

Community Based Health & First Aid (CBHFA) Indicator Guide

Introduction

The purpose of this CBHFA Indicator Guide is to support National Societies to reliably monitor key data and track progress in community-based programmes using the CBHFA approach. It brings together key indicators organized into 19 CBHFA programme areas grouped into 6 topics. Each indicator is clearly defined with numerator and denominator and guidance on how to reliably measure each indicator. This guide reflects the Federation's commitment to performance and accountability as a leading global actor in community disease prevention and health development.

The intended audience of this guide includes project and programme staff managing community-based programmes using the CBHFA approach, those involved in the strategic planning of community-based programmes, evaluators, and donors. It is expected that the guide will be especially useful for programme staff and volunteers who need to work with the CBHFA indicators themselves.

The indicators are organized into 19 programme areas that are grouped into 6 topics. It is important to remember that CBHFA is a cross-cutting approach and a CBHFA intervention typically includes indicators from a selection (not all) of the programme areas.

The CBHFA indicators are presented in three tables:

1. Table 2, CBHFA output indicators
2. Table 3, CBHFA capacity building indicators – (focus on National Society and community levels)
3. Table 4, CBHFA outcome indicators and some topic specific output indicators

In addition to these three tables, a summary table of indicator methods, audience, data use and frequency of data collection for different indicator types is presented at the beginning of this guide (table 1). Each of the CBHFA indicator tables should be read with this summary table to understand these aspects as they relate to the indicators.

HOW TO SELECT INDICATORS FOR CBHFA FROM THIS INDICATOR GUIDE:

Step 1:

1. Identify CBHFA implementation topic(s) from project proposal, community assessment etc.
2. Take output indicators (1-4) from table 2. If program includes a household survey also take indicators (5-7) from table 2.
3. Replace blank space (_____) by topic of implementation.
Indicators 3 and 4 are generic.
Modify them according to the project intervention.

Step 2:

1. Take all indicators from table 3 i.e. capacity building of National Society and communities.
2. Indicators 11 and 12 are for global reporting

Step 3:

1. Table 4 is divided into 6 program areas. Select relevant program area(s) and related topic(s) (as identified in project proposal or community assessment) from the table.
2. The table contains basic indicators for the topic. It is recommended that all indicators for the identified topic in the program indicator are included.
3. Add more indicators if required.

Additional points to keep in mind:

- Capacity building and participation in services/activities are programme areas that apply to all CBHFA interventions. Such indicators are cross-cutting and should be measured and reported on for all CBHFA interventions.
- Certain indicators are used for all CBHFA areas 1) people reached directly or indirectly for the specific programme area, as well as 2) volunteers and 3) communities active in the specific programme area. These indicators occur in Table 2, CBHFA Process or Output Indicators, and have been selected because they are key proxy measures that reflect on CBHFA performance.
- The indicator related to number of people reached has been recorded separately for people reached directly and people reached indirectly in line with the Federation Wide Reporting System (FWRS) – please refer to the FWRS Indicator Guide for more detail on these indicators
- This guide includes basic minimum indicators for CBHFA intervention at community level that can be easily measured by National Societies with minimal support. Programs can add further indicators of interest if they have the resource and capacity to measure them.
- Indicators in this guide may be complemented by secondary data from other sources. Secondary data refers to indicators that are not directly measured by or for the project/programme, but instead collected by an outside source, i.e. government ministry, international agency, university or research centre. When using secondary data, it is critical to make sure the data is reliable, and that attribution to the CBHFA intervention is warranted. This means determining to what extent the indicator performance can be attributed to a CBHFA intervention (project) when there may be multiple other factors that can influence indicator performance.

This CBHFA Indicator Guide have been developed through a process of consultation lead by IFRC CBHFA specialists, the Planning and Evaluation Department (PED), implementing National Societies, and multiple stakeholders in the International Red Cross / Red Crescent Movement. This guide will be periodically reviewed and updated to ensure that they remain relevant to evolving circumstances and continue to conform to the highest international standards. Feedback and comments may be provided to Dr. Ayham Alomari, the Federation Senior Health Officer - Community Health, ayham.alomari@ifrc.org

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Table 1: Methods, audience, data use and frequency of data collection for various types of indicators

Indicator type	Methods for measurement	Audience/data use	Frequency
Methods, audience, data use and data collection frequency			
People reached directly (output indicator)	Project monitoring system, as per the Federation Wide Reporting System (FWRS) Indicator guide, <u>Direct recipients</u> are countable recipients of services from a Federation provider at the delivery point. If programming tracks households reached, (e.g. number of household covered per volunteer per day, week or month), then calculate people reached by average household size.	National Society and IFRC accountability to donors; NS and IFRC strategic planning and decision making; programme management and decision making; global reporting.	Collected and reported according to NS (i.e. quarterly), and reported annually as part of the IFRC/FWRS.
People reached indirectly (output indicator)	Project monitoring system, as per the Federation Wide Reporting System (FWRS) Indicator guide, (http://www.ifrc.org/website) <u>Indirect recipients</u> cannot be directly counted because they receive services away from the provider and delivery point. Only count indirect recipients when a credible approximation can be made, and RCRC recipients when they receive services based on their own need or development, and not as preparation to deliver Federation services.	National Society and IFRC accountability to donors; NS and IFRC strategic planning and decision making; programme management and decision making; global reporting.	Collected and reported according to NS (i.e. quarterly), and reported annually as part of the IFRC/FWRS.
Active volunteers or community participants (process indicators)	Project monitoring/reporting system and/or volunteer report form for activities, project event forms, etc. Qualitative methods, such as focus group discussions, key informant interviews, or some other participatory method may also be used.	Internal monitoring and review to adjust and improve project; monitoring and evaluation to report externally to key stakeholders, such as donors, partner organizations; global reporting.	Can vary, but recommended quarterly, or can be monthly. Qualitative method according to monitoring and evaluation needs.
Change in knowledge or behaviour	Household survey (consider baseline/endline) Qualitative methods, such as focus group discussions, key informant	Internal monitoring and review to adjust and improve project. monitoring and evaluation to report	Survey households according to capacity to implement – typically at project start (baseline) and

Indicator type	Methods for measurement	Audience/data use	Frequency
change indicators (outcome indicators)	interviews, or some other participatory method may be used to complement (triangulate) the household survey, or be the primary method when scale and scope (funds) do not allow a household survey.	externally to key stakeholders, such as donors, partner organizations, etc.	end (endline). Qualitative method according to monitoring and evaluation needs.

Output indicators for CBHFA:

The output indicators related to CBHFA and indicators related to National Society capacity building are presented in table 2 and 3 with four columns:

1. #: Indicator serial number for reference
2. Indicator column. Lists each indicator with a unique number to identify and reference it. *Indicators are - quantitative, but qualitative indicators can be used as well as stated in table 1.*
3. Indicator definition column. Defines key terms in the indicator for precise and consistent measurement. These descriptions have largely been developed from the guidance in the CBHFA Volunteer Manual. Also notes any disaggregation of the indicator count, e.g. by sex, age, or ethnicity.
4. Type of indicator: States whether indicators are output or outcome indicators. In some cases it also says that indicators are optional.

