MANUAL

Community Based Surveillance

(Partner Level)

July 2017

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ACRONYMS

CBS	Community Based Surveillance
AFP	Acute Flaccid Paralysis
CS	County Supervisor
PA	Payam Assistant
CGPP	Core Group Polio Project
WHO	World Health Organization
NPAFP	Non-Polio Acute Flaccid Paralysis
KI	Key Informants
NGO	Non-Governmental Organization
HF	Health Facility
FA	Field Assistant
IRF	Initial Investigation Form

CHAPTER ONE

1.0 Introduction to Community Based Surveillance

1.1 What is Surveillance?

Public health surveillance is defined as *"the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event"*.

Surveillance System Attributes

The quality of the surveillance system can be assessed through the following attributes

- Simplicity: system design and ease of operation
- Flexibility: adaptability to changing needs
- Acceptability: willingness to participate in system
- Sensitivity: proportion of true cases detected
- Predictive value positive: proportion of reports that are true cases
- Representativeness: degree of which population is represented
- Timeliness: speed between reporting steps
- Stability: reliability and availability of the system

1.2 What is community based surveillance?

Most of disease surveillance system relies on health facilities to detect and report cases of the disease under surveillance. However, in some situations a Community Based system of surveillance can be established as well. Community Based Surveillance can be defined as *"an active process of community participation in the detection, reporting, responding and monitoring health-related events"*.

Community Based Surveillance can be viewed as an extension of Facility Based Surveillance. The impact of adding a Community Based component on the existing Facility Based system attributes is indicated in the following table below;

Impact of extending AFP surveillance by a Community Based component

Attribute	Impact of adding CBS
Simplicity	Adds more complication to the existing system
Flexibility	Variable impact
Acceptability	May be more acceptable in certain communities
Sensitivity	A major advantage and addition by CBS
Predictive value positive	A major disadvantage since more validation of community reported cases is needed
Representativeness	Improves as CBS can cover areas with no access to HFs
Timeliness	Improves as cases can be detected early in the community
Stability	A particular advantage in conflict-affected situation like South Sudan

1.3 How different is Community Based Surveillance from Facility Based Surveillance?

In summary Community-Based Surveillance (CBS) tends to be more sensitive than Facility Based surveillance since it is less likely to miss cases. On the other hand, it is less specific (less efficient) since it is expected to have more false positives. This means many of the cases detected through CBS will turn out at the end to be not true AFP cases. This also means that CBS needs more validation. This can be attributed to the fact that CBS have to depend on using lay-men definition of cases since the cases will be detected and reported by community members who are not familiar with the more sophisticated and appropriate medical terminology.

It is also expected that CBS will be more stable than Facility Based system since members of the community including the volunteers who report cases will always stay with the community irrespective of any disturbances due to natural disasters, insecurity or social conflict.

1.4 Is Community Based Surveillance new to South Sudan?

- A form of community based surveillance has always been incorporated in South Sudan AFP surveillance system. This was done through the network of Field Assistants who are working at Payam Level. It was estimated that about 30% of AFP cases are reported by the community (reported by FAs not by HFs)

- However, it seems that since the conflict started in December 2013, this system is not properly functioning due to security situation and UN security restrictions that limited the movement of WHO surveillance staff in the conflict affected states. This necessitates the introduction of another surveillance component that can perform adequately in the field. Hence Core Group managed with funding from BMGF and with the support of many NGOs to introduce CBS in the three conflict-affected states in late 2015

1.5 Suspect Acute Flaccid Paralysis (AFP) Case

The purpose of the community based surveillance described in this document is detection and reporting of suspect Acute Flaccid Paralysis cases (AFP). The definition of a suspect AFP case is:

Any person less than 15 years of age with sudden weakness or loss of movement in one or both arms or legs (not due to injury)

1.6 Core Group Polio Project Community Based Surveillance in South Sudan

- Phase I started in late 2015. It included 17 counties in the conflict affected states (see next map). The system was implemented through 5 different partners.

- Phase II started from September 2016. It added 16 more counties in the conflict affected states (see map). The number of partners reduced to 3 based on performance.

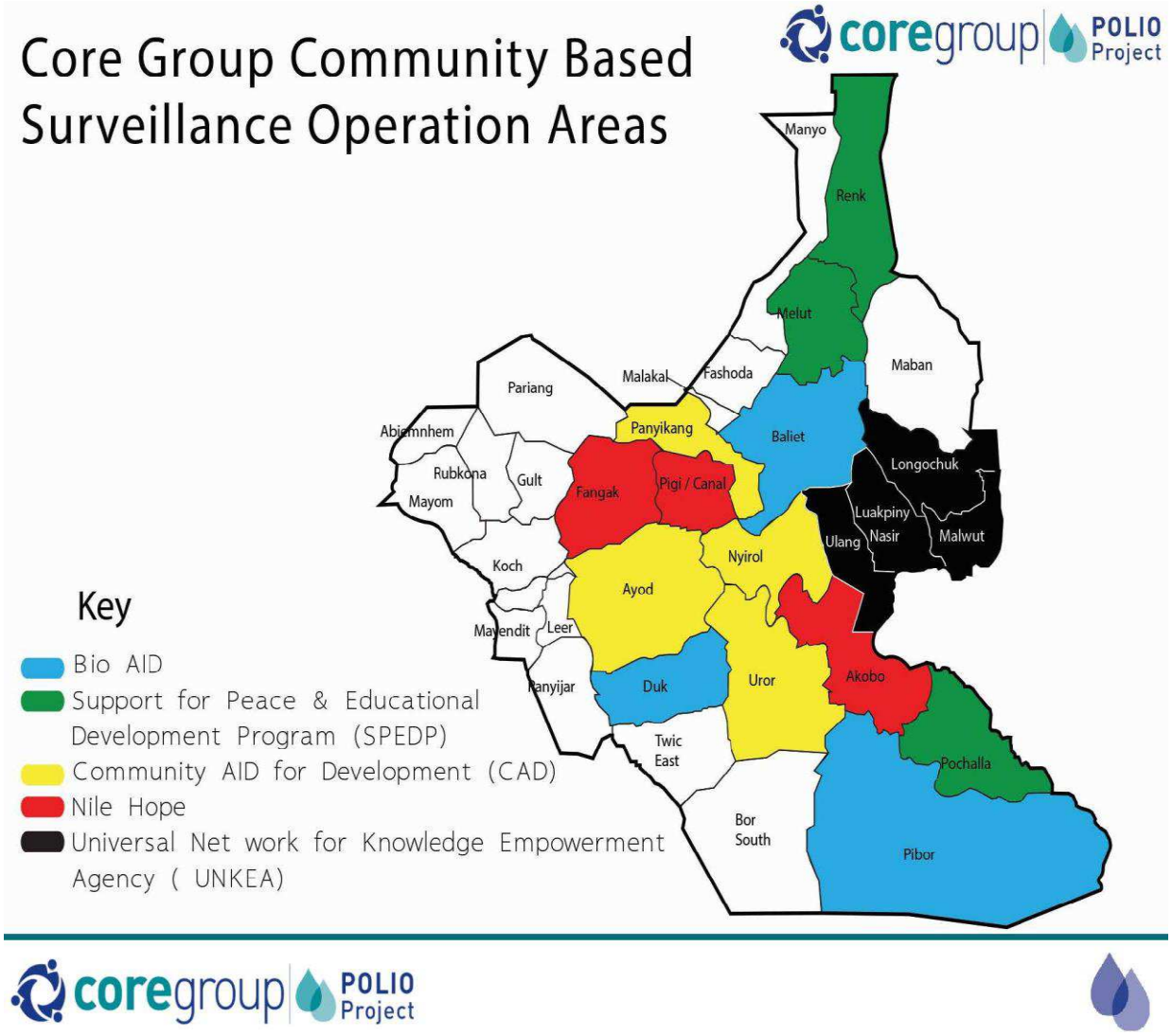
- The impact of the introduction of CBS can be shown through the analysis of NPAFP rate in phase I counties (see chart, maps and table below).

- The conflict started in December 2013. In 2014 there was a huge decline in AFP performance in terms of NPAFP rate indicating that less AFP cases were reported.

  Many counties stopped reporting and became silent. The poor performance continued in 2015 although improved slightly.

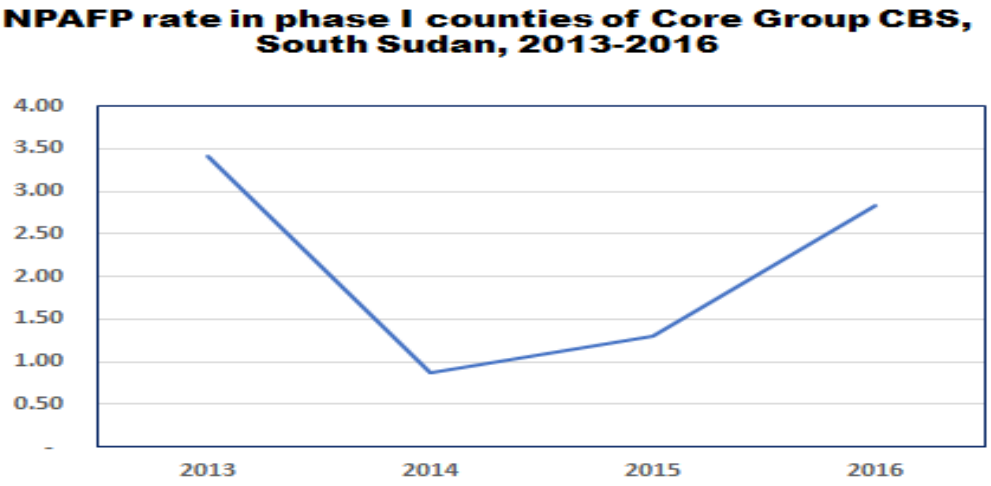
  The CBS system started in phase I in 17 silent counties in late 2015. In 2016 a huge improvement in the reporting in these counties happened. This is also indicted in the NPAFP rate by counties with more and more counties reaching at least 2/100,000 reporting rate and less counties are silent.

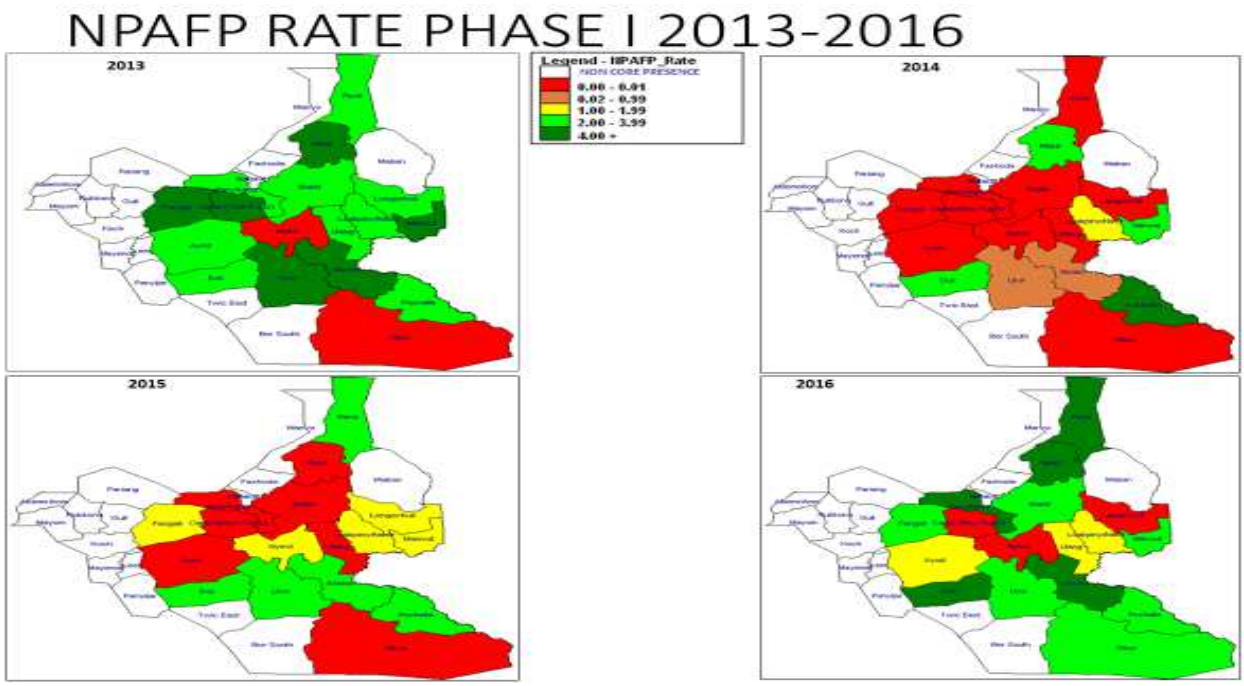
Map showing counties included in Phase I of Core Group CBS by partner



Map showing counties included in Phase II of Core Group CBS by partner

1.7 Performance of CBS in South Sudan 2013-2016





NAPF Performance by County in the phase 1 of the CBS implementation in conflict affected states of South Sudan

NPAFP rate per 100.000	Color code in the map	2013	2014	2015	2016
0 (silent)	Red	2	10	7	3
.01 < 1.00	Brown	0	2	0	0
1.01 < 2.00	Yellow	0	1	5	3
2.01 < 4.00	Light green	9	3	5	6
>4.00	Dark green	6	1	0	5

CHAPTER TWO

2.0 Structure and Standard Operating Procedures for CBS in South Sudan

2.1 Structure of Community Based Surveillance

- Community Based Disease Surveillance (CBS) in the three conflict-affected states of South Sudan focuses on establishing a network of "key informants" at community level who report suspect acute flaccid paralysis cases (AFP) to CBS staff at payam level (Payam Assistants).

