

Handbook for Community Surveillance Coordinators

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	(Community) Surveillance Volunteer
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

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Introduction

The primary purpose for the Community Surveillance Kit is to provide a tool to support the worldwide campaign to eliminate polio, a terrible disease that, until recently, crippled tens of thousands of children every year. The Kit is also designed to strengthen efforts to detect and prevent deaths and suffering caused by several other diseases (measles, neonatal tetanus, cholera, meningitis, and, where appropriate, yellow fever).

The strategy for supporting these public health goals is to encourage the involvement of communities themselves both in detecting and reporting diseases and in preventing disease and promoting positive health habits. Building and supporting this community involvement should enhance the partnership between local health facilities and communities for the benefit of community health.

The Kit is designed for situations in which there are people who can easily serve as a bridge between communities and health facilities. These individuals might be an NGO staff members, Peace Corps Volunteers, or even a Ministry of Health staff who already have regular contact with communities. It is hoped that partner groups can incorporate surveillance activities into their current work with a minimum investment of extra time and resources.

It is fully intended that the Kit undergo an adaptation process in each country or setting in which it is used, so that it supports relevant, feasible, and useful activities and so that it follows procedures that are consistent with ministry of health norms. One section of the Kit supports this adaptation process. A manual for guiding the work of "Community Surveillance Coordinators" (NGO or other staff members who will support the community activities) is another key piece. The final core pieces are also a simple manual for Community Surveillance Volunteers and guidelines for training the Coordinators.

What is Surveillance?

Surveillance means being on the lookout for something. Disease surveillance means being on the lookout for one or more particular diseases. A disease surveillance *system* is a series of actions, starting with looking for one or more diseases. Additional activities in the surveillance system may include:

- making the health system aware of suspected cases;
- examining 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 be intended to help cure the sick person, to prevent the sick person from becoming sicker, and/or to protect other people in the community from getting the same disease.

Community Surveillance for AFP/Polio and Other Diseases

In the last 10 years, the global Polio Eradication Initiative has made great progress towards ridding the world of the "wild" virus that causes polio. Thanks to a major push to protect children by giving them polio drops, the number of reported cases of the disease has decreased from some 35,000 to fewer than 5,000 per year, with most of these cases limited to South Asia and Central and West Africa. Once public health authorities are confident that there are no more cases of polio (caused by wild virus), children will no longer need to be vaccinated against the disease. This is what happened with smallpox around 20 years ago.

According to concepts and definitions of the World Health Organization and its member countries, even if a country has achieved excellent polio vaccination coverage of children, the disease cannot be declared officially eradicated until the ministry of health improves the detection and investigation of cases of disease that might be polio. This means that ministries of health must become aware of and test (by laboratory examination of stool samples) almost every case of acute flaccid paralysis (AFP) in children to see if the cause is polio virus or something else. AFP is sudden floppy paralysis, not caused by injury, in a child under 15 years of age.

The problem is that the surveillance systems of many countries find cases only 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, with the result that many cases of AFP are never seen or tested to see if they are caused by polio virus.

This is why community participation in surveillance is so important--to extend the reach of the ministry of health surveillance system. It is a way for people to help the ministry of health so the ministry can do a better job of helping them.

Some more specific objectives of community surveillance for polio supported by this kit include the following:

- finding AFP cases that otherwise would not be detected by the health system because some parents bring their paralyzed children to traditional providers in or near their community.
- detecting AFP cases sooner so that (1) the chance of collecting viable stool samples is increased; and (2) outbreak responses will be more timely and effective.
- strengthening the partnership between the public health system and communities, not only for polio eradication but also for any number of major health needs.
- renewing enthusiasm of health staff who may have become fatigued with polio eradication activities but who now should become more aware of AFP cases.

Thus, along with a good vaccination system and a good facility-based surveillance system, extending case detection beyond facilities is an essential ingredient to many countries' being able to achieve polio eradication.

Beyond Polio

As mentioned above, this Kit is intended to support improved health in many ways in addition to helping people detect and report possible cases of polio. Other important diseases that the Kit helps find and report include measles, neonatal tetanus, cholera, yellow fever (in some countries), and meningitis.

Community detection of these diseases can help build a more timely and complete picture of the spread of diseases, making public health personnel aware of both individual cases and epidemics. Community reporting also gives health facilities the information needed (although not the resources) to respond appropriately to the sick person, family, and community. It is hoped that, by supporting community surveillance and appropriately responding to community reports of disease, local health staff will improve mutual confidence and respect between themselves and the communities they serve.

But communities can do much more for their own health than merely reporting disease cases. Therefore, the Kit also is designed to help communities *monitor good health habits*, such as hand washing and fully immunized infants, and *other positive events* that communities themselves select related to improving community life beyond health. It is believed that monitoring good habits will help change community norms so that the specific habits are more quickly adopted.

The designers of the Community Surveillance Kit believe that building a sense of community responsibility for surveillance and other activities promoted by the Kit is essential if these activities are to become effective and continue. For this reason, there are many suggestions of ways to orient communities thoroughly before the start-up of disease detection or prevention activities, for involving communities in selecting and motivating community volunteers, and for facilitating routine feedback on information to the communities.

What Is “The Kit”?

Separate pieces of the kit are intended for the organizations collaborating on community surveillance in a country (ministry of health, NGOs, Peace Corps, etc.), and for Coordinators and Community Surveillance Volunteers. **This Handbook for the Community Surveillance Coordinators** contains:

- An **Introduction** that explains the purposes and uses of the kit;
- A description of **Roles of People & Organizations in Community Surveillance**;
- **Disease Descriptions and Reporting**, with disease definitions and descriptions, follow-up information; and reporting procedures and forms;
- A **Response Chart** showing appropriate responses to the family and community;
- **Prevention Ideas** on how communities can help prevent the diseases;
- **Ideas to Support Community Involvement** in (1) preventing, detecting, and reporting cases of disease; (2) selecting and supporting Community Surveillance

Volunteers; and (3) keeping Volunteers motivated and active; and

- **Guidelines for Training Surveillance Volunteers.**

IMPORTANT! The Prevention Ideas and Ideas to Support Community Involvement are included for you to use only when you decide they are useful and feasible. You can pick and choose the best ideas from these sections and decide to use other ideas later or never. You can modify the ideas you do use in ways that make the most sense to you!

There is a separate, simplified **Handbook for Community Surveillance Volunteers**, as well as:

- **Guidelines for National Coordination and Adaptation of the Community Surveillance Kit** (including how to carry out rapid formative research and pretesting).

Roles of People and Organizations in Community Surveillance

MINISTRY OF HEALTH – CENTRAL LEVEL	
<p><i>Start-up</i></p> <ul style="list-style-type: none"> • Review the Kit and proposed plans for a community surveillance activity and decide whether to proceed with plans • Participate in the country adaptation process (diseases for surveillance, standard responses to disease reports, reporting procedures) • Participate in the training of Coordinators (NGO and Peace Corps staff) • Request the cooperation of participating districts (via face to-face and written communication) 	<p><i>Ongoing</i></p> <ul style="list-style-type: none"> • Participate in the monitoring of community surveillance

MINISTRY OF HEALTH – DISTRICT AND FACILITY LEVELS	
<p><i>Start-up</i></p> <ul style="list-style-type: none"> • Participate in country adaptation of the Kit • Participate in the training of Community Surveillance Volunteers • Request the cooperation of each health facility (via face-to-face and written communication) 	<p><i>Ongoing</i></p> <ul style="list-style-type: none"> • Respond quickly and appropriately to reports from Coordinators or Volunteers, as outlined in the response chart • Support other preventive and promotive health activities initiated in the communities • Incorporate the reports of confirmed diseases into the regular MOH surveillance system • Note which referrals and reports came from the community referral system

NGOS, PEACE CORPS, OTHER PARTICIPATING ORGANIZATIONS	
<p><i>Start-up</i></p> <ul style="list-style-type: none"> • Participate in discussions on country adaptation of the kit (diseases to include, standard responses to disease reports, reporting procedures). • Identify Surveillance Coordinators and support their activities • Orient health facility staff to the community surveillance activities • Participate in training of Coordinators (NGO and Peace Corps staff) 	<p><i>Ongoing</i></p> <ul style="list-style-type: none"> • Participate in the monitoring of community surveillance • Integrate community surveillance activities into existing activities • Expand community surveillance activities to other program areas and neighboring communities, where appropriate

COMMUNITY SURVEILLANCE COORDINATORS

Start-up

- Participate in training on the Kit
- Meet with local health staff to gain a thorough understanding of the local processes of surveillance
- Introduce the project to the community and orient community members on their potential role in surveillance and on selecting and supporting Surveillance Volunteers
- Help oversee the community selection of Surveillance Volunteers in one or more communities
- Train the Surveillance Volunteers in their tasks

Ongoing

- 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 transporting or reporting cases of the target diseases
- Work with the community to organize activities that will keep Surveillance Volunteers motivated
- Help the Surveillance Volunteers plan and carry out periodic community meetings (approximately every 3 months) to give feedback on diseases detected and good health habits and to help the community plan and carry out collective actions.
- Support Surveillance Volunteers and their communities in carrying out community preventive activities that address key health issues; share what other communities are doing
- Coordinate with Surveillance Volunteers and the local health facility to ensure that appropriate responses to case reports occur

COMMUNITY SURVEILLANCE VOLUNTEERS

Ongoing

- Actively participate in training and meetings
- Cooperate with the Coordinator and seek his or her assistance with problems
- Look for children and other persons in the community who have the symptoms of the target diseases
- Use the disease descriptions and/or the job aids to decide if a sick child or person has one of the disease that need to be reported
- Complete a case report form for any case detected
- Get the form and/or the sick person to a health facility as quickly as possible
- Participate in planning and implementing the monitoring of good health habits in your community
- Actively participate in organizing and carrying out collective preventive activities

Detecting Cases of Disease and Getting Them Seen by Health Facility Staff

This section begins with disease descriptions for Surveillance Coordinators. These descriptions include the Surveillance Volunteers' definitions of each disease as well as information on:

- the type of people and the season of the year in which the disease is most likely to occur,
- the symptoms,
- treatment of the disease,
- prevention of the disease, and
- what a Surveillance Volunteer should do after detecting a case of one of the target diseases.

This information may also be available in the local language on a cassette that is intended for the use of Surveillance Volunteers (SVs).

Disease detection alone is of little or no benefit unless the sick person quickly goes or is brought for treatment or unless the facility is immediately notified of the suspected case and rapidly responds. In general, once an SV detects one of the target diseases, he or she should (1) complete a case report form; and (2) urge the family to immediately take the sick person and the form to the closest health facility. To facilitate cases getting to the health facility, the ministry of health, the NGO, or the community should help either by providing transport or money to pay for public transportation.

If the family or sick person refuses or cannot go for treatment, the SV should find some way to immediately get the case report form to the health facility, either by sending it with someone reliable or by bringing it in person.

In order for the ministry of health, the Coordinators' organization, and communities to learn about the impact of the community surveillance program, it is suggested that each Coordinator complete a monthly form that contains basic information about all of the cases detected in each community. To gather this information, the Coordinator will need to talk to both the Surveillance Volunteers and the facility staff. A suggested format for both the SVs' case report form and for this monthly community surveillance form are found at the end of this section. It is suggested that SVs write down the information from each case report form they fill out so that they will be better able to pass it on to the Community Surveillance Coordinator.

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

Description for Surveillance Volunteer:

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.

Description for Surveillance Coordinator:

Who and When: Children under 15 years of age are at greatest risk, particularly children who have not had three or more polio vaccinations.

Although polio transmission is most likely during the rainy season, vigilance for AFP cases should be constant throughout the year.

Symptoms: Usually the child comes down with cold symptoms, often with fever, vomiting and diarrhea, and sore muscles, and a few days later a part of the body becomes weak or paralyzed. Most often the paralysis happens to one or both legs. In time, the weak limb becomes thin and does not grow as fast as the other one.

Treatment: Although the disease itself cannot be treated, health staff can teach the family certain exercises for the child that will minimize the disability caused by the paralysis; or they may put the family in touch with an organization that will do this.

Prevention: Polio can be prevented if a baby receives polio drops in the mouth 3 or 4 different times in the first year, as well as extra protection from drops during polio campaigns (sometimes called NIDs).

Actions: If an SV sees a case of AFP, he or she should fill out a case report form and urge the family to bring the child and form immediately to the closest health facility that is equipped with a refrigerator. The SV should explain that the health staff will want to take two stool samples, 24 hours apart, in order to test them to see if the paralysis is caused by polio or some other disease. The SV should also inform the parents or caretakers that the health staff should give them important information on how to minimize the child's disability. If possible, the SV or Coordinator should facilitate the child going to a facility by providing transportation or money to cover the cost of public transportation. If the family *refuses* to bring the child, the SV should immediately bring or send a case report form to the facility.

Measles (Names in local language)

Description for Surveillance Volunteer:

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

Description for Surveillance Coordinator:

Who and When: Measles most commonly strikes young children from 9 to 23 months old, although there may be a small number of cases, especially in urban areas, in children less than 9 months old. The risk is greatest among children who have not been vaccinated, children who live in areas of high population density, and children living near many other unvaccinated children. There are likely to be more cases in the dry season.

Symptoms: Generalized blotchy rash and fever with any one of the following: cough, runny nose, and/or red eyes. Measles usually begins with signs of a cold, fever, runny nose, red sore eyes, and cough. The child becomes increasingly ill. The mouth may become very sore and the child may develop diarrhea. After 2 or 3 days a few tiny white spots like salt grains appear in the mouth. Then a day or two later, the rash appears on the face and neck and spreads down the body.

Treatment: A trained health person should visit the child to confirm the diagnosis, give vitamin A drops, and look for other symptoms that should be treated. If the child seems dehydrated (dried out from lots of diarrhea), he or she should be given oral rehydration solution. If this is not possible or if the child has a cough or difficult breathing, the parents should immediately take him or her to a health facility.

Prevention: Measles is easily preventable by immunization. Every baby should be immunized against measles as soon as he or she reaches 9 months.

