immediately share the information with the health facility or concerned departments for further verification and action – to LSG level or district level or state level.

Mode 4 – Fourth mode will be sharing the information with any officials or community leaders or a key informant in the nearby areas and to push them to share the information with concerned authorities (either health facility in LSG or district or state, other associated department facilities including LSG facility.

The recommended method for sharing information is through a Mobile App. In the absence of the same it shall be using mobile phone or through land phone (either through messaging or through verbal communication). If all the above things are not available it shall be physical reporting to the concerned authorities.

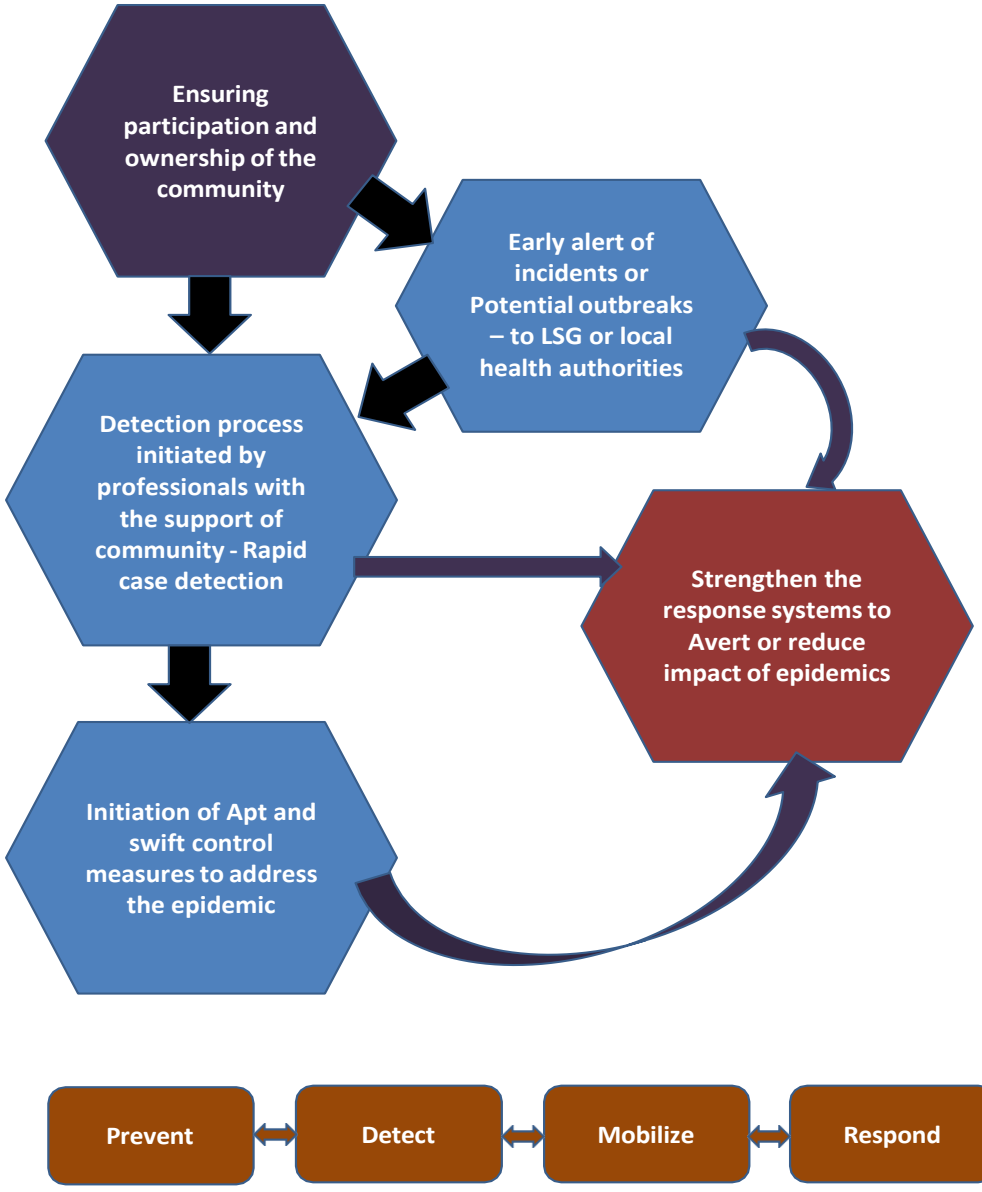
Key stakeholders in Community based Surveillance system

There are three types of stakeholders involved in CBS as follows:


Primary stakeholders
CV/CMs
Field workers of various departments
LSGs and its elected members
Health & other department Facility
Secondary stakeholders
District health or surveillance units
District surveillance units authorities – various departments
Block level public health units
Tertiary stakeholders
State level heads of various departments
State level Health department support unit (COHK)
OH committee or State PH Division

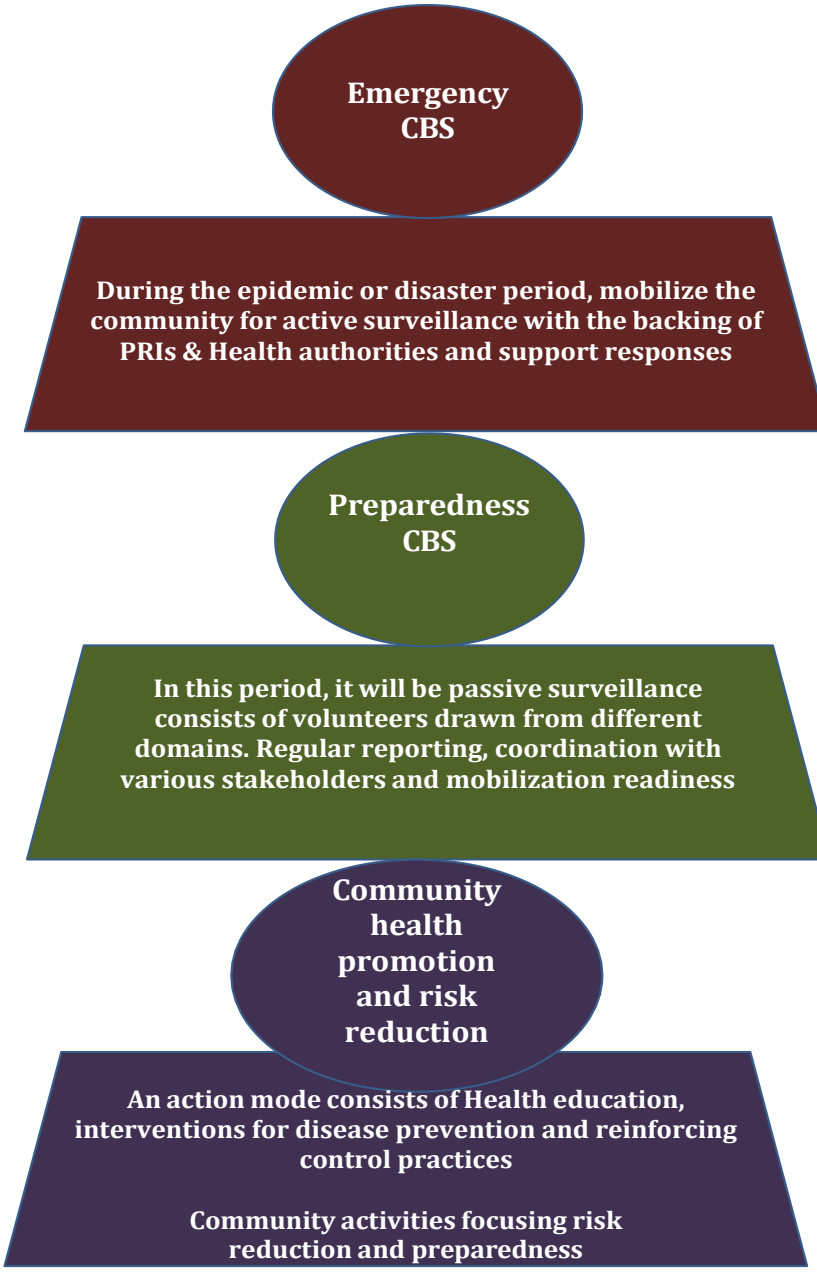
Community Based Surveillance – Processes and Outcomes

Community Based Surveillance focuses on prevention and control of epidemic as well as the reduction in epidemic impact. The following diagram describes about the key processes involved in the CBS and how it reduces the epidemic impact.