- The Payam Assistants (PAs) verify the information and pass the report to County Supervisors

- County Supervisor (CSs) will work with WHO surveillance staff to investigate the report

- Juba-based Partner Project Officers and Core Group (CG) State Surveillance Coordinators will support the County Supervisors

See ANNEX 1 for all field-related formats used at county and payam levels

2.2 Community Based Surveillance (CBS) Personnel

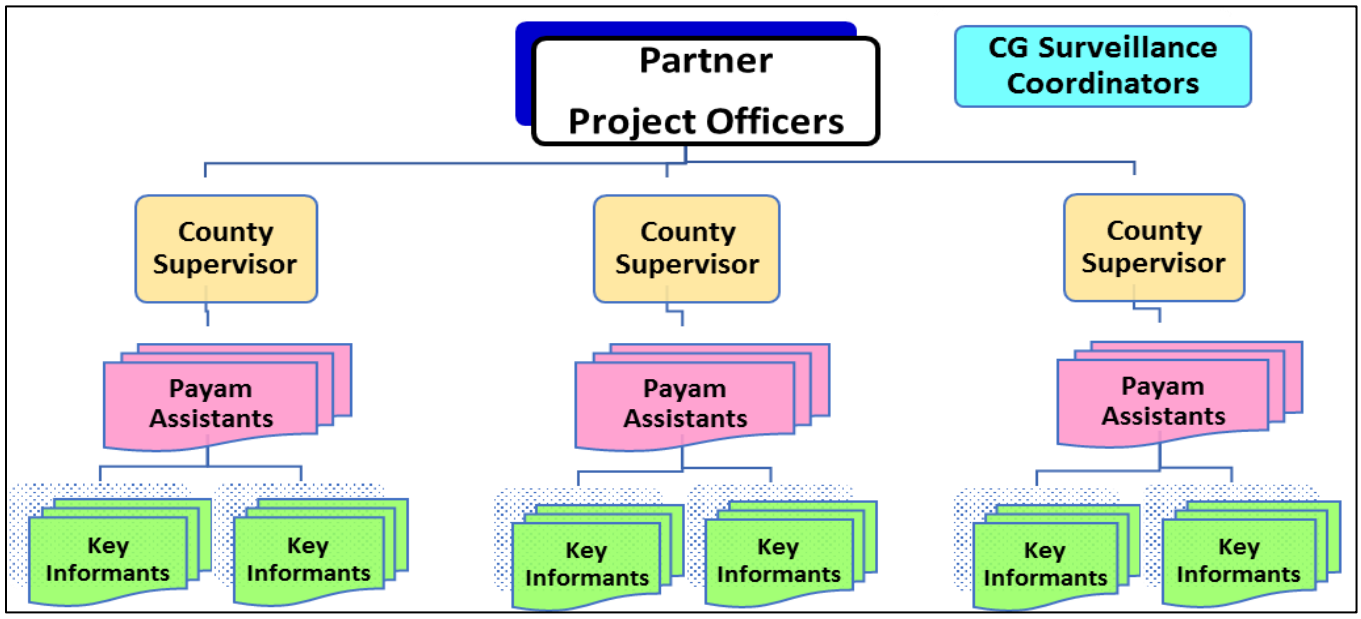
- Key informants at village and Boma level: the Key Informant (KI) is a local person that due to his/her status in the community or the nature of his/her work is likely to be informed about the sudden occurrence of a case of paralysis among children. Key informants (KI) include village chiefs, traditional healers, traditional birth attendance, teachers, women association leaders, church leaders, headmen etc.

- Payam Assistant at payam level: The Payam Assistants (PA) work closely with KIs and in collaboration with the payam authorities and community leaders to establish an AFP surveillance network and constantly increase the sensitivity of community AFP surveillance in the payams.

- **County Supervisors at county level:** The County Supervisor (CS) is the direct supervisor of the Payam Assistants. He/she helps the PAs to establish the network of Key Informants. The CS ensures that the PAs are implementing their duties. He is the link between the CBS and WHO facility based surveillance system. He also manages the CBS finances at the county level.

- **CG Surveillance Coordinators at state level and Project Officers at partner level:** They work closely and in collaboration with the state authorities, County Health Departments, and County Supervisors to establish and maintain CBS network. They carry out regular support supervision field visits to counties and document finding through a written report. The Partner Project Officers are the direct supervisors of the County Supervisors and will train and support them in the field.

Summary of CBS Structure & Personnel (Field Level)



2.3 Standard Operating Procedures for Community Based Surveillance

The objective of this standard operation procedure is to streamline field operations across partners and counties where Core Group is implementing Community Based Surveillance (CBS) activities.

- There will be one Payam Assistant (PA) for each payam who resides and works within the payam from which he/she was recruited; who underwent training on community based surveillance and AFP detection.

- Each Payam Assistant (PA) will identify and train **a minimum** of ten (10) Key Informants per payam. *NOTE: it is expected that there will generally be more than 10 KI per payam depending on the number of bomas/villages, geography of the payam and size of the population*

- Payam assistants (PAs) must visit 100% of the Key Informants in their payam every month.

- Payam assistants (PA) will use a diary/log-book to document their activities. *NOTE: when the PA visits key informants (KI) in the community, the diary/log-book must be signed by each key informant visited.*

- Each county must have at least one County Supervisor (CS) who has undergone training on community based surveillance and AFP surveillance.

- County supervisors (CS) must visit each payam assistant in the county at least once per month and document the visit (date of visit, name of PA, location of visit, issues discussed, action points).

- County Supervisors (CS) must keep a diary/log-book to document their daily activities.

- County Supervisors will manage and document all funds provided for both salaries and CBS operations in their county (costs associated with transport, training, sensitization meetings)

- All Payam Assistants and County Supervisors must have well-developed **monthly work plans (A1-B1)** which are revised continuously. *NOTE: see **ANNEX 1** for field-related formats*

- All Payam Assistants and County Supervisors must report activities conducted during the month to their next-level supervisors by the 5th of the following month using the **standard reporting format (A6-B6)**.

Standard Operating Procedures for State and Headquarters levels:

- Partner Project Officers will visit 90% of the CBS counties each quarter to ensure regular supervision of activities.

- Core Group State Surveillance Coordinators and other secretariat staff will visit at least 40% of the CBS counties each quarter to ensure regular supervision of activities.

- All field visit conducted by partner staffs and the secretariat must be documented with clear feedback using **standard checklists (A7 & B7) and the Field Trip report format (C1)**

- All CG State Surveillance Coordinators, Partner Project Surveillance Officers and partners must have well documented quarterly **field supervision plans** which are updated each month.

- Partners will produce a monthly CBS Report using the **standard report format (C2)**

- There will be at least one partner coordination meeting conducted at Juba level every month with clear minutes and action points disseminated to partners for action

CHAPTER THREE

3.0 Community Bases Surveillance Network

3.1 Who are Key Informants (KIs)

- A Key Informant (KI) is a local person that, due to his/her status in the community or the nature of his/her work, is likely to be informed about the sudden occurrence of a case of paralysis among children.

- He/she should be willing to share this information quickly with the CBS staff on voluntary basis. Types of Key Informants include:

  - Village chiefs
  - Women leaders
  - Church leaders
  - Teachers
  - Traditional birth attendants
  - Traditional healers
  - Pharmacists
  - Community health workers

3.1.1 Selection of Key Informants

- Each Payam Assistant (PA), with the support of the County Supervisor (CS) and community leaders, will identify an appropriate number of Key Informants in the payam (**a minimum of 10 but as many as practical**) with the following criteria in the selection

  At least one per Boma (good geographical distribution across the payam)

  Good representation of different types/gender (village/boma chiefs, traditional healers, traditional birth attendance, teachers, women association leaders, church leaders, drug sellers, community

health workers, etc.) appropriate as per the prevailing ethnic groups in the location

3.1.2 Role of Key informants in Community Based Surveillance

- Identify suspect AFP cases (in the community in his/her assigned boma or village (see definition below)

- Report identified cases (*any person less than 15 years of age with sudden weakness or loss of movement in one or both arms or legs not due to injury)* to the PA assigned to his/her payam

- Support the Payam Assistant, the County Supervisor and WHO surveillance staff in the investigation of the reported case

- Provide feedback to the community about the reported suspect AFP case

3.1.3 Orientation of the Key Informants

- After identifying the Key Informants, the Payam Assistant with the support of the County Supervisor will provide an orientation to the Key Informants about the nature of the work requested from them. The orientation for Key Informants **(see Annex 2)** will include:
    - What is Polio?
    - Why we need surveillance for Polio?
    - What is the Role of the Key Informant?
    - Which cases to report? Which cases not to report?
    - Feedback about reported cases to the community

NOTE: ask your Project Officer for a PowerPoint presentation for Key Informant orientation

3.2 Payam Assistants

Payam Assistants work closely with payam authorities and community leaders to establish an AFP surveillance network and increase sensitivity of community AFP surveillance by working through Key informants that include village/boma chiefs, women leaders, traditional healers, traditional birth attendance, teachers, church leaders, community health workers etc.

3.2.1 Functions of a Payam Assistant

- Establish network of community based surveillance in his/her payam by working closely with community leaders to identify and recruit key informants as per the criteria indicated in the previous chapter.

- Train the selected key informants on their roles and responsibilities as the community front of the AFP surveillance system. The training will be based on the material included in annex I of this guideline.

- Visit each Key Informant at least once a month to check the presence of any suspect AFP cases. These visits and other contacts with the key informants will be documented in a logbook **(A-3)**. The logbook will include the date of contact, name, location, reason for contact and action taken (plus signature of the informant visited)

- Ensure that a minimum of 10 key informants in his/her payam are actively working and reporting any suspect AFP case as soon as they receive a case from the community members

- Prepare and maintain an up-to-date map of the Payam which indicates the location of each boma and key informant in the payam

- Visit and verify all reported suspect AFP cases by Key Informants within 24 hours of receiving the report. Refer cases verified as suspect AFP cases immediately to County Supervisor. The

information about the reported cases will be kept in the Initial Reporting Formats **(A-4)** and the Suspect AFP case line-list **(A-5)**

- Support Key Informants to provide feedback to the families of the reported suspect AFP cases.

- Prepare a monthly plan-of-work **(A-1)** indicating on which day he/she will visit each key informant and meetings expected to be held

- Conduct meetings with government officers, community and religion leaders, NGO staffs and others to emphasize the need to report recent paralysis cases. The objectives of these meetings are to sensitize the community about AFP surveillance and ensure that AFP surveillance activities gain support among the community. The information on these meetings held/attended should be recorded in a dairy/logbook *NOTE: the Payam Assistant should conduct a minimum of 4 community leader's meetings in a month and visits to 4 churches/mosques where present.*

- Conduct visits to schools at least once a quarter to meet school teachers and pupils to share key AFP surveillance messages to strengthen the community based AFP surveillance

- Coordinate with WHO staff at the payam (if any) and county level in reporting and investigation suspect AFP cases and in the collection of stool samples of reported cases, their contact or healthy children

- Submit a monthly report **(A-6)** about CBS activities that includes information on visits with informants, meetings held, as well as information on cases reported and verified

- Support other PEI activities in the county as requested by higher level supervisors. This may include supporting SIAs implementation and Routine EPI services when appropriate.

- Carry-out all tasks as listed of the CBS Checklist for Payam Assistants **(A-7)**

3.2.2 Documents to be maintained by Payam Assistants:

- Monthly Work Plan indicating on which day he/she will visit each key informant and meetings expected to be held and attended **(A-1)**

- List of Key Informants (KI): location, name, type…. **(A-2)**

- Log-book **(A-3)** of activities that includes:
    - Documentation on contacts with key informants (KI) during the month
    - Information on meetings held in the month

- Map of the payam indicating important demographic, health and social features (to include location of all bomas). The map should also indicate the location of the key informants (KI)

- Copies of CBS Initial Reporting Format (IRF) of suspect AFP cases **(A-4)**. *NOTE: keep original IRF for excluded cases. Hand the original IRF to the county supervisor for verified cases*

- Line-list of suspect AFP cases reported **(A-5)**. *NOTE: only suspect AFP cases in the payam will be entered on this list and maintained as a record of disease surveillance in the payam*

- Monthly report **(A-6)** about CBS activities conducted during the month that includes information from the tables above as well as information on suspect AFP cases reported and verified

3.3 County supervisors:

The County Supervisor is the direct supervisor of the Payam Assistants (PAs). He will help the PAs in establishing the network of Key Informants. He will ensure that the PAs are implementing their duties. He is the link between the CBS and WHO facility based surveillance system. He also manages the CBS operations at the county level.

3.3.1 Functions of the County Supervisor

- Ensure that each payam in the county has at least one Payam Assistant (PA) for disease surveillance

- Each County Supervisor (CS) will have an up to date work plan showing the planned activities for the concerned month **(B-1)**.

