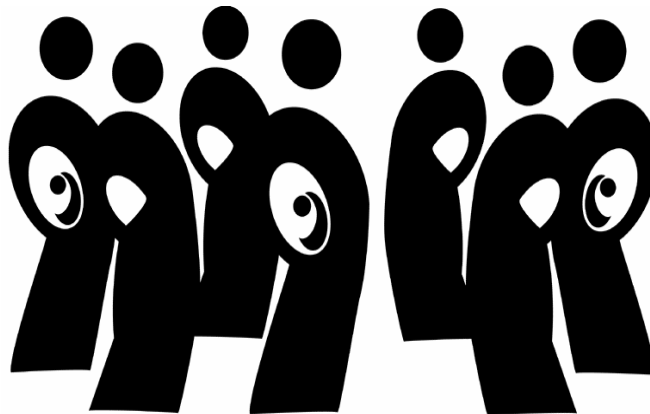


Handbook for Community Surveillance Volunteers

to support community
participation in detection
and prevention of polio and
other diseases



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*CHANGE is a project of the Academy for Educational Development and The Manoff Group. Please send comments and suggestions regarding this kit to <changeinfo@aed.org> or fax to 202-884-8454.

Abbreviations Used

AFP	acute flaccid paralysis
MOH	ministry of health
NGO	non-governmental organization
PVO	private voluntary organization
SV	Surveillance Volunteer
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

Table of Contents

In this **Handbook for Surveillance Volunteers**, you will find the following information to help you get started in your work as a Surveillance Volunteer:

Introduction 1

- The Purpose of this Handbook 1
- The Parts of this Handbook 1
- How to Use this Handbook 2
- Other Support and Materials for Surveillance Volunteers 3
- Feel Free to Adapt the Ideas in this Handbook 3

Introduction to the Community Surveillance Program 4

- What is Surveillance? 4
- Community Surveillance for AFP/Polio and Other Diseases 4
- Beyond Polio 5
- The Role of Community Surveillance Volunteers 5
- The Role of the Surveillance Coordinator 7

Disease Detection: What to Look for and What to Do 9

- AFP/Sudden Paralysis 11
- Measles 12
- Neonatal Tetanus 13
- Cholera 14
- Meningitis 15
- Yellow Fever 16
- A Sample Case Report Form 17

Additional Events that May be Included 18

- Death with Diarrhea 19
- A Birth 20

Community Activity Ideas 22

- Idea No. 1: Gathering Information 23

Idea No. 2: Collaborating with Other Volunteers and Groups in the Community 25

Idea No. 3: Organizing Meetings 29

Idea No. 4: Monitoring Good Health Habits and Positive Events 33

Prevention Ideas 36

Idea No. 1: Checking up on Missing Immunizations 37

Idea No. 2: Supporting an Immunization Campaign 39

Idea No. 3: Preventing Diarrhea by Promoting Hand Washing 40

Idea No. 4: Preventing Diarrhea by Promoting Safe Feces Disposal 43

Idea No. 5: Preventing Diarrhea by Promoting Use of Clean Water 45

Introduction

The Purpose of this Handbook

This Handbook is for Surveillance Volunteers like you. A major purpose of this Handbook is to support you and your community in finding and reporting cases of AFP/possible polio and other important diseases (measles, neonatal tetanus, cholera, yellow fever, and meningitis). Doing this will both benefit your community and will contribute to the worldwide effort to completely eliminate polio, a terrible disease that cripples thousands of children every year.

What in the world is AFP?

When you look for a child with polio, what you actually should look for is a child who has a condition called AFP. AFP means acute flaccid paralysis, which means sudden loss of control over muscles, especially in the legs or arms. Every AFP case needs to be seen immediately at a health facility so health workers can determine if the cause is polio or some other disease.

In addition, this Handbook provides many other ideas about ways that families, communities and health facilities can work together to prevent diseases, promote good health, and improve the lives of people in their communities.



The Parts of this Handbook

There are four main parts of this Handbook:

- **Introduction.** The first part gives a brief orientation to this Handbook. It explains how to use it and what is inside it. The Introduction also explains surveillance and the role of Community Surveillance Volunteers and Surveillance Coordinators. You are reading this part right now.
- **Disease Descriptions.** The second part describes the diseases covered in this Handbook. It has pictures to help you look for the diseases in their community. It also has instructions that explain what you should do if you find someone with one of the diseases.
- **Community Activity Ideas.** The third part gives four ideas about how you and other Surveillance Volunteers can get started in your work. The ideas are about gathering information on the diseases in the community, collaborating with other volunteers, organizing meetings, and keeping track of things that families do that will protect their health.
- **Prevention Ideas.** The fourth part gives five ideas about ways that you and other Volunteers can work with people in your community to prevent people from getting the diseases covered in this Handbook.

How to Use this Handbook

Please read this Handbook and discuss the ideas in it with the Community Surveillance Coordinator. You may also find it helpful to meet with other Surveillance Volunteers to take turns reading this handbook out loud and to discuss the ideas together.



Other Support and Materials for Surveillance Volunteers

Even though you have this Handbook, it may still be difficult for you to get started working in the community as a Surveillance Volunteer. This is why a Community Surveillance Coordinator will give you training and assistance during regular support visits.

In addition to this Handbook, you may also receive **visual aides** with pictures of the diseases covered in this Handbook. You can use these visual aides to identify cases of these diseases and to educate your community about the diseases.

It is possible that the information in this Handbook is also available to you on an **audio-tape cassettes** that is recorded in a local language.

Feel Free to Adapt the Ideas in this Handbook

This Handbook is not a recipe that you must follow precisely. Because of lack of time or resources, it may not be possible for you and other Surveillance Volunteers to use every one of these ideas. You may be able to only use part of an idea, or you may decide to add some of your own ideas. This is fine. This Handbook is a resource for you to use as you see fit.



Introduction to the Community Surveillance Program

What is Surveillance?

Surveillance means being on the lookout for something. Disease surveillance means being on the lookout for one or more particular diseases.

Besides being on the lookout for particular diseases, disease surveillance also includes:

- Making sure that staff from the nearest health facility quickly hear about suspected cases of diseases;
- Observing the sick person, interviewing the family, and doing interviews and laboratory tests to get a more certain idea of what disease has been detected;
- Studying all disease reports in order to detect patterns that may require mass immunization or other actions; and
- Taking follow-up steps in the community where the disease was detected. These follow-up steps may help cure the sick person, to prevent the sick person from becoming sicker, and to protect other people in the community from getting the same disease.