Table 2: CBHFA Output indicators

#	Indicator	Definition	Indicator type
Process or output indicators			
1	# people-reached directly by _____ ¹ through CBHFA. (Disaggregate by gender and age when appropriate)	<i>People reached directly</i> are recipients of NS services counted once during the reporting period regardless of the number of services received; as "messages" ² is the widest service; this is used to determine the number of people reached. "Service" refers to tangible goods/materials, as well as a range of activities.	Output indicator
2	# people-reached indirectly by _____ through CBHFA. (Disaggregate by gender and age	<i>People reached indirectly</i> are the approximate number of recipients of NS services estimated once during the reporting period, regardless of the number of services received; as "messages" is the widest service, this is used to	Output indicator (optional)

¹ Replace blank space by appropriate program, e.g. malaria, ARI, TB, HIV, etc

² Key messages from various CBHFA programs are presented in Annex 1.

#	Indicator	Definition	Indicator type
	when appropriate)	determine the number of people reached. "Service" refers to tangible goods/materials, as well as a range of activities.	
3	#/% volunteers active ³ in _____ through CBHFA. (Disaggregate by gender and age when appropriate)	<i>Active</i> means participating in one or more of the following activities: <ul style="list-style-type: none"> • Delivering messages. • Developing activities. • Referring patients to a health facility. • Organizing meetings (e.g. mothers, young people, etc) in the community. • Organizing meetings with health workers and other partners in community. Expand as appropriate	Output indicator
4	#/% communities active in _____ through CBHFA.	<i>Community</i> should be defined according to programme intervention and local context, (such as local census or municipal boundaries, etc.) <i>Active in _____</i> means the community has implemented one or more of the following activities: <ul style="list-style-type: none"> • Delivering messages • Developing activities • Referring patients to health facilities • Community awareness campaigns, etc. • Major events, i.e. campaign day, awareness events Add other activities as appropriate	Output indicator
5	% households visited by Red Cross/ Red Crescent volunteers at least once in the past 12 months.	The household member reports that a Red Cross/Red Crescent volunteer visited their house in the 12 month prior to survey to deliver a message related to issues identified in the CBHFA plan.	Output indicator

³ Active in Voluntary Blood Donation Program, basic first aid and injury prevention and community mobilization in major emergencies are defined separately in Annex 2.

#	Indicator	Definition	Indicator type
		(Measured by household survey during baseline or endline)	
6	% households reported that a family member participated in any activity conducted by Red Cross/Red Crescent CBHFA in the past 12 months.	The household member reports that they or a family member have participated in any activity organized by Red Cross/Red Crescent CBHFA . (Measured by household survey during baseline or endline)	Output indicator

Table 3: CBHFA capacity building indicators

#	Indicator	Definition	Indicator Type
CBHFA capacity building indicators (National Society and community levels)			
7	# active CBHFA volunteers . (Disaggregate by gender when appropriate.)	<i>Active</i> means involved in one or more of the following ways: 1. The volunteer has worked freely for at least 4 hours during the annual reporting period, including: <ul style="list-style-type: none"> • Delivering messages. • Developing activities. • Referring people to health facilities. • CBHFA related campaign days, major events, and other activities as appropriate. 2. The volunteer used basic first aid knowledge and skills to respond to personal injury, and/or community emergency or disaster if applicable.	Output indicator
8	#/% communities that have developed a CBHFA plan of action based on identified priorities.	<i>CBHFA plan</i> ⁴ should be: 1) developed by the community health committee and local branch volunteers/staff, 2) approved and adopted by the committee representing CBHFA, 3) include: <ul style="list-style-type: none"> • Purpose • Tasks • Resources • Timeframe • Responsible person 	Output indicator

⁴ For measurement please refer to one or all of the following as applicable: 1. Community plan of action. 2. Any additional evidence, such as applicable checklists, project monitoring reports, etc.

#	Indicator	Definition	Indicator Type
9	#/% communities that successfully implement a CBHFA initiative addressing identified priorities from plan of action.	<i>Successfully</i> means completion of identified activity from the community CBHFA plan of action (5e) according to the timeframe.	Output indicator
10	#/% National Societies implementing projects incorporating the CBHFA approach.	<i>CBHFA approach</i> means following the guide stated in the CBHFA Implementation Guide.	Output indicator (global reporting)
11	# NS projects implemented that incorporate the CBHFA approach.	<i>CBHFA approach</i> means it follows the guide stated in the CBHFA Implementation Guide.	Output indicator (global reporting)
12	#/% communities that identify community priorities through CBHFA approach.	<i>Community priorities</i> ⁵ means they are identified by CBHFA volunteers, which can include: <ul style="list-style-type: none"> • Health risks • Disaster hazards • First aid needs • Disease patterns Common health issues 	Output indicator
13	% participating communities that have a functioning community health committee (or equivalent).	<i>Community health committee</i> can be specific to CBHFA, or another recognized committee responsible for CBHFA. <i>Functioning</i> ⁶ includes key committee activities as presented in the CBHFA Implementation guide, including: <ul style="list-style-type: none"> • Minimum frequency of meetings and attendance. • Development of a CBHFA priority assessment, and/or community action plan/initiatives. • Present annual health report to community leaders. • Maintain a dialogue with community and monitor progress. 	Output indicator

⁵ For measurement please refer to one or all of the following as applicable: 1. Community plan of action. 2. Any additional evidence, such as applicable checklists, project monitoring reports, etc.

⁶ For measurement please refer to committee meeting minutes, attendance records, and other relevant documents.

#	Indicator	Definition	Indicator Type
14	#/% NS staff that are CBHFA-certified facilitators and active in the last 12 months. Disaggregate by gender.	<i>Certified</i> ⁷ means they have completed a CBHFA facilitator workshop. <i>Active</i> ⁷ means they have participated in the facilitation of CBHFA training or activity at least once in the last 12 months.	Output Indicator
15	#/% branches or local units that actively disseminate CBHFA information materials.	<i>Actively disseminate</i> ⁸ means that the local unit not only has the material, but depending on the material type, they either post, send, or distribute the material. <i>CBHFA information material</i> : IEC material poster, leaflets, flipcharts, community tools, etc.	Output indicator
16	% NS/branches/local units that submit CBHFA reports in a correct and timely manner.	<i>Correct</i> ⁹ means all relevant fields are completed and accepted by supervising entity. <i>Timely</i> means that reports are submitted according to NS programme timeframe or other relevant schedule.	Output indicator

⁷ For measurement please refer to CBHFA activity and training records/reports (ensure that facilitators are recorded on these)

⁸ For measurement please refer to Inventory/stock of CBHFA materials, recorded in project monitoring/reporting forms. Any relevant itemized budgets

⁹ Depending on the level (e.g. branch or HQ), check the records or data management system of CBHFA reports. Also, key informant interviews with supervising entities.