- Keep a **diary/log book (B-2)** to document all his/her daily activities for the month.

- Receives and disperse funds related to the CBS in his own county. Maintain records of funds received **(B-3)** and funds spent **(B-4)** by quarter. Include the financial information in the monthly report **(B-6)**

- In collaboration with the WHO field supervisors and county health department support trainings of payam assistants and key informants.

- Supervise the Payam Assistants in his county and ensure that they fulfill all their responsibilities.

- Visit each Payam assistant once every month and document the date of the visit, the name of the payam assistant visited, location, what was discussed and action points. *NOTE: the CS will fill the **CBS Checklist for Payam Assistants (A-7**) during each supervisory visit to the payam level.*

- Review and approve the Payam Assistant's workplan for every month.

- Provide the Payam Assistants with reporting tools and ensure that the supply of the tool is uninterrupted with adequate stock in the office.

- Organize a quarterly meeting for the Payam Assistants in collaboration with WHO field supervisors and the county health departments.

- Prepare a detailed county social map that shows where payam assistants are based, schools, churches, health facilities, cold chain equipment, airstrip, reported AFP cases etc.

- Visit each suspect case with the Payam Assistant within 24 hours of receiving the report from the payam assistant. Include/exclude the suspect case as meeting the criteria of a recent suspect AFP case. The result of the visit will be documented in the Initial Reporting Formats and the suspect AFP cases line-list.

- Refer to WHO recent suspect AFP cases for validation.

- Provide support to WHO in investigating AFP cases and in collecting stool samples from AFP cases, contacts or healthy children.

- Convene monthly meetings with WHO field supervisors, county health departments, government, and NGO staffs to discuss disease surveillance issues.

- Maintain a comprehensive (data from all payams) county line-list of suspect AFP cases **(A-5)**

- Receives monthly reports from the PAs, compiles the data in a county-wide summary as part of the monthly summary report for the county **(B-6)**.

- Submit a monthly summary report and ensures that the report is submitted by the 5th of every month to the project officer based in Juba using the standard reporting form for the county **(B-6)**.

- Support other PEI activities in the county as requested by higher level supervisors. This may include participating in the post-campaign evaluation following SIAs and supporting Routine EPI services when appropriate.

- Represent the Community Based Surveillance project in county level coordination meeting

- Carry-out all tasks as listed of the CBS Checklist for County Supervisors **(B-7)**

3.3.2 Documents to be maintained by County Supervisors:

- A copy of the CBS Field Guide (this document)

- Copy of the list of key informants for each payam **(A-2)**

- Copy of the map of distribution of key informants for each payam

- Social map of the county showing location of payam assistants

- Copy of payam monthly work plans **(A-1)**

- The Initial Reporting Format (IRF) for suspect AFP cases reported from the county **(A-4)**

- Updated line-list of suspect AFP cases reported from the CBS system for the whole county **(A-5)**

- File of supervisory checklists for all visits to the Payam Assistants **(A-7)**

- The County Supervisor's monthly Work Plan **(B-1)**

- A logbook/diary recording his/her activities **(B-2)**

- A "Budget" file that includes:

  - Budget document: shows what funds the CS should receive for each quarter by line-item

- Budget document (for each quarter): shows CBS funds **received (B-3)**

- Budget document (for each quarter): shows CBS funds **spent (B-4)**

- Budget document: **Fund Request Form (B-5)**

- Copy of all Payam Assistant's monthly reports **(A-6)**

- Monthly County CBS Report **(B-6)**. *NOTE: the CS will send the original to the partner HQ in Juba and keep a copy of each county monthly report in his/her files*

CHAPTER FOUR

4.0 Processing suspect AFP cases

After receiving a report of a suspected paralysis case from a key informant, social mobilizer, health worker or any other source, the most important work of the Payam Assistant is to immediately visit the case, collect preliminary information and report findings to the County Supervisor.

4.1 Step One: Payam Assistant visit the reported case

- The PA will be informed about a suspected AFP case in a village. He/she will immediately fill **Section A** of the **Initial Reporting Form (IRF)—**see example below and a copy of the IRF form **(A4)** that can be photocopied **(see ANNEX 1 (A4).**

- The PA will visit the case within 24 hours of receiving the report to verify the existence of a suddenly paralyzed child

- Update the information in Section A based on the visit outcome (see outcomes below)

By Payam Assistant
For every reported case

A-4: CBS Initial Reporting Form of Suspect Acute Flaccid Paralysis Case
Community Based Surveillance for AFP cases, South Sudan

Section A: Reporting by Key Informant (filled by PA)	Date of reporting by Key Informant: __/___/____ Name of the informant who reported the case to the PA: Date Payam Assistant visited the case: ___/_____/_____ Is the reported case a suspect AFP case? Yes ☐ No ☐ If **No** then stop here and sign below If **Yes** then continue to section B.		
Section B: Visit by Payam Assistant Case (filled by PA)	Date of Onset of Paralysis: __/___/_____		
	Child's Name:	Sex:	Date of birth or Age in months:
	Father's name:	State:	County:
	Chief/Gol leader/Headman:	Payam:	Boma/village:
	Date case reported to County Supervisor: ____/_____/_____		
	Name of the Payam Assistant: _____ Signature: _____		
Section C: Visit by County Supervisor (filled by CS)	Date County Supervisor visited the case: _____/_____/_____		
	Decision by County Supervisor on the reported case • Old paralysis case (onset is more than six month ago) ☐ • Recent paralysis case (onset is less than six month ago) ☐ If **Old Case** then stop here and sign below If **Recent Case** then continue to section D		
Section D: WHO case validation (filled by CS)	Date reported to WHO: ____/____/_____ Is the case validated to be AFP case: Yes ☐ No ☐ If Yes, EPID Number: RSS/____/____/____/____ If No, indicate reason _____		
	Name of the County Supervisor: _____ Signature: _____		

1st possible outcome of Step One: <u>Not</u> a suspect AFP case

If the reported case is NOT an actual AFP case (not a paralyzed child under 15 years of age), then:

- Update Section A in the IRF (do not fill any other section of the IRF)
- Do not enter any information on the suspected AFP cases in a line-list
- Record the information in the logbook but do not report this case to the County Supervisor for immediate action
- Keep the IRF for your records

2nd possible outcome of Step One: <u>a suspected AFP case</u>

If the reported case is found to be an actual AFP case (child less than fifteen years of age with sudden weakness or loss of movement in one or both arms or legs) then the Payam Assistant will:

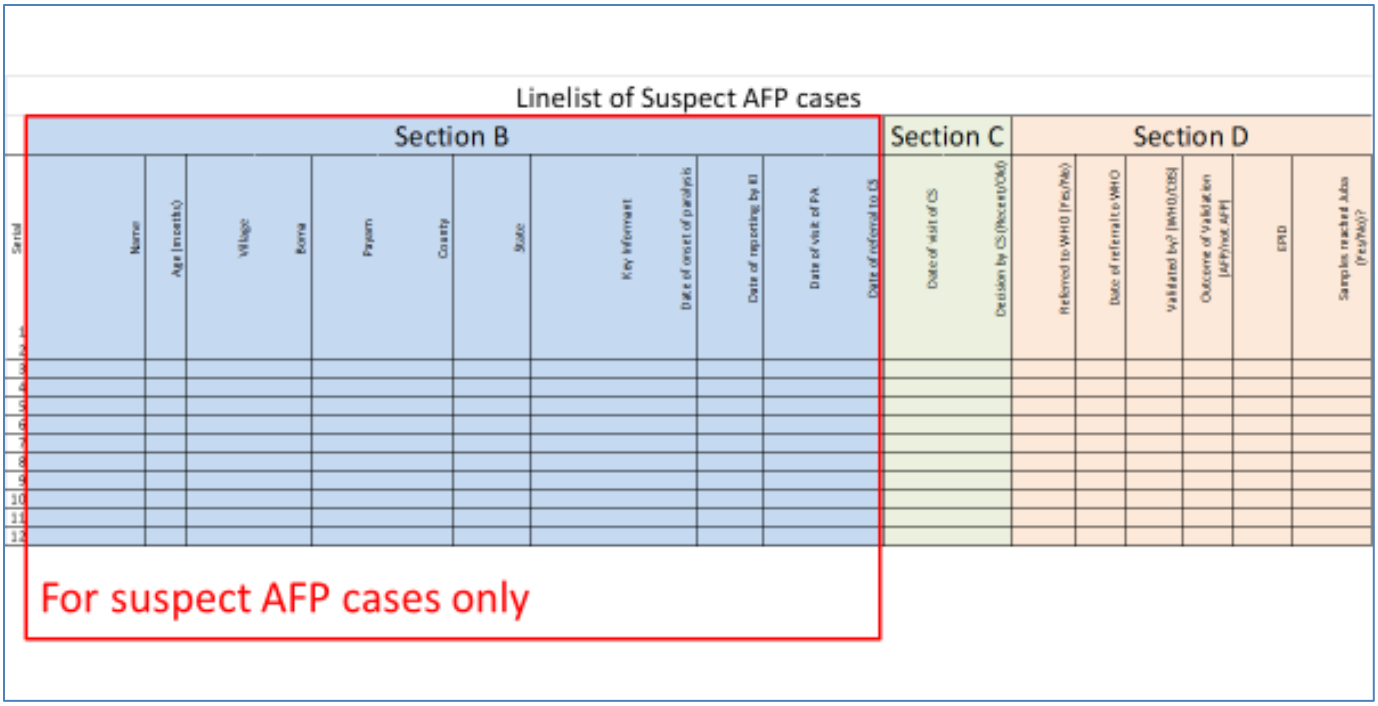
- Update Section A and fill-out Section B in IRF (see below and A4 in ANNEX 1)
- Also fill section B in the "Line-List of Suspect AFP Cases" format **(A5)** with initial information:
  - Name

- Age
- Location: Village, Boma, Payam, County
- Information regarding the Key Informant (or other person) who reported the case
- Date of onset of paralysis
- Date report received by the Payam Assistant (PA)
- Date of visit by the PA
- The Payam Assistant will inform the County Supervisor about the case within 24 hours of seeing the case (total 48 hours since receiving the information from the Key Informant)

By Payam Assistant
For suspect AFP cases only

A-4: CBS Initial Reporting Form of Suspect Acute Flaccid Paralysis Case
Community Based Surveillance for AFP cases, South Sudan

Section A: Reporting by Key Informant (filled by PA)	Date of reporting by Key Informant: __/____/_____ Name of the informant who reported the case to the PA: Date Payam Assistant visited the case: ___/_____/_____ Is the reported case a suspect AFP case? Yes ☐ No ☐ If **No** then stop here and sign below If **Yes** then continue to section B
Section B: Visit by Payam Assistant Case (filled by PA)	Date of Onset of Paralysis: __/____/_____ Child's Name: / Sex: / Date of birth or Age in months: Father's name: / State: / County: Chief/Col leader/Headman: / Payam: / Boma/village: Date case reported to County Supervisor: ____/_____/_____ Name of the Payam Assistant: _____ Signature: _____
Section C: Visit by County Supervisor (filled by CS)	Date County Supervisor visited the case: ____/_____/_____ Decision by County Supervisor on the reported case • Old paralysis case (onset is more than six month ago) ☐ • Recent paralysis case (onset is less than six month ago) ☐ If **Old Case** then stop here and sign below If **Recent Case** then continue to section D
Section D: WHO case validation (filled by CS)	Date reported to WHO: ____/____/_____ Is the case validated to be AFP case: Yes ☐ No ☐ If Yes, EPID Number: RSS/____/____/____/____ If No, indicate reason _____ Name of the County Supervisor: _____ Signature: _____



4.2 Step Two: County Supervisor visit to the suspect AFP case

- The County Supervisor will collect the IRF from the Payam Assistant and together they will visit the suspected AFP case.

