

Community-based Diseases Surveillance Manual For Polio, Measles & Tetanus



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ACRONYMS

CCRDA	Consortium of Christian Relief and Development Association
CGPP	CORE Group Polio Project Ethiopia
CV	Community Volunteer
TBA	Traditional Birth Attendant
FMoH	Federal Ministry of Health
HEW	Health Extension Worker
NNT	Neonatal Tetanus
RI	Routine Immunization
HSDP	Health Sector Development Programme

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INTRODUCTION

Communicable diseases have been a long-existing health hazard in Ethiopia with wide-ranging social and economic implications. Studies show that surveillance on prevalence and spread of communicable diseases in our country began in the late 1940's. Up till some time, this surveillance did little more than recognizing the threat as actual performance lacked the level of momentum the problem demanded in terms both of continuity and dynamism.

In 1996, the Ministry of Health of the Federal Democratic Republic of Ethiopia initiated a holistic programme of surveillance focusing on 12 major communicable diseases. In the year 2000, the FMOH adopted and began implementation of the World Health Organization's Communicable Diseases Control Programme. The ministry has been conducting surveillance on 23 communicable diseases ever since.

This surveillance activity has been scaled up through all-out efforts as the country embarked upon implementation of its first, five year Health Sector Development Programme (HSDP-I) that lasted the period spanning 2000 – 2005 with surveillance of communicable diseases having been included as the programme's priority component. Implementation of the HSDP-1 was proved a success as indicated in the finding of assessment conducted in 2000 by a team of experts in the field.

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In this connection, CORE Group Ethiopia has been collaborating with partner organizations and contributing significantly to the success of the national efforts by raising the awareness of volunteers taking part in Community Based Surveillance of Polio, Measles and Tetanus (lockjaw). Since 2002, CORE Group has been offering awareness raising and skill upgrading training to those members of society volunteering to lend a hand in the surveillance program.

This Manual has been prepared to provide an effective tool of implementation for surveillance of emergency polio, measles and tetanus affecting infants and mothers.

Aimed at the objectives stated above, the Manual comprises those basic issues surveillance volunteers are expected to know about.

Community Based Diseases Surveillance Programme

A. Meaning

- Diseases surveillance is a systematic move geared towards checking the spread of infections from communicable diseases posing major health and safety hazard against society, with particular emphasis to those diseases with faster rates of spread. Success of such a method hinges on ability (of the community affected) to:
- Immediately report cases of communicable diseases to the nearest health institution (Health Post, Health Station or Hospital);
- Facilitating ways for proper and timely transportation of sample and provision of medical service to patients through close follow up on the conditions of the patients and counselling their families;
- Facilitating ways for immunization/vaccination with a view of prevention of deaths and spread of the disease/s that has just surfaced;

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- Holding community consultations involving influential people including elders to seek ways of controlling the diseases and acting on them in time.

The main duties and responsibilities of CVs is tracking/detecting the diseases suspected to have been surfaced or conducting surveillance at their respective areas and reporting findings to the nearest health institution as quickly as possible. In addition, they are expected to collaborate with health workers/professionals in the gathering of relevant data.

B. Community Volunteers

Duties and Responsibilities

- Raising community awareness to enable the grassroots to track emergency cases of the three types of diseases under surveillance –polio, measles and tetanus – so that reports flow smoothly from the affected community to the volunteer and the patient can get easier access to medical service.
- Submitting reports to the nearest health institution in any event of detection of symptoms and/or signs that point to the occurrence of one or more of the diseases under surveillance.

- Conducting surveys of the three diseases in their local environment and reporting findings to the nearest health post or any other health institution.

C. Follow-up and Notification of Diseases under Surveillance

- 1) The following information should be filled in the reporting or patient dispatching form:
 - ❖ Name of the patient
 - ❖ If the patient is a child, name of its parents or guardians
 - ❖ Address of residence or name and direction of locality
 - ❖ Name and description of suspected disease
 - ❖ Date of disease suspected and identified
- 2) If the patient is a child, consult with its parents or guardians to convince them that she/he should be taken to a health institution and receive proper treatment.
- 3) In the event that parents are unwilling to take the patient to a health institution or unable to cover the cost of transportation, then fill out the dispatching form and speedily deliver it to the nearest health institution.