Actions: If an SV sees a case of measles, he or she should fill out a case report form and urge the family to bring the child and form immediately to the closest health facility. The SV should explain that the health staff will give the child vitamin A drops (to protect the child from getting dangerously sick from the disease). Health staff will also look for and treat, if necessary, dangerous consequences of measles infection. If possible, the SV or Coordinator should facilitate the child going to a facility by providing transportation or money to cover the cost of public transportation. If the family *refuses* to bring the child, the SV should immediately bring or send a case report form to the facility.

PLEASE NOTE: IF the child with measles can (and does) receive vitamin A drops in the community AND if there are no signs of dehydration or pneumonia (fast or difficult breathing), the SV should send a case report form to the closest facility but should not urge the family to bring the child immediately there. This advice is given to avoid a child with measles from infecting other children in a health facility.

Neonatal Tetanus (Names in local language)

Description for Surveillance Volunteer:

Any newborn child (within 28 days of birth) who stops sucking and develops stiffness and/or jerking muscles OR any child who dies during its first month of life.

Description for Surveillance Coordinator:

- Who and When:* Babies in their first month of life whose mothers have not received their tetanus shots and who did not give birth in clean conditions (clean hands, clean cord-cutting tool, clean surface, no non-sterile substance put on umbilical stump) are at great risk of contracting and dying from neonatal tetanus. Tetanus cases may occur at any time of the year.
- Symptoms:* In the newborn, the first signs of tetanus generally appear 3 to 10 days after birth. The child begins to cry continuously and is unable to suck.
Often the umbilical area is dirty or infected. After several hours or days, the jaw gets stiff and then the muscles of the neck and other parts of the body also get stiff. The baby may start to convulse (jerk around like it is possessed by some spirit).
- Treatment:* Unfortunately, it is very hard to save a baby with neonatal tetanus, but there is a chance of saving the baby if it is brought to a facility when the symptoms first start.
- Prevention:* The best way is for every mother to be up-to-date with her tetanus shots, which also protect her babies. Also, since the tetanus germs enter the baby during or right after childbirth, if a mother gives birth in very clean conditions the baby should not get tetanus. This means the mother is lying on a clean surface, the attendant has clean hands, the instrument used to cut the umbilical cord is clean (boiled or fresh out of a package), and that no mud, cow dung, or other possibly contaminated materials are put on the umbilical cord stump.
- Actions:* If an SV sees a case of neonatal tetanus, he or she should fill out a case report form and urge the family to bring the child and form immediately to the closest health facility. The SV should explain that the baby's condition is not the result of a curse or a spiritual disease, although it may look so. The SV should also inform the parent (s) that the disease is difficult, although possible, to cure if the baby receives immediate treatment. If possible, the SV or Coordinator should facilitate the child going to a facility by providing transportation or money to cover the cost of public transportation. If the family *refuses* to bring the child, the SV should immediately bring or send a case report form to the facility.

Cholera (Names in local language)

Description for Surveillance Volunteer:

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

Description for Surveillance Coordinator:

Who and When: Cholera is usually most serious in older children and in adults. Elderly people who get cholera are at high risk of becoming dehydrated and dying.

Cholera cases often come in epidemics, which means many people get sick with the disease at the same time (because it spreads rapidly from one person to others). These epidemics often occur in the rainy season.

Symptoms: Cholera is a very serious disease because one of its main symptoms is lots of watery diarrhea. People with cholera can become quickly dehydrated (lose too much water), especially because most have both bad diarrhea and vomiting.

The disease should be suspected in any person aged 5 years or more who has lots of watery diarrhea. This diarrhea often looks like rice water.

Treatment: The sick person can easily die within a short time unless this lost water and nutrients are replaced, either by oral rehydration solution or drink or by intravenous rehydration (which is sometimes called an IV).

Prevention: Because cholera germs often enter people in water or food, the best ways to prevent the disease are proper hand washing (see Prevention Idea No. 3), properly disposing of all feces (see Prevention Idea No. 4), and drinking of safe water (see Prevention Idea No. 5). Not eating food that has sat a long time, especially in the sun, may also help prevent cholera. Other good practices -- especially when there are cases of cholera in the community-- are to: cook food thoroughly and eat it before it sits for long; keep cooked foods from touching raw foods, dirty surfaces, or flies; and peel raw fruits and vegetables before eating them. Young babies are very well protected from cholera if they eat and drink nothing besides their mothers' milk.

Actions: If an SV sees a case of cholera, the patient should begin oral rehydration therapy immediately if it is available in the community. The SV should fill out a case report form and urge the family to bring the sick person and form immediately to the closest health facility. If possible, the SV or Coordinator should facilitate the person going to a facility by providing transportation or money to cover the cost of public transportation. If the family *refuses* to bring the sick person, the SV should immediately bring or send a case report form to the facility.

Meningitis (Names in local language)

Description for Surveillance Volunteer:

Any person with fever and neck stiffness

Description for Surveillance Coordinator:

Who and When: Mostly young children get this disease, which may start after a child has been weakened by another disease. During epidemics of meningitis, older children, teenagers, and young adults are also affected. Such epidemics often occur in the dry season.

Symptoms: This serious disease should be suspected in any person who suddenly becomes ill with fever and neck stiffness or altered consciousness OR in a child under one year of age who has a fever and whose soft spot on the head bulges out.

A very sick child who lies with his head tilted way back, whose neck is too stiff to bend forward and whose body makes strange movements (jerking fits) should be suspected of having this disease.

Treatment: The severity of a case of meningitis may be reduced by giving appropriate drugs in a health center or hospital.

Prevention: People who are properly immunized against meningitis are protected against the disease.

Actions: If an SV sees a case of meningitis, he or she should fill out a case report form and urge the family to bring the sick person and form immediately to the closest health facility. If possible, the SV or Coordinator should facilitate the person going to a facility by providing transportation or money to cover the cost of public transportation. If the family or patient *refuses*, the SV should immediately bring or send a case report form to the facility.

Yellow fever (Names in local language)

Description for Surveillance Volunteer:

Any person with fever and yellowing of eyes or of skin

Description for Surveillance Coordinator:

Who and When: Yellow fever is a serious viral disease that is spread through mosquito bites. People in many African countries, especially in central and west Africa, are at great risk of yellow fever. There is also a threat to people in tropical areas in other parts of the world.

The three general patterns of the disease are (1) sporadic cases in tropic rainforests; (2) small-scale epidemics in humid or semi-humid savannas of Africa; and (3) large epidemics in urban areas. There are likely to be more cases in the rainy season, when more mosquitoes are present.

Symptoms: Surveillance Volunteers should report yellow fever for any person with acute onset of fever, followed by jaundice (yellowing of skin and eyes) within two weeks of onset of first symptoms.

A sick person may have mild symptoms, moderate symptoms, or may become severely ill and die. The virus remains silent in the body during and incubation period of 3 to 6 days. In one particular individual, symptoms may never appear, but there may be two phases of symptoms.

Acute phase: the person has fever, muscle pain and backache, headache, shivers (chills), loss of appetite, nausea and/or vomiting. After 3 or 4 days, most patients get better, but some victims enter a *toxic phase*.

Fever reappears and the patient develops and complains of abdominal pain with vomiting. Bleeding can occur from the mouth, nose, eyes, and/or stomach. Blood appears in the vomit and feces. Half of the patients in the toxic phase die within two weeks, and the others recover.

Treatment: Although there is no specific treatment for yellow fever, symptoms such as dehydration and fever can be treated with oral rehydration salts and paracetamol. If there is also a bacterial infection, it may be treated with an appropriate antibiotic at a health facility.

Prevention: Yellow fever is best prevented by immunization. The vaccine is very effective and lasts for 10 years. It can be given to anyone over 6 months of age but is recommended for pregnant women only during epidemics. Effective mosquito-control activities will reduce people's risk.

Actions: If an SV sees a case of yellow fever, he or she should fill out a case report and urge the family to bring the sick person and form immediately to the closest health facility. If possible, the SV or Coordinator should facilitate the person going to a facility by providing transportation or money to cover the cost of public transportation. If the family or patient *refuses*, the SV should immediately bring or send a case report form to the facility.

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.

Although reporting one or both of these involves additional training and reporting, adding such common events to the reporting process may be important for keeping volunteers, communities, and health facility staff motivated. There are also good uses for this information, as described below.

Death with Diarrhea (Name in local language)

Description for Surveillance Volunteer:

Any person in the community who dies after having a lot of diarrhea.

Description for Surveillance Coordinator:

Who and When: Diarrhea can affect anyone in the community, and is most prevalent in the rainy season. One serious type of diarrhea is cholera, which affects mainly people over age five.

Learning when one or more persons in a community dies after having a lot of diarrhea will enable the health staff to become aware of epidemics of disease earlier and will also be an important signal to them that the community needs education about how to prevent and treat diarrhea and dehydration.

Symptoms: Diarrhea means having lots of watery stools. It can be very dangerous, because it can cause a person to become dehydrated (lose too much water) so that the vital organs are affected.

Treatment: The sick person can die unless this lost water and nutrients are replaced, either by oral rehydration solution or by intravenous rehydration (by IV).

Prevention: Because the germs that cause much diarrhea enter people in water or food, the best ways to prevent this condition are proper hand washing (see Prevention Idea No. 3), properly disposing of all feces (see Prevention Idea No. 4), and drinking of safe water (see Prevention Idea No. 5). Not eating food that has sat a long time, may also help prevent diarrhea. Other good practices -- especially when there are cases of diarrhea in the community-- are to: cook food thoroughly and eat it before it sits for long; keep cooked foods from touching raw foods, dirty surfaces, or flies; and peel raw fruits and vegetables before eating them. Young babies are very well protected from diarrhea if they eat and drink nothing besides their mothers' milk.

Actions: If an SV detects a case of death with diarrhea, he or she should write down the name and age of the person who died and the date the person died. The SV should give this information to the Coordinator at least once a month, and the Coordinator should pass it on to the health facility. If the SVs in one community detect two or more cases of death with diarrhea in the same week, they should record the same information and get that information to the health facility *immediately*, either by sending a note or by going in person.

Reporting Births in the Community

It may be very useful for a community surveillance program to report the births of children in the community, particularly in places where many births are not registered.

There are various benefits of reporting births for different people:

- *The family* can have a written record of the birth date, as well as information on the exact dates when the new baby is due for its immunizations. This enables parents to know the child's exact age, which can be useful for knowing when the child should start school and for other reasons.
- *The community* can know how fast it is growing and see if it is growing faster now than in past months and years.
- *The SVs* will have more things to report, so they will feel that their work as an SV has more value to their community.
- The *Coordinators* will have a way to tell easily which SVs need extra supervision. Because babies are born throughout the year at a fairly constant rate, except in small communities there should be at least one birth every month. Depending on the size of the community, one or more months without reports of births is a sign to the Coordinator that the SVs may be missing events, so they need to discuss how to improve detection in that community.
- *The health system* will have a much better count of the newborns in each community and be able to plan immunization outreach activities and other health activities better.

It is important to remember, however, that the SVs' recording of a birth does not constitute an official registration of the birth with the Government of the country. There are separate, existing systems for that. This SVs' recording is informal and done for the purpose of obtaining information that should be useful for many people, as explained above.

If a community surveillance program decides to include births, then the SVs' training and reporting forms and procedures must be adjusted. A separate, monthly form for recording deaths with diarrhea and births is provided below.

The SV should write down the child's name, mother's name, and the date of birth so that he or she can pass on to the Coordinator once a month. The SV should also give this information on a simple form to the family. This form may also include a personal immunization schedule with the months of all immunizations the child is due for in the first year of life. Where few people are literate, programs may decide to develop and/or utilize drawings or icons to communicate some of this information. Each program can give the Coordinator and SVs a guide, based on the country's immunization schedule, to figure out when immunizations are due, based on each child's month of birth.

Monthly Community Surveillance Form for Births and Deaths with Diarrhea

Each Coordinator should also complete a monthly community surveillance form for births and deaths with diarrhea for each community with which he or she works. The Coordinator should consult with the SVs in each community to obtain the information needed. He or she should share this information with the SVs, the local health facility, and his or her own organization. The SVs and/or health facility staff should discuss this information when they meet with the community, so that people can see how they are doing and can discuss if and how they want to work to prevent more cases of diarrhea.

Community:
Month and Year:

Births

Name of Newborn	Name of Mother	Date Baby was Born	Check (tick) if mother received personal immunization schedule for the baby

Deaths with Diarrhea

Name of Person who Died	Date that Person Died	Age of Person when He or She Died (in days, month, or years)

Name of Surveillance Coordinator:

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

Appropriate Responses to Case Reports of Target Diseases

The chart on the next page shows appropriate responses to the detection and reporting of any of the target diseases. Note that some of the responses are to the sick person and his or her family and that other responses are to the wider community. Community health workers or volunteers in the community can carry out or participate in some of the appropriate responses, but other responses must be carried out or organized by health facility staff. Community members in general can also support these responses.

Appropriate Responses to Case Reports of Target Diseases*

Diseases Reported (age groups)	Responses						
	<i>Confirm diagnosis</i>	<i>Treat at home</i>	<i>Treat at a health facility</i>	<i>Give rehabilitation advice &/or services</i>	<i>Immunize in community</i>	<i>Search house-to-house search for additional cases</i>	<i>Educate in the community on prevention of the disease</i>
<i>AFP/polio (<15 years)</i>	X (collect stool samples)			X (to increase use of affected limbs)	X	X	X
<i>Measles</i>	X	X	X (if home visit not possible)	X (nutrition)		X	X
<i>Neonatal tetanus (<1 month)</i>	X				X		X
<i>Cholera (5 years or older)</i>	X	X	X (if home visit not possible)	X (nutrition)		X	X
<i>Meningitis</i>	X		X		X	X	X
<i>Yellow fever</i>	X				X	X	X

*Before the community surveillance program begins in a country, the Ministry of Health, NGOs, the Peace Corps, and other partners must meet and reach consensus on *which diseases* to include, on the *standard response* when a Surveillance Volunteer reports or refers a case of the diseases, and on who is responsible for the response. The table above should be modified, as necessary, for each country.