- The CS will check whether this is a recent or old suspected AFP case NOTE*: the visit should take place within 24 hours of receiving the report of the PA*

- The case will be considered NOT a recent suspected AFP case if the following conditions were found;
    - A chronic case with long duration of paralysis (started long time ago)
    - An old acute case (old polio case) where the date of onset is more than 6 months

1st possible outcome of Step Two: Old suspected AFP case

If the case is found to be an old case as described above then take the following action as described

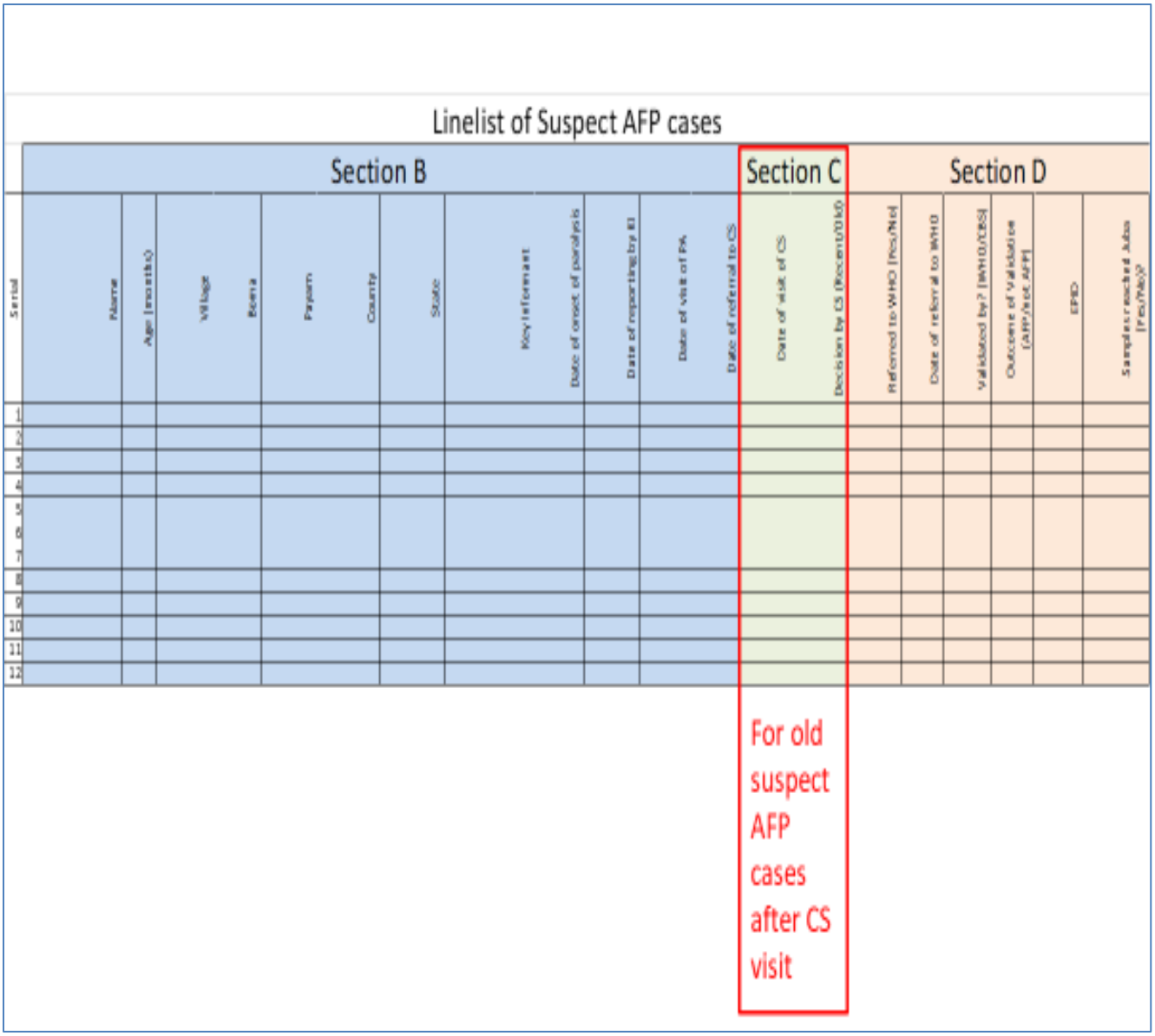
below:

- The County Supervisor should fill in section C in the IRF
- The County Supervisor and the Payam assistant should fill in section C in the suspect AFP line list.
- Case will be excluded and not reported to WHO as an AFP case.

By County Supervisor
For old suspect AFP cases

A-4: CBS Initial Reporting Form of Suspect Acute Flaccid Paralysis Case
Community Based Surveillance for AFP cases, South Sudan

Section A: Reporting by Key Informant (filled by PA)	Date of reporting by Key Informant: __/___/____ Name of the informant who reported the case to the PA: Date Payam Assistant visited the case: ___/_____/_____ Is the reported case a suspect AFP case? Yes ☐ No ☐ If **No** then stop here and sign below If **Yes** then continue to section B.		
Section B: Visit by Payam Assistant Case (filled by PA)	Date of Onset of Paralysis: __/___/_____		
	Child's Name:	Sex:	Date of birth or Age in months:
	Father's name:	State:	County:
	Chief/Gol leader/Headman:	Payam:	Boma/village:
	Date case reported to County Supervisor: ____/_____/_____		
	Name of the Payam Assistant: _____ Signature: _____		
Section C: Visit by County Supervisor (filled by CS)	Date County Supervisor visited the case: _____/_____/_____		
	Decision by County Supervisor on the reported case • Old paralysis case (onset is more than six month ago) ☐ • Recent paralysis case (onset is less than six month ago) ☐ If **Old Case** then stop here and sign below If **Recent Case** then continue to section D		
Section D: WHO case validation (filled by CS)	Date reported to WHO: ____/____/_____ Is the case validated to be AFP case: Yes ☐ No ☐ If Yes, EPID Number: RSS/____/____/____/____ If No, indicate reason _____		
	Name of the County Supervisor: _____ Signature: _____		



2nd possible outcome of Step Two: <u>Recent Suspected AFP case</u>

If the suspected AFP case is found to be a **recent** case the following action should be taken;

- The County Supervisor should fill in section C in the IRF
- The County Supervisor and the Payam should fill in section C on the suspect AFP case line-list
- The Case should be referred to WHO for validation within 24 Hours NOTE*: fill in the* ***date of***

referral *to WHO in section D in IRF and the line-list*

A-4: CBS Initial Reporting Form of Suspect Acute Flaccid Paralysis Case
Community Based Surveillance for AFP cases, South Sudan

Section A: Reporting by Key Informant (filled by PA)	Date of reporting by Key Informant: __/___/____ Name of the informant who reported the case to the PA: Date Payam Assistant visited the case: ___/_____/_____ Is the reported case a suspect AFP case? Yes ☐ No ☐ If **No** then stop here and sign below If **Yes** then continue to section B.		
Section B: Visit by Payam Assistant Case (filled by PA)	Date of Onset of Paralysis: __/___/_____		
	Child's Name:	Sex:	Date of birth or Age in months:
	Father's name:	State:	County:
	Chief/Gol leader/Headman:	Payam :	Boma/village:
	Date case reported to County Supervisor: ____/_____/_____		
	Name of the Payam Assistant: _____ Signature: _____		
Section C: Visit by County Supervisor (filled by CS)	Date County Supervisor visited the case: _____/_____/_____		
	Decision by County Supervisor on the reported case • Old paralysis case (onset is more than six month ago) ☐ • Recent paralysis case (onset is less than six month ago) ☐ If **Old Case** then stop here and sign below If **Recent Case** then continue to section D		
Section D: WHO case validation (filled by CS)	Date reported to WHO: ____/____/_____ Is the case validated to be AFP case: Yes ☐ No ☐ If Yes, EPID Number: RSS/____/____/____/____ If No, indicate reason _____		
	Name of the County Supervisor: _____ Signature: _____		

By County Supervisor For recent suspect AFP cases

Linelist of Suspect AFP cases

	Section B											Section C			Section D			
Serial	Name	Age (months)	Village	Boma	Payam	County	State	Key Informant	Date of onset of paralysis	Date of reporting by KI	Date of visit of PA	Date of referral to CS	Date of visit of CS	Decision by CS (Recent/Old)	Referred to WHO (Yes/No)	Date of referral to WHO	Validated by (WHO/Lab)	Outcome of Validation (AFP/not AFP)	EPID	Samples collected (Yes/No)
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

For Recent suspect AFP cases after CS visit

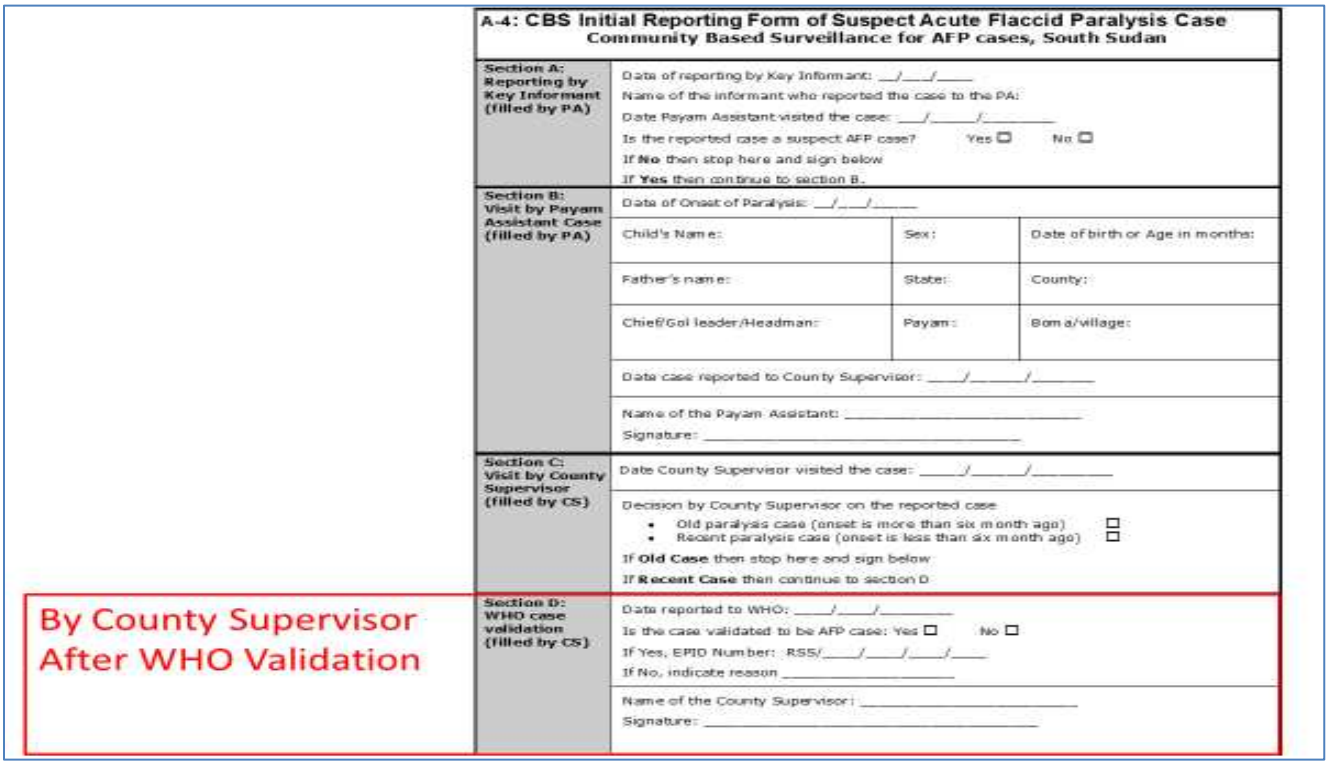
4.3 Step Three: WHO Validation for the reported suspected AFP case

- WHO will check on the presence and the type of paralysis
    - Does the child suffer from muscle weakness? As per the standard surveillance procedure, if the investigator is not sure whether there is muscle weakness it is better to be on the safe side and include the case
    - Is the paralysis (weakness) flaccid or spastic? If spastic the case should be excluded

- WHO staff will inform the County Supervisor about the decision to include or exclude the case

- Based on the feedback from WHO the County Supervisor will do the following;
    - Complete section D in the IRF (**form A4**)
    - Complete section D in the suspected AFP case line-list **(form A5)**

Form A-4

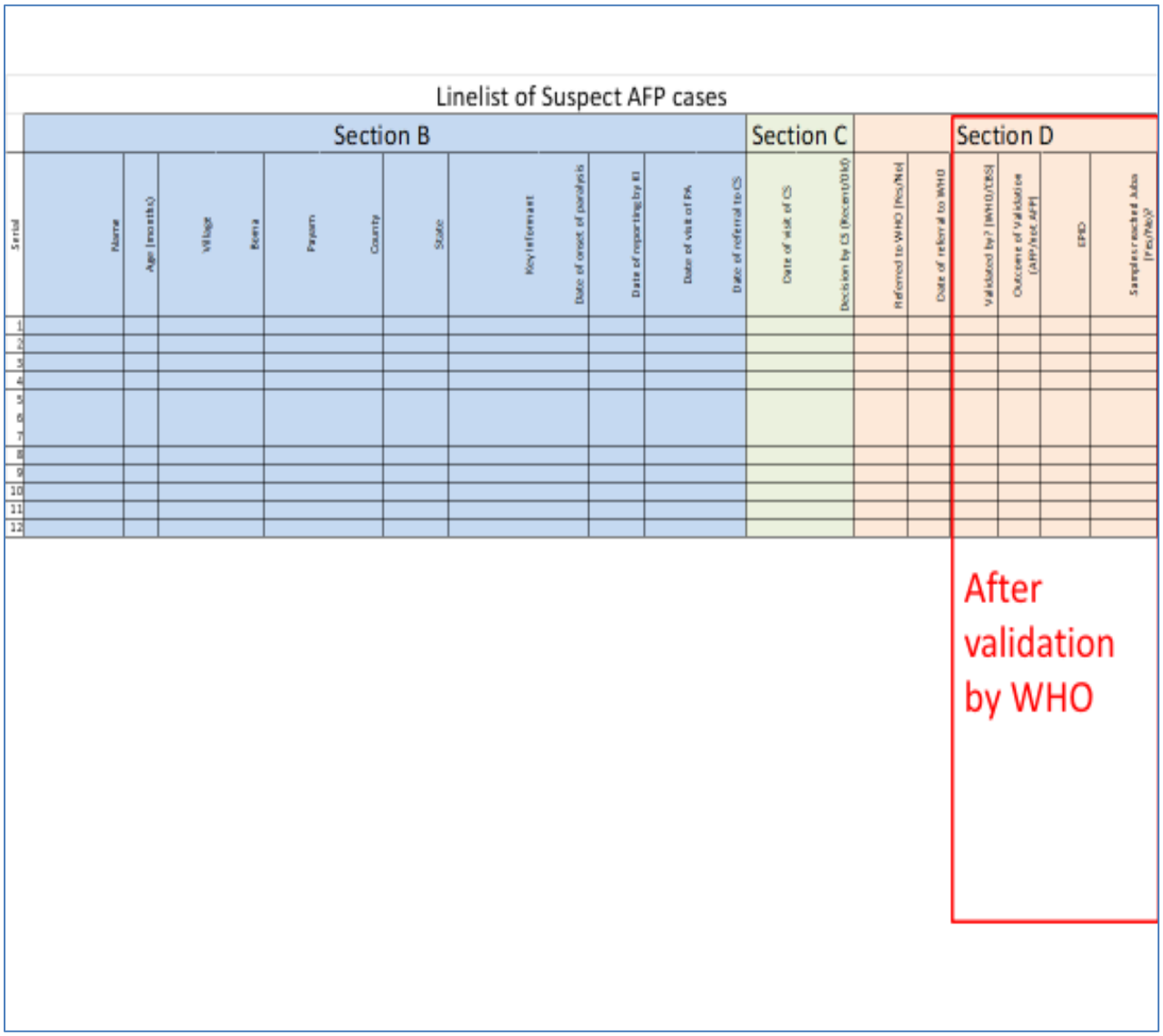


A-4: CBS Initial Reporting Form of Suspect Acute Flaccid Paralysis Case
Community Based Surveillance for AFP cases, South Sudan