Identifying/Tracking the Three Diseases under Spotlight

The following are descriptions of signs and symptoms that help track/identify the three most dangerous of a long list of fast-spreading diseases.

1. POLIO

A. Meaning

Acute Flaccid Illness is a disease affecting children under 15 years of age causing sudden paralysis of the legs or arms (or both) and leading to permanent disability.

B. Cause of Polio

Acute Flaccid Illness may occur due to various causes of which the Polio Virus is one cause.

C. Symptoms of Polio

- In most cases, the disease entails numbing of one or both arms or legs, or paralysis or stunting and muscle tissue constriction;
- In some cases, numbing of one or both of legs or arms, or paralysis or constricted muscles;
- The disease affects male and female children alike.



Pictures. 1 & 2 Paralysis and stunting of legs due to polio

Signs and Symptoms of Polio can be summarised as:

- ❖ Fever
- ❖ Pains and cramping in the muscle tissues of arms or legs (or both)
- ❖ Back pain
- ❖ Sudden numbing of the arm or leg (or both), or muscle constriction of paralysis
- ❖ The fever caused by the polio virus falls down after a few days

D. Modes of Transmission of the Polio Virus

1. Via Faeces Contaminated/Infested with Polio Virus

The polio virus can enter into the body of a healthy person through contaminated food, cooking and serving materials or hands. For instance, the virus can multiply in the body of a baby who got fed contaminated food. If faeces from that baby (infested with the virus) are not disposed properly, the cycle of infections will continue. Thus, transmitted from one person to another, the disease will continue to affect the health and lives of children.

2. Air-borne Transmission

A child carrying the polio virus in his body can transmit the disease to healthy children nearby every time he or she sneezes, coughs or spits out sputum. Worse still, the virus can sneak into the circulation system, thus affecting the nervous system which leads to paralysis.

E. Incubation Period of Polio

Incubation period relates to the whole duration spanning entrance into the body of a disease (viral, bacterial, parasitic etc) to the earliest time when a victim shows particular symptoms and/or specific feelings of pain. In the case of polio, early signs/symptoms take 9-12 days after the virus entered into the body of a child.

F. Polio Diagnosis and Treatment

1) Stool Examination: -

For the reason that some signs and symptoms may be similar across different diseases, appropriate diagnostic procedures and sample tests must be conducted on every patient, so that, to be able to determine the real cause. Stool test is the ideal pre-treatment procedure to tell polio apart from an array of diseases.

2) Treatment: -

Paralysis caused by the Polio Virus cannot be cured. There is a set of therapeutic and rehabilitative care and support provided to such patients to make their lives easier.

2.1. Supportive services in the case of polio include:

- ❖ Administering medicines relieving pains and/or fever
- ❖ Helping or encouraging them to take time for regular physical exercise
- ❖ Getting them orthopaedic appliances to be fitted to the affected body part of each patient according to his or her specific need and peculiar condition thereof.

2.2. Psychosocial interventions: -

This relates to counselling services provided to parents, guardians and the entire family members as to the kinds of care polio patients should receive in their day-to-day living. In addition, counselling is provided to make parents or guardians aware that their child's malady has not come about due to God's curse or wrath for an evil deed committed. Such counselling prevents parents from keeping the victim in seclusion or from harming him or her in any way.

G. Polio Eradication Measures

- 1) Enhancing implementation of the regular anti-ten vaccination programme, thereby insuring universal access to this set of preventive package made available for administration on children less than five years of age.
- 2) Insuring that all children under five years of age get vaccinated each time that a polio immunization campaign has been launched nationwide or at regional, zone or woreda level. In such occasions, it is important to make parents aware that repeated vaccination for polio does not in any way affect the health of children.
- 3) Any sign of sudden physical disability affecting children of 15 years of age or below should immediately be reported to

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the nearest health institution so that stool samples can be taken for testing.

- 4) Conducting mop-up campaigns at localities where polio is suspected to have surfaced.
- 5) Making hygiene and sanitation a routine; preparing, keeping and serving food clean. This includes proper ways of disposing of faeces, keeping babies clean and the washing of hands with detergents before eating. Keeping hands clean is ideal to keep polio and numerous other communicable diseases.