Prevention Ideas

Prevention Ideas are intended to help people organize activities that can help *prevent* the diseases that this kit deals with. 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. This section gives many suggestions for how to promote and support these important actions by families.

The five Prevention Ideas in this section of the kit are designed primarily for the Community Surveillance Coordinators. However, they may also be used by Community Surveillance Volunteers who can read them (or who listen to them on the cassette), by other health workers and volunteers who work in the community, and by facility-based health staff who work with communities.

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/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 were people's main reasons for being behind on immunizations, 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 (NIDs 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.

A 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.

A 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.

A 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 who resist immunizations about the safety and benefits of immunization.

Note: A great deal of information on organizing polio immunization campaigns is available in the World Health Organization publication *Field Guide for Supplementary Activities Aimed at Achieving Polio Eradication* (WHO/EPI/GEN/95.01 REV1), which can be downloaded from WHO web site <<http://whqsabin.who.int:8082/techinfo.htm>>

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 (e.g., sand, ash, mud); 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: (1) demonstrate what proper hand washing means; (2) explain who needs to wash their hands; (3) explain when the key times are for hand washing; (4) describe why people don't wash hands enough; (5) suggest ways to help people do it; and (6) plan how they are going to give information, motivation, and ideas to their community.

A *What is proper hand washing?*

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

A *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.

A *Who needs to wash their hands?*

Everyone in the family needs to wash their hands. It is especially important for mothers (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 below).
Soap is expensive.	People can make homemade soap or can use some locally available material to help scrub better.

A 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.

A 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 No. 7) 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. The volunteers will need to: (1) learn what proper feces disposal means, what is the best way, and what are some other ways; (2) become familiar with what government or NGO programs might assist them with materials or orientation for building a latrine; (3) understand how to properly use and maintain a latrine; (4) explain why EVERYBODY in the community needs to practice proper feces disposal; and (5) plan how they are going to give information, motivation, and ideas to their community.

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

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, and then to cover them each time with dirt.

A *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 or 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).

A *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 No. 7) 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: (1) learn what clean water means, what is the best way to ensure it, and what are some other ways; (2) become familiar with what government or NGO programs might assist a community effort to protect its water supply; (3) know how people can protect their families until the community does have a safe water supply; (4) 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; (5) plan how they are going to give information, motivation, and ideas to their community.

A 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 their 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; 1½ 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.

A *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 Card No. *7) 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.

Ideas for Community Activities

This section contains 12 ideas for community activities that Coordinators can use to work with Surveillance Volunteers and communities in a community surveillance program. These ideas are meant to promote community involvement and should be used as needed with the disease detection, reporting and prevention activities presented in the previous sections of this handbook.

The Importance of Involving the Community in Improving its Own Health

The activities in this section focus on involving communities. Community involvement is essential for:

- (1) increasing the detection of AFP and other diseases;
- (2) promoting health behavior change at the community level, including the “new” behaviors of monitoring disease and keeping track of positive events;
- (3) creating a social environment that supports collective action for health; and
- (4) sustaining improved health practices by families and communities.

The community activities described in this section are designed to support the objectives of the entire Kit.

1. Involving communities in the surveillance program

Community involvement is essential in the surveillance program and should be initiated in the early stages prior to the selection of Surveillance Volunteers. Involving communities early on and continuously in the surveillance program promotes communities’ sense of ownership of the program as well as builds communities’ capacity for sustainable activities. Some of the ideas in this section therefore give suggestions on ways to help inform, mobilize and organize communities to undertake surveillance and preventive activities, as well as other activities that can help people gain more control over their health and their lives.

In this section, you will find the following ideas to help you involve communities in the surveillance program:

- Idea No. 1: Organizing Meetings
- Idea No. 2: Organizing a Community Information Campaign
- Idea No. 3: Selecting Surveillance Volunteers
- Idea No. 4: Helping Communities Support Surveillance Volunteers
- Idea No. 6: Monitoring Good Health Habits and Positive Events
- Idea No. 8: Organizing an Awards Ceremony
- Idea No. 10: Using “Celebrity Incentives” for Surveillance Volunteers

2. Motivating community volunteers

Although their tasks should not be too difficult to carry out, Community Surveillance Volunteers, like many other volunteers, may lose their enthusiasm if they are not regularly motivated and encouraged to continue their work. Some may drop out because they feel that they are not appreciated by their communities and are wasting their time. This is especially true for monitoring good health habits and positive events, which might require some extra effort.

Although financial incentives are always a good way to motivate people to work, most surveillance programs will not have enough money to pay people to carry out surveillance activities in the community. It is therefore important for ministries of health and their non-governmental partner organizations to help communities select volunteers and to support them in identifying effective **non-financial incentives** that will keep the volunteers motivated to carry out surveillance activities.

This section of the handbook provides many ideas about ways to motivate Surveillance Volunteers without money. These ideas are based on lessons learned over the past twenty-five years from community health volunteer programs around the world.

In this section, you will find the following ideas to help you motivate

Surveillance Volunteers:

- Idea No. 4: Helping Communities Support Surveillance Volunteers
- Idea No. 5: Using a Support Visit Checklist
- Idea No. 8: Organizing an Awards Ceremony
- Idea No. 9: Organizing a Community Surveillance Festival
- Idea No. 10: Using “Celebrity Incentives” for Surveillance Volunteers
- Idea No. 11: Increasing Peer Support for Surveillance Volunteers
- Idea No. 12: Increasing Support from Surveillance Volunteers’ Spouses

3. Building volunteers’ skills and confidence

Specific knowledge and skills for surveillance and reporting are covered in the guidelines for Coordinators to use to train volunteers. Some of the ideas in this section reinforce and extend the ideas and skills introduced during the training of volunteers.

In this section, you will find the following ideas to help you build

Surveillance Volunteers’ skills and confidence:

- Idea No. 1: Organizing Meetings
- Idea No. 5: Using a Support Visit Checklist
- Idea No. 6: Monitoring Good Health Habits and Positive Events
- Idea No. 7: Helping Surveillance Volunteers Provide Feedback to Communities
- Idea No. 8: Organizing an Awards Ceremony
- Idea No. 9: Organizing a Community Surveillance Festival
- Idea No. 11: Increasing Peer Support for Surveillance Volunteers

How to Use these Ideas for Community Activities

The ideas for community activities that are included in this section are based on experiences gathered from many community health programs. They are meant to provide creative suggestions for community surveillance programs.

It is very important that you adapt these ideas to your particular program and to the realities of the communities with which you are working. It may not be possible to use all of these ideas in your program, due to lack of time or funding. You may be able to only use part of an idea, or you may want to add some of your own ideas to make the community activity more effective. We therefore suggest that you discuss the ideas in this section with your colleagues and with the local communities before deciding whether or not to use them.

REMEMBER TO BE CREATIVE!!!!



You should adapt the ideas for community activities that are included in this section to fit your local situation.

Talk with colleagues and the communities with whom you work to improve these ideas.

Community Activity Idea No. 1

Organizing Meetings

WHY: Meetings are held to gather and exchange information, share ideas, make decisions and plan to solve problems and facilitate activities.

WHO: Depends on the purpose of the meeting.

WHEN: As needed.

WHAT YOU NEED: Usually very few resources are needed other than people's time and a place to meet. For longer meetings, refreshments or a meal may need to be provided.

Steps for Organizing and Running Meetings

Meetings are different from group discussions. A group discussion is free and informal, but meetings tend to be held for a **special reason** and are **more organized**. Usually there is a person in charge of facilitating a meeting.

The person in charge of facilitating a meeting may often be YOU, the Community Surveillance Coordinator. You should also support the Community Surveillance Volunteer (SVs) and community leaders by helping them to plan and facilitate meetings (see Activity Idea No. 1 in the Surveillance Volunteers' handbook).

Follow these steps or help the SVs and community leaders follow these steps to organize a meeting:

Step 1. PLAN the meeting. When you want to hold a meeting, make sure that you plan ahead by identifying:

- The **PURPOSE** of the meeting
- The **AGENDA** for the meeting
- The **TIME** and **PLACE** for the meeting
- The **PEOPLE** who should be invited to attend the meeting

Step 2. PREPARE the agenda. An agenda is a list of topics or issues that will be discussed at a meeting. This should be planned carefully. People will lose interest if they come to a meeting where no one knows what is supposed to happen.

If the group, committee, or community who you want to attend the meeting already has leaders, discuss the agenda with these people some days before the meeting. There may be some important issues that you have overlooked. Ideally, an agenda should include only a few important topics, because too many topics means a long meeting, and participants will start to leave. If people leave before the topics are adequately discussed, the purpose of the meeting may not be accomplished.



Step 3. INFORM people about the meeting. Each group or community has a way of informing members about meetings. This may be by announcements during church or mosque, word-of-mouth, town criers, posters, or radio.

Word of mouth is often the best way to announce meetings in a village or a small neighborhood. A community leader can announce the need for the meeting. People can spread the word to others, who in turn tell others, and so on.

In any case, make sure that people who should attend the meeting are informed of the meeting several days in advance.

Step 4. CONDUCT the meeting.

Leadership Issues: Most groups, committees, or communities have their own leaders. These people should be in charge of the meeting. Remember that before the meeting is held, you should give them encouragement and suggestions for planning the agenda.

If you yourself are not facilitating the meeting, you should speak only when the leaders or facilitator request it. Give comments occasionally and information as needed. Be sure that other people have the opportunity to speak their minds fully.

Gender and Participation Issues: The level of participation in a meeting often depends on the culture of the community and the personalities of the people who are present. In many cultures, women speak up less often in a meeting when they are in the presence of men. They may say they agree with what the men say, even though they may have other ideas or different opinions. For this reason, it may sometimes be best to hold separate meetings or assemblies for men and women in the beginning of the program. This may be particularly important to do when it is time for communities to select SVs and to discuss ways to support them.

If you do hold meetings with men and women together, always make sure to encourage the women to speak up and add their ideas and suggestions to the discussion.



Step 5. REACH DECISIONS and PLAN ACTIONS. By the end of the meeting, the group should have made some decisions about how to solve the problems or address the issues that were discussed. You can facilitate by helping the group identify concrete actions and plan who is responsible for them. You can also facilitate by helping the group set up a simple timetable for the actions and decide when they should have their next meeting.

(Part of this idea is adapted from: Education for Health: A Manual on Health Education in Primary Health Care; WHO, Geneva: 1988.)

Recommended Meetings and their Purposes

The box below shows various meetings that you should hold with your colleagues, health facility staff, SVs, or community members. You should help organize other meetings as the need arises.

Encourage appropriate people in the communities to organize and lead these meetings themselves as much as possible; you can help by facilitating the discussion when people seem confused or unsure about what to say or do next.

Different Kinds of Meetings that Community Surveillance Coordinators Should Hold

Kind of Meeting	Purpose of Meeting
Meetings with colleagues, health facility staff and community leaders	<ul style="list-style-type: none"> • To discuss purpose and benefits of the community surveillance program and request collaboration
Committee Meetings	<ul style="list-style-type: none"> • To discuss, plan and prepare special events such as a Community Information Campaign, an Awards Ceremony, or a Festival
Community Assemblies (general, women's and men's)	<ul style="list-style-type: none"> • To discuss the purpose and benefits of the community surveillance program • To discuss the role of the SVs and the profile of an ideal SV • To discuss ways to support the SVs • To select the SVs • To discuss monitoring of good health habits and positive events and to decide which habits and events to monitor and how • To give communities feedback on findings from the surveillance of disease, good health habits, and positive events
SVs' Meetings	<ul style="list-style-type: none"> • To discuss problems encountered in their jobs • To share ideas, experiences and advice about their work • To give feedback to the Coordinator • To receive feedback from the Coordinator • To discuss monitoring of good health habits and positive events • To plan activities • To share new information
SVs' Spouses Meetings	<ul style="list-style-type: none"> • To discuss problems encountered in the SVs' jobs or in their roles as spouses • To share ideas, experiences and advice about their roles • To give feedback to, and receive feedback from, the Coordinator • To plan activities

Helping Surveillance Volunteers Organize their Own Meetings

A Meetings are motivating! SVs' dedication to their work will often be influenced by how much support they receive from their peers. Meetings are a good way to offer this support because they give SVs the opportunity to discuss their work, share ideas and experiences, talk over problems, and give each other advice. As the Coordinator, you can also support SVs by participating in these meetings and sharing information and advice.

SVs' meetings should be held regularly, at least every three months and ideally once a month. As in the case of other kinds of meetings, SV meetings require very few resources other than the SVs' time and their personal means of transportation (walking, biking, etc.) to attend the meeting.

A Topics to include in SVs' meetings. Below is a list of various topics that could be covered during an SVs' meeting. Remember, don't try to cover too many topics in one meeting. If a meeting lasts longer than an hour, people may begin to get tired. If a meeting lasts longer than two hours, people may start to leave! If you do need to hold a longer meeting with SVs, discuss the length with them in advance and arrange to have refreshments or a meal served during a break.

Examples of topics that could be discussed during SVs meetings

- Successes experienced by the SVs
- Problems and other issues faced by the SVs
- Problem-solving and advice
- Planning SVs' activities for the week, month or quarter
- Upcoming special events
- Announcements from the Coordinator (news from the District Medical Office or PVO)
- Technical information updates or instructions
- Updates from the SVs on their activities

A Reach decisions and take action.

At the end of every meeting:

- Help the SVs reach clear decisions that address some of the problems or issues that were raised in the discussion. Decisions should cover concrete ACTIONS, WHO is responsible for them, and WHEN these actions should occur.
- Agree on the date, time, place, and agenda for the next meeting.

Community Activity Idea No. 2

Organizing an Information Campaign about the Community Surveillance Program

WHY: This activity encourages community involvement by informing the community about the community surveillance program prior to its start-up and in its early phases.

WHO: Ministry of health staff from both district and national levels; newspaper and radio journalists; community leaders (mayors, village chiefs, neighborhood presidents, women's group leaders); religious leaders, musicians; artists; town-criers; and anyone else who is usually involved in informing people in the community.