Outcome and topic specific output indicators for CBHFA:

The outcome indicators related to CBHFA and some topic specific output indicators are presented in table 4 with five columns.¹⁰

1. **Indicator Number (#).** : Provides a unique number to identify the indicator for consistent reference.
2. **Indicator column.** Lists each indicator with a unique number to identify and reference it. *Indicators are stated as quantitative, but can be qualitatively measured as well as stated in Matrix 1.*
3. **Numerator:** This column defines the numerator used in calculating this indicator. This will help in precise and consistent measurement of the indicator. These descriptions have largely been developed from the guidance in the CBHFA Volunteer Manual. This column should also note any disaggregation of the indicator count, e.g. by sex, age, income, or ethnicity.
4. **Denominator:** This column defines the denominator used in the calculation of the indicator. This will help to identify the correct response to the household survey during baseline or endline surveys: e.g. caretakers of children 12-23 months for immunization related indicators. This can be tailored according to the programme priorities and focus.
5. **Indicator Type:** Identifies indicators as either output or outcome indicators , and in some cases states whether the indicator is optional.

Table 4: Outcome and topic specific output indicators for CBFHA programme

1. MATERNAL, NEWBORN & CHILD HEALTH

#	Indicator	Numerator	Denominator	Indicator type
1.1 Safe motherhood				
1.1.1	% women with children under 2 years of age that can correctly identify at least 3 danger signs for which a pregnant woman should be taken to a health facility.	Number of people who know 3 danger signs for taking a pregnant women to a health facility out of: <ul style="list-style-type: none"> • Vaginal bleeding during pregnancy or heavy bleeding after childbirth. • Severe abdominal pain. • Severe headaches or blurred vision. 	Total women with children under age 2 years participating in the survey	Outcome indicator - knowledge

¹⁰ No outcome indicator has been defined for CBHFA programs *collection and burial of dead*, and *caring for the sick at home*

#	Indicator	Numerator	Denominator	Indicator type
		<ul style="list-style-type: none"> • Persistent back pain. • Swelling of legs, arms, hands or face. • High fever. • Convulsions. • Regular contractions (every 20 minutes or less) prior to 37 weeks. • Waters break and not in labour after six hours. • Prolonged labour (more than 12 hours). • No movement of the baby. • Pregnant woman does not gain weight. (add others as appropriate)		
1.1.2	% women with children under 2 years of age who report being checked by a health worker X times according to national standards during last pregnancy.	Number of women who received X or more check-ups during last pregnancy. <i>X times</i> is determined by national standards, typically 3 to 4 times.	Total women with children under age 2 years participating in the survey.	Outcome indicator – behaviour change
1.1.3	% births attended by skilled health personnel.	Number of births attended by skill health personnel <i>Skilled health personnel:</i> Doctor, nurse, midwife, traditional birth attendant	Total women with children under age 2 years participating in the survey.	Outcome indicator – behaviour change MDG 5.2
1.1.4	% women with children under 2 years of age who report receiving X or more doses of Tetanus Toxoid (TT) during last pregnancy.	Number of women who received X or more doses of TT during last pregnancy <i>X or more doses of TT</i> is determined by national standards, typically 2 or more.	Total women with children under age 2 years participating in the survey.	Outcome indicator – behaviour change

#	Indicator	Numerator	Denominator	Indicator type
1.2 Care of newborns				
1.2.1	% caretakers with children under 2 years of age who can correctly describe at least 3 practices in household care for a newborn.	<p><i>Number of caretakers that know at least 3 practices of household care for a newborn out of these:</i></p> <ul style="list-style-type: none"> • Practise proper hygiene – e.g. hygienic care of umbilical cord. • Keep the newborn baby warm. • Delay bathing. • Babies should be put to the breast immediately after birth (within the first hour). • First breast milk that comes immediately after birth protects the baby from infections. 	Total caretakers with children under age 2 years participating in the survey.	Outcome indicator – knowledge
1.2.2	% caretakers with children under 2 years of age can correctly identify at least 3 danger signs in a newborn that require immediate medical attention.	<p><i>Number of caretakers who identify at least 3 danger signs that require immediate medical attention out of these:</i></p> <ul style="list-style-type: none"> • Difficulty breathing. • No interest in sucking, sucks poorly at the breast, or is not able to feed. • High fever. • Has red, swollen eyelids and pus discharge from the eyes. • Has redness, swelling, pus or foul odour around the cord or umbilicus. 	Total caretakers with children under age 2 years participating in the survey.	Outcome indicator – knowledge

#	Indicator	Numerator	Denominator	Indicator type
		<ul style="list-style-type: none"> Has convulsions/fits. Has jaundice (yellow skin or eyes). New born is very small. 		
1.2.3	% newborns breastfed within one hour of birth.	Number of caretakers who report that they breastfed their newborns within one hour of birth.	Total caretakers with children under age 2 years participating in the survey	Outcome indicator – behaviour change
1.3 Immunization and vaccination campaigns				
1.3.1	% children of age 12-23 months that has received BCG (Bacillus Calmette-Guerin), DPT (Diphtheria, Pertussis, and Tetanus vaccine) (3 doses), Polio (3 doses) and measles vaccine.	<p><i>Number of children received BCG, DPT (3 doses), Polio (3 doses) and measles.</i></p> <p><i>Change BCG, DPT (3 doses), Polio (3 doses) and measles vaccine according to National vaccination series according to Ministry of Health.</i></p>	All children of age 12-23 months covered during survey.	Outcome indicator – behaviour change
1.3.2	% children aged 12-23 months vaccinated against measles.	<p><i>Total children between 12 - 23 months that received measles vaccination during campaign or supplementary immunization activities or in any other programme.</i></p> <p><i>(Revise age 12-23 in line with national programme or as defined by the Ministry of Health)</i></p>	All children of age 12-23 months covered during survey.	Outcome indicator – behaviour change
1.3.3	% children under 12 months vaccinated against measles.	<p>Number children under 12 months vaccinated against measles.</p> <p><i>(one year is 12 months)</i></p>	<p>All children of 12 months old.</p> <p>Appropriate of large measles programme typically at national level.</p>	Outcome indicator – behaviour change (optional) MDG 4.3