H. Acute Flaccid Paralysis (AFP) Surveillance

Meaning

1. AFP is said to have occurred when children under 15 years of age show signs of difficulty to move about or of inability to command their limbs; and when their arm or leg (or both) get flaccid. When such sudden signs of possible paralysis occur within three days or less, they can be considered as AFP.
2. Community Based AFP Surveillance constitutes the conduct of outreaches to search out for signs of numbness, lameness, flaccidity or paralysis in children under the age of 15 years. Outreaches constitute trips made house-to-house, to Holy water sites locally known as “Tsebel”, to places of worship and to traditional healers in search of any suspected case and reporting any such case identified to pertinent health institutions.

Signs and symptoms of polio that begin to show within three days include:

- ❖ Fever
- ❖ Pain in the muscles of arms or legs (or both)
- ❖ Back pain

- ❖ Numbness, lameness, flaccidity or paralysis of the arms of legs or arms (or both)

NB: Fever occurring due to the disease falls down after a few days.

I. Responses

1. CVs are expected to fill out the patient dispatching form on suspected polio cases and sent it immediately to the nearest health institution or thus submit it to the health extension worker deployed to the area.
2. CVs are expected to convince parents or guardians to take their ailing children to the nearest health institution for diagnosis or treatment. Moreover, parents, guardians or families with children affected by Polio should receive counselling from professionals so that the former refrain from hiding, keeping in seclusion or discriminate against the polio sufferers.
3. CVs should report any case of numbness of the limbs (or any of the signs described above) facing children to the nearest health institution within 14 days starting from the day the earliest sign is shown. In the event that such a case could not be reported due to some sort of accidental difficulty, that report may be kept as a case pending; it must be reported within a period not exceeding two months of the earliest sign, though. The more the time

taken in reporting such a case, the less the chance that the virus can be detected in a stool test.

4. Rapid reporting of suspected polio cases is the more so vital in view of the fact that one child carrying the virus can transmit the disease to up to 200 or more children.

J. Ongoing Efforts of Polio Eradication

1989: A resolution was passed in a meeting held under the auspices of the World Health Organization (WHO) to eradicate polio from the face of the earth by the year 2000. This was followed by adoption of the resolution by individual African countries.

1999: Ethiopia embarked upon surveillance on AFP.

1) Measures requisite for polio eradication:

- ❖ Ensuring the allocation of finance and the deployment of human power required to implement the plan;
- ❖ Demonstration and enhancement of political will and commitments;
- ❖ Extending a strong surveillance network

2) Direct and Indirect Surveillance

- ❖ Direct surveillance of AFP constitutes the tracking of suspected cases of polio as well as the collection of relevant data and

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documentation of findings on the full extent of the disease including its prevalence and spread through a network that provide for a chain of command and report flow across all surveillance participants: regions, zones, Woredas and health institutions working in direct relationships with pertinent Community Volunteers under their respective support.

- ❖ Indirect surveillance of AFP constitutes that aspect of surveillance method based on receipt of relevant reports coming from health institutions. This method falls short of helping obtain timely and full information concerning polio sufferers as well as the magnitude of the problem.

Health professionals and CVs are duty bound to follow upon unreported cases and report them to concerned bodies.

There are many causes leading to a sudden numbing of the arms and legs; the major causes, though, are:

- ❖ Polio
- ❖ Damage on the nerve due to improper site of injection
- ❖ Various other diseases affecting the nerve system.

Designing a most effective approach to holding off the polio virus requires the clearest understanding of the prevalence/distribution of the disease, which in turn hinges on the ability to detect each and every

CONCLUSION

- AFP is a disease that causes sudden numbing, flaccidity, stunting or paralysis of the arms or legs (or both) of children of 15 years of age and younger.
- The main signs and symptoms of the diseases are fever, pains and cramps in the muscles, sudden numbness of the limbs.
- AFP surveillance is the work of identifying all suspected cases as shown on children of 15 years of age or below and enabling stool tests. For an effective stool examination, it is preferable to get stool samples from such patient within 14 days of the early sign shown. Should this prove impossible, stool test may be delayed but must not exceed the two-month limit.
- In any event of a child under the age of 15 evincing numbing of the arms or legs at any one locality (Kebele), the following measures should be taken:
 - ❖ Report the case to the nearest health post, health centre, hospital or Woreda Health office
 - ❖ Convincing parents that the patient be taken to the nearest health institution
 - ❖ Dispatching the patient along with a properly filled out form