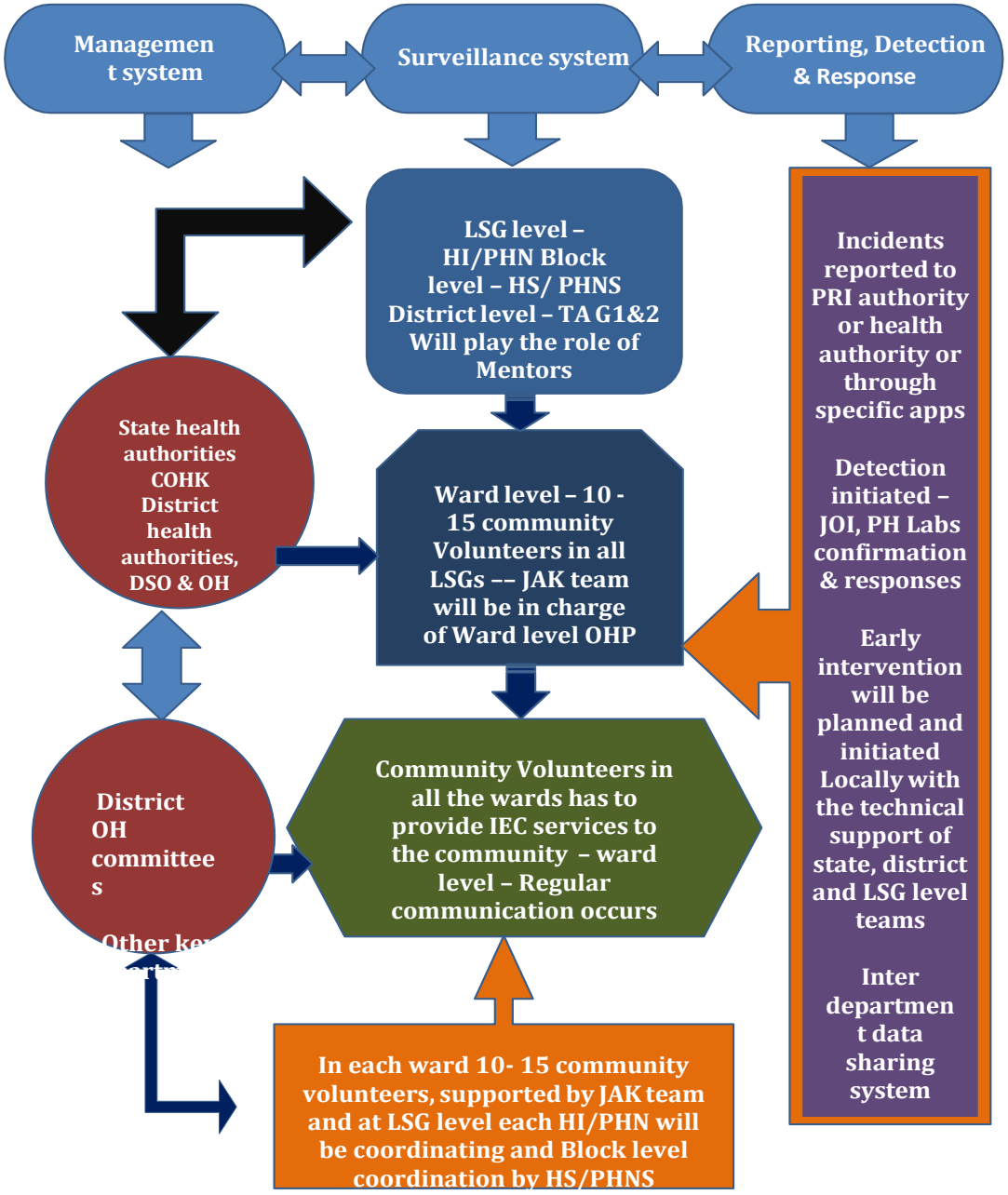


Community Based Surveillance in different situations

Community Based Surveillance is a continuous process and it has different focused approaches in various situations. The below given diagram explains about the changing approaches CBS in various situations.



Newly Suggested CBS System in Kerala



The ownership of community based surveillance systems will be vested with each PRI and this will be technically supported by DPSU & district health authorities

Roles of community volunteers and other stakeholders in CBS

JAK team shall enroll community volunteers in consultation with various department officials and finalise it in discussion with concerned ward members

JAK team shall train the enrolled Community Volunteers in One Health and community based surveillance and response. The module developed for training community volunteers shall be used for this purpose.

The district mentors or LSG level mentors has to form a social media group of trained community volunteers in the PRI. The District team members maintain contact with trained CVs on a regular basis – either through phone or through other means of social media.

The information sharing pattern and nature of information shared by the CVs shall be analysed by JAK team on a weekly basis and reported to the concerned Medical Officers (MOs). LSG level mentor will present the OH report in the monthly block level review meeting. CBS as one of OH reporting shall be included as one of the agenda in the monthly MOs meeting at the district level.
The same mode shall be followed by other departments and shared the information either at LSG level or district level on a need based manner.

Each community volunteer shall observe their surroundings and neighborhood on a regular basis and report to the health - JAK team members (MO or PH team) or LSG authorities or to the toll-free number or App or WhatsApp regarding the unusual health hazardous incidents taking place in the area.

As soon as the information is received, it shall be processed by the health authorities and initiate detection procedures to understand the situation. Simultaneously the received information shall be shared with district or state health surveillance units.

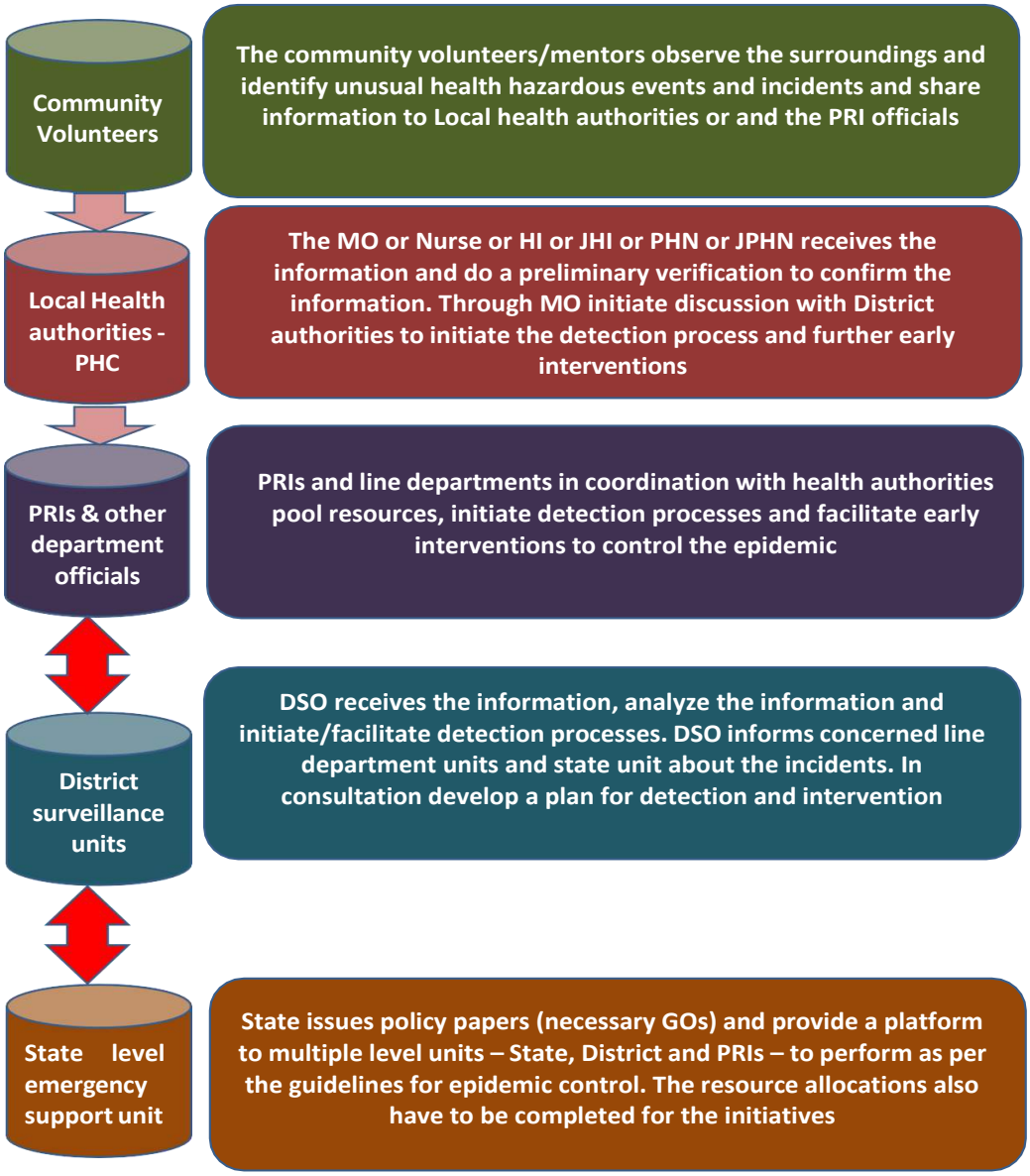
Based on the guidance from district or state units, detection procedures have to be completed and facts are verified/identified.