Section A: Reporting by Key Informant (filled by PA)	Date of reporting by Key Informant: __/___/____ Name of the informant who reported the case to the PA: Date Payam Assistant visited the case: ___/_____/_____ Is the reported case a suspect AFP case? Yes ☐ No ☐ If **No** then stop here and sign below If **Yes** then continue to section B.		
Section B: Visit by Payam Assistant Case (filled by PA)	Date of Onset of Paralysis: __/___/_____		
	Child's Name:	Sex:	Date of birth or Age in months:
	Father's name:	State:	County:
	Chief/Gol leader/Headman:	Payam:	Boma/village:
	Date case reported to County Supervisor: ____/_____/_____		
	Name of the Payam Assistant: _____ Signature: _____		
Section C: Visit by County Supervisor (filled by CS)	Date County Supervisor visited the case: ____/_____/_____		
	Decision by County Supervisor on the reported case • Old paralysis case (onset is more than six month ago) ☐ • Recent paralysis case (onset is less than six month ago) ☐ If **Old Case** then stop here and sign below If **Recent Case** then continue to section D		
Section D: WHO case validation (filled by CS)	Date reported to WHO: ____/____/_____ Is the case validated to be AFP case: Yes ☐ No ☐ If Yes, EPID Number: RSS/____/____/____/____ If No, indicate reason _____		
	Name of the County Supervisor: _____ Signature: _____		

By County Supervisor
After WHO Validation

Form A-5

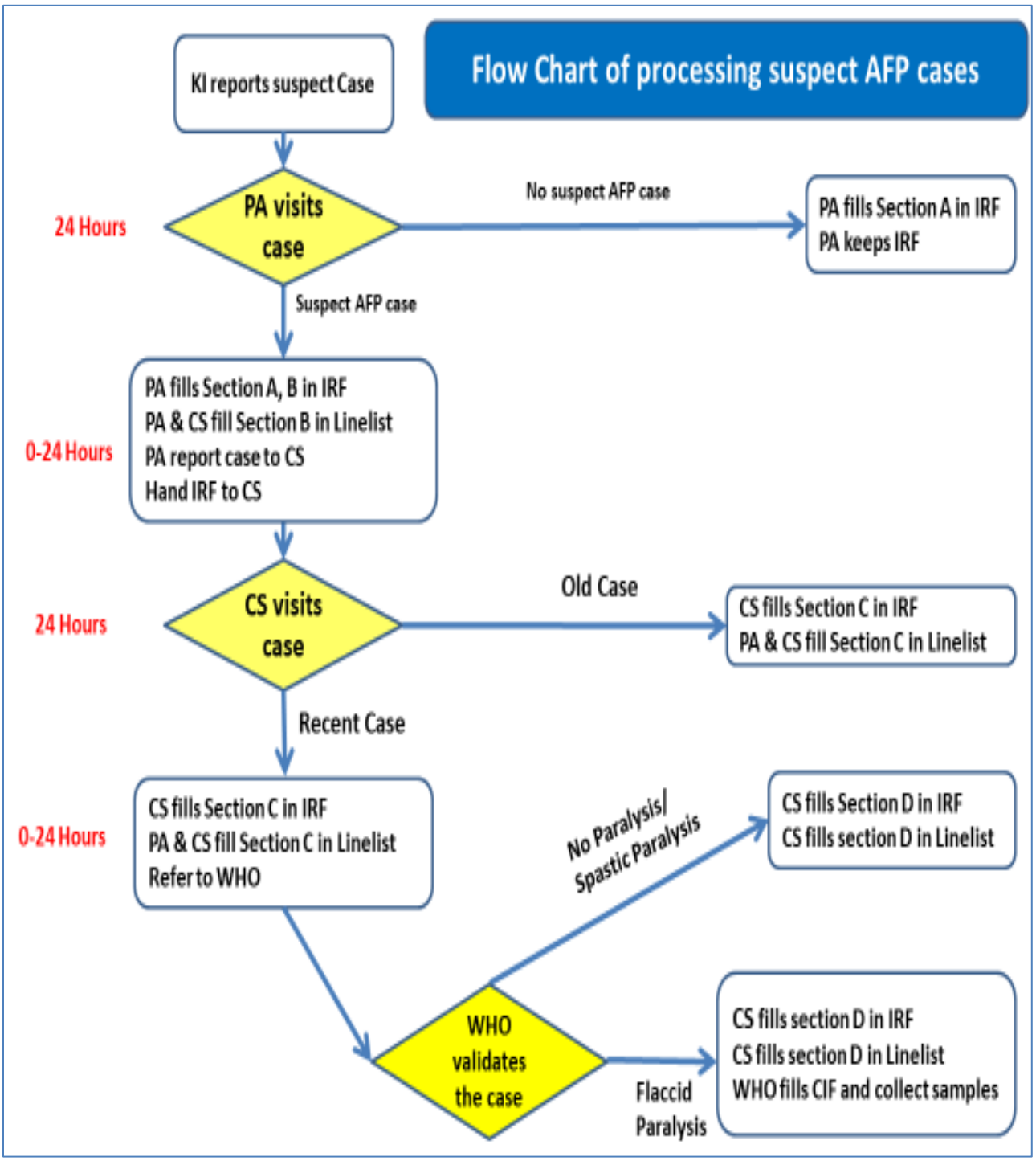


Linelist of Suspect AFP cases

	Section B											Section C		Section D				
Serial	Name	Age (months)	Village	Ward	Payam	County	State	Key informant	Date of onset of paralysis	Date of reporting by EI	Date of visit of PA	Date of referral to CS	Date of visit of CS	Decision by CS (Accept/Rej)	Referred to WHO (Yes/No)	Date of referral to WHO	Validated by? (WHO/CBS)	Outcome of Validation (AFP/not AFP)	EPID	Samples reached Juba (Yes/No)?
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

After validation by WHO

4.4 Summary flow chart for Suspected AFP Reporting and validation processed



4.4.1 Time-line for the activities

- Payam Assistant to visit the case reported by the Key Informant and (if needed) report the case to the CS: 24-48 hours

- The County Supervisor visit the case and (if needed) inform WHO for validation: 24-48 hours

- Total time from Key Informant reporting to the Payam Assistant till the County Supervisor referring the case to WHO for validation: 48-96 hours

- Each of the Payam Assistant and County Supervisor are required to carry out two activities; a field visit and (if needed) reporting to another person.

    - The field visit should take a maximum of 24 hours

    - The reporting can take little time (if mobile coverage is available in the county) or require a visit to the person to be informed about the case which may add another 24 hours.

4.4.2 What to do if there is no functional WHO surveillance staff in the county?

- In case the county does not have a functioning WHO staff, the County Supervisor or higher-level CBS staff can validate the cases by themselves. This should be the exception rather than the rule.

- If the case turns out to be an AFP case then the county supervisor will
    - Fill the Initial case investigation form (WHO form)
    - Collect the stool samples and send samples to WHO

4.4.3 Common mistakes in reporting/verifying/investigating suspect AFP cases

- Referring cases to WHO with date of onset more than 6 month ago
- Collecting stool samples without validating the cases
- Collecting the samples without filling the WHO case investigation form
- Collecting samples of cases with onset more than two months ago
- Collecting samples from cases without collecting samples from contacts
- Not reporting the suspect AFP case to partner headquarters/Core Group to obtain assistance in booking samples on UNHAS flights

CHAPTER FIVE

5.0 Monitoring & Evaluation of the Community Based Surveillance Field Implementation

5.1 Support Supervision and mentorship

- All field visits in support of community-based surveillance activities (CBS) are to be documented

.

- At payam level, the County Supervisor (CS), partner supervisory staff from Juba, the Core Group State Surveillance Coordinators (SSC), Core Group national staff, BMGF-supported Consultants and others will use the "CBS Checklist for Payam Assistants" **(A-7)** during each visit to a payam.

- At county level, partner supervisory staff from Juba, the Core Group State Surveillance Coordinators (SSC), Core Group national staff, BMGF-supported Consultants and others will use the "CBS Checklist for County Supervisor" **(B-7)** during each visit to the county**.**

- The purposes of the checklists are three-fold. To:

  a. Identify the minimum critical tasks that Payam Assistants and County Supervisors are expected to carry out (self-assessment guide)
  b. Allow the supervisor/mentor to quickly review activities and identify performance successes and gaps for reinforcement or on-the-job training
  c. Document the status and progress of CBS activities in payams and counties for follow-up (as necessary) by other partner staffs

- The central meaning of CBS support supervision is mentoring and on-the-job training of field staffs. The critical understanding of field visits/support supervision is that the findings reveal the

quality of training at headquarters level as well as on-the-job training and motivation provided in the field by partner staffs, Core Group Officers and McKing Consultants.

-

5.2 Supervision planning and reporting

- All CBS supervisors/mentors (partner, Core Group, BMGF-supported consultants) will prepare a quarterly supervision plan which will be revised/up-dated on a monthly basis:

  The supervision plan will be prepared in the second week of the month prior to the beginning of a quarter (2nd week of June, September, December, March) and submitted to Core Group Secretariat by the 15th of the designated month on the standard **CBS Visit Planner and Actual Visit Tracker** format **(C-1) in ANNEX 3.**

  The quarterly CBS Visit Planner **(C-1)** will be updated each month (if necessary) and submitted to Core Group by the 15th of each month (for the following month).

NOTE: partner staffs are expected to visit all their counties at least once a quarter (more for the counties which are not performing as expected)

- Results from all visits to support/monitor CBS activities, to include CBS checklist results (A-7 & B-7), will be reported to Core Group using the standard CBS trip report format. (*see the CBS Trip Report format (C-2) for state and Juba-level staff in **ANNEX 3**).*

  The Trip Report for visits to each county should be submitted to Core Group within five (5) days of return to Juba.

  NOTE: even if the supervisor visited more than one county during the same trip, a separate Trip Report is to be submitted for each county.

Core Group (CG) will consolidate all planned quarterly supervisory/mentoring visits (CG, partner and McKing) on a standard **CBS Visit Planner and Actual Visit Tracker (**format **C-1) in ANNEX 3)** and provide an up-dated integrated visit plan to all involved organizations.

- Core Group will enter the dates of the actual visit on the "Visit Planner and Actual Visit Tracker" (C-1) for feedback and discussion in the monthly CBS partner meetings.

- Core Group will maintain a central electronic file of all visits (Trip Reports) to counties for CBS support and monitoring. All partners (Core Group, Bio Aid, SPEDP, UNKEA and McKing Consultants) are encouraged to obtain previous partner Trip Reports when planning a visit to a county for supervision/monitoring (to enable follow-up of previous findings).

- Core Group will use the visit tracker and trip reports to monitor CBS county performance (by implementing partner) over time.

5.3 Monthly partners meeting at Juba level

Core Group Polio Project Secretariat will organize a monthly CBS Meeting at the end of every month in Juba where CGPP Secretariat, implementing partners, and other involved organizations (e.g., McKing) will meet to review CBS activities and performance during the past month.

Each implementing partner will present their past-month supervision results and updates on activities implemented, share best practices, challenges, updates on financial status by county and next months planned activities.

During the meeting, the review of the monthly supervision plans for the subsequent month shall be discussed.

The Secretariat will act as a Secretary for the monthly meetings and ensure that points discussed and action points are document during the meeting. The meeting minutes shall be shared among partners within a day after completion of the partners meeting.