- ❖ In case of failure to take the patient to the nearest health institution, coordinate with the health professionals for the stool sample collection from the suspected patient
- ❖ Stool taken for testing should be 8-grams (a size of finger thumb) and it should be carried in a sealed cup and kept in a refrigerator (2-8 degree centigrade). Two such samples should be taken, the second one being taken after 24 hours the first had been kept.
- ❖ The stool cup should bear the full name of the patient, the date the sample has been taken as well as the serial number (1st & 2nd sample)
- ❖ Four ice packs and one vaccine carrier are required to transport the samples to a central laboratory
- ❖ The stool samples should be deposited with the Ethiopian Health and Nutrition Research Institute in three days after they have been taken.

2. MEASLES

A. Introduction

Measles kills too many children each year. Children whose natural immunities are weak, malnourished children, those suffering from

diarrhea and infants not being breastfed are the most affected. Measles is not the only disease that kills children, but also from measles prone other opportunistic diseases. Some of these are:

- ❖ Pneumonia
- ❖ Diarrhea
- ❖ Ear and eye diseases

B. Cause of Measles

Measles is a viral disease. The virus can be weakened when exposed to direct sunlight or to heat. The virus cannot last for more than two hours outside of the human body.

C. Modes of Transmission of Measles

Measles is air-borne, that is, it is transmitted when a patient exhales, sneezes and coughs or spits out sputum (saliva, phlegm or mucus). As such, healthy children who come near to the patient as he or she sneezes or coughs, and stay with him or her for an hour or more run the risk of contracting the virus.

D. Incubation Period of Measles

Signs and symptoms begin to show in 7-14 days after the virus entered the body.

E. Signs and Symptoms of Measles



Pictures 3 & 4: Reddened Eye/Bulged Eye-lid and Skin Rashes)

- ❖ Fever
- ❖ Skin rashes
- ❖ Rashes first appear on the front of the body, then spread to the neck and all other parts of the body. Rashes spread to the entire body in 3-4 days.
- ❖ Wet and bloodshot eyes and bulging of the eye lids
- ❖ Watery nose (runny nose)
- ❖ Pink dots in the mouth, on tonsil and throat
- ❖ Coughing
- ❖ Rashes begin to clear off after five days

F. Effects of Measles

- 1) Malnutrition, ear pain, mouth infection
- 2) Blindness
- 3) The magnitude of illness vary from child to child
- 4) A child suffering from measles runs a high risk of dying (from the virus or other opportunistic diseases)

G. Duties and Responsibilities of CVs

- 1) They should be able to recognize such major signs and symptoms of measles as:
 - ❖ Fever
 - ❖ Rashes
 - ❖ Bloodshot and watery eyes as well as bulging of the eye lids
 - ❖ Coughing
 - ❖ Watery/runny nose
- 2) Once these symptoms are identified, submitting a report on the case by properly filling out the available patient dispatching or information conveyance Form.

- 3) Convincing parents to take the ailing children to the nearest health institution and providing them with relevant counselling.
- 4) If parents are unwilling or unable to bring the patient out for medical treatment, the CVs are duty bound to facilitate ways for health workers to reach out to the patient, take blood sample for diagnosis leading to further action
- 5) If and when a CV comes upon any child with rashes during surveillance, he or she should check the first day the sign appears and report such a case whose persistence does not exceed one month to the nearest health institution by filling out the available form. In addition, the volunteer should facilitate the taking of a blood sample in consultation with the health worker assigned in the area.

Moreover, CVs are expected to make the community aware of relevant decisions made and measures taken. Simultaneously, they have to provide lessons enabling the grassroots to take the necessary caution (in the face of such threat).