Your job is detecting (finding) diseases and reporting them, but you may also help health workers in carrying out the other actions that are part of surveillance and disease control.

Community Surveillance for Polio and Other Diseases

In the last 10 years, there has been great progress towards ridding from the world the virus that causes polio. Thanks to a major effort to protect children by giving them their polio vaccinations, the number of reported cases of the disease has decreased from some 35,000 to fewer than 7,000 each year. Once public health authorities are sure that there are no more cases of polio, children will no longer need to be vaccinated against the disease. This is what happened with smallpox around 20 years ago.

Even if most of the children in a country have been vaccinated against polio, the disease cannot be declared officially *eradicated* (wiped out) until the ministry of health tests almost every child under 15 years of age who has sudden floppy paralysis (called *acute flaccid paralysis*, or “AFP”) to see if the cause of the paralysis is polio virus or something else. A child with AFP suddenly loses control over the muscles in one or more arms and legs.

This may be difficult because ministries of health in many countries only find and test AFP cases if parents bring the child to a health facility. But many parents, especially those living far from health facilities, seek care for their children closer to their

communities. The result is that many cases of AFP are never tested by the ministry of health to see if they are caused by polio virus.

In a *community surveillance program*, Surveillance Volunteers, and as many other people as possible in a community, collaborate with a Surveillance Coordinator and with local health facilities to carry out disease surveillance.

Community participation in surveillance for AFP (possible polio) helps to do the following things:

- find AFP cases that otherwise would not be detected by the health system because some parents bring their paralyzed children to more traditional care in or near their community.
- detect AFP cases sooner so that it is not too late to test the child to see if he or she has polio and so that the ministry of health can respond more quickly to vaccinate other children in the community against polio.
- strengthen the partnership between the public health system and communities not only for polio eradication but also for other major health needs.

Beyond Polio

This Handbook is intended to help Surveillance Volunteers such as you to detect and report possible cases of polio and other important diseases in their communities.

But Volunteers and communities can do much more for their own health than just detect and report cases of disease. Therefore, this Handbook is also designed to help you and your community learn how to *prevent* these diseases. This Handbook provides ideas about ways that Volunteers and communities can keep track of *good health habits*, such as hand washing and having their infants fully immunized, and *other positive events* related to improving community life beyond health.

The Role of Community Surveillance Volunteers

The Surveillance Volunteer's main job is to be on the lookout for suspected cases of AFP, measles, meningitis, cholera, neonatal tetanus and yellow fever in their community and to report these cases to the nearest health facility. Here is a complete description of the Surveillance Volunteer's responsibilities in the community surveillance program:

- Look for children and other persons in the community who have the symptoms of the target diseases.
- Use the disease descriptions to decide if a sick child or other person has one of the diseases that need to be reported.



- For a suspected case of one of the target diseases:
 - (1) first fill out a case report form that has the following information:
 - the name of the sick person,
 - the parent's name (if the sick person is a child),
 - the location of the home,
 - the name of the suspected disease,
 - the date of detection.
 - (2) Try to convince the family to take the sick child or person immediately to a health facility.
 - (3) If they will not or can not, immediately get the case report form to a health facility.
- Participate in planning and doing the monitoring of good health habits in the community.
- Actively participate in organizing and carrying out activities to prevent diseases.
- Participate in training and meetings
- Cooperate with the Coordinator and seek his or her assistance with problems.
- Collaborate with other Volunteers in the community.

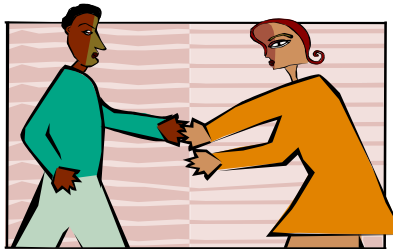


The Role of the Surveillance Coordinator

The Surveillance Coordinator's main job is to support the Surveillance Volunteers so that they can do their work in the community. Here is a complete description of the Surveillance Coordinator's responsibilities in the community surveillance program:

At the start-up of the community surveillance program, the Coordinator's responsibilities are to:

- Participate in training about their jobs and about how to use their Handbook.
- Meet with local health staff to understand how disease surveillance is working in the area.
- Introduce the community surveillance program to the community and orient community members on how they can support surveillance.
- Help oversee the community selection of Surveillance Volunteers in one or more communities.
- Train the Surveillance Volunteers in their tasks.



**The Surveillance Coordinator's main job is to support
Surveillance Volunteers in their work!**

The Coordinators' ongoing responsibilities are to:

- Meet with the Surveillance Volunteers to reinforce their training, identify and solve their problems/doubts, collect disease information, and plan community activities.
- Support the Volunteers and community in reporting cases of the diseases covered in this Handbook.
- Work with the community to organize activities that will keep Surveillance Volunteers motivated.
- Help the Surveillance Volunteers plan and carry out community meetings (about every 3 months) to give the community feedback on diseases detected and good health habits.
- Support Surveillance Volunteers and their communities in carrying out preventive activities that address key health issues.
- Coordinate with Surveillance Volunteers and the local health facility to make sure that when a disease is reported, appropriate actions are taken.

Disease Detection: What to Look for and What to Do

This section begins with disease descriptions for Community Surveillance Volunteers. These descriptions tell you what you should look for in order to identify a case of one of the important diseases you are trying to detect. Each description also contains a picture of a person with the disease and a reminder of what to do if you believe you have discovered a case.

However, just finding a case of one of the diseases doesn't really help anyone unless the sick person is brought immediately to a health facility for treatment, or unless the facility is quickly notified of the suspected case and rapidly responds.

If you detect one of the target diseases, you should immediately complete a case report form. A sample of this form is found at the end of this section, on page 13. If you have difficulty completing this form, get help from someone in your community.

Next, you should urge the family to take the sick person (and the case report form) right away to the closest health facility. To help get the sick person to a facility, the ministry of health, another organization, or the community may either provide transport or money to pay for public transportation. You will learn in your training if this special help is possible.

If the family or sick person refuses to go or cannot take the sick person to the health facility, you must find some way to get the case report form there right away. If it is difficult to send or take the form, ask for help in your community or from your Community Surveillance Coordinator.