Once the detection procedures are completed, in consultation with district and state level team members a plan for early response shall be developed and start implement in the concerned area. The participation of CVs/CMs and PRI based departments teams are ensured in the rolling out of the plan. This will help to bring in locally available resources to support the early intervention activities to reduce the impact of the incident/epidemic.

The entire process shall be documented properly on a timely basis for further verification and analysis.

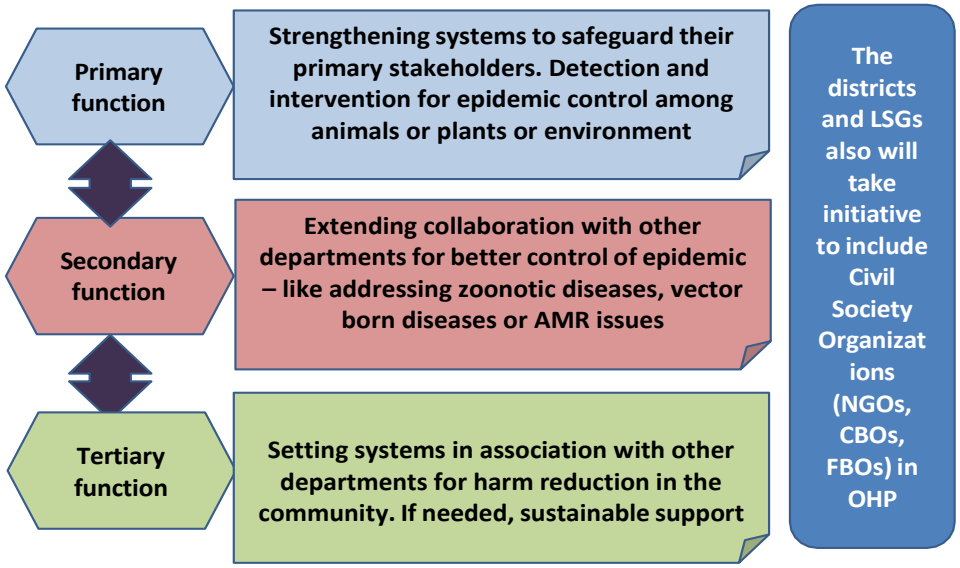
Key stakeholders and their roles in Community Based Surveillance

Involvement of various stakeholders is an essential element in CBS. The processes involved in CBS are supported, facilitated and coordinated by many departments at multiple levels. Each stakeholder has to play different roles in the effective operationalization of CBS. The below given diagram gives a clear picture about various stakeholders and their required roles in CBS.



Interdepartmental coordination - Functions of Various departments

One Health programme is a comprehensive programme which addresses issues related to Human, Animal, Plant and Environment by understanding its interconnectivity and shared environment. It also focuses on the harm reduction and impact management so as to ensure a quality living in a healthy environment. In this context, coordination and collaboration of various department in the state and civil society organizations are very critical and crucial in operationalizing one health programme to achieve its outcomes. Some of the broad functions of the departments are as follows:



Essential Supporting for Interdepartmental coordination

A GO / Guidelines directing all departments to collaborate in One Health Programme at multiple levels. The nodal department for coordination will be Health department.

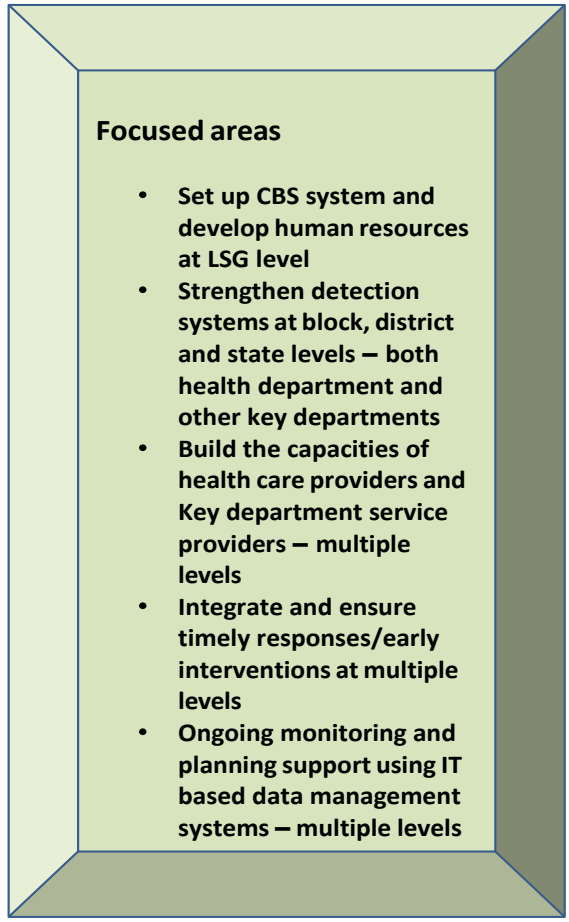
Key Departments	*Roles*
Health & Family Welfare **Agriculture, Diary** **Animal Husbandry & Fisheries** **SC/ST development department** **Forest & Environment & Pollution Control** **Food safety** **Water authority & Irrigation** **Local self-governance – Rural and Urban** **Disaster Management & RKI** **Drugs control**	• **Roles related to surveillance** • **Roles related to early detection** • **Roles related to Early and long term interventions** • **Strengthen internal systems** • **Establish linkages** • **Set up collaborative ventures**

Steps in setting up Community Based Surveillance

Community Based Surveillance is not a standalone programme. It has to be integrated into existing systems of government. CBS is an additional system which ensures early warning, early detection and early intervention related to outbreaks through community participation and ownership.

It should not be seen as programme where community participation is decorative or consultative. Community participation needs to be ensured in all stages of CBS operations. For this, appropriate capacity building programmes need to be organized at multiple levels for the community as well as for other stakeholders. Participatory planning, implementation and monitoring are integral part of the programme and in all stages community has to be encouraged to play their roles in terms of achieving its objectives.

People in governance, various department officials and community members have to play collaborative roles in CBS.



Setting up and operationalization of Community Based Surveillance require two types of acceptance. First one is from the governance people and officials, second one is from the community.

Appropriate Capacity building programmes shall be organized for the governance people and officials to understand the scope of the CBS and procedures to follow to operationalize Community Based Surveillance in a LSG. Similarly, the community also has to be equipped with knowledge and certain skills to understand CBS and its rolling out. Community has to perceive it as a felt need and convinced that CBS can be good option for safeguarding and maintaining their health and wellness.