WHEN:

- BEFORE beginning any community surveillance program activities and selecting Community Surveillance Volunteers (SVs)
- AFTER the selection of the SVs.

WHAT YOU NEED: People, materials, places and opportunities to spread key information.

In order to feel involved in the community surveillance program, communities need to learn about it BEFORE it actually begins. Communities should also learn about the role of the Community Surveillance Volunteers BEFORE they are actually selected. A well-organized information campaign is therefore one of the first steps in a community surveillance program.

1. **MEET** with community leaders and local government officials to discuss the community surveillance program. (See Activity Idea No. 1 for additional information on organizing meetings.) During this meeting, help identify members of a special committee of people who will be responsible for helping with the community information campaign.
2. **EXPLAIN** the two phases of the campaign and their purposes during meetings with the community information campaign committee.

The two phases take place:

- BEFORE any community surveillance program activities have begun and the selection of the SVs
 - AFTER the selection of the SVs.
3. **DISCUSS** the key information during meetings with the community information campaign committee.

The box below suggests the key information that should be disseminated during the campaign:

Key Information for BEFORE the Selection of the Surveillance Volunteers

- ***Purpose of the program:***
A new community surveillance program will soon begin activities in (name of district or province). The purpose of this program is to prevent diseases and facilitate early treatment of a number of diseases that cause suffering and death among our children and families. The diseases covered in this program are: polio, measles, neonatal tetanus, cholera, and _____.
- ***Program participants and supporters:***
The community surveillance program is supported by the Ministry of Health of (name of country), the (name of NGO) and (names of other partners).
- ***Benefits to the community:***
The community surveillance program has many benefits to families and communities. These benefits include:
 - (1) Helping find and treat children who suffer from polio, measles, neonatal tetanus, cholera, and _____;
 - (2) helping children with polio get access to physical therapy and exercises that can reduce their disability;
 - (3) helping communities slow down or stop the spread of these diseases
 - (4) learning about ways to promote health and prevent diseases; and
 - (5) reducing disease-related suffering and families' loss of time and money.
- ***The job of the Community Surveillance Volunteers:***
Community Surveillance Volunteers serve as the most active community members in detecting, reporting and preventing diseases. Their job begins with agreeing to take on this role for the benefit of children and families in their community. Their tasks include: (1) participating in training; (2) collaborating closely with the Community Surveillance Coordinator, from whom they will seek advice and assistance; (3) looking for children and adults in the community who have symptoms of the target diseases; (4) reporting each case or getting the sick person or information on the case to a health facility; (5) participating in planning and (5) implementing the monitoring of good health habits in the community.
- ***The qualities of an ideal surveillance volunteer:***
An ideal Community Surveillance Volunteer is someone who already treats sick children. The ideal SV should also be someone that is respected and trusted in the community and who knows many different people. Community members should think about other qualities that an ideal SV should have so that they can choose the best people for the job.
- ***Place, time and reasons for coming to the community assembly:***
All members of the community are invited to come to a community assembly to be held on (day and date), at (time), at (name of place). Get more information about what benefits your family and your community can obtain through the program. Find out what communities need to do in order to participate in the program. Learn more about the job of the SVs and choose the best SVs for your community!

Key Information for AFTER the Selection of the Surveillance Volunteers

- **Purpose of the Program:**

A new community surveillance program will soon begin activities in (name of district or province). The purpose is to prevent diseases or reduce the impact of a number of diseases that cause suffering and death among our children and families. The diseases covered in this program are: polio, measles, neonatal tetanus, cholera, and _____.
- **Program participants and supporters:**

The community surveillance program is supported by the Ministry of Health of (name of country), the (name of NGO) and (names of other partners).
- **Benefits to the community:**

The community surveillance program has many benefits to families and communities. These benefits include: (1) helping find and treat children who suffer from polio, measles, neonatal tetanus, cholera, and ____; (2) helping children with polio get access to physical therapy and exercises that can reduce their disability; (3) helping communities slow down or stop the spread of these diseases; (4) learning about ways to promote health and prevent diseases; (5) reducing disease-related suffering and families' loss of time and money.
- **The job of the Community Surveillance Volunteers:**

Community Surveillance Volunteers serve as the most active community members in detecting, reporting and preventing diseases. Their job begins with accepting to take on this role for the benefit of children and families in their community. Their other tasks include: (1) participating in training; (2) collaborating closely with the Community Surveillance Coordinator, from whom they will seek advice and assistance; (3) looking for children in the community who have symptoms of the target diseases; (4) reporting each case or getting the sick person or information on the case to a health facility; (5) participating in planning and implementing the monitoring of good health habits in the community.
- **Name and residence of the selected SVs:**

Community Surveillance Volunteers were selected by a community assembly held on (day and date), at (time), at (name of place). The names and residences of the new SVs are: (name of SV) of (residence), and (name of SV) of (residence).
- **Training and orientation plans for the SVs:**

The SVs will be trained to do important work in our community. During the monthly supervision visits, (name of coordinator), the Community Surveillance Coordinator, will provide on-the-job training for the SVs. (If a training workshop is to be held, announce the date and place of the workshop.)
- **How communities can support SVs:**

SVs are not paid by the government or by any organization for their work. It is up to the communities to find ways to motivate their SVs to do their work. Show your SVs that you appreciate them by encouraging them the next time you see them. Report suspected cases of polio, measles, neonatal tetanus, cholera, and ____ to them. Be courteous and kind if they stop by your home. Listen to their information and advice. Attend meetings or assemblies called by the SVs.

4. **DISCUSS** how to spread the key information at each phase with the information campaign committee and help them to identify the most appropriate communication channels.

A Suggested communication channels:

- Community leaders
- Word-of-mouth
- SVs (when they are selected) and their spouses
- Radio announcements
- Posters
- Banners

5. **IDENTIFY** places and opportunities to spread the key information.

A Suggested Places and Opportunities:

- During religious services or meetings
- In shops and public gathering places
- At the market place
- During meetings of community groups and associations, or political groups
- At the health centers
- During radio programs
 - During celebrations and events that get large numbers of people together (e.g. festivals, weddings, baptisms, funerals, etc.)

6. **INVOLVE** as many people as you can in the campaign to help spread the key information at the appropriate places and times.

A Suggested people and groups to ask for help:

- Village health committees
- Health center personnel
- Schools
- Women's groups
- Village elders
- Youth groups
- Religious leaders and congregations
- Traditional healers' association
- The Red Cross and other local non-governmental groups
- Peace Corps Volunteers
- Community safety association
- Local police or security
- Radio and/or television station and other journalists
- Local government officials (mayor, etc.)
- Local businesspeople or market vendors
- Members of political parties

Community Activity Idea No. 3

Selecting Surveillance Volunteers

WHY: To increase communities' involvement in the community surveillance program and to increase Community Surveillance Volunteers' (SVs) sense of responsibility to their communities.

WHO: All community members.

WHEN: At the start-up of the community surveillance program, following the community information campaigns.

WHAT YOU NEED: Only people's time and transportation to attend community assemblies.

SVs play a crucial role in the community surveillance program. The process used to select SVs can determine the likelihood of their success or failure.

Selecting Surveillance Volunteers should be a community-wide affair!

- When communities are involved in selecting SVs, people feel more interested in SVs' work and more responsible for finding ways to motivate them to carry on their activities.
- If everyone takes part in the selection, the SVs are more likely to be well accepted.
- Participation in the selection process is a step toward greater responsibility and control by people over factors that affect their health.
- SVs selected by the community are more likely to feel that their first responsibility is to the community.



Some programs make the mistake of having project staff choose community volunteers or asking a single community leader to choose community volunteers. Although this is a quick and simple way to choose SVs, the result is often choosing people who are not the best candidates, and a missed opportunity to build community involvement in the program

How Many SVs Should a Community Choose? At least 2 and no more than 10. Probably 3 to 5 is a good number for most communities.

1. Organize a Community Information Campaign before Selecting Surveillance Volunteers

- Prior to selecting SVs, communities should have already heard about the community surveillance program, the job of the SVs, and the profile of the ideal SVs through a community information campaign. (SEE Activity Idea No. 2: *Organizing a Community Information Campaign about the Community Surveillance Program* and Activity Idea No. 4: *Increasing Participation in the Selection of Surveillance Volunteers*.)
- At least one week before the selection of the SVs, **make sure that a community information campaign has informed people about the date, time, and place of the community assembly where the selection will occur.** Spread the news with radio and newspaper announcements, announcements in church or at the mosque, word-of-mouth, town-crier, posters, banners, or any other means that work best to inform people in the communities. (SEE Idea No. 2: *Organizing a Community Information Campaign about the Community Surveillance Program*).

2. Hold Community Assemblies before Selecting Surveillance Volunteers

- **The qualities of the ideal SV and ways for the communities to support their SVs are two important topics that should be discussed BEFORE communities select SVs.** Organize meetings or assemblies that give communities the opportunity to discuss these topics, ask questions, and offer other ideas. (SEE Idea No. 1: *Organizing Meetings*) for more information and ideas about organizing community assemblies.
- **Help communities decide for themselves what kind qualities are needed in an SV.** Rather than deciding for the community what kinds of people it should or should not select, help the community decide wisely. On the next page is a list of possible qualities that you can suggest that communities may want an SV to have. Suggest these qualities only if the community members have some trouble coming up with their own ideas.

Some of the possible qualities of a Community Surveillance Volunteer:

- Responsible
- Interested in health and community work
- May already take care of children (for example, could be a traditional midwife or a traditional healer)
- Accepted and respected by all of the people in the community
- Will probably stay in the village (not move away)
- Has the full agreement and support of his or her family
- Is eager to learn; open to new ideas
- Works well with mothers, children and families
- Has a good record of taking part in or leading community activities
- Understands and respects people's beliefs and traditional practices
- Speaks up easily in front of a group of people (not too shy)

A Consider traditional healers and midwives as SVs. Experience shows that traditional midwives, healers, herbalists and bone setters can work well as SVs. Advantages to training traditional healers as SVs are:

- They already have the confidence of the people in their own special area of health care;
- They have strong grounding in traditional and spiritual forms of care and healing. To these, they can add concepts of modern health care and medicine. Often a combination of the old and the new, unique to the area, is better than either way by itself.
- They are usually persons with great experience and strong beliefs, so they may be more able to defend their people's culture and resist outside ideas and technologies not suited to local needs.
- They are often persons firmly rooted in their communities and deeply committed to serving people in need. (But be careful. Some traditional healers use their special knowledge to exploit or gain power over others.)

A Consider both men and women as SVs. Experience shows that both women and men can make good SVs.

3. Hold Community Assemblies to Select Surveillance Volunteers

- After the community information campaign and community assemblies, **help community leaders organize community meetings and assemblies to select SVs.**
- **Make sure women in the community give their input!** In some cultures and situations, women may not feel at ease enough to speak up and express their ideas and opinions in front of men.
- It may be appropriate to **first hold separate meetings for men and women** so that women will be able to discuss their ideas freely. After these separate meetings, a larger community assembly can then be organized with both men and women present to discuss the ideas and decisions made by each group.

(Some parts of this community activity idea are adapted from *Helping Health Workers Learn*, by David Werner and Bill Bower. 1982. The Hesperian Foundation)

Community Activity Idea No. 4

Helping Communities to Support Surveillance Volunteers

WHY: To motivate Community Surveillance Volunteers (SVs) to continue their disease surveillance activities, and also monitoring good health habits and positive events.

WHO: Communities participating in the community surveillance program.

WHEN: Communities should discuss how they intend to support SVs in their work *before* they select the SVs. Communities may wish to adjust or modify incentives later on, based on their perceptions of the importance of the surveillance activities and the SVs' performance.

WHAT YOU NEED: People will need a place to meet and also time to attend the meeting. Incentives for volunteers may be in-kind resources that are available in the community.

SVs are community volunteers who have agreed to do surveillance work without a salary. The SVs' basic job of detecting and reporting diseases is not too demanding in terms of time and effort. There are optional tasks, however, that can require SVs to do a lot of extra work. In any case, all volunteers need some kind of encouragement to continue working. A little financial remuneration, some small in-kind incentives, or even simple gestures of appreciation can go a long way in helping SVs stay motivated in their work.

Volunteers around the world have told us that the non-financial incentives shown in the chart on the next page are often the things that motivate them the most in their work. To demonstrate how much volunteers can appreciate these incentives, we have also included some direct quotes from volunteers who worked in a community health program in Madagascar.¹

How to Motivate Volunteers

In spite of receiving very little or no financial payment for their efforts, many volunteers continue to work because of some important non-financial incentives. Discuss the ideas in this chart with your colleagues and local communities and talk about ways to motivate the Surveillance Volunteers in your program.

¹ The volunteer quotes are from a report entitled: *What communities have to say about community involvement: a process documentation of BASICS' child survival program in Madagascar* by Lydia Clemmons. BASICS: Arlington, Virginia. U.S.A., 1998.

NON-FINANCIAL INCENTIVES THAT WORK	WHAT VOLUNTEERS SAY ABOUT THE INCENTIVES
<p>1. Increased status in the community</p> 	<p>“Even if I’m still young, people respect me. The work of a village health volunteer gives me a little more respect from the community.”</p> <p>“We’re the role models for the community, and people come to ask us things.”</p>
<p>2. Public recognition of their efforts</p> 	<p>“We feel very proud to be volunteers. Especially during the health festivals, everyone sees us and knows we are important.”</p> <p>“Give us a certificate or something to show people that we are somebody important.”</p>
<p>3. Peer support and opportunities to network with other volunteers</p> 	<p>“We are hoping for the chance to meet and exchange ideas with volunteers from other villages. We hope the project will support us in this.”</p>
<p>4. Feelings of philanthropy and the spirit of being a “Good Samaritan”</p> 	<p>“Later on, when I am no longer there, they will remember that there was a certain Mrs. X [name of the volunteer] who did good things for the village.”</p> <p>“The role of the volunteer is a heavy duty, but I feel a sense of responsibility.”</p>
<p>5. Training providing new knowledge, skills and self-confidence</p> 	<p>“I consider the training I received to be an advantage for my family. I don’t keep it for myself, I share it with others.”</p> <p>“The advantage to being a volunteer is that I feel that I’ve had the chance to know and understand something about illnesses.”</p>
<p>6. Supportive supervision, with regular feedback and follow-up</p> 	<p>“The follow-up support we get from our trainers motivates us. In this case, we work well even if the job is without a salary”.</p>
<p>7. Occasional “perks” (e.g., T-shirts, badges, notebooks, pens, meals, per diems, etc.)</p> 	<p>“After our training, the other women in the community saw the binders, the pictures (counseling cards) and then they saw the T-shirts. They asked me to sign them up, especially in order to get the T-shirt! “</p>

Common Reasons Why Volunteers Drop Out

If they are not frequently motivated and supported in their work, Community Surveillance Volunteers may lose their enthusiasm and drop out. Experience has shown us that many volunteers drop out because they feel that they are not appreciated by their communities and are wasting their time. We have also learned over the years that some volunteers, especially women, may drop out simply to avoid conflict with their spouses, who may complain that the time they spend on volunteer work is taking away from the time they devote to their family responsibilities.