In order for your community and the ministry of health to get feedback on the community surveillance program, your Coordinator will record basic information about all cases detected each month in each community. For this reason, your Coordinator will ask you each month about the cases you detected. It is a good idea for you to write down the information from each case report form in order to be sure you have it to give to the Coordinator.

Here is a summary of your main surveillance jobs:

(1) Look for and detect cases of the target diseases.

(2) Complete a case report form.

(3) Urge the family to bring the sick person to a health facility.

▲
IF they say they will, ask them to bring the case report form and to give it to the health worker there. Follow up to make sure they did go the facility.

▲
IF they say “no,” get the case report form to the health facility, either in person or by sending the completed form with someone else.

1. Disease Detection and Reporting Guide

DISEASE: AFP/sudden paralysis (possible polio) (Names in local language)

LOOK FOR:

Sudden floppy paralysis (lameness/inability to control muscles) in the legs or arms of a child under 15 years of age, not caused by injury



WHAT TO DO:

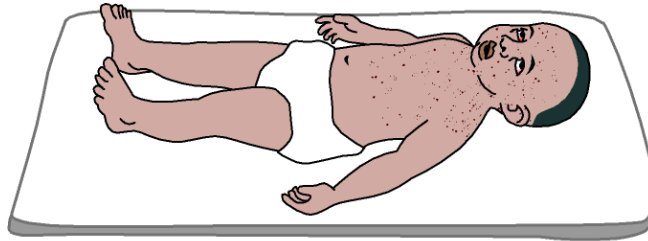
- 1) Complete a case report form.
- 2) Urge the parents or other caretakers to bring the sick child and the form immediately to a nearby health facility, preferably a hospital.
- 3) If the family refuses or cannot do this, get the case report form immediately to the nearest health facility either by sending it with someone or by going yourself.

2. Disease Detection and Reporting Guide

DISEASE: Measles (Names in local language)

LOOK FOR:

Any person (especially young children) with fever and rash.



WHAT TO DO:

- 1) Complete a case report form.
- 2) Urge the parents or other caretakers to bring the sick child and the form immediately to the closest health facility.
- 3) If the family refuses or cannot do this, get the case report form immediately to the nearest health facility either by sending it with someone or by going yourself.

NOTE: Some ministries of health may not recommend that every measles case be seen at a health facility. If this is the case in your country, someone in the community should be responsible for giving vitamin A drops to the sick child and for looking for danger signs (fast or difficult breathing or signs of dehydration/drying out). If a danger sign is noted, the child should go immediately to a health facility.

3. Disease Detection and Reporting Guide

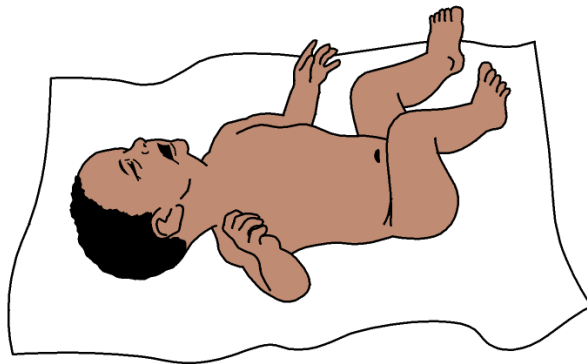
DISEASE: Neonatal tetanus (Names in local language)

LOOK FOR:

Any newborn child (within 28 days of birth) who stops sucking and develops stiffness and/or jerking muscles

OR

Any child who dies during the first month of life



WHAT TO DO:

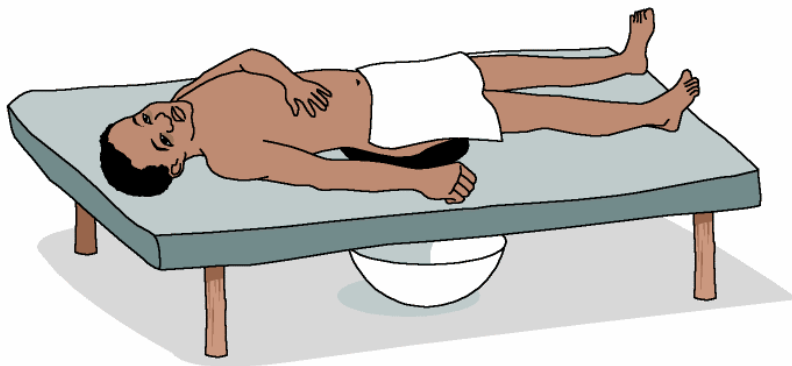
- 1) Complete a case report form.
- 2) Urge the parents or other caretakers to bring the sick child and the form immediately to the closest health facility.
- 3) If the family refuses or cannot do this, get the case report form immediately to the nearest health facility either by sending it with someone or by going yourself.

4. Disease Detection and Reporting Guide

DISEASE: Cholera (Names in local language)

LOOK FOR:

Any person aged 5 years or older with lots of watery diarrhea.



WHAT TO DO:

- 1) Start oral rehydration therapy or, if you cannot, try to find someone who can.
- 2) Complete a case report form.
- 3) Urge the parents or other caretakers to bring the sick person and the form immediately to the closest health facility.
- 4) If the family refuses or cannot do this, get the case report form immediately to the nearest health facility either by sending it with someone or by going yourself.

5. Disease Detection and Reporting Guide

DISEASE: Meningitis (Names in local language)

LOOK FOR:

Any person with fever and neck stiffness



WHAT TO DO:

- 1) Complete a case report form.
- 2) Urge the parents or other caretakers to bring the sick person and the form immediately to the closest health facility.
- 3) If the family refuses or cannot do this, get the case report form immediately to the nearest health facility either by sending it with someone or by going yourself.

6. Disease Detection and Reporting Guide

DISEASE: Yellow fever (Names in local language)

LOOK FOR:

Any person with fever and yellowing of eyes or of skin



WHAT TO DO:

- 1) Complete a case report form.
- 2) Urge the parents or other caretakers to bring the sick person and the form immediately to the closest health facility.
- 3) If the family refuses or cannot do this, get the case report form immediately to the nearest health facility either by sending it with someone or by going yourself.