The setting up initiatives shall be planned at four levels – State level, District Level, LSG level and Community Level

1. State level

- The government takes policy decision to roll out one health programme and as part of One Health programme Community Based Surveillance and response will be implemented in the state utilizing the LSG system in state.
- Government identify Health department as nodal department for planning and implementation of One Health programme and set up State level one health committee under the leadership of Health Minister. Principal Secretary Health will be Convener of the committee. All the key line department heads will be the members of the committee.
- A functional core group is formed to operationalize the one health programme in the state which includes setting up of CBS across the state.
- State health department team including COHK Develop a plan for capacity building, implementation management, continuing support and monitoring for setting up CBS system in LSGs (both rural and urban)
- State in consultation with various stakeholders develop a tool kit for setting up CBS in LSGs
- State organize a consultation meeting with various stakeholders to finalise the operational plan for CBS setting up and finalise the plan
- State also coordinate with various key departments to ensure their cooperation and collaboration in extending support in setting up CBS across the state
- A web portal for one health is functional and a dashboard is set to update the progress of the CBS setting up, its functional aspects and outcomes on a periodical manner.
- Appropriate resource allocations and transfer of funds shall be facilitated by the state mechanism
- **Government Order** for interdepartmental coordination issued

2. District Level

District level One Health Committees are formed as per the GO issued by the health department

State level CBS setting up plans and guidelines are received by the District health authorities and necessary instructions are given to One Health Nodal officers

Organize orientation meeting on CBS, its setting up, related guidelines and resource allocation to all the MOs and public health staff including in place one health mentors (HI/PHN/JHI/JPHN)

One health nodal officers with the support of In-place mentors contacting all the LSGs and brief the key people about the purpose and process to set up CBS in each LSG. Handover the guidelines to President or Chairman or Secretary of the LSG

The In- place mentors in association with MO, provide facilitation support to each LSG in setting up CBS, enrollment of CVs, CV capacity building and operationalization of CBS

In place mentors organize training programme for community volunteers on one health and CBS. Role clarities and responsibilities of CVs shall be appropriately communicated to the CVs.

District authorities set up a surveillance committee at district level under the leadership of DSO and make it as a coordinating platform where other Key departments also encouraged to share their data to complete detection processes and plan early intervention activities

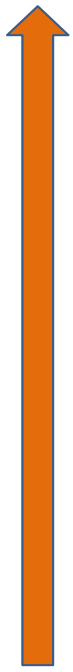
The potential of dashboard in the one health portal also will be used for the progress update and further information sharing

Public health labs are strengthened at the district level to ensure detection support on time and provide data analysis on identified or reported health hazards

Ensure continuous mentoring support to LSGs in planning and operationalization of CBS at LSG level (Gram Panchayats, Municipalities and Corporations).

Resource allocation guidelines are also provided with LSGs for their in-house proceedings

3. LSG level



As per the Government orders LSG set up one health committee in the concerned LSG

In the LSG committee (Gram Panchayat or Municipality of Corporation) the decision is taken to set up and operationalize as part of One Health programme

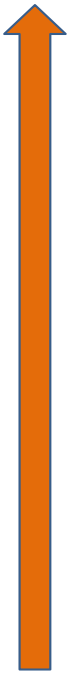
LSG entrust one officer as a nodal person to coordinate One Health programme in association with the medical officer in the LSG.

LSG level One Health/CBS capacity building is completed for all the elected representatives, officials and health team. LSG level One Health Mentors (OHM) identified and assigned in the LSG

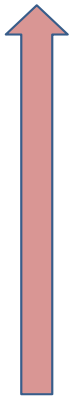
Community volunteers identified, enrolled and trained by OHM in consultation with ward members and other departmental officials

OHM initiates community volunteers, ward members and other health officials' social media group and maintain it

With the support of LSG and health facility team members, OHM operationalize CBS. Develop monitoring and reporting systems and start implementing it



4. Community Level



Community volunteers are provided with key aspects of tool kit and necessary support facilities as per the guidelines

Community volunteers received appropriate training and guidance in operationalizing CBS.

Community volunteers have clarity about their roles and responsibilities. They sit with OHM and plan their work and act accordingly

They establish a communication system with the community and act as a catalyst between community and health facility

Regular information sharing, review meetings and other IEC activities as per the guidelines initiated

Key Steps in setting up CBS in a LSG

Setting up Community Based Surveillance and Response system in a PRI is not a single process. It involves many steps which have to be managed by both the people in governance structure and management structure. To understand the very existence of CBS in a PRI, the verifying or monitoring agencies shall look into the following steps and indicators. ***CBS is more a functional system rather than a structural one.***

No	Steps	Indicator	Means of verification
1	District officials visit LSG and brief President, Vice president, Health standing committee chair and other key governing council and officials about CBS and rational behind setting up	Meeting conducted in the LSG	Meeting minutes Photo
2	LSG take a decision to set up CBS in the governing council meeting	Meeting conducted with an agenda to take the decision to set up CBS. PHC MO is given the charge of One Health Nodal officer for the LSG	Meeting minutes Photo Name of the MO of concerned PHC
3	District team conducts training for governing council members and key officials on CBS and its setting up	Training conducted	Training reports with participant list and photos
4	LSG level one health committee formed as per the GO and official meeting conducted	Meeting conducted. PHC MO appointed as convener of the OH committee	Meeting minutes Photos
5	Identification of LSG level mentors from Health and other allied departments – 5 to 10 such mentors and linked to District mentors	LSG level mentors enrolled and given training and shared the duties and responsibilities	List of mentors and officials letters appointing PRI level mentors from the departments
6	Ward level community volunteers identified and enrolled	List of community volunteers and their details in the portal	List of community volunteers in the portal

No	Steps	Indicator	Means of verification
7	Community volunteers trained on CBS and informed about the reporting system	Training programmes for the community volunteers conducted	Report of the training and photos
8	Social media groups formed for community volunteers	Group status and communication update	Groups and communication exchange
9	Reporting channels for sharing information on unusual events or symptomatic situation identified and communicated to Community Volunteers	Community volunteers reports to LSGs, PHCs, sub-centers or PRI mentors about the emerging incidents	Reporting registers or existing report platforms which documents the reported cases
10	JAK wise community volunteers review meetings	Meetings conducted at least once in a month or on a need based manner whichever is earlier	Meeting minutes and photos
11	Regular reporting of unusual events or situations	Community volunteers reports or informs about the unusual events through given reporting channels	Activity registers or reporting registers at PRI or PHC or Sub centers
12	Action taken by LSGs/OH committee or health authorities	Detection process initiated either through joint outbreak investigations or through lab testing or further onsite analysis	Reports and photos of the activities
13	District review meetings and planning support to LSGs	District conduct review meetings on a monthly basis including it into the medical officers' conference	Review meeting reports Action taken reports

CBS is a continues process and it has to be carried out on a regular and need based manner. The medical officer and the public health team in association with other key department officials have to take a conscious effort to make it happen, coordinating with community volunteers and LSG. No event shall be ignored, it has to be verified or sent for further investigation to ensure proper detection of an epidemic.

Regular activities to be conducted as part of Community Based Surveillance (CBS) in Panchayat Raj Institutions (including Municipalities)

The below given list is binding one. Other than this if any innovative or need based activities are required, it shall be planned at district or PRI level and implemented in a scientific manner. Proper monitoring and documentation of the same shall be planned accordingly.

No	Activities	Frequency & indicators	Person responsible	Suggestions
1	**Periodic Hazards and Risk Mapping Exercise – PHRM exercise** **An analysis of disease prevalence and its seasonality shall be done before going for the PHRM in the concerned area.** **It is applicable for line departments also – they also have to conduct it in their own domains**	Once in two weeks After the completion and analysis, it shall be reported to DSO. DSO will organize further meetings with other department officials and brief them about the details or outcome of the exercise.	MO PHC PHC public health team Line departmen t officials	Involvement of other key departments are very crucial in effectively carrying out the PHRM. The data shall be shared among the departments after the CDME and further analysis. It includes mapping of hot spots also
2	**Engaging of community volunteers** **Motivation through appreciation and recognition is very essential to keep up the enthusiasm of community volunteers in one health programme.**	Linking them with sub centers, ASHA workers and PRI team Formation of social media groups, conducting of training programmes	LSG mentors – PHC public health team ASHA workers MGNREGP Mates Ward members	It is not necessary that training of community volunteers shall be conducted on a formal manner. Through individual sessions and small group session also CVs shall be trained on a regular basis.
3	**Coordination meetings with Civil Society Organizations**	Once in two weeks – to discuss about emerging	MO of PHC and LSG OH mentor	In the beginning stage a meeting of all CSOs in the

No	Activities	Frequency & indicators	Person responsible	Suggestions
	including NGOs, FBOs and CBOs at LSG level	possibilities of disease occurrence and intervention planning. At least one programme in each ward is conducted Line departments domains also shall conduct domain based programmes	Line departmen t officials	LSG shall be conducted and later on continue it as a regular review and information sharing meeting. There are many organizations who implement government projects in the area and they also shall be invited for the meetings
4	**Review meetings with Community volunteers and other key informants**	At least once in a week or whenever needed. In each ward one review meeting is conducted every week	LSG level OH mentor and PH team members of PHCs including ASHA workers and PHNs, line department officials	It shall be small group meetings conducted at sub-center level or in a convenient place like Anganwadi or schools. Collect the information as well as provide inputs to do things in a desired manner.
5	**Preventive education and care programmes**	At least two programmes in a ward on a weekly basis conducted This should be linked to PHRM and prevention education and other steps are taken up against all the emerging or identified diseases	PHC team supported by LSG officials and line department officials	Available materials shall be sued for the preventive education programmes. Any other resource support or technical inputs or materials shall be obtained from district or state.