The chart below shows some of the common reasons why volunteers become discouraged and drop out of their volunteer activities. Discuss the ideas in the chart with your colleagues and local communities and talk about ways to help prevent volunteers from dropping out of your program.

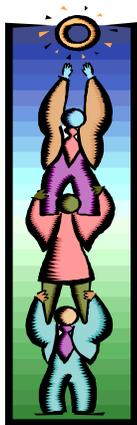
COMMON REASONS WHY VOLUNTEERS DROP OUT	WHAT VOLUNTEERS SAY
<p>1. Lack of financial incentives.</p> 	<p>“There are some who say they stopped because there’s no money, especially during the rainy season.”</p>
<p>2. Too much time commitment and/or too many tasks.</p> 	<p><i>“The problem is how to manage your time. You have a family to support on the one hand, and on the other hand, you have to do the awareness-raising.”</i></p>
<p>3. Unclear tasks; vague description of roles and responsibilities.</p> 	<p>“When left on your own it is often hard to figure out what you are supposed to be doing.”</p>
<p>4. Lack of credibility within the community.</p> 	<p>“At first, people laughed at us. Some people even tried to prevent others from attending our educational talks. They said: <i>“Who do they think they are? Yesterday they were one of us and now today they think they have something to teach us!”</i> “</p> <p>“In the beginning, people doubt our abilities: “How did they know that? They aren’t doctors.”</p>
<p>5. Lack of spousal support (for women as well as men).</p> 	<p>“Principally, it’s the husband (responsible for a woman volunteer dropping out). He said she was wasting her time for nothing.”</p> <p>“A man volunteer may drop out perhaps because of his wife. She may ask him what he gets out of this work that brings in nothing while the time spent raising people’s awareness could have brought in some money had he been milking a cow instead of working.”</p>
<p>6. Lack of peer support.</p> 	<p>“She’s the only volunteer in her village. She says that all of her time is spent on awareness-raising. That’s why she’s getting more and more discouraged.”</p>

Here are some things Coordinators can do to help communities identify ways to support their Surveillance Volunteers:

1. Discuss incentives in community meetings and assemblies.

Before communities select their SVs, they should agree on financial remuneration, in-kind incentives, or other kinds of support that they will provide. Help communities discuss the different ways they could support their SVs by asking them about local customs for thanking people for their help. SEE Activity Idea No. 1 (*Organizing Meetings*) for more information about organizing meetings in the community.

2. Encourage consistency with other volunteer incentive systems already in place.



When discussing incentives for the SVs, don't forget about *other volunteers* who may be working in the communities. If the other volunteers aren't receiving any incentives for their work, perhaps it is time for the community to discuss how to support these volunteers as well. Try to make remuneration and in-kind incentives fair and consistent with what other volunteers are receiving for their efforts.

Otherwise, you are likely to create jealousy and conflict between the SVs and the other volunteers in the community.

3. Encourage flexibility.

During the community meeting or assembly, you can suggest that communities try out the incentives they selected for a certain amount of time (for example, for three months or for half a year). After this time has passed, they can then meet again to discuss whether the incentives are appropriate or whether they need to be modified. At the same time, communities can assess the importance of the community surveillance program by discussing people's perceptions of the usefulness of the activities and the performance of the SVs.

6. Remember! People have always found informal ways to thank the volunteers in their communities for their assistance.

For example, in many countries, families in rural areas make symbolic gestures of appreciation to traditional midwives by giving them gifts of eggs, soap, food staples, or a small sum of money for their help during pregnancy and childbirth. On the next page is a list of things that communities could offer as in-kind incentives or financial remuneration for the SVs. Encourage communities to come up with their own ideas first. Only offer these suggestions if you see that people are confused or unsure about how they can support the SVs.

Some ideas for how communities can support Surveillance Volunteers:

- Communities can agree that each family will donate a certain amount of rice, peanuts, flour, or other staple to make a regular collection for the SVs (e.g. once a quarter, after each harvest, twice a year, etc.).
- People in the community can take turns helping the SV work in his/her field.
- Women in the community can help woman SVs by preparing meals for their families while they are away attending a workshop or training.
- Men in the community can help men SVs by taking over some of their family chores while they are away attending a workshop or training.
- Village health committees or health center management committees can contribute some of the profits generated by the health center to cover transportation costs, meals or other costs SVs incur while carrying out their surveillance or prevention activities. This money can also be used to cover some of the costs a community surveillance festival or an awards ceremony for the SVs.



- Regardless of the kind of financial remuneration or in-kind incentives that communities may choose, there are two important things that community members should always do:

REPORT any suspected cases of the selected diseases to the SVs and **PARTICIPATE** in SVs' community feedback sessions and other activities organized for the community surveillance program.

Remind communities that by doing these two things, they will always make SVs feel that their work is important and appreciated!

Community Activity Idea No. 5

Using a Support Visit Checklist

WHY: To assure that support visits help the Community Surveillance Volunteers (SVs) in their activities and also motivate them to continue their work.

WHO: Coordinators and health facility staff who may assist in supporting SVs.

WHEN: Once a month for each SV.

WHAT YOU NEED: Time and transport to the places where the SVs live and work.

Objectives of a support visit: A support visit is regularly scheduled personal contact between the Coordinator and the SVs. The five objectives of a support visit are to:

1. Find out what is actually happening in all aspects of the SVs' work.
2. Assist SVs in solving problems or overcoming difficulties in their work.
3. Renew the enthusiasm of the SVs.
4. Provide continued technical guidance and training to the SVs.
5. Check if there are any new cases to report.

A Communication is important!

A support visit involves two-way communication. Both the Coordinator and the SV should have time to give information, make suggestions, and ask questions. Your role during a support visit should be that of an ally, and not that of a policeman. If you observe problems or weaknesses in the SVs' work, help them to improve their performance by providing advice and assistance in a way that is kind and respectful.

A Include the community in your visit.

It is important to make contact with community leaders during every support visit, even if this is simply in the form of a brief courtesy call.

A Use the checklist on the following page to make sure that your visits with the SVs provide the necessary support. Good support includes:

- STEADY VISITS;
- UNDERSTANDING;
- PARTICIPATION;
- PRACTICAL ADVICE;
- ORIENTATION; and
- TECHNICAL TRAINING.

The next page explains each of these seven types of support.



SUPPORT VISIT CHECKLIST



Coordinators should provide the following support every time they visit Surveillance Volunteers:

Steady:

- Support visits should be steady, which means that should be **regular**, **frequent**, and **reliable**. Each SV should be able to count on you (the Coordinator) to make a support visit at least once a month. At the end of every support visit, talk with the SV to schedule the date and time of the next support visit. Steady support visits are important for maintaining good work and good morale.

Understanding:

- As Coordinator, you need to understand how the work is going for each SV in order to provide effective support. Take time to talk informally with the SVs and to get to know them as people. Encourage them to share their opinions and to make suggestions. Take their ideas into account wherever possible. During the visit, make sure to ask each SV how the work has been going. Some specific questions you can ask are:
 - *What specific activities have been carried out since the last visit?*
 - *What's been going well? What have you been having problems with? What have you tried to do to resolve the problem?*
 - *What can the Coordinator, MOH, PVO or Peace Corps do to help you resolve the problem?*
 - *What can the other SVs/community/your spouse do to help?*

Participation:

- Schedule your support visit to coincide with community assemblies, meetings or other activities organized by SVs so that you can occasionally participate. Your participation has several advantages: (1) You will get a better idea of the SVs' capabilities and needs; (2) You will be able to help them improve their work; (3) Your presence will motivate SVs to continue their activities and to try additional activities; (4) Your presence will increase the SVs' credibility in the community.

Practical advice:

- Give thoughtful answers to questions that the SVs may have. If you don't have the answer or the information they need, say so, and make sure to see where you can find the information. Suggest alternatives or share ideas that will help the SVs resolve their difficulties in their work and to try new things.

Orientation:

- SVs and community members need orientation and guidance during each support visit, particularly during the beginning stages of their work. Remind SVs of the purpose of the community surveillance program and the importance of their work. Orient other community members by also reminding them of the importance of their involvement in the surveillance activities and in supporting the SVs and other community health workers in disease detection, reporting, prevention and health promotion. Community assemblies and other meetings you attend during your support visit are good occasions for orienting people.

Respect:

- Treating SVs and their communities with respect takes time. Schedule enough time for your visit to allow you to be patient and flexible. Greet SVs pleasantly, according to the local customs. Listen to their ideas and opinions and take these into account. Accompany the SVs to make courtesy calls to important people in the community every time you make a support visit. Stop by their homes to greet their spouses.

Technical training: Provide on-the-job training and technical updates as needed.

Community Activity Idea No. 6

Monitoring Good Health Habits and Positive Events

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

WHO: Community Surveillance Volunteers (SVs) and their communities.

WHEN: If SVs 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. As people begin to hear repeated feedback 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 Coordinators, SVs and the communities 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 SVs and others who will do the monitoring.

A *Examples of good health habits that could be monitored:*

- Number of families with an adequate place to go to the bathroom (that keeps feces out of the environment)
- Number of families with a specific location for hand washing
- Number of families who drink potable 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 net/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 use monitoring (or surveillance) to keep track of other things besides diseases and good health habits. Noticing 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. Encourage the SVs to meet with their communities to decide if there are other positive events that they would like to monitor. These events might be in areas such as agriculture, education, business, social activities, or any other area that the community feels is important.

A Examples of positive events that could be monitored:

- Number of total kilograms 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 the 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*.



5. The information will be much more useful if it is *fed back to the community* to let people know how they are doing.

Activity Idea No. 7 discusses how to give the community feedback on good health habits and other things the community monitors.

Community Activity Idea No. 7

Helping Surveillance Volunteers Provide Feedback to Communities

WHY: This activity will increase Community Surveillance Volunteers' (SVs) sense of accountability to the community and will reinforce their skills and confidence in surveillance activities. Regular feedback sessions will also increase communities' interest and involvement in the surveillance program.

WHO: SVs.

WHEN: During regular support visits by the Coordinator and also during community assemblies planned by the SVs.

WHAT YOU NEED: People's time, a place to meet, and visual aides for the report the community.

1. Organize a meeting with the SVs to discuss their activities and how they should give feedback to their communities. (SEE Activity Idea No. 1 for more information about organizing meetings.) During this meeting, help the SVs to:

- decide how often they should organize **community assemblies** to give feedback (this should also be negotiated with community leaders);
- decide **when (date and time) and where** they should organize the next community assembly (this should also be negotiated with community leaders);
- identify **which information** they should present to their communities;
- decide **who** should present the information: it may be best for each SV in the community to a report during the community assembly; or it may be best for only one SV to speak on behalf of all of the SVs in the community.
- Communities will be interested in learning about the occurrence of diseases, good health habits, and positive events if the information is presented in a way that they can understand. When it comes to informing communities about the number of suspected cases of polio, cholera, measles, neonatal tetanus, yellow fever, or other diseases, a simple verbal report is easy for people to understand. This is because the number of cases for any of these diseases will probably be very small and occur infrequently.

2. Work with the SVs to create visual aides to help communities understand some of the information in the SVs' reports. Visual aides can help communities analyze the information, identify their strengths and problems, and decide what actions to undertake. Visual aides can be especially useful for reporting to communities about the occurrence of

good health habits and positive events. Communities will appreciate the importance of constant monitoring if they are able to observe the progress they are making by comparing current information to information from previous months.

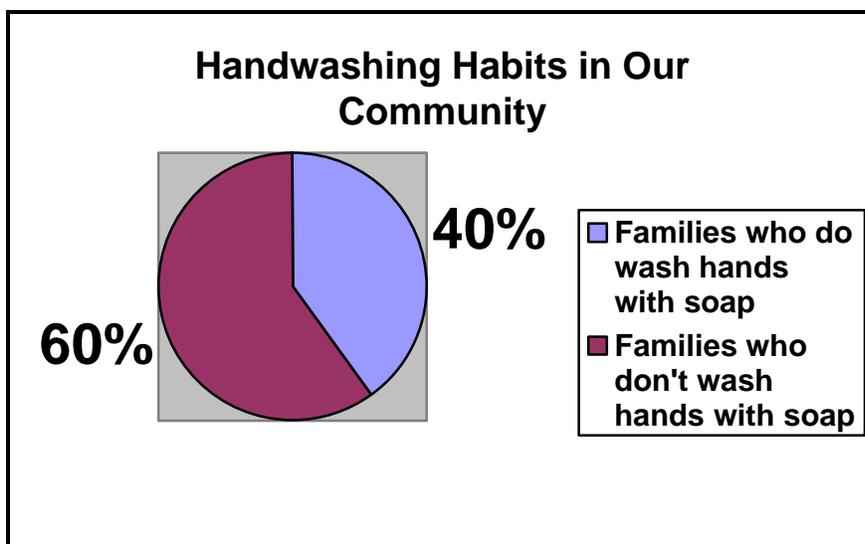
Examples of visual aides that can be used to report to communities:

PILES OF STONES: Stones or other objects can be used to help people understand percentages or proportions also.