Case Report Form

Name of Sick Person:

Names of Mother/Father/Caretaker:

Disease:

Name of Community:

Today's Date:

Name of Surveillance Volunteer:

Additional Events that May be Included

In addition to the five or six target diseases that are recommended for inclusion in the community surveillance activities, programs may decide to include reporting of births and deaths with diarrhea. This should be decided during the adaptation process for the Kit.

If country partners decide to include deaths with diarrhea in their community surveillance program, they should insert the following page in the Disease Detection section of the Volunteers' Handbook. If they decide to include births, they should insert the next two pages.

7. Community Surveillance Detection and Reporting Guide

EVENT: Death with Diarrhea

LOOK FOR: Any person in the community who dies after having a lot of diarrhea

WHAT TO DO:

- 1) Write down the name and age of the person who died and the date the person died.
- 2) At least once a month, give this information to the Coordinator, who should pass it on to the health facility.
- 3) If you and other SVs in your community detect two or more cases of death with diarrhea in the same week, record the same information and get that information to the health facility *immediately*, either by sending a note or by going in person.
- 4) Teach people in your community about how to prevent diarrhea (see Prevention Ideas 3, 4, and 5) and about how to treat it with oral rehydration therapy.

8. Community Surveillance Detection and Reporting Guide

EVENT: A birth

LOOK FOR: The birth of a baby in your community

WHAT TO DO:

- 1) Write down the name of the baby, the name of the mother, and the date the baby was born.
- 2) At least once a month, give this information to the Coordinator, who should pass it on to the health facility.
- 3) Fill out the Baby's Birth Information and Dates of Immunization form and give it to the mother. Tell her about the importance of immunization for her baby.
- 4) With the other SVs and the Coordinator, count up the births and report the information to people in your community when you meet with them.

Baby's Birth Information and Dates for Immunization

(sample form)

Congratulations on your New Baby!

BIRTH INFORMATION:

Baby's Date of Birth:

Baby's Name:

Name of Baby's Mother:

Name of Baby's Father (optional):

BABY'S PERSONAL IMMUNIZATION SCHEDULE:

What Immunizations the Baby Needs	Months When the Baby Should Get the Immunizations
Polio drops and BCG (protects against tuberculosis):	
Polio drops, DPT (protects against diphtheria, pertussis, tetanus), and hepatitis B	
Polio drops, DPT , and hepatitis B	
Polio drops, DPT, and hepatitis B	
Measles	
Polio drops and vitamin A drops	Whenever they are available in a campaign

Ideas for Community Activities

This section contains ideas for four types of activities that Volunteers like you can use in the community surveillance program. These ideas will help you to carry out your responsibilities in your job as a Surveillance Volunteer. (You can find the description of the Surveillance Volunteer's job in the Introduction to this Handbook.)

The ideas in this section are meant to help you to get your own community more interested in detecting, reporting and preventing disease, and also more interested in promoting good health habits and other positive events. These ideas will also help you to start collaborating with other volunteers in your community.

The ideas for community activities in this section are:

Idea Number 1: Gathering Information.

**Idea Number 2: Collaborating with Other Volunteers
and Groups in the Community.**

Idea Number 3: Organizing Meetings.

**Idea Number 4: Monitoring Good Health Habits and
Positive Events.**

Discuss these ideas with the Surveillance Coordinator, with other volunteers, and with different people in your community. They may have other ideas and suggestions that will help you in your work.

Community Activity Idea 1

Gathering Information

WHY: Your first job as a Community Surveillance Volunteer is to look for and ask people about target diseases in your community. One good way to do this is to think about how people are already gathering and exchanging information.

WHO: Everyone in the community, including children, can be involved.

WHEN: Use these ideas for gathering information all the time in your work as a Surveillance Volunteer.

WHAT YOU NEED: You will need the collaboration of people in your community and good observation and listening skills.

Communities and cultures have always had their own ways of gathering and exchanging information, and of keeping track of what is going on.

People usually spread news and information by **word-of-mouth**. A good way to collect information quickly is to visit **meeting places** in the community where people gather to talk and share news by word-of-mouth.

Here are some examples of **meeting places** where you may find out about diseases and other events that are happening in the community:

- **Community wells, pumps or rivers:** In some communities, women gather every day at wells, pumps or rivers to collect drinking water or to wash clothes. While they work, women exchange news about their families and neighborhood.
- **Grain milling or grain pounding places:** In some communities, women gather every day in the same place to mill, grind or pound grains into flour. Women often exchange news about their families and the neighborhood as they work.
- **Beer, palm wine or tea drinking places:** In some communities, men gather every day in the same places to drink and socialize. These places may be “bottle shops” or other drinking places, in someone’s home or shop, or in the shade under a special tree. As they drink, the men sometimes tell each other the news about their families, friends and neighbors.
- **At the market:** A lot of information and news is exchanged at the market. When people go there, they spend some of their time buying or selling things and the rest of their time talking to friends, neighbors and acquaintances.
- **At churches, mosques or temples:** Sometimes religious leaders make announcements before or after the service to let people know about things that are

happening in the neighborhood. Also, people who attend church or mosque often talk together before or after the service to exchange news about their families, friends and neighbors.

- **At the home of the village chief or the place where the village elders meet:** The village chief and elders are usually kept informed about things that happen in their community. They often gather to talk about community news or to discuss problems and make decisions.
- **At schools and in school yards:** Children often share information and news about their families and friends when they see each other at school or when they play in the school yard.
- **In sports clubs or other places where young people gather for recreation and socializing:** Young people often have a place where they like to get together informally and socialize. For boys, in particular, this may be at the meeting place of some kind of sports club or sports team. Girls may also gather at these or other places.

Here are some things that you and the other Surveillance Volunteers can do:

1. Discuss with other Surveillance Volunteers how people gather and exchange information in your communities. Answer these questions:
 - WHERE do people meet regularly to talk and exchange news?
 - HOW do people usually find out about things that are happening in the community?
 - WHO are the people who are usually the first to know about things that are happening in the community?
 - WHO are the people who know most about what is going on in the community?
2. Use the answers to these questions to help you get more information about diseases you are looking for in your community. For example:
 - Go to the meeting places in your community and ask people there if they have seen or heard about anyone who may have symptoms of any of the five or six diseases (AFP or sudden lameness, neonatal tetanus, measles, meningitis, cholera, or yellow fever).
 - Also ask the people who regularly go to these meeting places to let you know if they ever hear about anyone having these symptoms.