Other potential initiatives under CBS

- Organize an assessment within the health and other key departments about the availability and knowledge of standard community case definitions for reporting suspected priority diseases and conditions and events of public health concern

- Organize sensitization programmes – individual or in group (formal or informal) – for community leaders, senior citizens and other influencers about the need for CBS, what information is needed, how the information will be used, the processes being proposed, the characteristics of successful CBS focal persons, the financial or human resource support being offered by the LSG, and what the community gains by participating in CBS

- Provide a tentative list of events and sources of information about health events in the community, including points of contact that the community has with health services. A key informant selected from these sources can form community networks that support the CBS focal persons in early detection of alerts (for example, sensitizing the women and men (Kudumbasree units) who has constant contacts with neighbourhood and nearby areas

- Plan for Home visits - where CBS volunteers are expected to visit all homes in their allotted area regularly to inquire about the priority diseases, any deaths that might have occurred since their last visit.

- Plan for visiting Gathering places - Another way to pick up information on priority events will be for CBS to frequently go to LSG/Ward gathering/meeting places. This will not serve as a substitute to the home visits, but rather, another approach to ensuring that all priority events are identified in good time. Gathering or meeting places in the community are where people gather to talk and share news by word of mouth. Examples include small tea shops, playing grounds, Vayanasalas etc., Kudumbasree units or Haritha karma sena meetings or Employment guarantee shceme areas where women gather on a regular basis. There is a possibility that, while they work, women exchange news about their families and neighbourhood.

- Another place may the markets - A good deal of information and news is exchanged at the market. People who go there spend some of their time buying or selling things and the rest of their time talking to friends and neighbours.

- In temples, churches, mosques or other worshiping places - Sometimes religious leaders make announcements before or after the prayers to let people know about things happening in the neighbourhood. Also, people who attend worship places often talk together before or after the service to exchange news about their families, friends and neighbours.

- Another potential area is schools and in school premises - Teachers and students often share information and news about their families and friends/neighbourhood when they see each other at school or when they play in the school ground.

- Prepare potential list of health hazards/diseases (epidemic prone diseases), the alerts, events, diseases and conditions for surveillance within the Ward or PRI and give them the contact details of health or other department authorities to inform the same

- Identification of training needs is a continuous process for all categories of people involved in CBS which includes community volunteers. Based on the changing needs, in consultation with district teams the In-house mentors shall organize trainings – either in a formal setting or in a non-formal setting. Training shall in surveillance and response skills as well as improved interpersonal skills, using interactive training, adult learning techniques and role playing.

- Usage of methods such as monthly meetings, WhatsApp messaging and telephone calls to ensure tracking of CBS community volunteers. Social media campaigns also shall be planned with the community volunteers and share authentic messages or IEC materials with the community.

- Conduct periodic review meetings between the health facility In-house mentor, CBS focal persons, other department officials and ward members/community leaders, to discuss progress, issues, concerns and provide two-way feedback

The CBS should be implemented in a formalised framework where participants are from community, local self-governance, health facility and other key departments. All need to be aware of the purpose of CBS as well as role clarity on each of their responsibilities. The support of district and state level units also is very important in sustainability of CBS.

Community Volunteers - who can be Community representatives in CBS team

- Any Community member who gain the trust of the community can be CBS community Volunteer. They should be selected by the In-House mentor in consultation with ward member and department officials. That person will be living in that area and associating with community groups to support community. Representation could be from Kudumbasree units, Haritha Karma Sena, Anganwadi teachers, Purusha sahaya Sangam, MGNREGS (Thozhilurappu) labours/mates, Community leaders, Students, Youth club representatives, NGO representatives, farmers, other persons who can be a key informant an act as a health volunteer.

- Once the CVs are identified and enrolled, community volunteers selected, should receive training and carry out their role on how to recognize certain diseases or health conditions for the purpose of reporting suspect cases to the health authority or to the designated authorities.

One Health Mentors (In-house mentors) – Who can be from the departments

- One Health Mentors (OHM – In-House mentors) are drawn from health department and other line departments (like Animal Husbandry, Agriculture, Fisheries, Forest, Food Safety, Environment, LSGD, Water Authority etc.). Those who are in the field level activities or other potential officials who are interested in the One Health programme shall be identified and assigned as One Health Mentor at LSG level. From health department, the One Health Mentors shall be selected from interested or potential JHI/JPHN/HI/PHI/PHN/HS etc. Likewise, from other department also, one can identify potential official and assign as One Health Mentor.

- ***There should be minimum one, One Health Mentor in a LSG. If the size of the LSG is large, more than one OHM shall be engaged. All the selected OHM shall be trained in a formal way and made clear about their roles and responsibilities. They should be reporting to MOs or concerned head of departments at LSG level.***

Materials to be provided with Community Volunteers

- A kit (might be a cloth bag) containing a flip chart detailing about diseases, events and its impact in the community. How to identify that, how to set Reponses to that. Where to inform, How to inform etc., A note pad or diary, A pen, a pencil, a clip board, some white papers, eraser, scale, handbook for volunteers

- An identity card issued by the local LSG – Specifying the period the person is selected for and A cap printed as community Volunteer

- If possible a map of the geographical area where the CV residing or working or it shall be a map of PRI.

- A card with the contact details of mentors, community leaders/ LSG ward members, Kudumbasree units key people, Haritha Karmasena team leaders, MNREGS Ward mates, contact details of NGOs or community based organisations like Mahila samajams

- First aid kit and IEC materials and appropriate reporting format

In resource constraint situation, it is not necessary that the above-mentioned kit is provided to Community volunteers. If possible LSGs shall provide the same to CVs.

Monitoring and Supervision in CBS

- The aim of supervision not to find fault, but is to improve timeliness of reporting, fine-tune understanding of issue/case definitions, and improve interpersonal communication skills to collect and share the information with concerned people. It is important that supervision is done with evidenced-based approaches so as to know what to improve in the surveillance. All activities for implementation by CBS should be coordinated by a surveillance officer at LSG level mostly the MO or District health officer mostly by DSO supported by Nodal officer. Other key department representatives also shall be included in processes. He or she will:

- Monitor surveillance and response activities, including timely observations and accuracy of reporting. Consistently strengthen the skills and practices of community volunteers in all appropriate aspects of surveillance and investigation, particularly the handling and sharing of data

- One Health Mentor (OHM) Forms social media groups with their focal area community volunteers and regularly interacting with them on a day to day basis. Good jobs by the CV has to be praised and any doubts shall be patiently clarified

- IF needed provide them the knowledge with PRA assessments (especially in tribal areas and all) also verify the accuracy of the data by filed visits

- Monitor activities of the CBS community volunteers in the focal areas, including fine- tuning understanding of the issue/case definitions. Encourage ongoing identification of health determinants and its seasonality of occurrence

- Provide regular and timely feedback to CBS teams and ensure a two-way process for feedback, to build trust between CBS and health facility in the area (PHC, LSG etc.).

- With support of PRIs the One Health Mentor shall organize periodical meetings (once three months or once in 6 months) of community volunteers and brief them about the progress of the CBS in the LSG and how it facilitated the early identification, detection and early intervention processes

- If the CVs have any grievances it shall be reported to either the One Health Mentor or to the MO or to the LSG representative. There should be internal compliance facility within the PRI to report it to and for further appropriate measures to rectify the same

- Appropriate need based reporting formats shall be developed and maintained Monitoring need to be facilitative rather than policing. The CV are providing their services on a voluntary basis and it has to be respected

Community Assessment – potential questions to be explored

CBS team member shall explore information with regard to health hazards in the community – it shall be listing of events through discussions and key informant interviews or through Participatory Rural Appraisal tools like maps, seasonality diagram, matrix etc. Each time based on the nature of the disease, a list of questions shall be prepared and explored the information in the community. Samples questions are given below:

What are common diseases seen in the area?

How many people died because of certain diseases in the area?

Any uneven events or health incidents occurred in the area for the last few years, compared to earlier period?