#	Indicator	Numerator	Denominator	Indicator type
1.3.4	% children age 12-23 months vaccinated against polio	<i>Total children</i> between 12-23 months vaccinated against polio during campaign or supplementary immunization activities or in any other programme. Note: Revise age 12-23 in line with national programme or as defined by the Ministry of Health.	All children of age 12-23 months covered during survey.	Outcome indicator – behaviour change
1.3.5	% caretakers with children under 2 year of age aware of at least 3 diseases that can be prevented with vaccines.	<i>Number of caretakers aware of at least 3 diseases that can be prevented with vaccines out of these</i> polio, tuberculosis, diphtheria, pertussis, tetanus, Hepatitis B, Haemophilus influenza, and measles. Other vaccines include: <ul style="list-style-type: none"> • Yellow fever. • Meningitis. • Rotavirus. • Pneumococcal. • Japanese encephalitis. • Human Papilloma Virus. <i>(revise according to National Immunization Schedule)</i>	Total caretakers with children under 2 years participating in the survey.	Outcome indicator – knowledge (optional)
1.4 Nutrition				
1.4.1	% primary caretakers of infants 0-5 months of age that report that infants were exclusively breastfed during the 24 hours prior to survey.	Number of infants 0-5 months of age receiving only breast milk, and not receiving any other fluids (including water) or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines.	All caretakers with infants 0-5 months of age covered during survey.	Outcome indicator – behaviour change
1.4.2		Number of children who	All children of age 6-	

#	Indicator	Numerator	Denominator	Indicator type
	% children age 6-23 months receiving at least 3 types of food during the previous day.	received at least 3 types of food out of these 5: 1. Cereals 2. Pulses/Lentils 3. Vegetables or Fruits 4. Milk/curd/butter milk 5. Eggs or fish or meat	23 months covered during survey.	
1.4.3	% primary caretakers with children under 2 year of age that can correctly identify at least 3 danger signs of malnutrition that require referral to a health facility.	Number of caretakers who know at least 3 signs that require referral out of these Wasting <ul style="list-style-type: none"> • Underweight. • No fat on the body, and ribs visible. • Loose skin around the buttocks. • Easily irritated. • Usually appetite and normal hair. • Frequent illnesses. Swelling <ul style="list-style-type: none"> • Severe swelling (oedema) on both limbs or both arms. • Swollen "moon" face. • Damaged skin or different skin colour. • Hair colour changes (yellow/reddish or discoloured). • Hair becomes dry, can be easily pulled out and leaves bald patches. 	Total caretakers with children under age 2 years participating in the survey.	Outcome indicator – knowledge
1.4.4	% children aged 6-23 months receiving food according to the age-appropriate frequency during the previous day.	Number of children who received food according to the age appropriate food frequency the previous day. Appropriate defined as-breastfeeding children:	All children of age 6-23 months covered during survey.	Outcome indicator – behaviour change

#	Indicator	Numerator	Denominator	Indicator type
		solid, semi-solid, or soft foods, two times for infants age 6-8 months, 3 times for children 9-23 months; non-breastfeeding children: solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months		
1.5 Family planning				
1.5.1	% women age 15-49 years that know where to get family planning resources.	<p><i>Number of people aware of one or more place that family planning resources are available from:</i></p> <ul style="list-style-type: none"> • Any existing community centre with family planning resources. • Counsellor. • Private vendors of contraception. <p>(add more as appropriate)</p>	All married women or those in a union aged 15-49 interviewed.	Outcome indicator – knowledge
1.5.2	% women age 15-49 years currently married or in a union who are using (or whose partner is using) a contraceptive method.	<p>Number of women or their partners using any family planning methods.</p> <p>Contraceptive methods are often classified as either modern or traditional. Modern methods of contraception include female and male sterilization, oral hormonal pills, the intra-uterine device (IUD), the male condom, injectables, the implant (including Norplant), vaginal barrier methods, the female condom and</p>	All married women or those in a union aged 15-49 interviewed.	<p>Outcome indicator – behaviour change</p> <p>MDG 5.3</p>

#	Indicator	Numerator	Denominator	Indicator type
		emergency contraception. Traditional methods of contraception include the rhythm method (periodic abstinence), withdrawal, lactational amenorrhea method (LAM) and folk methods.		

2. COMMUNICABLE DISEASE

S. No.	Indicator	Numerator	Denominator	Indicator type
2.1 Acute Respiratory Infections (ARI)				
2.1.1	% care takers of children under 5 years of age that can correctly identify at least 3 ways to prevent ARI	<i>Number of caretakers who know at least 3 ways to prevent ARI out of these</i> <ul style="list-style-type: none"> • Breastfeeding babies. • Immunizing children. • Protecting infants from exposure to cold. • Avoiding smoky or overcrowded room. • Eating nutritious foods • Practising good hygiene and hand washing. 	Total caretakers with children under 5 years participating in the survey.	Outcome indicator – knowledge
2.1.2	% caretakers of children under 5 years of age that can identify at least 3 ARI danger signs that require immediate attention at a health facility.	<i>Number of caretakers who can identify at least 3 ARI danger signs that require immediate attention at a health facility out of these:</i> <ul style="list-style-type: none"> • Fast breathing. • Noisy or difficult breathing. • Drawing of the chest when taking in a breath. • Pain or aches in side. • Cough for 3 weeks or more. • Fever for seven days. • Loss of appetite. • Continuously vomiting everything. 	Total caretakers with children under age 5 years participating in the survey.	Outcome indicator – knowledge
2.1.3	% children under 5 years of age with suspected pneumonia/ARI in the previous 2 weeks who were	Number of children taken to appropriate health provider.	Total caretakers with children under age 5 years with suspected pneumonia/ARI	Outcome behaviour change

S. No.	Indicator	Numerator	Denominator	Indicator type
	taken to an appropriate health provider as reported by care taker	Define " <i>appropriate health provider</i> " according to national programme	participating in the survey. <u>CAUTION</u> Estimate the denominator by combining population under 5 and prevalence of ARI in project area from secondary data source. Quite often the denominator for this indicator is small very small in surveys.	
2.2 Avian influenza				
2.2.1	% people that can correctly identify at least 3 methods to prevent the spread of avian influenza at home and on the farm	<p><i>Number of people who know at least 3 method to prevent Avian influenza out of these:</i></p> <ul style="list-style-type: none"> • Eat only fully cooked poultry meat and eggs. • Wash hands with soap and water after touching poultry and before eating. • Report sick poultry to community and health authorities immediately. • Do NOT handle sick or recently dead poultry. • Do NOT slaughter sick poultry. • Do NOT eat sick poultry. • Do NOT use chicken droppings for fertilizer. • Do NOT take sick animals to sell in the 	Total people participating in the survey.	Outcome indicator – knowledge

S. No.	Indicator	Numerator	Denominator	Indicator type
		market.		
2.2.2	% people report they ALWAYS wash hands before and after touching birds.	Number of people report that they always wash hands with water and soap before and after touching birds.	Total people participating in the survey who handle poultry.	Outcome indicator – behaviour change
2.3 Tuberculosis (TB)				
2.3.1	% people that can identify at least 3 key signs of TB.	Number of people who know at least 3 key symptoms of TB out of: <ul style="list-style-type: none"> • Cough that lasts a long time (more than 3 weeks). • Coughing up blood. • Fevers. • Pain in the chest. • Night sweats. • Loss of appetite. • Rapid weight loss. • Feeling tired. 	Total people participating in the survey.	Outcome indicator – knowledge
2.3.2	% people that can correctly identify at least 3 ways to prevent the spread of TB.	Number of people who know at least 3 ways to prevent the spread of TB out of: <ul style="list-style-type: none"> • Opening windows. • Covering their mouth and nose when coughing and sneezing. • Recognizing signs of TB illness. • Getting prompt medical attention for evaluation and treatment. • Going to the health centre if exposed to somebody with TB. • Completing all of the TB treatment. 	Total people participating in the survey.	Outcome indicator – knowledge