Community Activity Idea 2

Collaborating with Other Community Volunteers and Groups

WHY: Collaborate with others to help keep track of diseases, good health habits and positive events in the community.

WHO: Other Community Surveillance Volunteers, traditional midwives, traditional healers, village health committees, mothers' groups, youth associations, and any other volunteers or groups who work for the well-being of the community (for example, agricultural, forestry or education workers).

WHEN: Collaborate with others often in your work as a Surveillance Volunteer.

WHAT YOU NEED: The collaboration of people in your community.

Our ancestors have many wise sayings that tell us how important it is to collaborate, especially when we are faced with a difficult task. Here are some examples:

- One head, one idea. Two heads, many ideas.
- A group of birds flying together makes more noise than a single bird flying alone.
- One finger alone cannot move a large boulder.
- When many spiders weave a web together, they can even capture a lion!
- There is strength in unity.

There are many people who can help you to detect diseases and keep track of positive events and good health habits that your community has decided to monitor. These same people may appreciate having your help as well.

Here are some examples of people in the community who could become your collaborators:

- Other Surveillance Volunteers
- Community health workers
- Traditional midwives and traditional healers
- Village health committee members
- Village development committee members
- Women's association members
- Youth association members

- The school director and school teachers
- Church or mosque congregations or committees
- Religious leaders (pastors, preachers and imams)
- Officials of political parties

Get together with other volunteers: Organize a meeting and invite other volunteers to attend. The goal of the meeting should be to discuss ways in which all of the volunteers in the community can help each other.

Here are some ideas about how you can collaborate with other volunteers or groups in your community:

- Share useful information with each other.
- Talk about problems you may be having in your work and share advice or solutions.
- Talk about successful experiences you may be having in your work and help explain what you did to have the success.
- Support each other by participating in each other's activities.
- Help mobilize people in the community for each other's activities.
- Share resources with each other.
- Exchange visits with other volunteers to learn from each other.

In the boxes on the next pages are two stories that give examples of good collaboration between volunteers.



Chido and Thoko

THE STORY OF CHIDO AND THOKO

Chido is a Community Surveillance Volunteer. One morning she found out about a child in the village with measles. Because the family refused to take the child to a health facility, Chido needed to inform the health facility right away. Chido went to visit Thoko, a village health committee member, who was on her way to attend a workshop in the same town where the health facility was. Chido asked Thoko to take a case report form to the facility, telling the health staff about the child with measles. Thoko promised that she would stop by the facility and deliver the form as soon as she got to town.

“Thank you, Thoko,” said Chido. “You are a good collaborator!”

“It’s my pleasure, Chido,” said Thoko. “You have always helped me in the past, so it is now my turn to help you.”



Themba and Tendai

THE STORY OF TENDAI AND THEMBA

Tendai is a village health worker who often organizes health education talks for women in the village. Themba is a Community Surveillance Volunteer. One day Tendai stopped by Themba's home to ask him to help her do an educational talk about polio. Tendai told him that the educational talk would be in the afternoon the next day. Themba agreed to help.

The next day, Tendai and Themba met with the village women to tell them about polio and other causes of lameness. After the talk was finished, Tendai thanked Themba for helping her. The women also thanked Themba for sharing the information with them.

Although giving educational talks was not one of his responsibilities as a Surveillance Volunteer, Themba was glad that he could help Tendai.

Community Activity Idea 3

Organizing Meetings

WHY: People hold meetings to gather and exchange information, share ideas, make decisions, and plan to solve problems and taken action.

WHO: Community Surveillance Volunteers, other community volunteers or groups, and community members can all participate in meetings.

WHEN: Organize meetings as they are needed.

WHAT YOU NEED: Usually very few resources are needed other than people's time and a place to meet..

Meetings are different from group discussions. A group discussion is relaxed and informal. Meetings tend to be held for a special reason and are more organized. Usually there is a person in charge of leading the meeting. You have probably already attended many meetings yourself.

Follow these steps to organize a meeting:

1. Decide on the PURPOSE of the meeting. When you want to hold a meeting, make sure to plan ahead and to be clear about why you want to meet. You may organize a meeting for many different purposes. You and other Surveillance Volunteers can organize these meetings yourselves or in collaboration with community leaders and the Community Surveillance Coordinator.

EXAMPLES OF MEETINGS AND THEIR PURPOSES:

- **Meetings with Community Leaders**

Purpose: To discuss the purpose and benefits of the community surveillance program and how the Surveillance Volunteers and the community leaders can collaborate.

- **Community Assemblies**

Purposes:

- a. To discuss monitoring of good health habits and positive events and to decide which habits and events to monitor.
- b. To give communities feedback on findings from the surveillance of disease, good health habits, and positive events.

- **Meetings of Surveillance Volunteers**

Purposes:

- a. To discuss problems encountered in your jobs
- b. To share ideas, experiences and advice about your work
- c. To give feedback to the Coordinator
- d. To receive feedback from the Coordinator
- e. To discuss monitoring of good health habits and positive events and to decide which habits and events to monitor
- f. To share new information and to plan activities

2. Prepare the AGENDA for the meeting. After you have identified the purpose of the meeting, prepare an agenda. An agenda is simply a list of topics (in a logical order) that will be discussed at the meeting. Do not try to put too many topics on the agenda. If you do, the meeting may become too long and people may become tired or frustrated. Discuss the agenda with other people who will be attending the meeting.

Below are some examples of topics that could be discussed in Surveillance Volunteers' meetings. You may use these topics to help you plan for meetings with other volunteers.

**Examples of what could be discussed during
Surveillance Volunteer meetings**

- Announcements
- Technical information updates or instructions from the Coordinator or local health facility staff
- Problems and issues faced by the Surveillance Volunteers
- Problem-solving and advice
- Plans for Surveillance Volunteers' activities for the next week, month or quarter
- Upcoming special events

The box below provides an example of an agenda for a Surveillance Volunteers' meeting. The purpose of the meeting is for the Surveillance Volunteers to discuss their work and to plan for activities in the following month.