What is the usual way of taking treatment? Do they go for over the counter medicine purchase? Do they go for self-treatment? Do they go for traditional healers (Vaidhyar)?

When did people start to fall sick with diarrhoea?

How many people have fallen sick with diarrhoea? Where?

How many people have died from diarrhoea? Where?

How many people live in the affected community or area?

How many children under five years of age live in the area?

Who and where are the vulnerable people?

Are children in the affected community generally well nourished? Do people always have enough food and safe drinking water?

How common is breastfeeding?

Where do people go for drinking water? Is the source safe? Do people treat their water?

What sanitation facilities (including communal latrines) are available? Do people use them? What hand-washing facilities are available? Do they use soap?

Where are the local health facilities and services? (Include traditional and community carers.)

What are the community's habits, practices and beliefs about caring for and feeding sick people? When babies and infants are sick, do women continue to breastfeed them?

Is a social mobilization or health promotion programme in place?

What are the community's habits, practices and beliefs about hygiene, sanitation and water?

Which sources or channels of information do people use most?

Are rumours or is misinformation about diarrhoea spreading in the community? Can people identify the signs and symptoms of dehydration?

Do people know how to make oral rehydration solution (ORS)? Do they have resources at hand to make it?

Do people know how to treat water?

What are seasonal diseases commonly seen in the community?

What are hazardous events seen in the community? Waste management, Water contaminations, birds' death, animal death

Presence of stray dogs in the community? How often dog bites take place?

Annexures

Annexure

Disease wise information and action chart for Community Volunteers

Community participation is vital in community based surveillance. The selected community volunteers play a catalyst role between community and the health facilities. They identify the health issues or potential threads in the community and immediately inform the health authorities so that health authorities act on a priority manner and initiate detection and early intervention processes with the support of district units.

Community Based Surveillance – CBS

Community Issues/Needs → **Community Volunteers Acts** → **Health Facility Receives & Process**

This document is a reference tool for community volunteers which gives an insight to understand about key health issues and initiate immediate actions to inform the health authorities and simultaneously to provide risk reduction support to community. The description of diseases and action points are given in the following pages.

<table>
<tr><th colspan="4">1. Vector borne diseases</th></tr>
<tr><td>Transmission Routes</td><td colspan="3">• Mosquito bites
• Pigs and Wild birds are amplifiers for Japanese Encephalitis</td></tr>
<tr><td rowspan="2">Key symptoms</td><td>Dengue</td><td>• Chikungunya</td><td>Japanese Encephalitis</td></tr>
<tr><td>• High fever (40°C/104°F)
• Severe headache
• Pain behind the eyes
• Muscle and joint pains
• Nausea
• Vomiting
• Rash</td><td>• Fever,
• Severe joint pain
• Joint swelling
• Muscle pain
• Headache
• Nausea
• Fatigue
• Rash</td><td>• Fever
• Headache neck stiffness
• In children
o gastrointestinal pain
o vomiting</td></tr>
<tr><td>Vulnerable population</td><td colspan="3">• Pregnant women
• New-borns
• Children and Elderly
• Those living near waterlogged areas or near stagnant water bodies</td></tr>
<tr><td>Suggested Immediate Actions</td><td colspan="3">• Prevent mosquito bites: Use mosquito repellents, wear long-sleeved clothing, and sleep under mosquito nets.
• Eliminate breeding sites: Remove stagnant water from around the home and workplace.
• Report to authorities: Inform local health officials about mosquito breeding grounds and high mosquito populations.
• Seek medical attention: If experiencing symptoms such as fever and body aches, consult a healthcare provider
• Observance of dry day campaign and public health awareness</td></tr>
</table>

Community Assessment (These exact questions needn't be asked**)**	Make a map of the community and mark the information you gather on the map. Record other details – Each time based on the nature of the disease, a list of questions shall be prepared and explored the information in the community. Samples questions are given	• When did people start to fall sick ? • How many people are affected and where are the located • What are the main breeding sites in the area? • What are the source reduction activities done, when were they last done and how frequently? • Are there any vulnerable populations affected?
Volunteer actions (under supervision of LSG**)**	Source reduction activities Mapping of mosquito breeding sites Alarming the health authorities	

2. Leptospirosis		
Transmission Routes	• Direct exposure to the urine of infected animals or indirectly through contact with water/ soil contaminated with infected urine . • Enters through cuts and abrasions in the skin, through intact mucous membranes (nose, mouth, eyes) and perhaps through waterlogged skin	
Key symptoms	• **Fever** • **Chills** • **Headache** • **Muscle aches**	• **Coughing** • **Vomiting** • **Diarrhoea**
At risk population	• People who work outdoors or with animals, such as farmers, sewer workers, dairy farmers, veterinarians, rice and sugarcane field workers. • Recreational hazard for participants of sports involving water or muds	
Suggested Immediate Actions	• Reporting of the fever cases to Primary health centres and animal cases to Veterinary dispensaries of the Panchayath. • Seek medical attention: If experiencing fever, chills, muscle aches, and vomiting after potential exposure, consult a healthcare provider. • Consumption of only boiled milk and water to be encouraged. • Information regarding chemoprophylaxis to be given to high-risk individuals such as dairy farmers and pet owners • Ensure adoption of sanitary measures in dairy farms • Advise the use of adequate PPEs such as gumboots and utility gloves for outdoor workers • Avoid contaminated water: Do not swim or wade in water that might be contaminated with animal urine. • Implement measures to control rodents in residential and work areas.	

Community Assessment	Make a map of the community and mark the information you gather on the map. Record other details – Each time based on the nature of the disease, a list of questions shall be prepared and explored the information in the community. Samples questions are given --> • When did people start to fall sick? • How many people are affected and where are the located are they vulnerable due to occupation? • Where have those who have been affected been to that could have been the source of infection?	• Are people taking precautions with hygiene and sanitation, such as avoiding contact with potentially contaminated water? • Are there any vulnerable populations (children, elderly) affected?
Volunteer actions (under supervision of LSG**)**	• Community Clean-ups: Organize clean-up events to remove debris and stagnant water, which can harbor leptospirosis bacteria. • Waste Management: Promote proper waste management practices to prevent contamination of water sources. • Personal Protective Equipment: Promote the use of personal protective equipment (PPE) when working in areas with potential exposure to contaminated water, such as farms or construction sites.	• Pet Care: Educate pet owners about the importance of vaccinating their pets against leptospirosis and preventing their pets from accessing contaminated water. • Raise awareness in community regarding safety precaution (social media, whatsapp etc.) • Update the health authorities about the changes taking place in the situation

3. Water/ Food-borne illnesses		
Transmission Routes	• Consumption of contaminated food /water	
Key symptoms	• **Diarrhoea** • **Abdominal pain** • **Fever** • **Fatigue** • **Vomiting**	
Vulnerable population	• Infants • Children • Adults – Pregnant women • Elderly	
Suggested Immediate Actions	• Notify competent authorities if multiple people experience food poisoning symptoms after consuming the same food. Inform local authorities about algae blooms or signs of contamination in water sources • Seek medical attention: If experiencing diarrhoea, fever, abdominal pain and vomiting after consuming potentially contaminated food or water consult a healthcare provider. • Use safe water: Drink and use only boiled or properly disinfected water.	
Community Assessment	• When did people start experiencing symptoms? • How many people have fallen ill and where are the located? • Where have they eaten food from/ drank water from that could have been the source of infection?	• Are there any vulnerable populations among those exposed to contaminated food/water source (children, elderly, pregnant) affected?