5.4 Monthly Report Submission by Partners

5.5 Monitoring of CBS field budget disbursements

- Partners will prepare county-by-county CBS budgets by quarter. Every County Supervisor is expected to have a "Budget File" that includes a budget sheet that shows the county's CBS budget for the 2017/18 grant-year by quarter (see example of the budget sheet for Melut County in **ANNEX 3**, format **C-3**)

- All partner CBS supervisors/mentors are expected to carry CBS budget sheets **(C-3)** for the counties they are planning to visit

- Partners will maintain **real-time** records (by county) of CBS funds sent to each county (by line-item).

  *NOTE: the format that partners will use to track fund distribution is **C-4: Record of CBS Funds Sent to Each County** (an example is given in **ANNEX 3**).*

- The CBS Budget Record (form **C-4**) will be updated by the partner after each transaction (dispatch of funds to a county)

- The CBS Budget Record of Funds Sent (**C-4**) will be made available on request to any supervisor/mentor visiting a county to support CBS activities. The data in the Budget Record (**C-4**) will be compared to the data entered by the County Supervisor in his/her format **B-3: Quarterly CBS County Supervisor Budget Tracker (Funds Received)**

- At county level, the County Supervisor (CS) will keep a "budget file" that includes:
  - The County Budget Sheet (**C-3**) showing expected funds to be received each quarter
  - The CS Budget Tracker for Funds Received (**B-3**) in the quarter

- The CS Budget Tracker for Funds Spent (**B-4**) in the quarter
- Receipts for all expenditures matching data on the Budget Tracker for Funds Spent (**B-4**)

- Partner CBS supervisors/mentors will review the county budget file during visits to the county using the CS Supervision Checklist (B-7); and report results using the standard Trip Report (**C-2**)

- The CS will report the status of budget use in his/her monthly report (**B-6**)

5.6 Performance Indicators for Community Based Surveillance in South Sudan

To assess the performance of CBS, the following indicators will be used by partners and Core Group to assess performance. These indicators can be calculated at different levels within the system (payam, county, partner, national). The indicators can be calculated for any given period (calculated periodically and disseminated)

5.6.1 Indicators to assess the structures of CBS

1. ***Percentage of Payams with at least 10 Key Informants***

$$\frac{\textit{Number of Payams with at least 10 Key Informants}}{\textit{Total number of Payams}} X\ 100$$

- Source: Monthly reports
- Can be calculated at county, partner and national levels
- Target: 95%

2. ***Percentage of Payams with Payam Assistants***

$$\frac{\textit{Number of Payams with Payam Assitant}}{\textit{Total number of Payams}}\ X\ 100$$

- Source: Monthly reports
- Can be calculated at county, partner and national levels
- Target: 95%

3. Percentage of Counties with County Supervisors

$$\frac{\textit{Number of Counties with County Supervisors}}{\textit{Total number of Counties}} \; X \; 100$$

- Source: Monthly reports
- Can be calculated at partner and national levels
- Target: 100%

5.6.2 Indicators to assess the Implementation of activities

4. Percentage Implementation of planned visits to Key Informants

$$\frac{\textit{Number of actual visits to Key Informants by Payam Assistants}}{\textit{Number of Planned visits to Key Informants by Payam Assistants}} \; X \; 100$$

- Source: Monthly reports
- Can be calculated at Payam, County, Partner and National levels
- Target: 80%

5. Percentage Implementation of planned visits to Payam Assistants

$$\frac{\textit{Number of actual visits to Payam Assistants by County Supervisors}}{\textit{Number of Planned visits to Payam Assistants by County Supervisors}} \; X \; 100$$

- Source: Monthly reports

- Can be calculated at County, Partner and National levels
- Target: 80%

5.6.3 Indicators to assess the Outcome of CBS

6. Reporting rate of Suspect AFP cases

$$\frac{\textbf{Number of reported suspect AFP cases}}{\textbf{Under fifteen population}} \textbf{X 100,000}$$

- Source: CBS line list
- Can be calculated at County, Partner and National levels
- Can be calculated for any time period (may need to be annualized)
- Target: 5/100,000 under fifteen population

7. Reporting of Suspect AFP cases within 7 days of onset

$$\frac{Number\ of\ suspect\ AFP\ cases\ reported\ within\ 7\ days\ of\ onset\ of\ paralysis}{Total\ number\ of\ suspect\ AFP\ cases\ reported}\ X\ 100$$

- Source: CBS line-list
- Can be calculated at County, Partner and National levels
- Target: 90%

8. Referring of Suspect AFP cases to County Supervisor

$$\frac{Number\ of\ suspect\ AFP\ cases\ reffered\ to\ CS\ within\ 48\ Hrs\ of\ reporting\ by\ Key\ Informant}{Total\ number\ of\ suspect\ AFP\ cases\ referred\ to\ County\ Suprvisors} X100$$

- Source: CBS linelist
- Can be calculated at Payam, County, Partner and National levels

- Target: 80%

9. Indicator: Referring of Suspect AFP cases to WHO by County Supervisor

$$\frac{Number\ of\ suspect\ AFP\ cases\ reffered\ to\ WHO\ Within\ 48\ Hrs\ of\ refferral\ by\ PA}{Total\ number\ of\ suspect\ AFP\ cases\ referred\ to\ WHO}\ X\ 100$$

- Source: CBS line list
- Can be calculated at Payam, County, Partner and National levels
- Target: 80%

10. Referring of Suspect AFP cases to WHO for Validation

$$\frac{\boldsymbol{Number\ of\ suspect\ AFP\ reffered\ to\ WHO\ Within\ 96\ Hrs\ of\ reporting\ by\ Key\ Informants}}{\boldsymbol{Total\ number\ of\ suspect\ AFP\ cases\ referred\ to\ WHO}}\ \boldsymbol{X\ 100}$$

- Source: CBS line list
- Can be calculated at Payam, County, Partner and National levels
- Target: 80%

ANNEXES

Annex 1: Field-related M&E tools (Payam & County levels)

A-1: Monthly Work Plan for Payam Assistant

Name of Payam Assistant:	Planning Month	Implementing partner:
Payam:	County:	State:

Planed visits to Key Informants

SN	Name of KI	Location of KI	Date of planned visit	Specific issues to discuss
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

(Note: all Key Informants should be visited every month)

Planned meeting

SN	Location of meeting	Date of meeting	Type of meeting	Purpose of meeting
1				
2				
3				
4				

Other planned activities

A-2: List of CBS Key Informants

State: **County:** **Payam:**

SN	Village	Boma	Name of KI	Type of KI	Details of KI

Name of Payam Assistant: _____ **Name of County Supervisor**: _____

Signature: _____ Signature: _____

A-3: Information to be kept in the Payam Assistant's Logbook

Logbook information for contacts with KIs during the month

State: **County:** **Payam:**

Date of contact	Name of KI	Location of contact	Reason of contact*	Follow-up action	Signature of KI

** Reason for contact can be: a) Routine visit by PA, b) Report of suspect case by KI, or c) Other*

Logbook information for meetings conducted/attended during the month

State: **County:** **Payam:**

Date of meeting	Meeting Location	Purpose of Meeting	Type of attendees	Number attended	Main issues discussed	Follow-up actions

A-4: CBS Initial Reporting Form of Suspect Acute Flaccid Paralysis Case

<table>
<tr><td colspan="4">Community Based Surveillance for AFP cases, South Sudan</td></tr>
<tr><td rowspan="2">Section A: Reporting by Key Informant (filled by PA)</td><td colspan="3">Date of reporting by Key Informant: __/___/____
Name of the informant who reported the case to the PA: _____
Date Payam Assistant visited the case: ___/_____/_____
Is the reported case a suspect AFP case? Yes ☐ No ☐
If No then stop here and sign below
If Yes then continue to section B.</td></tr>
<tr><td colspan="3">Date of Onset of Paralysis: __/___/_____</td></tr>
<tr><td rowspan="5">Section B: Visit by Payam Assistant (filled by PA)</td><td>Child’s Name:</td><td>Sex:</td><td>Date of birth or Age in months:</td></tr>
<tr><td>Father’s name:</td><td>State:</td><td>County:</td></tr>
<tr><td>Chief/Gol leader/Headman:</td><td>Payam:</td><td>Boma/village:</td></tr>
<tr><td colspan="3">Date case reported to County Supervisor: ____/_____/_____</td></tr>
<tr><td colspan="3">Name of the Payam Assistant: _____
Signature: _____</td></tr>
<tr><td rowspan="2">Section C: Visit by County Supervisor (filled by CS)</td><td colspan="3">Date County Supervisor visited the case: _____/_____/_____</td></tr>
<tr><td colspan="3">Decision by County Supervisor on the reported case
• Old paralysis case (onset is more than six month ago) ☐
• Recent paralysis case (onset is less than six month ago) ☐
If Old Case then stop here and sign below
If Recent Case then continue to section D</td></tr>
<tr><td rowspan="2">Section D: WHO case validation (filled by CS)</td><td colspan="3">Date reported to WHO: ____/____/_____
Is the case validated to be AFP case: Yes ☐ No ☐
If Yes, EPID Number: RSS/____/____/____/____
If No, indicate reason _____</td></tr>
<tr><td colspan="3">Name of the County Supervisor: _____
Signature: _____</td></tr>
</table>

A-5: CBS Line-list of Suspect AFP Cases

State: **County:** **Payam:**

	Section B												Section C		Section D					
Serial	Name of Case	Age (months)	Village	Boma	Payam	County	State	Key Informant (Source)	Date of onset of paralysis	Date of reporting by KI	Date of visit of PA	Date of referral to CS	Date of visit of CS	Decision by CS (Recent/Old)	Referred to WHO (Yes/No)	Date of referral to WHO	Validated by? (WHO/CBS)	Outcome of Validation (AFP/not AFP)	EPID	Samples reached Juba (Yes/No)?
1																				
2																				
3																				
4																				
5																				
6																				

A-6: Monthly Report by Payam Assistant (PA)

Name of Payam Assistant:	**Reporting Month**	**Implementing partner:**
Payam:	**County:**	**State:**

Visits to Key Informants

SN	Name of KI	Date of planned visit	Date of actual visit	If visit not conducted explain why?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Community meetings

SN	Location of meeting	Date of planned meeting	Date of actual meeting	Number attended	If meeting not conducted explain why?
1					
2					
3					
4					
5					

Summary of monthly activity in the Payam

Total # of KIs	
# of KIs more than 10 (Y/N)	
# KI visited during the month	
% of KI visited during the month	
# Planned community meeting	
# Conducted community meetings	
% of community meeting conducted	
# of Participants attended community meetings	

Suspect AFP cases reported during the current month

SN	1	2	3
Name			
Age			
Village			
Boma			
Payam			
County			
State			
Reported by? (Key Informant)			
Date reporting by KI to PA			
Date of visit of PA to the case			
Reported Case is Suspect AFP? (Yes/No)			
Date of referral by PA to CS			
Date of onset of paralysis			
Date of visit of CS to the Case			

Summary of suspect AFP cases reported during the month

# Cases reported by KIs	
# Reported cases found to be suspect AFP cases	
# Cases referred to CS within 48 Hours of initial report	
# Cases excluded by CS (old cases)	
# Cases referred to WHO by CS (recent cases)	

Other activities implemented during the month

Challenges experienced during the month

A-7: CBS Checklist for Payam Assistants (PA)

Supervisor/visitor's name:	**Date of visit:**	**REMARKS**
County:	**Payam:**	
Name of the payam assistant →		
1) Does the payam assistant have an up-to-date work plan for the current month?	Yes ☐ No ☐	
2) Does the payam assistant have a list of the Key Informants (KI) indicating the location and the type of the KI?	Yes ☐ No ☐	
3) Is the number of the key informants appropriate?	Yes ☐ No ☐	
4) Is the selection of the Key Informants appropriate?	Yes ☐ No ☐	
5) Does the payam assistant have map of distribution of the KI?	Yes ☐ No ☐	
6) Does the distribution of the KI provide full coverage of the population of the payam?	Yes ☐ No ☐	
7) Does the payam assistant (PA) keep a log book for contacts with key informant?	Yes ☐ No ☐	
8) Do the key informants sign the log book when visited by the PA?	Yes ☐ No ☐	
9) Did the PA carry out all planned visits to KI last month?	Yes ☐ No ☐	
10) Did the PA conduct all planned community meetings last month?	Yes ☐ No ☐	
11) Does the PA keep a line-list of the suspect AFP cases reported?	Yes ☐ No ☐	
12) Is the above line-list properly filled?	Yes ☐ No ☐	
13) Does the Payam Assistant (PA) have a copy of the monthly report for the previous month?	Yes ☐ No ☐	
14) Does the PA know the name and have contact with the WHO disease surveillance staffs in his/her payam & the county (If any)?	Yes ☐ No ☐	
TOTAL YES →		**PERCENT YES:**

B-1: Monthly Work Plan for County Supervisors (CS)

Name of County Supervisor:	Planning Month	Implementing partner:
County:	State:	

Planed visits to Payam Assistants

SN	Name of PA	Payam	Date of planned visit	Specific issues to discuss
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

(Note: all Payam Assistants should be visited at least once every month)

Planned meeting

SN	Location of meeting	Date of meeting	Type of meeting	Purpose of meeting
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Other planned activities