MEETING AGENDA

1. Announcements
2. Surveillance Volunteers' activity reports: successes and problems in our work.
3. Suggestions and advice
4. Schedule for activities for next month
5. Date/time and agenda for next meeting

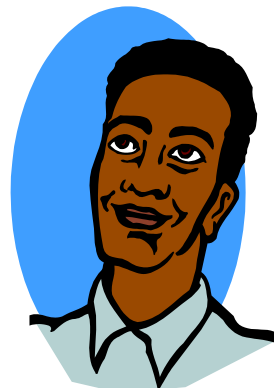
3. **INFORM people about the meeting.** Make sure that people who are supposed to attend the meeting know the date, time and place of the meeting well in advance. Word of mouth is often the best way to announce meetings in a village or small neighborhood.

4. **FACILITATE the meeting.** Facilitating a meeting means helping people to stay on track and discuss the topics on the agenda. A good facilitator does not take over the meeting by speaking all the time. Instead, the facilitator helps make sure that each person has a chance to speak while everyone else listens. There should always be one person to facilitate the meeting.

4. **ENCOURAGE WOMEN to speak up in the meeting.** When women and men meet together, women may speak up less often. Even though women may have other ideas or opinions, they may prefer to stay quiet and let the men talk. The facilitator should always make sure to encourage women to speak up and add their ideas and suggestions to the discussion. Sometimes dividing people into groups of men and women to discuss certain topics, then having each group share highlights of the discussions, can give women the chance to express their ideas.



“Here is my idea about how we can collaborate...”



“She has a good idea!”

6. REACH decisions and PLAN next steps. By the end of the meeting, the group should make some decisions about how to solve the problems that were discussed. The facilitator should help the group to answer these questions:

- **WHAT** are the next steps to take?
- **WHO** is responsible for doing which actions?
- **WHEN** will the next steps happen?
- **WHAT** resources will be needed to take the next steps (for example: support from the community, more training by the Coordinator, other help from outside the community)?
- **WHEN** is the next meeting and what is the agenda?

Community Activity Idea No. 4

Monitoring Good Health Habits and Positive Events

WHY: Monitoring good health habits can help promote new social norms and build people's confidence in their ability to make progress.

WHO: Community Surveillance Volunteers and their communities.

WHEN: If Surveillance Volunteers decide to do this optional activity, they should start monitoring good health habits and other positive events soon after they begin their disease surveillance responsibilities.

WHAT YOU

NEED: No resources are needed other than people's time.

Good Health Habits

Monitoring good health habits can help promote new social norms (new ways in which it is normal or expected that people will act). As people begin to hear repeated questions and discussion about a particular health behavior in their communities and realize that other people are practicing it, they are more likely to start adopting that behavior themselves.

We suggest that the Coordinator, Surveillance Volunteers and each community select 3 to 8 positive indicators to monitor at any one time, although these may change over time. What will be monitored, how often, and how this will be done should be planned in a general community meeting and in follow-up meetings of Surveillance Volunteers and others who will do the monitoring.

Examples of good health habits that could be monitored:

- Number of families with an adequate place to go to the bathroom (a place that keeps feces out of the environment)
- Number of families with a specific location for hand washing
- Number of families that drink potable (safe) water (boiled, chlorinated, or from a protected source)
- Number of one-year olds who are fully immunized (3 DPT/OPV, 1 BCG/measles)
- Number of babies (under 6 months) who receive nothing from a baby bottle
- Number of babies who were weighed each of the last 3 months

- Number of families who gave extra liquids the last time a child had diarrhea
- Number of families who observed breathing the last time a child had a respiratory infection (cold, cough, flu, etc.)
- Number of families who gave all of the recommended doses of medicine the last time a child was treated with antibiotic or malaria medicine
- Number of families where young children sleep under a bed net or insecticide-treated net
- Number of children who received vitamin A drops in the past year
- Number of pregnant mothers who are eating more meals and snacks and more variety of foods than when not pregnant
- Number of pregnant women who are taking iron tablets and/or eating iron-rich animal products more than once a week



Positive Events

Communities can monitor other things besides diseases and good health habits. Looking for and keeping track of positive events that are happening in their communities can give people increased confidence in their community's ability to overcome difficulties and bring about positive changes.

Surveillance Volunteers can meet with their communities to decide if there are other positive events that people would like to monitor. These events might be related to agriculture, education, business, social activities, or any other area that the community feels is important.

Examples of positive events that could be monitored:

- Amount of rice, coffee, tea, peanuts, plantains or other cash crops harvested in community
- Number of new homes constructed
- Number of girls who are enrolled in school
- Number of boys who are enrolled in school

How to Monitor

Monitoring selected habits or positive events must be well planned:

1. The first thing to plan is *how often* to monitor. Once every three months is often a good choice.
2. The second thing to plan is *how* to monitor. Should monitoring be limited to things that can be *observed*, or should the volunteers who are gathering information *ask* each family about a few things? Although just observing is easier, asking questions is better because it also reminds people of useful things they should be doing.



3. The third thing to decide is how to *record* the information collected during monitoring.
4. Once the information is recorded, it should be *analyzed* (*what does it mean?*).
5. The information will be much more useful if it is fed back to the community to let people know how they are doing.

Work with your Coordinator to plan how to give the community feedback on good health habits and other things the community monitors.



Prevention Ideas

Prevention Ideas are intended to help people organize activities that can help *prevent* diseases that threaten your family and community.

The best way of preventing many diseases is by making sure that children's and mothers' immunizations are completely up to date.

The best ways to prevent cholera and other diarrheal diseases are proper hand washing, safe disposal of feces, and using only clean water for eating and drinking.

Prevention Idea No. 1

Checking up on Missing Immunizations

WHAT: Visit families to help the mother look at immunization cards to see if the mother or children are due for any immunizations.

WHY: All of the target diseases except for cholera can be prevented by immunizations. Checking up on missing immunizations is a great way to make people aware of missing immunizations and also to motivate them to get all the immunizations they should have. This is a great way for the students or other community members who participate to contribute to their community's health.

WHO: This can be done either by students or by other community volunteers who are able to read.

WHEN: It should be done on a regular basis, perhaps every month or two. It is especially important to do before the measles season and before the rainy season.

WHAT YOU NEED: Students or volunteers willing to be trained and to devote a little time for the good of their community.

The Community Surveillance Volunteers, health committee or another community group can organize this activity. Some good steps to follow are the following:

Plan:

1. Decide who will visit families and how often. Decide if one or two people should visit each family.
2. Decide who will train the students or other volunteers to do the visiting. (If possible, a nurse or other health staff should help do the training.)
3. Select the students or other volunteers. Have a good discussion with them so that they understand clearly what they are agreeing to do and why.
4. Decide which houses each volunteer will visit. (You don't want more than one visit to the same family.)
5. Meet with the local health facility staff to make them aware of what the community is about to do and to be sure about the times when immunizations are available.