Volunteer actions (under supervision of LSG**)**	Make a map of the community and mark the information you gather on the map. Record other details – Each time based on the nature of the disease, a list of questions shall be prepared and explored the information in the community. Samples questions are given --> • Educate the community about the causes, symptoms, and prevention of food and water-borne illnesses. • Promote safe water practices, such as boiling drinking water or using water purification tablets. • Educate the community about proper food handling, preparation, and storage practices to prevent foodborne illnesses.	• Encourage good hygiene practices, including handwashing before and after food preparation and after using the toilet. • Organize clean-up events to remove garbage and debris that can attract pests and contaminate food and water sources. • Promote proper waste management practices to prevent contamination of food and water. • Update the health authorities about the changes taking place in the situation

4. NIPAH		
Transmission Routes	• Direct contact with infected animals such as fruit bats or consumption of contaminated food	
Key symptoms	• **Fever** • **Headache** • **Muscle pain** • **Vomiting** • **Sore throat** • **Respiratory issues**	
Vulnerable population	• Children • Elderly • Adults – Pregnant Women	
Suggested Immediate Actions	• Keep the person with symptoms away from others to prevent the spread of the virus. Ensure the person is wearing a mask and minimize their movement. • Contact local health officials or healthcare providers immediately. Provide detailed information about the suspected case, including symptoms and any contact with animals or people who may have the virus. • Dissemination of IEC in consultation with DHS/AHD • Avoid consumption of fruits bitten by animals • Avoid consumption of toddy from uncovered toddy pots.	
Community Assessment	Make a map of the community and mark the information you gather on the map. Record other details – Each time based on the nature of the disease, a list of questions	• Are there any vulnerable groups, like children, the elderly, or those with preexisting health conditions, in the affected area?

	shall be prepared and explored the information in the community. Samples questions are given --> • When did people start experiencing symptoms? • How many people have fallen ill and where are the located? • Whether they have had contact with fruit bats or pigs or contaminated fruit that could have been the source of infection?	
Volunteer actions (under supervision of LSG**)**	• Educate the community about the causes, symptoms, and prevention of Nipah • Raise awareness about the role of fruit bats in transmitting the virus and discourage the destruction of their habitats.	• Encourage safe food practices, such as avoiding bitten fruits from trees and consuming only cooked meat from pigs. • Update the health authorities about the changes taking place in the situation

5. Avian Influenza		
Transmission Routes	• Unprotected exposures to sick or dead infected poultry and other birds	
Key symptoms	• **Fever** • **Headache** • **Muscle pain** • **Diarrhoea**	**In birds** • **Bluish discolouration of eyes, comb, wattle, torticollis among poultry** • **Respiratory diseases, drop in egg production among poultry, bleeding from nostrils**
At risk population	• Poultry farmers/ breeders • Veterinary personnel	
Suggested Immediate Actions	• Avoid contact with sick or dead birds. Use protective gear if handling birds. • Inform local authorities of animal husbandry and health department about sick or dead birds. • Seek medical attention: If experiencing symptoms after exposure to birds, consult a healthcare provider immediately	
Community Assessment	Make a map of the community and mark the information you gather on the map. Record other details – Each time based on the nature of the disease, a list of questions shall be prepared and explored the information in the community. Samples questions are given --> • Have any sudden death in birds occurred in farms?	• Are there any at risk/ vulnerable groups, such as farmers, poultry workers, children, or the elderly, in the affected area?

	• How many birds/ animals in how many farms are affected? • Have any people started experiencing symptoms if so, how many and where are the located? • Whether they have had contact with infected bird/ animals that could have been the source of infection?	
Volunteer actions (under supervision of LSG**)**	• Educate the community about the causes, symptoms, and prevention of avian influenza • Promote proper poultry care practices, including biosecurity measures to prevent the spread of the virus.	• Encourage safe food practices, such as cooking poultry thoroughly to kill the virus. • Update the health authorities about the changes taking place in the situation

6. Kyasanur Forest Disease		
Transmission Routes	• Infected ticks from dead animals like monkeys	
Key symptoms	• **Fever** • **Fatigue** • **Body ache** • **Vomiting**	
At risk population	• Tribal population • Forest dwellers and workers in endemic areas	
Suggested Immediate Actions	• Notify Forest authorities if dead wild animals especially monkeys, are found. • Inform the concerned LSG authorities - Medical Officer, Veterinary Officer etc. • Consult a healthcare provider(ASHA,JHI,JPHN,MLSP)if experiencing fever, fatigue, body aches, and vomiting after potential exposure to ticks or dead monkeys • Use tick repellents and wear protective clothing in tick-infested areas.	
Community Assessment	Make a map of the community and mark the information you gather on the map. Record other details – Each time based on the nature of the disease, a list of questions shall be prepared and explored the information in the community. Samples questions are given --> • Have any monkey deaths occurred in the locality? • Have any people started experiencing symptoms if so, how many and where are the located?	• What preventive measures are being taken to avoid tick bites, such as wearing protective clothing or using insect repellent? • Are there any vulnerable groups, like forest workers, farmers, or those living near forests, in the affected area?

	• Whether they have had contact with dead animals/ ventured into the forest or any other risk behaviour that could have been the source of infection?	
Volunteer actions (under supervision of LSG**)**	• Educate the community about the causes, symptoms, and prevention of Kyasanur Forest Disease (KFD). • Raise awareness about the role of ticks in transmitting the virus and encourage preventive measures against tick bites.	• Promote the use of personal protective equipment (PPE) for individuals entering forested areas, such as long sleeves, long pants, and insect repellent. • Visit rural communities and forested areas to provide guidance on prevention measures and disease surveillance. • Update the health authorities about the changes taking place in the situation

Sl no.	The following are unusual events that may affect public health that one health program volunteers can monitor and report:	ഏകാരോഗ്യ പരിപാടിയുടെ സന്നദ്ധപ്രവർത്തകർ നിരീക്ഷിക്കുകയും റിപ്പോർട്ടുചെയ്യുകയും ചെയ്യേണ്ടതായ പൊതുജനാരോഗ്യത്തെ ബാധിക്കാവുന്ന അസാധാരണ സംഭവങ്ങൾ ചുവടെ ചേർത്തിരിക്കുന്നു
1.	Death of monkeys and other wild animals	കുരങ്ങുകളുടെയും മറ്റു വന്യമൃഗങ്ങളുടെയും മരണം
2.	Mass death of chickens, ducks, wetland birds, migratory birds, crows, pigs, dogs and fish	കോഴി, താറാവ്, തണ്ണീർത്തട പക്ഷികൾ, ദേശാടന പക്ഷികൾ, കാക്കകൾ, പന്നികൾ, നായ്ക്കൾ, മത്സ്യങ്ങൾ എന്നിവയുടെ കൂട്ട മരണം .
3.	Injured / symptomatically ill birds / animals	പരിക്കേറ്റതോ രോഗ ലക്ഷണമുള്ളതോ ആയ പക്ഷിമൃഗാദികൾ
4.	Mosquito breeding sites	കൊതുകിന്റെ ഉറവിടങ്ങൾ ,
5.	Waterlogged areas that can be a source of infectious diseases	പകർച്ചവ്യാധികൾക്ക് ഉറവിടം ആകാവുന്ന വെള്ളക്കെട്ടുള്ള പ്രദേശങ്ങൾ.
6.	Symptoms such as fever, cold, cough, sore throat among those who raise chickens, ducks, etc., buy and sell ornamental birds, and those involved in killing infected birds.	കോഴി, താറാവ് മുതലായവ വളർത്തുന്നവർ, അലങ്കാര പക്ഷികളെ വാങ്ങുകയും വിൽക്കുകയും ചെയ്യുന്നവർ, രോഗബാധിതരായ പക്ഷികളെ കൊല്ലുന്നതിൽ ഏർപ്പെട്ടിരിക്കുന്നവർ എന്നിവരിൽ പനി ജലദോഷം ചുമ തൊണ്ടവേദന തുടങ്ങിയ ലക്ഷണങ്ങൾ.
7.	Information about illnesses such as fever, cough, and vomiting in nearby homes	അടുത്തടുത്തുള്ള വീടുകളിൽ പനി , ചുമ , ശർദ്ദിൽ പോലെയുള്ള അസുഖങ്ങൾ ഉണ്ടെന്നുള്ള വിവരം.
8.	Sources of mosquitoes near pig farms and piglet deaths	പന്നി ഫാമുകളുടെ സമീപത്തുള്ള കൊതുകുകളുടെ ഉറവിടങ്ങളും പന്നിക്കുട്ടികളുടെ മരണവും.