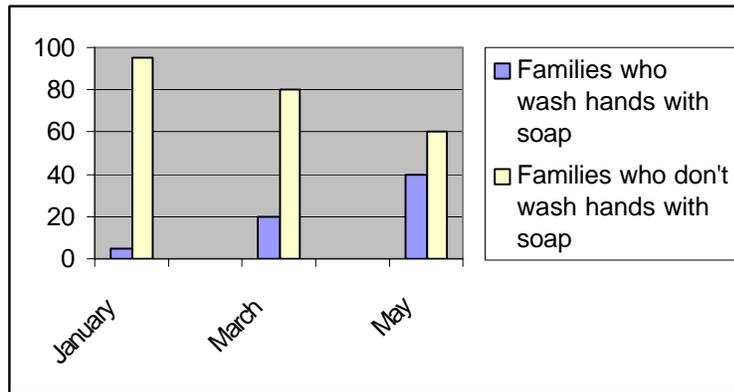
LOCAL CURRENCY: Local currency (money) can be used to help people understand percentages or proportions. Local currency is often divided into metal pieces of change that represent fractions of a whole unit of currency. Talk with the SVs about how they could use monetary units to represent numbers and/or proportions of children, families, or frequency of positive events they have monitored. Be creative!



PIE CHART: Draw a pie chart on a large piece of paper to show the number or proportion of families practicing a selected **good health habit**, or to show the number of times a certain **positive event** has occurred. (Good health habits and positive events should be selected beforehand by the community. SEE Idea No. 6 for more information.)



BAR CHART: Draw a bar chart on a large piece of paper to show the number or proportion of families practicing a selected **good health habit**, or to show the number of times a certain **positive event** has occurred. (Good health habits and positive events should be selected beforehand by the community. SEE Idea No. 7 for more information.) You can also use dots -- one for each family or for each 5% or 10% of families.



Practice makes perfect!

Sometimes SVs may feel nervous or uncomfortable about speaking in front of a lot of people during a community assembly. Help them practice what they will say in their reports before the assembly. Suggest having a practice session during an SV meeting.



Community Activity Idea No. 8

Organizing an Awards Ceremony

WHY: To honor Community Surveillance Volunteers (SVs) and publicly recognize their accomplishments. An awards ceremony helps motivate SVs by increasing their visibility, status and credibility in the communities.

WHO: Everyone who participates in the community surveillance program should attend the awards ceremony. Special guests should also be invited to attend.

WHEN: After the SVs have been working for at least 6 months. No more than once a year.

WHAT YOU NEED: A place for the event, certificates or diplomas, awards, food and drinks.

Organizing an Awards Ceremony

Start planning early: Hold a meeting with community leaders, SVs, and the district medical office to discuss ideas for the awards ceremony. Begin planning at least one month in advance. This will give everyone time to discuss and decide about:

- **The people** who will help organize and facilitate the awards ceremony
- **The place** where the awards ceremony will be held
- **The time and length** of the awards ceremony
- **The list of special guests** who should be invited
- **The list of speakers** and a general idea of the content and length of their speeches
- **The program of activities** you will have as part of the awards ceremony
- **The awards** that will be presented
- **The food and drinks**, if possible and appropriate, to be offered to participants and/or guests at the ceremony. Most communities should be able to make in-kind contributions for the preparation of a meal or some simple snacks and drinks.
- **The budget and logistics** for the awards ceremony. The ceremony should not cost a lot of money, but there will be some minor expenses, so you must decide who should cover

these costs. Some guests and participants may need transportation, so you must decide whether they can arrange this themselves or whether they will need assistance.

Invite the general public as well as special guests: An awards ceremony should ideally be a public event, so make sure to start publicizing the ceremony early on (at least one week in advance). Invite special guests whose presence will increase the importance of the ceremony. Special guests can include: important officials from the government, NGO staff, community leaders, the community, and SVs' spouses.

In the box below is an example of a formal invitation you can make to send to special guests, such as government officials, community leaders, other community volunteers, and the SV's spouses. Sending out formal invitations increases the prominence of the awards ceremony and makes the guests and the participants feel more important.



INVITATION

**The (Name of Country) Ministry of Health's (Name of District)
Medical Office
And
The (Name of your NGO or Organization)**

Cordially invite you to attend

The Community Surveillance Awards Ceremony

**To honor the Accomplishments of the Surveillance Volunteers
and the Communities of _____, _____, _____, _____
and _____**

Place: _____ Date: _____ Time: _____

Parts of an Awards Ceremony

- *Speeches by Important People:* These speeches usually help to make SVs and their communities understand the importance of their efforts and feel proud of their work. They will remind everyone about the purpose of the community surveillance program and the roles of the SVs.



- *Presentation of Awards:* Each SV should receive a certificate recognizing his or her work. SVs who have been outstanding in their work should receive special awards for their extra dedication and effort. You may also decide to recognize the participation of the communities in the community surveillance program by presenting awards to the community leaders.



- *Special Activities:* A special place, a reception with food and drinks, music, dancing, important guests, news coverage (newspaper, radio or television) are all things that can make an awards ceremony special. An awards ceremony can be a very simple and small affair. It is best, however, to organize it as a major community event that encourages the general public to attend. An awards ceremony can also be organized to be an activity within a community surveillance festival or another kind of community festival. SEE Idea No. 10 for more information on organizing festivals.



Ideas for Awards

In the boxes on the next page are some ideas for categories of awards that can be presented to SVs and their communities during the ceremony. You can use these ideas or think of other categories that are more appropriate for the SVs and communities with whom you work.

Ideas for Awards for Surveillance Volunteers

“The Hardest-Working Surveillance Volunteer”: Awarded to the SV who has gone above and beyond his/her responsibilities, carrying out optional tasks as well as monitoring of good health habits and other positive events.

“The Most Collaborative Surveillance Volunteer”: Awarded to the SV who has demonstrated the best team spirit and who has made the greatest effort to collaborate with others)

Ideas for Awards for SVs’ Communities

“The Most Supportive Community”: Awarded to the community that has done the most to support its SVs (e.g., by reporting diseases and positive events, by large attendance at the monthly or quarterly community feedback sessions, by providing in-kind incentives or financial remuneration, etc.). This award can also be presented to the community that has done the most to support sick children identified by the surveillance system.

“The Most Dynamic Community”: Awarded to the community that has made the most progress in terms of the positive events reported through the surveillance system. This award can also be presented to the community that has taken the most initiative in participating in activities related to surveillance.



In the box below are some ideas for awards for SVs or communities to acknowledge their efforts and good work. You can use these ideas or think of other awards that are more appropriate for areas where you work.

Ideas for Awards

- Special diplomas, special badges
- Special t-shirts, hats or briefcases
- Box of soap; box of tea or coffee
- Canned milk; sack of rice, flour or sugar
- Special notebooks, calendars or agendas
- Special letter of commendation from the Ministry of Health
- Invitation and transportation to attend a community surveillance workshop
or festival in a different community

Meet with the Awards Ceremony organizing committee to discuss the sample program in the box below. Because it is just an example, you should feel free to modify the program so that the activities, the times, the speakers and the length of the program are appropriate for the communities. If possible:

- Post a written program around the community so that the general public knows what is going to happen.
- Ask the local radio station to announce the program several days before the awards ceremony to help publicize the event.
- Include a written program with the invitations that you send to the guests and participants.
- Hand a written program out to people when they arrive at the ceremony or have someone read the program out loud before the welcome speech so that everyone will know what will be happening.

**COMMUNITY SURVEILLANCE AWARDS CEREMONY
PROGRAM OF EVENTS**



3:00 pm – 3:15 pm	Arrival and Seating of Guests and Participants
3:15 pm – 3:30 pm	School Children's Parade
3:30 pm – 3:45 pm	Welcome Speech and Overview of community surveillance program
3:45 pm – 4:15 pm	Speeches: <ul style="list-style-type: none">• <i>Ministry of Health Officials (Provincial Level, District Level)</i>• <i>PVO or NGO Representative</i>• <i>Community Representative (Mayor, Village chief, Imam, etc)</i>• <i>Polio Survivor or Family Member of Polio Survivor</i>• <i>An SV's Spouse</i>
4:15 pm – 4:30 pm	Musical Performance: Songs/Dances for community surveillance program
4:30 pm – 4:40 pm	Coordinator's Speech: Description of SVs' Work
4:40 pm – 5:15 pm	Presentation of Certificates and Awards
5:15 pm – 5:20 pm	Speech by a Spokesperson for the SVs
5:20 pm – 6:20 pm	Reception for Special Guests and SVs: Meal
6:20 pm – 7:00 pm	Musical or Theatrical Performances

Community Activity Idea No. 9

Organizing A Community Surveillance Festival

WHY: A festival is a fun event that helps spread information about community surveillance and increases community enthusiasm and support for the program.

WHO: Community Surveillance Volunteers (SVs) and community members.

WHEN: Festivals are a good way to launch a new community surveillance program. Festivals are also effective ways to celebrate progress in the program after six months or after one year.

WHAT YOU NEED: Depends on what activities are planned.

Communities often hold festivals or celebrations for special occasions. Sometimes festivals and celebrations are organized for national holidays, other times for special cultural or seasonal events. Festivals and celebrations bring a lot of people together in a fun setting. They provide a perfect opportunity to raise people's awareness about the community surveillance program. Communities may decide to integrate a community surveillance festival into an existing cultural holiday, celebration or event or they may decide it's best to organize a special festival for community surveillance that stands apart from other festivals.

1. Meet with the SVs, community leaders, and local government officials to discuss the idea of a festival for the community surveillance program. (SEE Idea No. 1 for additional information on organizing meetings.) If people think it's a good idea, help them set up a special festival committee of people who will be responsible for planning and organizing the festival. Discuss the purpose of the festival: *to raise people's awareness about the community surveillance program and to celebrate the program's accomplishments.*

2. Meet regularly with the festival committee to plan and prepare for the festival. Planning and preparation should start early (ideally, at least one month in advance).

A festival has three main parts:

- *Speeches by Important People:* These speeches usually help to make SVs and their communities understand the importance of their efforts and feel proud of their work. They will remind everyone about the purpose of the community surveillance program and the roles of the SVs.

· *Presentation of Awards:* A festival is the perfect opportunity to publicly recognize various people's efforts and accomplishments in the community surveillance program. SVs, community leaders, health center personnel and other people who have been outstanding in their contributions should receive certificates or special awards. SEE Idea No. 8 (*Organizing an Awards Ceremony*) for more ideas about presenting awards.

· *Lots of Fun Activities!:* Good entertainment always attracts large crowds of people. So that as many people as possible will attend the festival and learn about the community surveillance program and its accomplishments, plan to have a lot of fun activities.

3. Discuss the activities that people think should be included in the festivities.

Some of the activities that could be included in a festival are:

- Speeches by community leaders, government health officials, NGO staff and other important people
- Awards ceremony (SEE Activity Idea No. 8 for more information on awards ceremonies)
- Song contest
- Poetry readings
- Theater or skits by children and/or by SVs
- Parades of schoolchildren, community health workers, or Surveillance Volunteers
- Musical performances, traditional dancing, and/or puppet shows
- Games and contests
- Information and demonstration booths or kiosks
- Soccer match or another sports event

4. Plan the details with the festival committee, including WHERE to hold the festival, HOW to cover the costs, and HOW to organize any needed transportation and other logistics.

5. Discuss the sample program in the box on the following page with the festival committee. Because it is just an example, you should feel free to modify the program so that the activities, the times, the speakers and the length of the program are appropriate for the communities. If communities are experienced in organizing festivals or other celebrations, encourage them to plan and organize as they usually do, and help them integrate additional activities or new ideas into their planning as appropriate.

If possible:

- Post a written program around the community so that the general public knows what is going to happen.
- Ask the local radio station to announce the program several days before the festival to help publicize the event.
- Include a written program with the invitations that you send to the guests and participants.
- Have someone read the festival program out loud before the welcome speech so that everyone will know what will be happening.

The box below is an example of a program you can have for a community surveillance festival:

COMMUNITY SURVEILLANCE FESTIVAL PROGRAM OF EVENTS	
9:00 am – 9:15 am	Arrival and Seating of Special Guests
9:15 am – 9:45 am	School Children’s Parade
9:45 am – 10:00 am	Welcome Speech and Overview of Community Surveillance Program
10:00 am – 10:30 am	Speeches: <ul style="list-style-type: none">• <i>Ministry of Health Officials (provincial level, district level)</i>• <i>PVO or NGO representative</i>• <i>Community representative (mayor, village chief, imam, etc.)</i>• <i>Someone who has had Polio or Family Member of Someone who has had Polio</i>• <i>Spokesperson for the SVs</i>
10:30 am – 10:45 am	Musical Performance: Songs/Dances SVs Program
10:45 am – 10:50 am	Coordinator’s Speech: Description of SVs’ Work
10:50 am – 11:15 am	Presentation of Certificates and Awards
11:15 am – 12:30 pm	Musical and Theatrical Performances
12:30 am – 2:00 pm	Reception for Special Guests and SVs’ Meal
2:00 am – 4:00 pm	Contests and Games
4:00 pm – 6:00 pm	Sports Event (football, foot races, etc.)





6. Involve as many people as you can in preparing the festival activities well in advance. Some of the people that you may want to involve are:

- Local government officials (mayor, etc.)
- Village health committees
- Health center personnel
- Village elders
- Women's groups and youth groups
- Schools
- Churches and mosques
- Traditional healers' association
- The Red Cross and other local non-governmental groups
- Peace Corps Volunteers
- Community safety association and/or local police and security
- Radio and/or television station and other journalists
- Local merchants

7. Start publicizing the festival early! Don't wait until the last minute to inform the general public about the festival. Start spreading the news at least two weeks in advance. (SEE Idea No. 2: *Organizing a Community Information Campaign*) for ideas about ways to publicize events.