B-2: Information to be kept in the County Supervisor's Logbook/Diary

Logbook information for contacts with PAs during the month

State: **County:** **Payam:**

Date of contact	Name of PA and/or other persons	Location of contact	Reason of contact*	Follow-up action	Signature of PA

** Reason for contact can be: a) Routine visit by PA, b) Report of suspect case by KI, or c) Other*

Logbook information for meetings conducted/attended during the month

Date of meeting	Meeting Location	Purpose of Meeting	Type of attendees	Number attended	Main issues discussed	Follow-up actions

Other information:

B-3: Quarterly CBS County Supervisor Budget Tracker (Funds Received)

B-3: Quarterly CBS County Supervisor Budget Tracker (Funds Received)

County: _____ Year: _____ Quarter: _____ Months: _____

Funds TRANSFERRED from previous quarter and funds RECEIVED during the quarter											
Sn	Line-Item	Approved Quarter Budget	Activity	USD: DATE AND AMOUNT (1) TRANSFERRED FROM PREVIOUS QUARTER AND/OR (2) RECEIVED IN THE QUARTER (WITH TOTALS)							
				Transferred	Received						
1	Salary for County Supervisors		Date								
			Amount								
			TOTAL								
2	Salary for Payam Assistants		Date								
			Amount								
			TOTAL								
3	Incentive for Suspect AFP case		Date								
			Amount								
			TOTAL								
Sn	Line-Item	Approved Quarter Budget	Activity	SSP: DATE AND AMOUNT (1) TRANSFERRED FROM PREVIOUS QUARTER AND/OR (2) RECEIVED IN THE QUARTER (WITH TOTALS)							
				Transferred	Received						
4	Fuel for Motorcycle		Date								
			Amount								
			TOTAL								
5	Maintenance for motorcycle		Date								
			Amount								
			TOTAL								
6	Maintenance for bicycles		Date								
			Amount								
			TOTAL								
7	Training of PA at County Level (2 x Year)		Date								
			Amount								
			TOTAL								
8	Training of KI at Payam Level (2 x Year)		Date								
			Amount								
			TOTAL								
9	Community Group Sensitization		Date								
			Amount								
			TOTAL								
10	Quarterly PA review meeting at county level		Date								
			Amount								
			TOTAL								
11	Pre-paid Airtime		Date								
			Amount								
			TOTAL								
12	Internet connection		Date								
			Amount								
			TOTAL								
13	Support to CHD		Date								
			Amount								
			TOTAL								
14	CS field supervision allowance		Date								
			Amount								
			TOTAL								
15	Other (specify)		Date								
			Amount								
			TOTAL								
TOTAL OPS (SSP)			Amount								
			TOTAL								

B-4: Quarterly CBS County Supervisor Budget Tracker (Funds Spent)

B-4: Quarterly CBS County Supervisor Budget Tracker (Funds Spent):

County: _____ **Year:** _____ **Quarter:** _____ **Months:** _____

Funds SPENT during the quarter

Sn	Line-Item	Approved Quarter Budget	Activity	USD: DATE AND AMOUNT SPENT IN THE QUARTER (WITH TOTALS) SPENT								
1	Salary for County Supervisors		Date									
			Amount									
			TOTAL									
2	Salary for Payam Assistants		Date									
			Amount									
			TOTAL									
3	Incentive for Suspect AFP case		Date									
			Amount									
			TOTAL									
Sn	Line-Item	Approved Quarter Budget	Activity	SSP: DATE AND AMOUNT SPENT IN THE QUARTER (WITH TOTALS) SPENT								
4	Fuel for Motorcycle		Date									
			Amount									
			TOTAL									
5	Maintenance for motorcycle		Date									
			Amount									
			TOTAL									
6	Maintenance for bicycles		Date									
			Amount									
			TOTAL									
7	Training of PA at County Level (2 x Year)		Date									
			Amount									
			TOTAL									
8	Training of KI at Payam Level (2 x Year)		Date									
			Amount									
			TOTAL									
9	Community Group Sensitization		Date									
			Amount									
			TOTAL									
10	Quarterly PA review meeting at county level		Date									
			Amount									
			TOTAL									
11	Pre-paid Airtime		Date									
			Amount									
			TOTAL									
12	Internet connection		Date									
			Amount									
			TOTAL									
13	Support to CHD		Date									
			Amount									
			TOTAL									
14	CS field supervision allowance		Date									
			Amount									
			TOTAL									
15			Date									
			Amount									
			TOTAL									
TOTAL OPS (SSP)			Amount									
			TOTAL									

B-5: CBS Funds Request Form

B-5: CBS Fund Request Form

County: _____ Year: _____ Quarter: _____ Date: _____

Budget Request

Sn	Line-Item	Approved 1st Quarter Budget	Approved 2nd Quarter Budget	Approved 3rd Quarter Budget	Approved 4th Quarter Budget	Total Annual Budget	TOTAL Budget received to	Budget REQUESTED (USD)
1	Salary for County Supervisors							
2	Salary for Payam Assistants							
3	Incentive for Suspect AFP case							

Sn	Line-Item	Approved 1st Quarter Budget	Approved 2nd Quarter Budget	Approved 3rd Quarter Budget	Approved 4th Quarter Budget	Total Annual Budget	TOTAL Budget received to Date	Budget REQUESTED (SSP)
4	Fuel for Motorcycle							
5	Maintenance for motorcycle							
6	Maintenance for bicycles							
7	Training of PA at County Level (2 x Year)							
8	Training of KI at Payam Level (2 x Year)							
9	Community Group Sensitization							
10	Quarterly PA review meeting at county level							
11	Airtime for communication							
12	Internet connection							
13	Support to CHD							
14	CS field supervision allowance							
15	Other (specify)							
	TOTAL OPS (SSP)							

B-6: Monthly Report by County Supervisors

Name of County Supervisor:	**Reporting Month**	**Implementing partner:**
County:	**State:**	

-

Visits to Payam Assistants

SN	Name of PA	Date of planned visit	Date of actual visit	Summary score of checklist	Issues detected during the visit
1					
2					
3					
4					
5					
6					

-

Summary of checklists used during supervision of Payam Assistants in the month

Total number of Payam Assistants visited during the month?	

SN	Question from Checklist	Number of Checklists filled-out*	Number of "Yes" answers from checklists	% Yes
1	Up-to-date work plan			
2	List of the Key Informants (KI)			
3	Number of KI appropriate			
4	Type of KI appropriate			
5	Map of distribution of the KI?			
6	KI fully cover the population of the county			
7	A log book for contacts with key informant			
8	key informants sign the log book			
9	PA carried out the planned visits to KI last month			
10	PA conducted planned meetings last month			
11	A line-list of the suspect AFP cases reported			
12	Line-list properly filled			
13	Has the monthly report for the previous month			
14	Knows WHO surveillance staff			
TOTAL				

* *NOTE: Number of "Checklists Filled-Out" will be the same for each question (1-14)*

Compilation of monthly activities by Payam Assistants

ITEM	Payam 1	Payam 2	Payam 3	Payam 4	Payam 5	Payam 6	TOTALS
Name of Payam →							
Total # of KIs							
# KI visited during the month							
% of KI visited during the month							
# Planned community meeting							
# Conducted community meetings							
% of community meeting conducted							
# of Participants attended meetings							

County level meetings

SN	Location of meeting	Planned date of meeting	Actual date of meeting	If meeting not conducted explain why?	Purpose of meeting	Main points discussed	Number of persons attending
1							
2							
3							
4							
5							

Summary of monthly activities by County Supervisor

Total # of PAs	
# PA visited during the month	
% of PAs visited during the month	
# Planned county-level meetings	
# county-level meetings conducted	
% of county-level meetings conducted	
# of participants in meetings conducted	

Other implemented activities

Challenges experienced during the month

Budget Summary

Category	Amount of Budget expected for this Quarter	Amount transferred from previous Quarter	Amount RECEIVED		Amount SPENT		Cumulative BALANCE in the Quarter (at the end of this month)
			This MONTH	Cumulative in the Quarter	This MONTH	Cumulative in the Quarter	
Salary							
Operations							

Summary of suspect AFP cases reported in the county during the month

ITEM	Payam 1	Payam 2	Payam 3	Payam 4	TOTAL
Name of Payam →					
# Cases reported through CBS system (KI, PA, etc.)					
# Cases found to be suspect AFP cases					
# of cases referred to CS within 48 hrs of initial report (notification)					
# Referred cases visited by CS within 24 hours of receiving report by PA					
# Cases excluded by CS (old cases)					
# Cases referred to WHO by CS (recent cases)					
# Cases referred to WHO within 96 Hours of initial report to CBS system					
Samples sent to Juba (YES/NO)					

B-7: CBS Checklist for County Supervisor (CS)

Date of the visit:	**Name of the Supervisor:**		**REMARKS**
County:	**State:**		
Name of the county supervisor:			
1) Does the county supervisor (CS) have a work plan for the current month (including a supervision plan)?		Yes ☐ No ☐	
2) Does the CS have a list of the key informants (KI) by payam indicating the location and type KI?		Yes ☐ No ☐	
3) Does the CS have a social map of the county map showing in which boma the payam assistant (PA) lives?		Yes ☐ No ☐	
4) Does the CS have a copy of the PAs payam map showing KIs?		Yes ☐ No ☐	
5) Does the CS have a diary/log book which shows all activities conducted during the last month?		Yes ☐ No ☐	
6) Does the CS have the monthly reports by **all** PAs for last month?		Yes ☐ No ☐	
7) Did the CS carry out planned visits to Payams during the previous month?		Yes ☐ No ☐	
8) Does the CS have a copy of the filled-out checklists from previous visits to payams?		Yes ☐ No ☐	
9) Does the CS have a copy of his monthly report of the previous month?		Yes ☐ No ☐	
10) Does the CS keep a line-list of the suspect AFP cases reported?		Yes ☐ No ☐	
11) Is the above line-list properly filled?		Yes ☐ No ☐	
12) Did the CS conduct the planned coordination meetings during the previous month?		Yes ☐ No ☐	
13) Does the CS know the name and have contact with the WHO disease surveillance staffs (all) in the county?		Yes ☐ No ☐	
14) Does the CS have both Budget Trackers (Funds Received and Funds Spent) format for the current quarter?		Yes ☐ No ☐	
15) Is the Funds Received format for the current quarter filled-out correctly and up-to-date?		Yes ☐ No ☐	
16) Is the Funds Spent format for the current quarter filled-out correctly and up-to-date?		Yes ☐ No ☐	
17) Does the CS have receipts available for expenditures on the "Fund Spent" format?		Yes ☐ No ☐	
TOTAL YES →			**% YES:**
18) Did the CS receive all operational funds for the quarter by the 5th day of the first month of the quarter?		Yes ☐ No ☐	
19) Does the information on the CS Budget Tracker (Funds Received) match information from partner's headquarters?		Yes ☐ No ☐	

Annex 2: Orientation for Key Informants

What is polio?

- Polio is a highly infectious disease caused by a virus
- Polio is spread through person-to-person contact and can spread rapidly through a community
- The virus invades the nervous system and can cause permanent paralysis and sometimes death
- Polio mainly affects children under 5 years of age
- There is no cure for polio, it can only be prevented. Polio vaccine, given multiple times, can protect a child for life

Why Polio surveillance is important?

- It is very important to find polio cases
- Any child under 15 of age with paralysis should be identified and reported
    - Stool samples will be collected from the child and sent to an international lab
- If the lab indicates that this child has polio, then all under 5 children in the area and even in the whole country have to be immunized to protect them

Why community based surveillance is important? Why not get cases from hospitals and clinics?

- Hospitals and clinics may not be available everywhere
- Not every paralyzed child will be taken to a hospital or clinic
- Even if they are taken there, they may not be taken immediately, so it is better if we can catch cases early

Role of Key informants

- Identify suspect AFP cases in the community
- Report identified cases to the Payam assistant
- Help in the investigation of the reported case
- Provide feedback to the community about the case

What is suspect AFP case definition?

- Any person less than 15 years of age with sudden weakness or loss of movement in one or both arms or legs (not due to injury)

Have you seen a Child with Sudden Weakness (Paralysis) of the Leg(s) or Arm(s) in children less than 15 years of age like in the picture below?

Report immediately to the nearest Health Facility, Chief/Headmen, Religious leaders, Payam Assistant, Field Supervisor, Field Assistant, County Supervisor etc.