S. No.	Indicator	Numerator	Denominator	Indicator type
2.4 HIV and sexual transmitted infections (STI)				
2.4.1	% people who correctly identify two ways of preventing HIV infection and reject two common misconceptions.	Number of people who correctly identify two ways of preventing HIV infection (Using condoms and limiting sex to one faithful, uninfected partner) and reject the two most common misconceptions about HIV transmission	All people interviewed.	Outcome indicator – knowledge
2.4.2	% people that can correctly identify all three means of mother-to-child transmission of HIV.	Number of people who correctly identify all three means of mother-to-child transmission of HIV 1. Transmission during pregnancy 2. During delivery 3. During breastfeeding	All people interviewed.	Outcome indicator – knowledge
2.4.3	% people that report using a condom in their last intercourse with a non-regular partner.	Number of people reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the 12 months preceding the survey	Total number of people who had a non-marital, non-cohabiting partner in the 12 months preceding the survey.	Outcome indicator – behaviour change
2.5 Reducing Stigma & Discrimination				
2.5.1	% people expressing accepting attitudes on all four questions toward people living with HIV	Number of people responded positively to all these 4 questions 1. who think that a female teacher with the AIDS virus should be allowed to teach in school, 2. who would buy fresh vegetables from a	All people interviewed.	Outcome indicator – behaviour change

S. No.	Indicator	Numerator	Denominator	Indicator type
		<p>shopkeeper or vendor who has the AIDS virus,</p> <p>3. who would not want to keep it as a secret if a family member became infected with the AIDS virus, and</p> <p>4. who would be willing to care for a family member who became sick with the AIDS virus</p>		

3. SAFE WATER, HYGIENE AND SANITATION AND MOSQUITO BORNE DISEASE

S. No.	Indicator	Numerator	Denominator	Indicator type
3.1 Safe water, hygiene and sanitation				
3.1.1	% people that can correctly identify at least 3 critical times to wash their hands.	<p><i>Number of people who know at least 3 critical times to wash hands out of:</i></p> <ol style="list-style-type: none"> 1) After defecation. 2) After handling child faeces. 3) Before preparing food 4) Before eating. 5) Before feeding a child. 6) Before handling foods <p>(add more as appropriate)</p>	All people interviewed.	Outcome indicator-behaviour
3.1.2	% households using an improved drinking water source.	<p><i>Number of households using any of the following types of water supply for drinking:</i></p> <ul style="list-style-type: none"> • Piped water into dwelling plot or yard • Public tap/standpipe; borehole/tube well • Protected dug well • Protected spring • Rainwater collection and bottled water (if a secondary available source is also improved). <p>It does not include</p> <ul style="list-style-type: none"> • Unprotected well • Unprotected spring, water provided by carts with small tanks/drums • Tanker truck-provided water and 	All households covered during survey.	Outcome indicator MDG 7.8

S. No.	Indicator	Numerator	Denominator	Indicator type
		bottled water (if secondary source is not an improved source) <ul style="list-style-type: none"> Surface water taken directly from rivers, ponds, streams, lakes, dams, or irrigation channels 		
3.1.3	% households using and maintaining clean latrines.	<i>Number of households with clean and maintained latrines defined as:</i> All 3 following conditions should be present. <ol style="list-style-type: none"> Path well worn as sign of regular uses and entrance is clear No faecal materials and urine on walls and floor. No overflow of leach lines or soak ways. Note: Observe latrines during interview	All households covered during the survey.	Outcome indicator – behaviour change
3.2 Diarrhoea & Dehydration				
3.2.1	% caretakers with children under 5 years of age that can correctly identify at least 3 critical times to wash their hands.	<i>Number of people who know at least 3 critical times to wash hands out of:</i> <ol style="list-style-type: none"> After defecation. After handling child feces. Before preparing food Before eating. Before feeding a child. Before handling foods (add more as appropriate)	Total caretakers with children under age 5 years participating in the survey.	Outcome indicator – knowledge
3.2.2		Number of caretakers	Total caretaker with	Outcome

S. No.	Indicator	Numerator	Denominator	Indicator type
	% caretakers that can correctly identify at least 3 key signs of dehydration.	<p>who know at least 3 key signs of dehydration out of:</p> <ul style="list-style-type: none"> • Sunken eyes with little or no tears when crying. • Dry mouth and tongue. • Thirst. • Little or no urine. • Dry skin or skin with little elasticity. • Feeling weak and very tired. • Muscle cramps. 	children under age 5 years participating in the survey.	indicator – knowledge
3.2.3	% caretakers who know how to prepare oral rehydration therapy (ORT) correctly.	<p><i>Number of caretakers who know correct procedure for preparing ORT</i></p> <p><i>Correct procedure:</i></p> <ul style="list-style-type: none"> • Wash hands with water and soap or ash before preparing solution. <p>Follow preparation directions in the ORS (Oral Rehydration Solution) packet:</p> <ul style="list-style-type: none"> • Put one litre of safe water in a clean pot. • Empty packet of ORS into the water while stirring. • After 24 hours discard solution and make fresh ORS. <p>(Revise as locally appropriate)</p>	Total caretakers with children under age 5 years participating in the survey.	Outcome indicator – knowledge
3.2.4 ¹¹	% caretakers who can demonstrate how to	Number of caretakers who prepare ORT correctly during survey.	Total caretakers with children under age 5 years participating in	Outcome indicator –

¹¹ Select either of 2.2.3 and 2.2.4
CBHFA PMER Toolkit / updated: January 2011

S. No.	Indicator	Numerator	Denominator	Indicator type
	prepare oral rehydration therapy (ORT) correctly.	(See above) Note: This indicator needs ORS packets, necessary utensils, water etc during survey.	the survey.	knowledge
3.2.5	% children under 5 years with diarrhoea in the previous 2 weeks who received ORT and continued feeding during the episode of diarrhoea.	Number of children under 5 who received ORS packet <i>or</i> recommended homemade fluid <i>or</i> increased fluids during diarrhoea.	Total children under age 5 years with diarrhoea participating in the survey.	Outcome indicator – behaviour change
3.3 Malaria prevention & control				
3.3.1	% people that can correctly identify at least 3 signs of malaria	Number of people who know at least 3 signs that warrant care out of <ul style="list-style-type: none"> • Fever. • Headache. • Pain in the joints. • Sweating and chills. • Difficulty eating and drinking. • Convulsions/fits. • Vomiting. • Drowsiness and unconsciousness. 	All people interviewed.	Outcome indicator – knowledge
3.3.2	% households with mosquito net hanging.	Number of household with any mosquito net hung over the sleeping space.	All households surveyed.	Outcome indicator – behaviour change
3.3.3	% households with pregnant women that report they have slept under a mosquito net the previous night.	Number of pregnant women who slept under mosquito net during the night previous to the survey.	All pregnant women covered during survey.	Outcome indicator – behaviour change
3.3.4	% households that report children under 5 slept under the mosquito net the	Number of children under 5 that slept under mosquito net the night previous to the survey.	All children under 5 covered during survey.	Outcome indicator – behaviour