H. Methods of Measles Prevention

- 1) Making mothers aware of the importance of breastfeeding and encouraging them to breast feed their babies continuously for up to two years after birth:

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- ❖ Infants of 0-6 months old need their food consisting entirely of milk of their mothers (breastfeeding);
 - ❖ From six months onward, mothers have to introduce their babies to other types of food (complimentary food);
 - ❖ Breastfeeding can prevent babies from measles infection until they reach nine months of age as the nutrients contained in mother's milk combine to form a formula as potent as the vaccine against the disease.
- 2) Nine-month olds need to receive the regular anti-measles vaccine. Unlike other vaccines, this type, once administered on an infant remain effective for several years keeping the infant from measles infection.
 - 3) Children exposed to multiple anti-measles vaccines do not run any risk whatsoever of being affected; rather, it would be beneficial for children to receive the vaccine in any event of immunization campaign apart from the regular.
 - 4) Children affected by the disease before having been immunized must be looked after away from other children; this is because children who have not been immunized are prone to easily contract the virus, which in most of such cases is known to be a vicious killer.

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- 5) Immunization provided at a certain locality in any event of a measles epidemic is only as good as ameliorating the effect of the disease in patients and preventing its spread to other adjoining areas; it does not in any way warrant preventing transmission on to healthy children. Hence, the more so important for mothers to get their babies immunized against measles at nine months from birth.
- 6) Surveillance provides for yet another way of prevention as it enables the tracking of children already infected through outreach, thereby to be able to check the spread of the disease by looking after sufferers away from healthy ones.
- 7) In our country, there have been many harmful traditional practices at work in relation to this viral disease called measles. For instance, there is this belief that measles is a malady afflicting people or getting worse due to an “evil eye”. Moreover, there are people who go out propagating widespread aversion to vaccines on this misconceived idea that “the liquid pushed into the body by syringe” destabilizes the entrails. Parents facing such a dilemma need proper counselling so that they can understand the benefits held in store in getting their children vaccinate in due time.

I. Response Measures

- 1) CVs are duty bound to search out for children showing symptoms of measles and to immediately report to relevant health institutions any suspected case by properly filling out the available patient dispatching form.
- 2) CVs need to convince parents or guardians to speedily take children suffering from the disease to the nearest health institution rather than wait for a miracle, as well as to help parents/guardians receive relevant counselling.
- 3) A report has to be submitted on every suspected case leading to the taking of a blood sample within one month of the day rashes appeared on the patient's body.
- 4) Due care needs to be taken concerning follow-through and follow-up, the lack of which leads more often than not to wide spread infections threatening the lives of children.

CONCLUSION

- Measles is a viral disease affecting persons of all age grades; children and infants are the most vulnerable ones, though.

- Fever, bloodshot and watery eyes, watery nose, mouth infection, rashes affecting the entire body as well as bulging of the eye lids are some of the major signs and symptoms of the disease.
- It is imperative to report to the nearest health institution as and when such signs and symptoms have been identified.
- Any child suspected thus of contracting the measles virus should be taken to a health institution for necessary diagnosis and treatment.
- All measles sufferers need to be given “Vitamin A” supplement.

3. TETANUS (LOCKJAW)

A. Introduction

Tetanus (lockjaw) is among the major killer diseases in our country to date. Infants under 28 days of age and women at child bearing age group are the most affected facing the threat of complications leading more often than not to death.

Globally distributed, this disease is widespread at such particular regions with higher population density, warmer and humid weather conditions.

Tetanus is caused by a bacterium known as *Clostridium Tetani* that lives in soil and inside the entrails (intestines) of animals.

Called tetanus in the medical parlance, the disease is commonly identified by the name ‘lockjaw’ because it locks up the jaws of patients making it difficult for them to breathe in air and to swallow food. Moreover, the disease stiffens the body and forces muscles to contract (spasms); hence worsening the suffering of patients and leading to many deaths.

B. Cause of Tetanus

Tetanus is a disease caused by bacterium that reproduces in the soil, the intestines of animals as well as in animals’ faeces where it lives for several months. Sneaking into the human body, this bacterium excretes a very potent enzyme poisoning the muscle tissues and causing muscle spasms and contractions and the locking up of jaws.