Train:

Training should include:

1. A discussion of why it is so important for mothers and children to be up-to-date on immunizations.
2. A thorough review of the child's and mother's immunization cards and schedules.
3. A thorough discussion of how to work with the mother to figure out the child's age.
4. Role plays that give the participants practice in looking at cards, understanding what is on the card, figuring out the child's age, and explaining the card to the mother or other caretakers.
5. A discussion of ways to convince mothers to get the missing immunizations for themselves or their children.
6. This should include a discussion of common reasons for not having all the immunizations up-to-date and strategies that the volunteers can suggest to help families overcome the obstacles.

Carry Out Your Plan:

1. Carry out the first round of visits to families, then bring the volunteers together for a meeting. Discuss:
 - how the visits went,
 - how people reacted,
 - how many mothers and children were due for immunizations,
 - what people's main reasons were for being behind on immunizations, and
 - what might be changed or improved to make immunization visits more comfortable or effective.

Write down how many mothers and children had complete immunizations and how many were missing one or more. Invite staff at the local health facility to this discussion, and if they cannot come, give them a summary of the discussion later.

2. At the regular community meetings, report back to everyone. Tell people where they started (how many had complete and incomplete immunizations) and how things have changed.
3. Continue to make regular home visits, to count up complete and incomplete immunization records, and to give feedback to the community and to the local health facility.

Prevention Idea No. 2

Supporting an Immunization Campaign

WHAT: There are several important ways that community members can support immunization campaigns (National Immunization Days and other types).

WHY: These efforts will get more children better protected against dangerous but preventable diseases.

WHO: This can be done by Community Surveillance Volunteers, other volunteers, or students. They do not have to be able to read and write.

WHEN: Before, during, and immediately after an immunization campaign.

WHAT YOU NEED: Organized groups in the community willing to devote some time for the benefit of the community's children.

The Surveillance Volunteers, health committee, or other community groups can work with the local health facility to organize and carry out this activity. The first step is to get together a group from the community willing to help. Next, hold a meeting with the local health facility staff to discuss how the community might help.

Before the Campaign:

The volunteers can tell the local health staff important information such as the best times and places for immunization in or near their community. Volunteers can also visit all families to inform them about the purpose, time, and place of the immunizations and to motivate them to participate. This requires some of the same training as discussed in Prevention Idea No. 1.

During the Campaign:

Community volunteers can help at the immunization site by informing parents what to do, answering questions, re-assuring parents and children, helping control the crowd, making sure children are immunized in the order they arrived, providing food and drink for the immunizers, and helping in other reasonable ways requested by the immunization team. The local health facility will need to train local volunteers for several of these jobs.

After the Campaign:

At the end of the campaign, the volunteers should ask the health staff how their community did, and they should report back to the community during the next community meeting. If requested by the local campaign organizers, community volunteers can accompany health workers to the homes of children who did not participate. They can help health workers give information to parents about the safety and benefits of immunization.

Prevention Idea No. 3

Preventing Diarrhea by Promoting Hand Washing

WHAT: Promote thorough hand washing at key times.

WHY: When the dirt from hands gets in babies', children's, or other persons' mouths, it can spread cholera and other diarrheal diseases that can harm or kill. Scientific studies show that proper hand washing is a great way to prevent dirt and germs from causing diarrhea, illness, and death.

WHO: This can be done by Community Surveillance Volunteers, other volunteers, or students. They do not have to be able to read and write.

WHEN: These actions should be taken whenever there is an opportunity. It is especially important to promote proper hand washing during the rainy season, when there is more danger of diarrhea.

WHAT YOU NEED: Students or volunteers willing to devote time to this important activity. You may also need a few pans or bowls to hold water; soap or some locally available material to help people scrub better; and some empty plastic gallon containers or long-necked gourds.

The community volunteers working on hand washing first need to organize and agree to promote hand washing. A community health worker, an NGO worker, a Peace Corps Volunteer, or someone from the local health facility needs to train this group of volunteers. They need to be able to demonstrate what proper hand washing means. They need to be able to explain who needs to wash their hands and when the key times are for hand washing. They need to be able to describe why people don't wash hands enough, and what they can suggest to help people do it. Then they need to plan how they are going to give information, motivation, and ideas to their community.

What is proper hand washing?

Proper hand washing means rubbing hands and fingers together over and over, under running or dripping water, using soap or some locally available material to help people scrub better, then air-drying or drying hands on a clean cloth.

What are the key times for hand washing?

The key times for hand washing are after going to the toilet (defecating), after coming into contact with a baby's nappy (diaper), and before cooking or eating. It is also important to wash hands after touching sick persons or dead bodies.

Who needs to wash their hands?


Everyone in the family needs to wash their hands. It is especially important for mothers (or other people who who prepare food and clean babies' bottoms!) and for young children who play in the dirt.

<i>Why don't people wash their hands properly when they should?</i>	<i>What can you suggest to them?</i>
People don't realize how important hand washing is or they are too busy.	You must convince people how important this is for their family's health and remind them that it takes a very short time to do.
They don't know the key times.	Tell them.
Water is scarce.	You don't need much water, especially if someone pours for you or you use a Tippy Tap (see the next page).
Soap is expensive.	People can make homemade soap or can use some locally available material to help scrub better.



 ***What is a TIPPY TAP?***

A Tippy Tap is simply a container with a small opening to hold water for hand washing. Hang it on a rope from a branch or a nail near your house. It is best if you can put a cap on the opening to keep out dust and prevent water from evaporating. Plastic gallon containers make great Tippy Taps but cleaned out gourds are also fine. If you can use soap, hang it on a string next to the Tippy Tap. Having a special place for hand washing helps remind people to do it. The Tippy Tap also saves water, since you just need to tip it a bit to get a small amount of water to wash and later to rinse.

 **How can the volunteers give their neighbors the information and motivation for hand washing?**

Some ideas are:

1. *Home visits*: Make special visits to talk about hand washing or take advantage of home visits for other reasons (such as monitoring of good habits, see Community Activity Idea No. 4) to talk to people.
2. *Meetings*: Discuss hand washing during meetings of groups or clubs or of the entire community.
3. *Demonstrations*: When people gather for market day or some festival or special event, set up a demonstration on how to properly wash hands. Give information, answer questions, and have people try it. Maybe you could even organize a contest for the cleanest hands in town!
4. *Monitor* how many families have good places for hand washing as part of monitoring of good health habits.