S. No.	Indicator	Numerator	Denominator	Indicator type
	previous night.			change
3.3.5	% households that report all household members slept under a net the previous night.	Number of households where all members present in the household slept under a bed net the previous night.	All households surveyed.	Outcome indicator – behaviour change
3.4 Dengue prevention & control				
3.4.1	% people that can correctly identify at least 3 methods of dengue prevention.	<p><i>Number of people who know at least three dengue prevention methods out of:</i></p> <ul style="list-style-type: none"> • Wear long sleeved clothing. • Use mosquito repellents. • Put up screens on doors and windows. • Sleep under long-lasting, insecticide-treated mosquito nets (LLIN). • Cover or discard any items that collect rainwater or are used to store water. • Change water in, and clean household objects at least once a week. • Clean up areas around the house that may collect standing water. <p>(add more as appropriate)</p>	All people interviewed	Outcome indicator – knowledge

4. FIRST AID

S. No.	Indicator	Numerator	Denominator	Indicator type
4.1 First aid				
4.1.1	% trained people that can correctly identify the appropriate first aid steps for common injuries ¹² identified by the community.	<p>Number of people who know correct steps for first aid to common injuries.</p> <p><i>Correct first aid steps to respond to burns :</i></p> <ul style="list-style-type: none"> • Cool the area quickly with cool clean water (for 15-20 min) • Remove any clothing or jewellery if not stuck to skin <p><i>Correct first aid steps to respond to bleeding:</i></p> <ul style="list-style-type: none"> • Ask person to apply pressure to wound and maintain pressure throughout • Help person to lie down / remain still • Cover wound with clean material • Apply bandage to stop bleeding but not to restrict circulation (not a tourniquet) 	All trained people interviewed.	Outcome indicator – knowledge

¹² Like bleeding, burning
CBHFA PMER Toolkit / updated: January 2011

S. No.	Indicator	Numerator	Denominator	Indicator type
		<ul style="list-style-type: none"> Reassure / provide psychological support 		
4.1.2	% CBHFA volunteers trained in basic first aid and who have taken a refresher course after 3 years.	<p>Number of volunteers trained in basic first aid.</p> <p><i>Basic first aid training</i> according to CBHFA Volunteer Manual.</p> <p><i>Refresher course</i> – updating skills and knowledge in first aid at least every 3 to 5 years.</p>	Total number of volunteers in the programme.	Output indicator
4.1.3	# community members who received basic first aid from a CBHFA volunteer trained in basic first aid last month.	<p>Number of people provided basic first aid by volunteers.</p> <p><i>Basic first aid</i> according to the CBHFA Volunteer Manual, and as adapted to relevant national or international standards.</p>	Not applicable.	Output indicator
4.1.4	% people know basic steps of first aid in case of bleeding and burning.	Number of people who say they will put pressure to stop bleeding and put cold clean water on the burned area as first action.	All people interviewed.	Outcome indicator – knowledge

5. EMERGENCY HEALTH

S. No.	Indicator	Numerator	Denominator	Indicator type
5.1 Emergency health				
5.1.1	# communities with a disaster risk and response plan that incorporate health-related activities through CBHFA.	<p><i>Number of communities where disaster risk and response plan includes the following elements:</i></p> <ul style="list-style-type: none"> • Major emergency, including health issues due to a disaster and /or an epidemic. • Community risk map that identifies potential disaster sites, vulnerable people, human and physical resources, including health resources/facilities. • Roles and responsibilities of volunteers and community members through CBHFA in a disaster response and /or an epidemic. 	Total number of communities in which CBHFA is implemented.	Output indicator
5.1.2	% people that can correctly identify at least 3 key safety-related behaviours in response to a disaster through CBHFA.	<p>Number of people who know at least 3 key safety-related behaviours in response to disaster out of:</p> <ul style="list-style-type: none"> • Listen to the media and other reliable sources and follow advice. • Follow advice issued by the government/local authorities. • Move immediately to the nearest safe 	All people interviewed.	Outcome indicator – knowledge

S. No.	Indicator	Numerator	Denominator	Indicator type
		evacuation place along with family members. <ul style="list-style-type: none"> Follow safe route to reach shelter site. Take water, food, and essential items to the shelter site. Go back home only when authorities declare that the situation is safe. Help evacuate and/or rescue the other people, while not putting self in danger. Provide first aid if qualified. Be calm and quiet. 		
5.1.3	# communities to have conducted an emergency health assessment*	Number of community to have conducted an emergency health assessment based on IFRC and/or WHO assessment guide following disaster/epidemic.	Not applicable.	Output indicator
5.1.4	# CBHFA volunteers serving in health facilities following disaster/epidemic *	Number of CBHFA volunteers providing their services to health facilities following disaster/epidemic.	Not applicable.	Output indicator
5.1.5	# people provided with psychosocial support by CBHFA volunteers*	Number of people provided with psychosocial support by CBHFA volunteers.	Not applicable.	Output indicator

* These indicators can be used in case a CBHFA volunteer is responding to an emergency following a disaster or epidemic

6. SUPPLEMENTARY TOPIC

S. No.	Indicator	Numerator	Denominator	Indicator type
6.1 Blood donation				
6.1.1	# youths/volunteers as active members in Blood Donor clubs (e.g. Club 25).	<p><i>Number of active members in a Blood Donor club:</i></p> <ul style="list-style-type: none"> Blood donors that give blood at least twice a year, (around 2 units of blood every year) <p>Refer to blood donor membership records, database, and/or activity reports.</p>	Not applicable.	Output indicator
6.1.2	% people that can correctly identify at least 3 criteria of a voluntary blood donor.	<p><i>Number of people who know at least 3 criteria of voluntary blood donor out of:</i></p> <ul style="list-style-type: none"> Lead healthy lifestyles Feel well Are not anaemic Are not pregnant Have not been pregnant in the last year Do not currently breastfeed Do not have heart disease Do not have low or high blood pressure Do not have diabetes Do not have epilepsy Are not taking certain medications Do not have malaria, HIV, Hepatitis B or other sexually transmitted infection (STI) or history of these 	All people interviewed.	