You can make an invitation like the one below to send to special guests that you would like to attend the festival:



INVITATION

The (Name of Country) Ministry of Health's (Name of District) Medical Office
And
The (Name of your NGO or Organization)

Cordially invite you to attend

The Community Surveillance Festival

**To celebrate the Accomplishments of the Community Surveillance Program
in the Communities of _____, _____, _____, _____
and _____**

Place: _____ Date: _____ Time: _____

Community Activity Idea No. 10

Using “Celebrity Incentives” for Community Surveillance Volunteers

WHY: These activities will help motivate Community Surveillance Volunteers (SVs) by increasing their visibility, status and credibility in the communities. The activities will also help increase communities’ interest in the community surveillance program.

WHO: These activities are for children, artists, musicians and other people in the community who enjoy singing, dancing, acting or drawing.

WHEN: These activities should be conducted periodically after the start-up of the community surveillance program; for example, after the first three months, after six months, and after 1 year.

WHAT YOU NEED: Depends on the incentive.

Volunteers are very motivated by the public recognition of their efforts and by an increased status in their communities. Even though they may not receive financial remuneration for their surveillance activities, volunteers can be motivated by “celebrity incentives,” which are ways to make people feel **popular, appreciated and admired**.

Song Contest

Get adult musicians or schoolchildren to write songs about the SVs and their important work in the community surveillance program. Make sure the songs include these points:



- the names of all of the community SVs;
- an explanation of their work and its importance;
- examples of what people in the community can do to help the SVs.

Organize a contest or a school festival and invite different musicians or grades/ classes of schoolchildren to perform their songs. Plan to have a prize for first place, second place and third place winners.

Have other prizes for all who enter the contest. Make sure that everyone in the community is invited to attend.

Ideas for prizes: notebooks, pencils, pens, erasers, books, backpacks, t-shirts, special badges, special certificates.

Group Photo Poster

Get all of the SVs in your area together and have a group photograph taken. Enlarge the photo and make it into a poster. Write the names of the SVs on the poster and write a catchy slogan: (for example: "*Heroes in Community Surveillance*"; *Smile when You See These People! They Are Your Community Surveillance Volunteers*).

Make a lot of copies of the poster and put them in public places where they will be seen.

Radio Spots and Announcements

If there is a radio station in or near your community, get support from the local health officials to publicize the community surveillance program and to announce the names of the SVs.



Ask the radio station to broadcast interviews with a different SV each month (or this could be organized as an award for good work by recognizing the "*Surveillance Volunteer of the Month*").

Publicity Skits

Get all of the SVs together to perform in a simple skit that can be tape-recorded on video or audiocassette. The skit can be funny or serious, but should have information about the purpose of the community surveillance program and the role of the Surveillance Volunteers. Getting the Surveillance Volunteers themselves to be the actors increases their visibility and gives them a celebrity status in their communities. Show the video during community assemblies or play the audiocassette during educational sessions or on the radio. If you do not have access to video or tape cassette, organize a festival during which the SVs can perform the skit before a live audience. (SEE Idea No. 9 for more information about organizing festivals.)

Letters from the District Health Office

If an SV does report a case of AFP that was unknown to the health system, the District Health Office should write him or her an official letter of thanks and send a copy to the community leader (e.g., village chief, mayor).



Awards Ceremony

A ceremony during which SVs are presented with awards or prizes in recognition of their work is very effective way to provide celebrity incentives. SEE Idea No. 8 for information about how to organize an awards ceremony for SVs.



Community Activity Idea No. 11

Increasing Peer Support for Surveillance Volunteers

WHY: These activities will help motivate Community Surveillance Volunteers (SVs) by increasing support from their peers. The activities will also help increase SVs' visibility and credibility in their communities.

WHO: SVs, Coordinators, and radio or newspaper journalists.

WHEN: These activities should begin with the start-up of the community surveillance program and become regularly scheduled events (depending on the activity, weekly, monthly or quarterly).

WHAT YOU NEED: Depends on the activity, but generally few resources are required other than people's time.

Community Surveillance Volunteer Buddy System

Buddies" are friends or companions who help each other to resolve difficulties and to work well. Buddies give each other advice, moral support and practical assistance. Buddies should live close enough to one another that they can meet and work together when they need to do so.

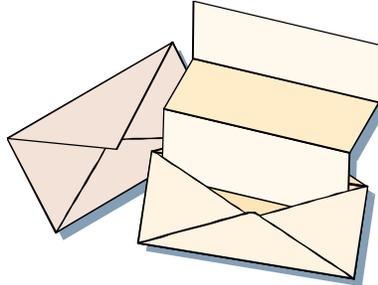
- During your first meeting with the SVs, explain the role of a "buddy."
- Ask them to choose at least one other SV who would agree to be their "buddy."
- During your supervision visit, try to meet with the "buddies" all together.

Community Surveillance Volunteer Pen Pal Program

"Pen pals" are people who write to each other frequently and exchange news. The pen pal program is a simple way to encourage SVs to support each other in their work.

- During your first meeting with the SVs, tell them that you and health center personnel will carry letters for them during your routine outreach and supervision visits so that they can share their news, ideas, and advice with other SVs.

- Tell the SVs that they can prepare letters in advance to give to you during your supervision visit, or they can drop the letters at the district health center or the health center nearest them.



- Every time you or other health center personnel make a supervision visit to a community covered by the community surveillance program, bring letters for that community with you and distribute them to the SVs.
- Don't forget to ask the SVs you visit for their letters before you leave.
- You can build a simple pen pal letter post office at the district health center. The post office can be a simple wood crate or cardboard carton divided into cubby holes. Label the cubbyholes with the names of the communities. Organize the in-coming mail from the SVs by putting all of the letters addressed to the same community in the same box. This way, when you or other health personnel make a trip to that community, you can look to see if there are any letters to bring along.

NOTE: Offer the pen pal program to SVs and other community health volunteers at the start-up of the community surveillance program. You may or may not choose to extend this service to the rest of the community later on.

Other Ideas to Increase Peer Support for Surveillance Volunteers

• Meetings

You can help the SVs share their experiences and give each other advice by encouraging them to get together regularly. You may need to organize the first few meetings yourself, but then hand over the responsibility to the SVs. Suggest that they decide how often they would like to meet (weekly, monthly or quarterly) and to identify where they would like to meet. See Idea No. 1 for more information about organizing meetings.

• Community Surveillance Volunteer newsletter

You can put together a simple newsletter by writing a brief description of each SV's activities and news. You may decide to include announcements or technical updates in the newsletter as well. Make enough copies of the newsletter for every SV and, if possible, for each community. You can write up and distribute the newsletter every three months.

• **Radio programs: community surveillance news bulletin**

Prepare a brief monthly or quarterly “news bulletin” that describes the activities of the SVs during that period and gives information provided in their reports. Ask the local radio station to read the “news bulletin” on the air.



Community Activity Idea No. 12

Increasing Support from Surveillance Volunteers' Spouses

WHY: To help motivate Community Surveillance Volunteers' (SVs) by encouraging their spouses to support them in their work.

WHO: SVs and their spouses.

WHEN: Meet with spouses immediately after the selection of the SVs. Continue meeting regularly with the spouses throughout the program.

WHAT YOU NEED: No resources or materials are needed other than your time.

SVs' dedication to their work will often be influenced by how much their husbands or wives support them. Simple encouragement, praise, moral support and occasional help from their spouses can keep SVs enthusiastic. Discouragement, criticism, complaints and lack of help from their spouses can demoralize SVs and lead to their abandoning their work. This is particularly true for SVs' monitoring of good health habits and positive events in the communities because this work requires extra effort.

Supportive Spouses will...

- Ask their wives or husbands to talk about their work as SVs and listen to what they say.
- Ask about problems and successes their wives or husbands are having in their work as SVs.
- Offer suggestions and advice.



- Show moral support.
- Show approval and/or pride in the work their wives or husbands are doing.
- Offer to help with practical things to make the work go easier.
- Praise and encourage their husbands' or wives' efforts as SVs.
- Pass along information and news related to community surveillance to friends, neighbors and relatives.
- Attend meetings and other activities organized by the SVs or for the community surveillance program.

Meeting with Surveillance Volunteers' Spouses

Meet with the spouses of all SVs at the start-up of the program. There are a variety of ways you can do this:

- You can invite the spouses to attend part of the orientation meeting or training that you may hold for the SVs.
- You can organize a special meeting, reception, party or meal for the spouses.
- You can meet with the spouses informally by stopping by their homes to pay them a visit during your first supervision visit.

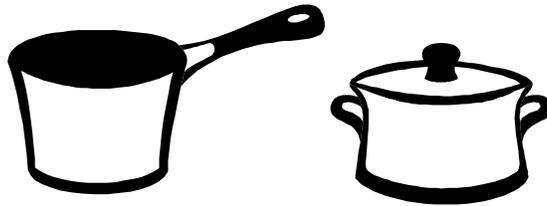
No matter which alternative you select, during your first meetings with the SVs' spouses, make sure to:

- *Explain the purpose* of the community surveillance program.
- *Explain the job* of the SVs.
- *Explain the importance* of the role of spouses' in helping to keeping SVs motivated.
- *Give examples* of spousal support (*SEE the box on the previous page*).



A SPECIAL REQUEST

FOR THE HUSBANDS OF WOMEN SURVEILLANCE VOLUNTEERS:



Tell husbands that during days when their wives need to attend a SVs' activities, they should support their wives by being flexible and understanding. Their wives may not be able to prepare meals or do other housework as promptly on these days as they usually do!

Other Ideas for Increasing Spousal Support for Surveillance Volunteers

Plan to contact the SVs' spouses at least once every quarter, either during supervision visits, house calls or special group meetings. Talk with them about how their husbands' or wives' work is going. Get their feedback by asking them if they have noticed any problems, positive outcomes, or benefits related to their husbands'/wives' work as SVs.

When SVs' spouses feel that their role in the community surveillance program is also important, they are more likely to be supportive of their husbands' or wives' volunteer work. Below is a list of things you can do to encourage SVs' spouses to be more supportive:

Things Coordinators Can Do to Increase Spousal Support for SVs

- Distribute community surveillance program **badges** to all SVs' spouses.
- Ask the Ministry of Health (district or national level) to write an **official letter** to thank each SV's spouse for the support they are giving to their husband or wife. Make sure the letter is personalized so that the name of the SV and the SV's spouse is included.
- Organize an **awards ceremony** (SEE Idea No. 8) for Surveillance Volunteers and their spouses at the end of the first six months and award special hats, t-shirts, certificates or other prizes to exceptionally supportive spouses.
- Establish a **pen pal system** (SEE Idea No. 11) for SVs' spouses.
- Ask the local radio station or newspaper to announce and interview the **"Spouse of the Month."**
- Ask school teachers to help their students **create a skit** about an SV with a supportive spouse and another SV with an unsupportive spouse to show how spouses can influence the quality of the SV's work and the welfare of the community. Have the students perform the skit at a public event. If possible, audio-tape the skit so that it can be broadcast on the local radio station.
- Ask local musicians to **create a song** about how important it is to have a supportive spouse in life in general and particularly when he or she is married to an SV. Have the musicians perform the song at public events and/or on the local radio station.



Guidelines for Training Community Surveillance Volunteers

INTRODUCTION

These guidelines are designed to help Community Surveillance Coordinators plan and carry out the training of Community Surveillance Volunteers (SVs). The guidelines comprise:

1. General Guidelines for Training Adult Learners
2. Training Overview
3. Organizing Training

1. GENERAL GUIDELINES FOR TRAINING ADULT LEARNERS

Much has been written about how adults learn. We will attempt to summarize here some of the main points that may be helpful for Coordinators as they plan and carry out the training of Surveillance Volunteers.

a) Adult learning involves a partnership between trainer and trainee:

Both the Coordinator and the Volunteer bring a wealth of knowledge and experience to a training session. The Volunteer, for example, has been chosen by his or her community because s/he has demonstrated such qualities as responsibility, reliability, acceptance and respect of other community members, eagerness to learn, and good understanding of and respect for others' beliefs and practices. This individual can provide valuable insights into why community members do what they do and make the choices they make. Although the Coordinator may have less insight into each individual community, he or she can contribute ideas and experiences from other communities and projects. As they come together for training, both the trainer/Coordinator and the trainee/Volunteer can benefit from the particular knowledge and experience that the other can offer.

b) The trainer is more of a facilitator than a teacher:

A facilitator helps adult learners acquire new knowledge and skills by building on what they already know and can do. Together they examine the new tasks that the learners will take on, identify the skills and knowledge that learners will need to acquire, and collaborate on participatory activities that will help the learners master the new material. The facilitator and the learners share responsibility for ensuring that the trainees learn and achieve competence in their new tasks.

A facilitator is not a traditional "teacher" who stands before the learners and tells them about the skills and knowledge they need. Instead, a facilitator fosters an exchange of information between him/her and the learners, as well as among the learners, and identifies how best to help learners develop new ideas, attitudes, and skills.

c) Adult learners are most apt to learn new skills, attitudes, and knowledge that are relevant to their lives:

Adult learners tend to have many responsibilities, which limits the time they can or are willing to spend learning new knowledge, attitudes, and skills. Unlike children in a traditional classroom, who are often told by their teachers that they should learn a particular body of knowledge because they will need to use it someday, adults usually want to see an immediate need for new skills before spending precious time acquiring them. The new knowledge or skills should be clearly relevant to their present experience or to something new they expect to do in the near future. If an SV, for example, knows that s/he will be asked to identify cases of measles in the community, he or she will be more likely to pay close attention to sessions about measles and its symptoms than someone else who is learning about diseases for general knowledge or future reference.

d) Good training requires good planning:

Facilitators may want to keep in mind the following as they plan the training of Surveillance Volunteers:

- Schedule the training well in advance. The SV trainees, as well as other community members, should know ahead of time why, when, and where it will take place.
- Consider involving community members in planning the training. Perhaps a planning committee could help fix the time and place, as well as arrange for refreshments.
- The training site should be easy to reach, comfortable, and should have enough room for moving about.
- If the trainees do not know each other well, begin with warm-up exercises to help them get acquainted and become comfortable with each other. If they know each other already, use warm-up exercises to help foster teamwork.
- Include opportunities to move about during the training session, such as during role plays, practice times, and breaks.
- Plan to have a closing activity that summarizes the work of the session and that includes plans for any subsequent sessions.

