

Introduction:

The Community Surveillance Kit

The USAID-funded CHANGE Project has developed a Community Surveillance Kit primarily as a resource for countries to improve detection, reporting and follow-up of cases of acute flaccid paralysis (AFP) -- an achievement required for countries, regions, and the entire world to be declared polio-free. The Kit is intended for the use of non-governmental organizations and other groups as the U.S. Peace Corps, in partnership with ministries of health at the national, provincial, and district levels.

However, because AFP cases are rare, many communities will never find one. This is one reason why the Kit has also been designed to facilitate ongoing community involvement in detecting and reporting other illnesses and events of public health importance in addition to AFP. The other diseases and conditions include: measles, cholera, neonatal tetanus, meningitis, yellow fever (where appropriate), and, optionally, births, and deaths with diarrhea.

Besides supporting community involvement in surveillance, the Kit provides ideas for *preventing* diseases and ways to help communities *monitor good health habits*, such as hand washing and having fully immunized infants, and *other positive events* that communities themselves select related to improving community life beyond health. A hypothesis that CHANGE hopes to test is that monitoring these good habits will help change community norms so that the specific habits are more quickly adopted.

The Community Surveillance Kit is designed specifically for situations in which there is some person who can serve as a bridge between the community and the nearest health facility. This person might be an NGO staff member, a Peace Corps Volunteer or, possibly, someone who works directly for the national government. The Kit and accompanying materials support this "Community Surveillance Coordinator" to orient communities, work with them to select "Community Surveillance Volunteers," support those volunteers, and bring reports of AFP or other important diseases to the immediate attention of the closest health facility. The Kit should thus extend the reach of existing surveillance systems that rely on cases showing up at facilities. In addition, evaluations indicate that community surveillance activities have the potential to strengthen understanding and collaboration between community members and health facility staff.

Components of the Community Surveillance Kit

The Community Surveillance Kit consists of a number of separate documents.

For the group or committee planning the community health/surveillance activities:

- **Guidelines for Adapting the Kit and Managing the Community Surveillance Activity** (including how to carry out rapid formative research and pretesting)
- **Guidelines for Training Coordinators** for their tasks, including helping select, train, and support Surveillance Volunteers.

For community volunteers:

- **Handbook for Community Surveillance Volunteers**, and

For NGO or MOH staff, or Peace Corps Volunteers, who will support the volunteers:

- **Handbook for Community Surveillance Coordinators**. The main sections of the Coordinators' handbook are the following:
 - An *Introduction* that explains the purposes and uses of the kit;
 - *Disease Descriptions* with illustrations and simple definitions of the diseases for Volunteers and more detailed information for Coordinators;
 - *Reporting Procedures* for Coordinators and health facility staff;
 - A *Response Chart* showing appropriate responses to the family and community to reports of disease
 - *Prevention Ideas* on how communities can help prevent the diseases;
 - *Ideas for Supporting Surveillance Volunteers & Community Involvement* in preventing, detecting, and reporting cases of disease; selecting and supporting Community Surveillance Volunteers; and keeping Volunteers motivated and active; and
 - *Guidelines for Training Community Surveillance Volunteers*.

The Volunteers' handbook has similar, simplified sections.

WARNING! Please do not be intimidated by the length of the Kit. It is true that all of the pieces together are long, but remember:

- (1) Certain pieces are for different people with different roles. Most people need to know and use only one or two of the pieces.
- (2) The Kit is intended to be adapted in each country where it is used. During the adaptation process, parts of the Kit may be simplified, certain optional activities may be eliminated, and other changes may be made to shorten and simplify the Kit and its use.
- (3) More than half of the information in the two handbooks (particularly the sections on preventive activities and community activities) is very important but should be considered as resource or support material that can be used *if* and *when* users desire.

To supplement the Kit, CHANGE encourages country partners to consider developing job aids, including enlarged versions of the Surveillance Volunteers' information on disease identification, reporting, and follow-up and an audio cassette tape with information from the Kit for Surveillance Volunteers recorded in their local language.

*The CD contains English and French versions of the current Community Surveillance Kit. CHANGE encourages organizations in developing countries to adapt and use this Kit and to inform CHANGE about their experiences (to facilitate this, a **feedback form** in English and French is also included). For further information, please contact changeinfo@aed.org.*

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