S. No.	Indicator	Numerator	Denominator	Indicator type
6.1.3	% people that report that they or a family member donated blood in last 12 months.	Number of people or their family members that donated blood in last 12 months.	All people interviewed.	Outcome indicator (proxy for blood donation)
6.2 Road safety				
6.2.1	% people that can correctly identify at least 3 road safety actions.	<p><i>Number of people who know at least 3 road safety actions out of:</i></p> <ol style="list-style-type: none"> 1. Use a seatbelt or helmets in the case of motorcyclist. 2. Keep a safe distance from other vehicles. 3. Keep to the speed limit and adapt driving speeds to weather conditions, the state of roads and amount of traffic. 4. Obey traffic lights and highway codes. 5. Never drive after drinking alcohol or using drugs. 6. Never use mobile phone while driving. 7. Drive carefully and pay special attention to pedestrians, cyclists and all vulnerable road users. 8. Discourage children from playing on busy roads. 9. Use a light when walking on the road at night. 10. Know where to go for help when a road crash occurs and keep a list of emergency numbers. 	All people interviewed	Outcome indicator – knowledge

S. No.	Indicator	Numerator	Denominator	Indicator type
6.2.2	% people who report they wore a helmet last time they drove a motorbike on a highway	Number of people who wore a helmet last time they drove a motorbike on a highway. Note: Define highway based on local situation/rule.	All people who reported they drive a motorbike.	Outcome indicator – behaviour change
6.3 Excessive substance use				
6.3.1	Number of people provided first aid by CBHFA volunteers for health related emergency due to substance overdose.	Number of people provided first aid according to specific substance overdose according to CBHFA Volunteer Manual. <i>Signs of substance overdose</i> <ul style="list-style-type: none"> • Suddenly begin to vomit • Have difficulty breathing • Become confused or sleepy • Become unconscious and stop breathing Refer to project monitoring/reporting system and/or volunteer report form for excessive substance use prevention activities, project event forms, etc.	NA	Output indicator
6.3.2	% people that can correctly identify at least X messages for prevention in _____ (excessive substance use)	<i>Messages for prevention in excessive substance use</i> (LIST MESSAGES DISSEMINATED BY PROGRAMME) Replace X by appropriate number.	All people interviewed	Outcome indicator – knowledge

Annex 1: Messages from CBHFA manual for various programmes

1. Maternal, newborn & child health

SAFE MOTHERHOOD

Safe motherhood messages from the CBHFA Volunteer Manual, including:

- Get checked by a health worker at least four times during pregnancy.
- Get vaccinated against tetanus.
- Eat balanced meals and get more rest than usual.
- Know how to recognize the danger signs of problems during pregnancy and childbirth.
- Have a plan and find resources for getting immediate help if problems occur.
- A health worker should assist every birth.

CARE OF NEWBORN

Care of a newborn messages from the CBHFA Volunteer Manual, including:

- Keep newborns warm and close to their mother and begin breastfeeding within one hour of birth.
- Breastfeeding helps protect babies and young children against dangerous illnesses.
- Breast milk is the only food and drink a baby needs for the first 6 months.
- Know how to recognize the danger signs in a newborn and get immediate help if problems occur.

IMMUNIZATION AND VACCINATION CAMPAIGNS

Immunization messages from the CBHFA Volunteer Manual including:

- Immunization saves lives.
- All children should be vaccinated according to the national vaccination schedule.
- Breastfeed babies for 2 years and beyond, giving breast milk alone for the first 6 months.
- Participate in National Immunization Days.
- It is safe to vaccinate a child with cough, cold, diarrhoea, fever or malnutrition.

NUTRITION

Nutrition messages from the CBHFA Volunteer Manual including:

- Good nutrition prevents illness.
- Not enough food, not enough variety of food, or illness can cause malnutrition.
- Malnourished children do NOT grow or learn normally.
- Malnourished children are more likely to become ill.
- Malnourished children under 5 are at greatest risk of death.
- Foods can protect from illness, give energy and build the body.
- Breast milk alone is the only food and drink that an infant needs for the first six months.
- Breastfeeding should be continued up to 2 years and beyond.

FAMILY PLANNING

Family planning messages from the CBHFA Volunteer Manual including:

- Pregnancies can be planned.

- Planning pregnancies help couples decide when they want to have children.
- Planning pregnancies improves the health of mothers and children.
- Condoms, if used consistently and correctly, can prevent pregnancy.
- Condoms, if used consistently and correctly, can protect against HIV and sexually transmitted infections.

2. Communicable Disease

ACUTE RESPIRATORY INFECTIONS

ARI prevention messages from the CBHFA Volunteer Manual including:

- Sometimes colds and coughs are signs of serious illness.
- Encourage children with a cough or cold to eat and drink as much as possible and to stay warm.
- A child breathing rapidly or with difficulty might have pneumonia. Go to a health centre immediately.
- Prevent pneumonia by breastfeeding exclusively for the first six months of life and then up for 2 years.
- All children should be vaccinated according to the national vaccination schedule.

AVIAN INFLUENZA

Avian influenza prevention messages from the CBHFA Volunteer Manual, including:

- Eat only fully cooked poultry meat and eggs.
- Wash hands with soap and water after touching poultry and before eating.
- Report sick poultry to community and health authorities immediately.
- Do NOT handle sick or recently dead poultry.
- Do NOT slaughter sick poultry.
- Do NOT eat sick poultry.
- Do NOT use chicken droppings for fertilizer.
- Do NOT take sick animals to sell in the market.

TUBERCULOSIS (TB)

TB messages from the CBHFA Volunteer Manual, including:

- Tuberculosis spreads from person to person through the air.
- Tuberculosis is curable.
- Cover your mouth when coughing and sneezing.
- If you have a cough for more than 3 weeks go to a health centre.
- Go to a health facility if you notice signs of TB.
- People being treated for tuberculosis should complete ALL of the treatment. Do NOT stop treatment even if you feel better.
- Know the side effects of tuberculosis treatment and inform your TB supporter if you have side effects.
- People with HIV should be especially aware of TB signs.
- People with TB should have access to voluntary counselling and testing for HIV.

HIV & SEXUALLY TRANSMITTED INFECTIONS (STI)

HIV and STI prevention messages from the CBHFA Volunteer Manual including

- HIV can enter a person's bloodstream through the vagina, penis or anus.

- HIV infection can occur during unprotected sex with a person infected with HIV.
- Unprotected sex with multiple partners greatly increases the risk of HIV infection.
- Having an STI can increase the risk of transmitting HIV.
- If you have HIV use condoms to protect your partner from infection.
- Do not share needles or sharp instruments.
- Where to access to condoms.
- How to use condoms correctly and consistently to prevent sexual transmission of HIV and STI.
- Where to get tested. Where to receive treatment.