9.	Abortion in domestic animals such as cows, goats, and pigs, and symptoms of fever in livestock farmers and those working in slaughterhouses	പശു, ആട്, പന്നി തുടങ്ങിയ വളർത്തുമൃഗങ്ങളിലെ ഗർഭഛിദ്രം, കന്നുകാലി കർഷകരിലും കശാപ്പുശാലകളിൽ ജോലിചെയ്യുന്നവരിലും പനിയുടെ ലക്ഷണങ്ങൾ .
10.	Clustering of Acute Diarrhoeal Diseases(ADD)	അടുത്തടുത്തുള്ള വീടുകളിൽ വയറിളക്ക രോഗങ്ങൾ.
11.	Open defecation	ഇറസ്സായ സ്ഥലങ്ങളിൽ മലമൂത്ര വിസർജ്ജനം.
12.	Events where large numbers of people gather and situations where food poisoning from food and soft drinks is likely to occur	വൻതോതിൽ ആളുകൾ ഒത്തുകൂടുന്ന ചടങ്ങുകളും ആഹാരപദാർത്ഥങ്ങളിൽ നിന്നും ശീതളപാനിയങ്ങളിൽ നിന്നും ഭക്ഷ്യവിഷബാധ ഉണ്ടാകാൻ സാധ്യതയുള്ള സാഹചര്യങ്ങളും.
13.	Improper disposal of solid and liquid waste	ഖര, ദ്രവമാലിന്യങ്ങൾ ശരിയായ രീതിയിൽ നിർമ്മാർജ്ജനം ചെയ്യാതിരിക്കുന്നത്.
14.	Air, water and soil pollution from industrial establishments that can affect the health of the community	വ്യവസായ സ്ഥാപനങ്ങളിൽ നിന്നും സമൂഹത്തിന്റെ ആരോഗ്യത്തെ ബാധിക്കുന്നവിധത്തിൽ വായു, ജലം, മണ്ണ് എന്നിവയുടെ മലിനീകരണം.
15.	Burning of plastic wastes	പ്ലാസ്റ്റിക്ക് മാലിന്യം കത്തിക്കുന്നത്.
16.	Discharge of wastewater into water sources	മലിനജലം ജലസ്രോതസ്സുകളിലേക്ക് ഒഴുക്കുന്നത്.
17.	Use of contaminated and stagnant water sources for bathing and washing	കളിക്കുന്നതിനും അലക്കുന്നതിനും മലിനമായതും കെട്ടിക്കിടക്കുന്നതുമായ ജലസ്രോതസ്സുകളുടെ ഉപയോഗം.
18.	Sale of antibiotics without prescription for humans and animals	മനുഷ്യർക്കും മൃഗങ്ങൾക്കുമുള്ള ആന്റിബയോട്ടിക്കുകളുടെ കുറിപ്പടിയില്ലാതെയുള്ള വിൽപ്പന .
19.	Incidents of dog, snake and other animal bites	നായ , പാമ്പ്, മറ്റ് മൃഗങ്ങൾ എന്നിവയുടെ കടിയേറ്റ സംഭവങ്ങൾ .
20.	Crop damage and other problems caused by wild animals.	വന്യമൃഗങ്ങൾ മൂലമുള്ള വിളനാശങ്ങളും മറ്റ് പ്രശ്നങ്ങളും.

Monitoring systems for District Mentors/One Health Mentors

This is a system for recording the basic details about the Local Self Government (LSG) with regard to one health and to assess the progress of one health activities in a LSG. This system also focuses on community volunteers' coordination and their participation in community based surveillance and response in the LSG. This system is supervised by District nodal officers in each district and provide ongoing support to the one health mentors to ensure functioning of CBS&R in each LSGs in the district. Three formats are included in the monitoring system which has to be completed and reported on a weekly basis.

1. Basic information about the LSG with regard to one health & its functions (one time information and periodic updating)
2. Status of progress of work of one health in the LSG (Once in a week)
3. Assessment format for district mentors (Once in a month)

One Health Mentors/District mentors are expected to complete the first format in the initial stage of planning and second format needs to be completed on a weekly basis in accordance with the given indicators.

Pre-requirements

The District mentors/One health mentors have to report to the District One Health Nodal officers on a day to day basis. A formal WhatsApp group involving DSO, District One Health Nodal officer and district mentors/one health mentors will be formed and will be administered by the District nodal officer or and DSO. Functions of the group are as follows

- Each One Health mentors/District mentors upload their daily plans on a day to day basis
- Each One Health mentors/district mentors upload brief note on their daily achievements which will be followed by relevant photos
- District nodal officer go through the plan and note on achievements on a day to day basis and give need-based suggestions or feedback
- DSO provides supervisory notes/suggestions/feedback on a periodical basis
- Using these information and monitoring format information, the district nodal officer prepares a report in the given format and submit it to State (to Center for One Health Kerala - COHK)

Each district mentor/One health mentor has to form a LSG level WhatsApp group of community mentors/Volunteers and provide support on a regular basis to ensure functioning of CBS&R in the concerned LSG

District mentors/One Health mentors also coordinate with LSG members and concerned officials on a day to basis

One Health reporting has to be included as one of the agenda of district medical officers meeting and block level meeting. The same has to be included in the State medical officers meeting.

Format 1 – Basic information with regard to LSG with regard to One Health

1. Name of the district mentor		2. Name of the district	
3. Name of health block		4. Name of LSG	
5. Number of wards in the LSG		6. Contact details of LSG and contact person including website and email ID. Also provide a scanned copy of LSG map	
7. Total population in the LSG	Male Female Total	8. Total households in the LSG – If possible give it ward wise	
9. Contact details of PHC/FHC		10. Contact details of JAKs in the LSG	
11. Number of Community mentors/Volunteers enrolled in the LSG		12. Number of public health team in the LSG	MO Nursing staff JPHN PHN JHI HI MLSP
13. Status of One Health committee in LSG	Not formed Formed Formed and functional	14. Details of Members of One Health committee	

Format 2 - Status of progress of work of one health in the LSG (weekly basis)

Name of the mentor		Date of reporting	

1. Name of health block visited		2. Names of LSGs visited	
Names of CHC/THQH/DH visited in the week			
Name JAKs visited		Present status of CM/CV numbers (present CM/CV numbers in the LSG – ward wise)	
Number of new CM/CV enrolled in the week		Status of social media group and number of members in the group	
Community volunteers met during the visit		CV orientation on one health and CBS conducted during the visit – give number of people attended	
Whether visited Veterinary Dispensary/Hospital during field visit (If yes, enter name)		Whether visited Krishi Bhavan during field visit (If yes, enter name)	
Whether visited office of other sectoral departments during field visit (If yes, enter name)		Departments consulted with during LSG visit	
Departments consulted with during LSG visit (Please tick on the relevant lines)	Health, 2. Animal Husbandry, 3. Drugs Control, 4. Agriculture, 5. Fisheries, 6. Irrigation, 7. Water Authority 8. Food Safety, 9. Pollution Control Board, 10. Forest & Wildlife, 11 others (specify)		

Status of LSG orientation on CBS		Status of LSG governance committee for one health committee formation – whether resolution passed or not	
Status of One health committee meeting for CBS setting up		Status of coordination meetings held with NGO's, Faith Based Organisations and other Community Based Organisations at LSG during the week – give number and place of programmes	
Whether review meetings conducted with CMs and CVs at LSG level on date of visit		Whether preventive education programmes conducted at LSG level on date of visit.	
Whether Periodic Hazards and Risk Mapping (PHRM) Exercises conducted at LSG during the week		Status of house visits by CM/CV in the week	
Number of events reported via CBS in last week		Number of interventions taken in response to CBS event reporting in the last week	
Details of any other activities done during LSG visit			
Photo/photos/documentation of activities conducted is attached			

Format – 3 - Assessment format for district mentors (Once in a month)

This has to be completed by the Nodal officer along with the mentor on a monthly basis.

Name of the mentor		Name of health block and LSGs assigned	
Number of days worked		Whether daily plans and evening briefing shared in the WhatsApp group	
Number of visits made to LSGs		Key people met during the visit (specify number of times also)	
Details of PHC/CHC/THQH/DH visits		Details of OH committee meetings conducted	
Number of JAK visits		Number of CM/CV meetings completed	
Number of orientation programmes conducted for CM/CV		Number of preventive education programmes conducted	
Number of times took part in PHRMs		Number of house visits made	
Number of CSO meetings conducted or visited		Number of other department officials met/visited	
Number of events reported from the filed		Number of times took part in the responses	
Details of other activities			

CBS setting up and operationalization - status analysis format

Name of district		*Name of the nodal officer*	
Date of reporting		*Total number of CM/CVs contacted in the period* *(only individual numbers – not cumulative)*	

Name of LSG	No of visits made to the LSG	LSG committee passed the resolution or not	One health committee meeting conducted or not	CBS setting up completed or not	Status of updating of CM/CV list	Number of social media groups functional with CM/CV	Number of CM/CVs oriented	Number of events reported through CBS	Status of other activities