Use any fastest communication means:

- **Telephone call**

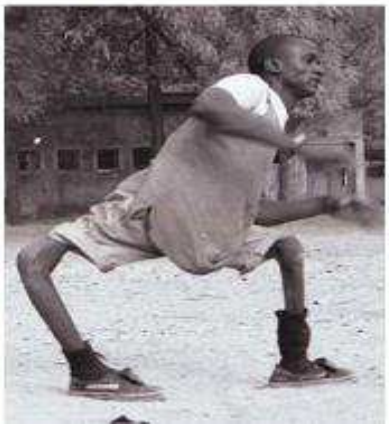
……

- **Send somebody or**
- **Come in person**

Report These Cases

-

Do Not Report OLD Cases



Annex 3: Partner-level formats and reports

C-1: CBS Field Visit Planner & Actual Field Visit Tracker (All related organizations)

C-1: CBS Visit Planner & Actual-Visit Tracker (all related organizations)

CBS Supervision Planner and Report of Actual Visits (sent to CG in the 2nd week of the last month of the quarter (for the next quarter); revised in the last week of each month for the next month

Partner	Counties	Planned Visit*									Actual Visit*								
		Month:			Month:			Month:			*Month:*			Month:			Month:		
		Partner	CG	BMGF	Partner	CG	BMGF	Partner	CG	BMGF	Partner	CG	BMGF	Partner	CG	BMGF	Partner	CG	BMGF
UNKEA	Akobo																		
	Fangak																		
	Piggi																		
	Uror																		
	Nyirol																		
	Pochalla																		
	Ulang																		
	Nasir																		
	Longochuk																		
	Maiwut																		
SPEDP	Renk																		
	Maban																		
	Melut																		
	Manyo																		
	Fashoda																		
	Panyijar																		
	Mayiendit																		
	Mayom																		
	Abiemnohem																		
	Rubkona																		
	Guit																		
	Koch																		
	Leer																		
	Pariang																		
Bio-Aid	Akoka																		
	Baliet																		
	Malakal (+2)																		
	Panyikang																		
	Ayod																		
	Duk																		
	Twic East																		
	Bor																		
	Pibor																		
	Boma																		
	Kapoeta East																		

** Enter the initials of the visitor/supervisor AND the dates of the month in the appropriate column and row for the county (for planned and actual visit)*

C-2: Partner and State Surveillance Coordinator: Trip Report format *(separate report for each county visited)*

1. INTRODUCTION:

In two bullets:

- *Identify the period covered by the report*
- *List the counties and payams visited during the trip.*

*Using the table below, identify the staffs **you visited in the field** (add as many rows as necessary):*

County	Name of Payam	Position and Name of CBS Staffs met by Supervisor		Checklist Used (Yes/No)
		CS or PA	Name	

2. CRITICAL ISSUES RESOLVED AFTER LAST VISIT

In bullet form list the "critical issues" remaining at the end of the previous visit and indicate whether and how they were resolved (only applicable if county was visited before; otherwise remove this section)

3. CURRENT FINDINGS:[1]

*In bullet form, **organized by county**, list major findings (both positive and negative) from visits to counties/payams/facilities and actions taken on the spot*

3.a Successes/Strengths:

- *Xxx*
- *Xxx*

3.b Gaps/obstacles:

- *Xxx*
- *Xxx*

3.c Critical issues and problems remaining after visit (to be resolved)

- *Xxxx*
- *Xxxx*

4. RECOMMENDATIONS

In bullet form, propose practical steps to address critical issues and problems.

- *Xxxx*
- *Xxxx*

5. CONCLUSION

Write a short summary to include next steps.

[1] Add annexes to the report as necessary (use the 3 tables below plus additional tables if required….)

CBS County Supervisor (CS) Supervisory Checklist Reporting Form

STATE: _____ NAME OF VISITORS/SUPERVISORS: _____

	County		Remarks
	Name of County Supervisor (CS)		
	Place/Payam of residence		
	On signed contract (Yes/No)		
	Paid through (date)		
	Date of visit		
S/N	Activities	Yes/No/NA	
1	Up-to-date work plan		
2	List of the Key Informants (KI)		
3	Social map showing PAs Bomas		
4	Payam maps of distribution of the KI?		
5	A log book for activities		
6	Last month reports from all PAs		
7	Carried out the planned visits to Payers last month		
8	CS has copy of filled checklists		
9	A copy of monthly report of previous month		
10	A line-list of the suspect AFP cases reported		
11	Line-list properly filled		
12	Conducted planned county-level meetings		
13	Know WHO surveillance staff		
14	Have both Budget Trackers formats		
15	Funds Received format correctly filled		
16	Funds Spent format correctly filled		
17	Have receipts available for expenditures		
	TOTAL YES		
	% YES		
18	All operational funds received		
19	County and partner's information matching		

-

CBS Payam Assistant (PA) Supervisory Checklist Compilation Form

STATE: _____ NAME OF VISITORS/SUPERVISORS: _____

							Tasks performed	
Name of County →								
Name of Payam Assistant (PA)								
Payam assigned								
Place/Payam of residence								
On signed contract (Yes/No)							# YES	% YES
Paid through (date)								
Date of visit								
S/N	Activities	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA		
1	Up-to-date work plan							
2	List of the Key Informants (KI)							
3	Number of KI appropriate							
4	Selection of KI appropriate							
5	Map of distribution of the KI?							
6	KI fully cover the population of the Payam							
7	A log book for contacts with key informant							
8	key informants sign the log book							
9	PA carried out planned visits to KI last month							
10	PA conducted the planned community meetings last month							
11	A line-list of the suspect AFP cases reported							
12	Line-list properly filled							
13	Monthly report for the previous month?							
14	Know WHO surveillance staff							
	TOTAL YES							
	% YES							

_____[2] Disease Surveillance Staff Profile for _____ County (at time of visit)

#	CS or PA	Full Name	Assigned which payam:	Current Location of residence	On contract ? (Yes/No)	Working? (Yes/No)	Paid up to what month?	Total # of Key Informants	Date of last AFP Case	Staff met? (Yes/No)	Remark
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

CS= County Supervisor; PA= Payam Assistant

[2] *Add the name of the partner (SPEDP or UNKEA or Bio-Aid)*

C-3 Quarterly CBS County Budget Summary

C-3: Melut County 2017-2018 CBS Budget Summary (SPEDP)										
CBS Budget Line-Items	Quarter 1		Quarter 2		Quarter 3		Quarter 4		TOTAL	
	USD	SSP	USD	SSP	USD	SSP	USD	SSP	USD	SSP
Salary: Payam Assistants	5,400.00		5,400.00		5,400.00		5,400.00		21,600.00	
Salary: County Supervisor	2,175.00		2,175.00		2,175.00		2,175.00		8,700.00	
Sub-total Salaries & Wages	**7,575.00**		**7,575.00**		**7,575.00**		**7,575.00**		**30,300.00**	
Fuel for County Supervisors Motorbikes for 14 motorbikes @ 30 litres per month	135.00		135.00		135.00		135.00		540.00	
County Supervisors Field Supervision allowance	90.00		90.00		90.00		90.00		360.00	
Maintenance of County Supervisors' Motorbikes	200.00		200.00		200.00		200.00		800.00	
Maintenance of Payam Assistants' Bicycles	120.00		120.00		120.00		120.00		480.00	
Sub-total Travel	**545.00**		**545.00**		**545.00**		**545.00**		**2,180.00**	
Refresher Training of Payam Assistants at County Level	60.00		-		60.00		-		120.00	
Training of key informants at payam level	530.00		-		530.00		-		1,060.00	
Sub-total Training	**590.00**		**-**		**590.00**		**-**		**1,180.00**	
Community Leaders Sensitization + Women group Meetings on Surveillance	350.00		350.00		350.00		350.00		1,400.00	
Quarterly Review Meetings by County Supervisors & Payam Assistants	90.00		90.00		90.00		90.00		360.00	
Incentive for Key Informants for reporting a hot suspected AFP Case	200.00		200.00		200.00		200.00		800.00	
Sub-total Key Interventions	**640.00**		**640.00**		**640.00**		**640.00**		**2,560.00**	
Office Rent Contribution (50%) for Coordination in Bentiu & Renk										
Air time for Mobile Phones for AFP notification	-		-		-		-		-	
Contribution for Internet Subscription in Bentiu (Rubkona) & Renk	30.00		30.00		30.00		30.00		120.00	
Sub-total Other Direct Costs	**30.00**		**30.00**		**30.00**		**30.00**		**120.00**	
GRAND TOTAL	**9,380.00**		**8,790.00**		**9,380.00**		**8,790.00**		**36,340.00**	

* *NOTE: the implementing partner will prepare this document for each county and enter the equivalent amount in SSP for non-salary funds*

C-4: Record of CBS Funds Set to each county during a quarter (By line item)

C-4: Record of CBS funds sent to each county during a quarter (by line-item)

EXAMPLE

Insert all counties for this partner

Exchange rate for each month

Cumulative (to date) totals for USD

COUNTY		PURPOSE OF FUNDS	1st Quarter Budget	MONTH: *July 2017*					MONTH: August					MONTH: September					TOTAL USD THIS QUARTER (TO DATE)
				Date funds sent	Who Received	Amt USD	Exc Rate	Amt SSP	Date funds sent	Who Rec'	Amt USD	Exc Rate	Amt SSP	Date funds sent	Who Rec'	Amt USD	Exc Rate	Amt SSP	
ULANG	Salary (USD)	Salary for County Supervisor	2,175			700					700								1,400
		Salary for Payam Assistants (4)	3,600			1,200					1,200								2,400
	AFP report	Incentive for person reporting suspect AFP	0			100					50								150
	Transport	Fuel for Motorcycle	135			35	0.0068	5,146			20	0.0066	3,030				0.0059	0	55
		Maintenance for motorcycle	200			70	0.0068	10,291			100	0.0066	15,152				0.0059	0	170
		Maintenance for bicycles	80			25	0.0068	3,675			15	0.0066	2,273				0.0059	0	40
	Training	Training of PA at County Level (2 x Year)	40			40	0.0068	5,881			0	0.0066	0				0.0059	0	40
		Training of KI at Payam Level (2 x Year)	300			100	0.0068	14,702			100	0.0066	15,152				0.0059	0	200
	Meetings	Community Group Sensitization	200			60	0.0068	8,821			80	0.0066	12,121				0.0059	0	140
		Quarterly PA review meeting at county level	90			30	0.0068	4,410			30	0.0066	4,545				0.0059	0	60
	Other	Airtime for communication	0			0	0.0068	0			0	0.0066	0				0.0059	0	0
		Internet connection	150			50	0.0068	7,351			50	0.0066	7,576				0.0059	0	100
		Support to CHD	300			100	0.0068	14,702			100	0.0066	15,152				0.0059	0	200
		CS field supervision allowance	60			30	0.0068	4,410			20	0.0066	3,030				0.0059	0	50
							0.0068	0				0.0066	0				0.0059	0	0
	ULANG SUB TOTAL		**7,330**			2,540		79,388			2,465		78,030			0		0	5,005
AKOBO	Salary (USD)	Salary for County Supervisor																	0
		Salary for Payam Assistants (4)																	0
	AFP report	Incentive for person reporting suspect AFP																	0
	Transport	Fuel for Motorcycle																	0
		Maintenance for motorcycle																	0
		Maintenance for bicycles																	0
	Training	Training of PA at County Level (2 x Year)																	0
		Training of KI at Payam Level (2 x Year)																	0
	Meetings	Community Group Sensitization																	0
		Quarterly PA review meeting at county level																	0
	Other	Airtime for communication																	0
		Internet connection																	0
		Support to CHD																	0
		CS field supervision allowance																	0
																			0
																			0
	AKOBO SUB TOTAL					0		0			0		0			0		0	0

C-5: Monthly report by Partner

Implementing Partner:	**Reporting Month:**

Total number of assigned counties	
Total number of County Supervisors (CS) on the job	
Percent (%) of counties with a CS	

Total number of payams in the assigned counties	
Total number of assigned Payam Assistants (PA) on the job	
Percent (%) of payams with PAs	

List of counties assigned (with Code Numbers)

Code	Name of County	Code	Name of County	Code	Name of County	Code	Name of County	Code	Name of County
C1		C4		C7		C10		C13	
C2		C5		C8		C11		C14	
C3		C6		C9		C12			

-Please use the same code for the same county every month

1. Partner Supervision

Sn	INDICATOR (use "Total number of CS and PA on the job" as the denominator)	Number	%
1.	Number **and** % of CS supervised by the **Partner Supervisor** during the month using the CS checklist (B-7)		
2.	Number **and** % of PA supervised by the **Partner Supervisor** during the month using the PA checklist (A-7)		

2. Compilation of monthly activities by Payam Assistants

County code (see list above)	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	Total
Total # of KIs															
# KI visited during the month															
% of KI visited during the month															
# Planned community meeting															
# Conducted community meetings															
% of community meeting conducted															

3. Compilation of monthly activities by County Supervisors

County code (see list above)	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	Total
Total # of PAs															
# PAs visited during the month															
% of PA visited during the month															
# Planned county level meetings															
# Conducted County-level meetings															
% of county-level meeting conducted															

-

4. Budget Summary

County code (see list above)		C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	Total
Amount of Budget expected in this Quarter	Salary															
	Ops															
Cumulative funds RECEIVED this Quarter by end of month	Salary															
	Ops															
Cumulative funds SPENT this Quarter by end of the month	Salary															
	Ops															
Cumulative BALANCE for the Quarter at the end of this month	Salary															
	Ops															

5. Summary of suspect AFP cases reported during the month

County code (see list above)	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	Total
# Cases reported by KIs															
# Cases found to be suspect AFP case															
# of cases referred to CS within 48 Hours of initial report															
# Referred cases visited by CS within 24 hours of receiving report by PA															
# Cases excluded by CS (old cases)															
# Cases referred to WHO by CS (recent cases)															
# Cases referred to WHO within 96 Hours of initial report by KI															

6. Challenges & Actions Taken

7. Partner Supervision Plan for next month

County of Planned Supervision	Designation of Supervisor	Planned Dates	Remarks