REDUCING STIGMA & DISCRIMINATION

Ways of reducing HIV stigma and discrimination messages from the CBHFA Volunteer Manual, including:

- Aware of the harm caused by stigma and behaviours that discriminate against others.
- Support PLHIV talking to community members to dispel misunderstanding about HIV.
- Educate community members about how HIV is and is not transmitted.
- Encourage community to support HIV testing and counselling.
- Encourage community leaders to promote acceptance of PLHIV and other vulnerable groups
- Encourage community members to discuss taboos about sexually, drug use and condom use.
- Help people who are stigmatised to learn strategies to cope with discrimination

3. Safe water, hygiene and sanitation and mosquito-borne disease

SAFE WATER, HYGIENE AND SANITATION

Safe water, hygiene and sanitation messages from the CBHFA Volunteer Manual, including:

- Washing hands at critical times, using safe water and using toilets can reduce diarrhoeal diseases in the community, including cholera.
- Use safe water for drinking and food preparation. If clean water is not available water can be treated at home.
- Keep toilets and latrines clean and free from faecal matter and bad odour.
- Store water in clean containers, cover to prevent contamination and keep out of the reach of children.
- Everyone in the community is responsible for maintaining the water supply system.
- Keep the household clean to prevent diseases.

DIARRHOEA & DEHYDRATION

Diarrhoea and dehydration prevention messages from the CBHFA Volunteer Manual including:

- Diarrhoea can kill children.
- Wash hands after using the toilet, before preparing food, before eating, before breastfeeding and after caring for an ill person.
- Breastfeed more frequently when a baby has diarrhoea.
- Give more food- based fluids to children with diarrhoea.

- Use safe water for drinking and food preparation. If safe water is not available, treat at home by boiling, filtering or using appropriate chlorine.
- Oral rehydration therapy can strengthen a child and reduce the risk of death from diarrhoea.
- Go immediately to a health centre if blood is present in diarrhoea or if the person has high fever.
- Prevent diarrhoea by disposing of all faeces in a latrine or toilet, or by burying.

MALARIA PREVENTION & CONTROL

Malaria prevention and control messages from the CBHFA Volunteer Manual, including:

- Malaria frequently causes fever
- Children under 5 and pregnant women are at great risk of dying from malaria.
- Sleeping under an insecticide treated mosquito net is the best way to prevent malaria.
- Malaria is treatable. If a person has symptoms of malaria, refer him/her to a health centre.
- Don't discontinue treatment even if you are feeling better.

DENGUE PREVENTION & CONTROL

Dengue prevention messages from the CBHFA Volunteer Manual, including:

- Dengue fever can be fatal.
- Do NOT give aspirin or ibuprofen, if any suspicion of dengue fever. Protect from mosquito bites. Sleep under mosquito nets at all times. Put screens up on doors and windows.
- Dengue mosquitoes live in and around houses and breed in clean water.
- Keep all water containers covered all the time.
- Clean water pots, barrels and buckets regularly.
- Drain standing water, drains and vegetation in and around the house.
- Dispose of objects where water collects, such as plastic bottles, empty containers, tyres, coconut shells.

4. Emergency health

EMERGENCY HEALTH

Health-related messages for community preparedness and response to disasters and epidemics from the CBHFA Volunteer Manual including:

- Community members and volunteers can prepare for disasters.
- Epidemics can be prevented.
- Working together, volunteers and community members can reduce bad effects caused by disasters.
- Disasters can cause injuries as well as epidemics and diseases.
- Learning first aid and psychological support can help save lives in a disaster.
- Personal hygiene, vaccinations, and the use of clean water, good sanitation, mosquito nets help to overcome the effects of disasters and epidemics.

6. Supplementary topic

BLOOD DONATION

Voluntary blood donation motivation messages from the CBHFA Volunteer Manual, including:

- Blood is needed every day to save lives.
- Donating blood is safe.
- Donors must give their consent to have their blood tested.
- Voluntary non-remunerated blood donors are identified as the safest donors.
- Lead healthy lifestyles to give blood on a regular basis.
- Voluntary non-remunerated blood donors should receive recognition and appreciation
- People should not give blood if they are not feeling well, are anaemic, are pregnant or have been pregnant in the last year, are breastfeeding, have heart disease, low or high blood pressure, diabetes or epilepsy, are taking certain medications, have an infection or history of infection such as malaria, HIV, hepatitis B or other sexually transmitted infection (STI)

ROAD SAFETY

Top ten road safety actions:

- Use a seatbelt or helmets in the case of motorcyclist.
- Keep a safe distance from other vehicles.
- Keep to the speed limit and adapt driving speeds to weather conditions, the state of roads and amount of traffic.
- Obey traffic lights and highway codes.
- Never drive after drinking alcohol or using drugs.
- Never use a mobile phone while driving.
- Drive carefully and pay special attention to pedestrians, cyclists and to all vulnerable road users.
- Discourage children from playing on busy roads and show them.
- Use a light when walking on the road at night.
- Know where to go for help when a road crash occurs and keep a list of emergency numbers.

EXCESSIVE SUBSTANCE USE

Excessive substance use messages from the CBHFA Volunteer Manual including:

- Lead a healthy lifestyle and discourage excessive substance use.
- Excessive use of alcohol and other substances can impair judgement and be life-threatening.
- Cigarette use can damage health and is a cause of lung cancer.
- Seek support to minimize substance use.

COLLECTION AND BURIAL OF DEAD ACTIVITIES

Collection and burial of dead activities from the CBHFA Volunteer Manual including:

- Assisting local authorities collecting bodies and/ or helping in the burial of the dead after a disaster.
- Giving psychological first aid to survivors.
- Support families and survivors.

CARING FOR THE SICK AT HOME ACTIVITIES

Caring for the sick at home activities from the CBHFA Volunteer Manual, including:

- Encouraging good nutrition.
- Giving basic emotional and psychosocial support.
- Helping the person to use the toilet, bedpan or urinal.
- Maintaining skin care and hygiene.

Annex 2: Defining active volunteers in Voluntary Blood Donation Programme, basic first aid and injury prevention and community mobilization in major emergencies.

Active in Voluntary Blood Donation Programme:

1. Delivering messages according to “voluntary blood donation motivation messages”.
2. Participating in World Blood Donors Day (14 June), or other community awareness, motivation or education activities related to voluntary blood donation such as trainings, messaging, etc.

Active in basic first aid and injury prevention

1. Community members used basic first aid knowledge and skills to respond to personal injury, and/or community emergency or disaster if applicable.
2. Community involved in World First Aid Day, or other basic first aid and injury prevention activities, such as trainings, messaging, etc.

Active in community mobilization in major emergencies

1. Delivering health-related preparedness and response messages per 3a.
2. Health-related activities for disaster preparedness and response planning:
 - Incorporate health related activities into the development of risk maps and community disaster response plans with DP and DM volunteers and response team.
 - Work in disaster relief with other disaster management volunteers.
 - First aid.
 - Psychological support
3. Epidemic preparedness and response planning:
 - Educate community members about disease prevention.
 - Educate community members about how to recognise signs and symptoms of diseases.
 - Refer community members with diseases to the health facility.
 - Assist health officials to manage outbreaks.
 - Get trained on epidemic control to learn how to assess and survey epidemics.