You can probably come up with other ideas on your own -- maybe songs, dramas, games.

Prevention Idea No. 4

Preventing Diarrhea by Promoting Safe Feces Disposal

WHAT: Promote safe feces disposal.

WHY: When people leave feces on the ground, dirt and germs in them get in the dust and in water and eventually get swallowed by other people in food or drink or when they put dirty fingers in their mouth. This can give people cholera and other diarrheal diseases that can harm or kill. Scientific studies show that proper feces disposal is a great way to prevent dirt and germs from causing diarrhea, illness, and death.

WHO: This can be done by Community Surveillance Volunteers, other volunteers, or students. They do not have to be able to read and write

WHEN: Actions to promote proper feces disposal should be taken whenever there is an opportunity. It is especially important to promote proper feces disposal during the rainy season, when rainwater spreads them to food crops and drinking water.

WHAT YOU NEED: Students or volunteers willing to devote time to this important activity.

The community volunteers working on feces disposal first need to organize and agree to work on this problem. A community health worker, an NGO worker, a Peace Corps Volunteer, or someone from the local health facility needs to train this group of volunteers. They need to learn what proper feces disposal means, what is the best way, and what are some other ways. They need to become familiar with what government or NGO programs might assist them with materials or orientation for building a latrine. The volunteers also need to understand how to properly use and maintain a latrine.

Finally, they need to be able to explain why EVERYBODY in the community needs to practice proper feces disposal, because if some people don't, they are putting their neighbors in danger of getting cholera and other diarrheal diseases. Then the community volunteers need to plan how they are going to give information, motivation, and ideas to their community.

 ***What does proper feces disposal mean, what is the best way to do it, and what are some other ways?***

Proper feces disposal means keeping feces – adults', children's, babies', and even animals' — out of the environment (not lying on the ground or in water). The best way

to do this is to use a proper latrine to dispose of all feces (some people think babies' feces are not dirty or dangerous, but they are!). If a family cannot build a latrine, the next best solution is for them to dig holes, not too close to the house or to water, deposit the feces in the hole, and then to cover them each time with dirt.

🔗 If a family does have a latrine, what does properly using it mean?

Properly using a latrine means that everyone's feces, including children's, are deposited there, day and night; that the latrine is regularly washed; that the latrine is not used for storage or as a place to throw trash; and that people always wash their hands properly after using it (see Prevention Idea No.3).

🔗 How can the volunteers give their neighbors the information and motivation for proper feces disposal?

Some ideas are:

1. *Home visits*: Make special visits to talk about proper feces disposal or take advantage of home visits for other reasons (such as monitoring of good habits, see Community Activity Idea No. 4) to talk to people about proper feces disposal.
2. *Meetings*: Discuss proper feces disposal during meetings of groups or clubs or of the entire community and at festivals and special events.
3. *Model latrine*: Organize construction of a model latrine at the market or some other place where many people regularly gather. Keep the latrine clean and maintained. When possible, give information, answer questions, and have people try it.
4. *Monitor* how many families have good places for feces disposal as part of monitoring of good health habits.

You can probably come up with other ideas on your own – maybe a contest for the cleanest latrine, songs, dramas, games.

Prevention Idea No. 5

Preventing Diarrhea by Promoting Use of Clean Water

WHAT: Promote use of clean water for drinking and cooking.

WHY: When people leave feces on the ground, rain washes the dirt and germs in them into water that you might use for drinking or cooking. Swallowing unclean water can give people cholera and other diarrheal diseases that can harm or kill. Scientific studies show that drinking and cooking with clean water is a great way to prevent dirt and germs from causing diarrhea, illness and death.

WHO: This can be done by Community Surveillance Volunteers, other volunteers, or students. They do not have to be able to read and write.

WHEN: Actions to promote the use of clean water should be taken whenever there is an opportunity. It is especially important to promote consumption of clean water during the rainy season, when rainwater spreads dirt and germs into the water people use.


WHAT YOU NEED: Students or volunteers willing to devote time to this important activity.

The community volunteers working on clean water first need to organize and agree to work on this problem. A community health worker, an NGO worker, a Peace Corps Volunteer, or someone from the local health facility needs to train this group of volunteers. They need to learn what clean water means, what is the best way to ensure it, and what are some other ways. They need to become familiar with what government or NGO programs might assist a community effort to protect its water supply. The volunteers need to know how people can protect their families until the community does have a safe water supply. They need to be able to explain that the best way to protect babies from diarrhea spread by water is to give them no other food or drink besides breast milk until they are 4-6 months old. Then the community volunteers need to plan how they are going to give information, motivation, and ideas to their community.

What are the best ways to ensure clean water?

The best way is to have a protected source for drinking water, e.g. water piped into a home or from a protected well or spring (protected by rock or cement sides, with the opening always covered), or clean water pumped up from far below the ground. But even if this water is clean going into your container, people must protect it all the way into their families' mouths by keeping it covered and not allowing dirty hands or dirty utensils to ever touch it.

Especially if people are unsure that your water source is giving clean water, they can further protect their family by boiling water (bringing it to a good boil, then letting it cool before drinking it or cooking with it) or by adding Clorox drops (5 for one gallon of water; 1 and 1/2 drops per liter). If none of these actions is possible, something that gives partial protection is to collect water in a clear covered glass or plastic container and to leave it in the sun for 6 hours.

 How can the volunteers give their neighbors the information and motivation to use only clean water for drinking and cooking?

Some ideas are:

1. *Home visits*: Make special visits to talk about clean water or take advantage of home visits for other reasons (such as monitoring of good habits, see Community Activity Idea No. 4) to talk to people about clean water.
2. *Meetings*: Discuss clean water during meetings of groups or clubs or of the entire community and at festivals and special events.
3. *Demonstration*: When people gather for market day or some festival or special event, set up a demonstration on how to boil and chlorinate water. When possible, give information, answer questions, and have people try it.
4. *Monitor* how many families boil or chlorinate their water as part of monitoring of good health habits.

You can probably come up with other ideas on your own -- maybe songs, dramas, games.