(Note: For more suggestions about setting up the training, see "3. Organizing Training," below.)

e) The Training Process

The table at the end of these guidelines provides an overview of the **Surveillance Volunteers' tasks**, each of which is linked to the **learning objectives**, **training activities**, and **resources** that Coordinators may wish to use to plan and carry out the training of Volunteers.

- **Surveillance Volunteer Tasks:**

These are the tasks that all Surveillance Volunteer will undertake to help their communities carry out disease surveillance activities, monitor positive events, and plan and carry out collective preventive activities. Coordinators will support the Volunteers in carrying out their tasks.

- **Learning Objectives:**

Coordinators may wish to use the learning objectives listed for each task to help plan the training of the Volunteers. By focusing on the skills that Volunteers must be able to

demonstrate as a result of training, the Coordinator can select the most relevant activities to help trainees develop those skills.

- **Training Activities**

Coordinators may wish to use the three-step training approach listed in the table under the heading “Training Activities” to organize and run their training of the SV’s. These three steps and the methods that are proposed to carry out those steps are as follows:

STEP 1	STEP 2	STEP 3
<i>Building Knowledge</i>	<i>Building Skills</i>	<i>Strengthening Skills</i>
Discussion	Demonstration and Practice	Role plays and Feedback

Step 1: Building Knowledge Through Discussion

The first step in the process is a discussion among the SVs about just what their task is, what they already know how to do or are already doing in relation to that task, and the importance of that task to their overall responsibilities. The Coordinator may use the “Learning Objectives” listed for a task to break the learning of that task into smaller “chunks” or parts, each of which will be easier for Volunteers to discuss and absorb. For example, in regards to the third task, “Identify children and other persons in the community who have the identifying symptoms of the target diseases,” the discussion might cover the following:

- What is meant by a “target” disease
- Which diseases the Volunteers think should be included in the surveillance program
- Which diseases are included in the surveillance program
- The distinguishing signs and symptoms of those diseases
- How much the Volunteers already know about the occurrence of those diseases in their communities
- How Volunteers might look for children and other persons in the community who have the identifying symptoms of the target diseases.

During the discussion, the Coordinator may ask the Volunteers to open their Volunteers’ Handbook and look over the disease descriptions and illustrations there. Either the Coordinator or the Volunteers can explain how to use the descriptions to help identify those diseases.

Step 2: Building Skills Through Demonstration and Practice

Once Volunteers have discussed a task and feel fairly comfortable with the knowledge required to carry it out, the Coordinator may move them on to Step 2, during which the Volunteers may build the skills they need to carry out that task. During this step, the coordinator should demonstrate some of the more important or difficult skills that are described in the Learning Objectives and then invite participants to practice those skills, either in the large group or small groups. For example, again in regards to the third task, “Identify children and other persons in the community who have the identifying symptoms

of the target diseases," the Coordinator may use a repetition game to help trainees memorize what the target diseases are and what are the identifying symptoms of each disease. Next, s/he may divide Volunteers into groups and ask that within each group, they take turns challenging each other to name the diseases as well as their identifying symptoms.

The Coordinator would be well advised to break "Demonstration and Practice" into several parts to help ensure that ALL Volunteers master ALL of the skills needed to carry out each of the tasks.

Step 3: Strengthening Skills Through Role Plays and Feedback

The Coordinator may invite one or more SV trainees to join him/her in a role play of how the task should be carried out. The role play, which is presented for the other trainees, should be as real as possible (even to the point that sick children are included, as long as they are not in any danger). After the role play, the Coordinator may lead a brief discussion of what was done well and what could be done better. Depending upon the size of their group, the trainees may then either stay in the large group or break into smaller groups and take turns repeating the role play and providing each other with feedback and suggestions.

After Training: Practice and Feedback

The facilitator/Coordinator should periodically observe each SV carrying out his/her tasks in the community and provide him/her with specific feedback. SVs may also be encouraged to seek feedback and suggestions from others with whom they will be working, such as staff from the health post, whom SVs may assist during vaccination sessions, or community leaders, who may work with SVs on monitoring good health practices or on organizing collective preventive activities.

The Coordinator should ensure that feedback and suggestions given to Volunteers, whether by him/her or by others, are positive and encouraging. It may be helpful to remind others that the Volunteers are not paid and need everyone's support if they are to continue to serve their communities.

Note: See also Community Activity No. 4, "Helping Communities Support Surveillance Volunteers."

- **Resources**

The fourth and last column in the following table lists the resources that Coordinators are likely to need to train the Surveillance Volunteers whom they will supervise and support.

2. TRAINING OVERVIEW

Surveillance Volunteer Tasks, as well as Suggested Learning Objectives, Training Activities, and Resources for Training

TASKS	LEARNING OBJECTIVES	TRAINING ACTIVITIES	RESOURCES
<p>A. Participate actively in trainings and meetings</p>	<ol style="list-style-type: none"> 1. Explain what community surveillance is. 2. Explain why community surveillance is important. 3. Describe the role of a Surveillance Volunteer. 4. Choose to participate actively in trainings and meetings. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:
<p>B. Cooperate with/seek assistance from Coordinator</p>	<ol style="list-style-type: none"> 1. Describe the role of a Surveillance Coordinator. 2. Explain how to contact a Coordinator. 3. Choose to cooperate with/seek assistance from Coordinator. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:
<p>C. Identify children and other persons in the community who have the identifying symptoms of the target diseases.</p>	<ol style="list-style-type: none"> 1. Explain what is meant by “target disease.” 2. Name the target diseases. 3. Identify the disease detection information in the Handbook. 4. Describe what symptoms to look for to identify each of the target diseases. 5. Explain how to look for children and other persons in the community who have the identifying symptoms of the target diseases. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:

<p>D. Use the disease detection cards and/or cassette to decide whether a sick child or person has one of the target diseases.</p>	<ol style="list-style-type: none"> 1. Operate a cassette player. 2. Explain how to use the Handbook <u>or</u> the cassette to help decide whether a sick child or person has one of the target diseases. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Cassette player • Disease detection cards &/or cassette tapes • Training site • Time:
<p>E. For a child or person with measles, take steps to determine whether s/he should be taken to a health facility or health facility staff should visit the home.</p>	<ol style="list-style-type: none"> 1. State who will decide whether a sick child or person should go to a health facility or the health facility staff should go to the sick child's/person's home. 2. If the SV is responsible for the decision, explain how to determine whether the sick child or person should be taken to a facility or visited by staff in the home. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:
<p>F. For a suspected case of one of the target diseases, urge the family to take the sick child or person immediately to a health facility.</p>	<ol style="list-style-type: none"> 1. Name two reasons why people may be reluctant to take a sick child or person to the health facility. 2. Explain at least one way to overcome each reason/barrier. 3. Explain to the family why it is important for the child/person to be seen at the health center. 4. Help the family identify how to get the child/person to a health facility. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:

<p>G. If the family should not or will not take the sick child or person to a health facility, immediately report the following information to the health facility:</p> <ul style="list-style-type: none"> • 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 	<ol style="list-style-type: none"> 1. Fill out or explain how to get help filling out a Case Report Form. 2. Name at least two ways to get the information about the sick child or person to the health facility. 3. Describe the appropriate response by the health facility to a report of each of the target diseases. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Case Report Forms • Training site • Time:
<p>H. Urge the family to accept the health facility's response/to cooperate with the health facility staff.</p>	<ol style="list-style-type: none"> 1. Describe the appropriate response the family can expect from health facility staff and/or community health workers to the report of the suspected case of disease. 2. Inform the family about the response they can expect from the health facility and from community health workers. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:

<p>I. Give the Coordinator a monthly account of SV activities and findings, especially of detection of possible cases of target diseases</p>	<ol style="list-style-type: none"> 1. Demonstrate how to record/keep track of monthly SV activities (e.g., meetings held or attended, number of contacts, etc.). 2. Demonstrate how to record/keep track of monthly SV findings (number of suspected cases of target diseases, number of patients urged to take sick child/person to a health facility, etc.) 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:
<p>J. Participate in planning and doing the monitoring of good health habits in the community.</p>	<ol style="list-style-type: none"> 1. Explain what monitoring good health habits in the community means. 2. Help the community select which good health habits to monitor. 3. Help identify good health habits in and around homes in the community. 4. Record/keep track of information about good health habits in the community. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:
<p>K. Help organize collective preventive activities.</p>	<ol style="list-style-type: none"> 1. Explain what preventive activities are. 2. Explain the difference between individual and collective preventive activities. 3. Name the key people or groups who must be included in efforts to organize collective activities in the community. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:
<p>L. Help carry out collective preventive activities.</p>	<ol style="list-style-type: none"> 1. Assist with community vaccination campaigns. 2. Assist with community projects of all types. 3. Record/keep track of information about collective preventive activities in the community. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:

<p>M. Participate actively with the Coordinator to give feedback to the community about diseases detected, good health habits, and preventive activities.</p>	<ol style="list-style-type: none"> 1. Help the Coordinator decide how to give feedback to the community. 2. Help the Coordinator organize the information to be shared with the community. 3. Help the Coordinator present the information. 	<ul style="list-style-type: none"> • Discussion • Demonstration and practice • Role plays and feedback 	<ul style="list-style-type: none"> • <i>Handbook for Community Surveillance Volunteers</i> • Training site • Time:
<p>A - M All tasks</p>		<ul style="list-style-type: none"> • Practice and feedback 	

3. ORGANIZING TRAINING

Just as there is no one ideal training method, there is also no one correct way to organize training. The organizers must take many factors into consideration, such as how many people are going to be trained, whether they will all come together for training or be trained in smaller groups, and how long the training will last. This section provides guidance on making decisions about some of these aspects of organizing the training of Surveillance Volunteers.

a) Number to be Trained

The Coordinator should consider the following factors when deciding how many Volunteers to train at one time:

- How many Volunteers does the Coordinator supervise? Does s/he have someone to help train the Volunteers or will s/he work alone?

If the Coordinator supervises 20 or more Volunteers, it may be a good idea to organize them into two or more groups for training. For example, if the Coordinator supervises 20 volunteers, s/he may want to train them in two separate groups of 10 Volunteers each. Although each Coordinator should think about what s/he is comfortable with, generally a group of 10 trainees should be manageable.

- How close or far apart do the Volunteers live? How easy or difficult is it for them to travel to a central site for training?

If the Volunteers live far from each other, and it is difficult for them to come together for training, the Coordinator may choose to hold several, smaller trainings rather than one or two large training sessions. If, on the other hand, they are close to one another, the Coordinator may be able to schedule fewer, but longer, sessions.

b) Location of training

The training should take place in as convenient a location as possible for the Volunteers. The answers to some of the questions asked above will help the Coordinator decide where to train, because the closer together the Volunteers live, the easier it is for them to get together (likewise, the farther apart they are, the more difficult getting together will be).

In addition, the spot where training takes place should be comfortable, with good light and enough space for trainees to move about (i.e., room for practice and role plays). It should also be as free as possible from distractions (such as noise, traffic, and interruptions).

c) Scheduling

Training should be scheduled at as convenient a time as possible for the Volunteers. If it takes place in the community, for example, it should not be on a market day. The Coordinator should talk with Volunteers about whether the best time for training is in the morning, or whether it can extend into the dinner hour.

The Coordinator should feel free to be very flexible in scheduling the training. For example, s/he may choose to train the Volunteers from 2 - 3 communities together, gathering all of

them at one location and carrying out all training activities with them at one time. On the other hand, it might be more appropriate or convenient for the Coordinator to arrange to visit individual communities, one at a time, to divide the training into several sessions, and to do the sessions on separate days and in separate places.

d) Costs

Coordinators obviously should consider costs in planning how to organize the training of Surveillance Volunteers. Training outside the community may entail significant costs of transportation, lodging, meals, and per diem. Training Volunteers in their own community can probably be done at little cost, particularly if a group in the community is willing to help with drinks, snacks, or meals. Training in the community also has the advantage of being less disruptive to the Volunteers' normal lives and duties, and it enables them to learn and then practice a few skills at a time before moving on the additional ones.

PROS AND CONS OF DIFFERENT TRAINING OPTIONS

Training Option	Pros	Cons
Train all Volunteers together	<ul style="list-style-type: none"> • Standard training quality • Enough people for role plays, practice, and feedback • Less time and travel for Coordinator • Volunteers can interact, share ideas, support for each other 	<ul style="list-style-type: none"> • More time and travel for Volunteers • Less individual attention for each Volunteer • Volunteers can feel lost, shy about asking for help • Cost of lodging and feeding a large group
Train Volunteers separately in each community	<ul style="list-style-type: none"> • Coordinator gets a clear understanding of each SV's situation and capabilities • Volunteers get individual attention • Little travel, less time for Volunteers 	<ul style="list-style-type: none"> • Lack of standard training quality • More travel and time for Coordinator • Possibly too few trainees for role plays, feedback to each other • Potential distractions of family, friends
Hold one long training session	<ul style="list-style-type: none"> • Gives trainees the "whole picture" of what is to be done • Less overall time, travel for Coordinator • Less overall time, travel for Volunteers who come from elsewhere 	<ul style="list-style-type: none"> • Overwhelms Volunteers with information, ideas • Trainee may be away from home/family "too long" • Difficult for Coordinator to make adjustments in program, according to trainee needs • Costs of lodging and feeding SVs over a long period of time

<p>Break training into smaller sessions, carried out over a number of days</p> <p>(These would <u>not</u> be consecutive days, but would not be spaced too far apart in time.)</p>	<ul style="list-style-type: none"> • Allows trainees to absorb the contents of each training topic before moving on to the next • Allows trainees to try out new behaviors or skills and then talk about them with other trainees • Gives Coordinator a chance to adjust training in response to trainees' performance and wishes 	<ul style="list-style-type: none"> • More time, travel for Coordinator • More time, travel for Volunteers (if they are to be trained outside their communities)
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