C. Mode of Transmission of Tetanus

The disease is not one carried across by direct contact with a patient. Contagion occurs via objects such as rusty nails and other sharp edges of pieces of iron, razor, knives etc as well as contaminated thorns/spikes or wood splinters. Any incident of piercing, slashing, cutting or incision of the body with/by one or the other of these objects constitute the ways in which the disease is transmitted to humans.

Cutting of the umbilical cord with rusty or dirty (unsterilized) razor causes the bacterium to enter easily into the body of the infant just born. Contagion of the bacterium into the blood (circulation system) of humans causes damage in the brain by the potent enzyme the bacterium excretes. Bites from animals such as dogs may cause contagion in addition to the use of unsterilized tools during abortion, the plucking out of tooth or other related practices. Traditional use of hot manure as antiseptic on the navel of infants whose umbilical cords have just been cut and other harmful traditional practices done on infants at birth or as they are growing expose babies to higher risk of contracting this bacterial disease called lockjaw.

D. Breeding Grounds of the Bacterium Causing Tetanus

- ❖ Within the entrails (intestines) of animals
- ❖ Faeces and manure of livestock
- ❖ Contaminated soil
- ❖ Areas littered with dirt
- ❖ Sharp, jagged, spiky, pointed objects such as metal, wood or thorns that are rusty or greased with dirt.

E. Sections of Society Most Affected by Tetanus

Tetanus affects all people regardless of age or gender. The following groups, however, are the most affected:

- ❖ Infants below the age of one month, and
- ❖ Pregnant and lactating mothers.

F. Main Reasons Why Infants of Less than One-month are easily affected by Tetanus

- 1) Cutting of the umbilical cord with unsterilized razor or other sharp objects contaminated with the bacterium;
- 2) Unhygienic procedure and use of rusty or contaminated tools for the cutting of the umbilical cord by Traditional Birth Attendants (TBAs);
- 3) Even when clean razors are used for cutting of the umbilical cord, contaminations occur in application of dung and butter on the navel (as antiseptic);
- 4) Scratching of the throat, rubbing of the gums of infants as well as genital cutting with dirty, unsterilized sharp objects.

G. Main Reasons Why Pregnant and Lactating Women are easily affected by Tetanus

- 1) Failure of women of birth-giving ages (15-49 years old) to receive anti-tetanus vaccines exposes them to infections as,

during delivery, the umbilical cord may be cut with rusty, unsterilized sharp objects.

- 2) A woman giving birth at home (without being attended by a trained midwife) runs a high risk of infection from the bacterium causing tetanus.

H. Signs and Symptoms of Tetanus

- 1) Signs of contagion on/around the fresh wound:

- ❖ Swelling and hardening on/around the navel
- ❖ Hardening, contraction and in some cases spasms (shudders) of muscles on/around the wound

- 2) Symptoms shown on the entire body as a result of infection in the wound:

- ❖ Fever
- ❖ Contraction of muscles and pains
- ❖ Frequent crying as the infant shows apparent uneasiness



Pictures 5 & 6: Spasms and occasional shivering and.

Locked Jaws)

3) Symptoms due to Acute/Chronic Tetanus

- ❖ Locked jaws and hence inability to suckle and swallow
- ❖ Seizure
- ❖ Breathing complications (due to inflexibility of chest muscles). This may lead the patient to sudden death.
- ❖ Acute feats of seizure, fainting as well as disfigurement of the normal aspect of the body that may lead to fracturing or even breaking of the backbone.

Treatment

- ❖ Chronic tetanus cases are very hard to heal (that is through curative medical treatment), and patients need treatment soon after having been infected so that the inevitable threat of death can be averted.

- ❖ Hence, any one person who has encountered piercing or cutting of the body by/with rusty, unsterilized, dirty sharp objects must immediately receive anti-tetanus vaccine. Treatment includes:

- 1) Vaccine (containing TT solution) neutralizing the poisonous enzyme the bacterium secretes,
- 2) Medicine killing the bacterium before infection spreads,
- 3) Anti-septic.

J. Duties and Responsibilities of Community Volunteers

- 1) Awareness that tetanus poses a dangerous threat against the health of infants under the age of one month; and leading more often than not to death;
 - 2) Awareness that failure to get infants immunized against the disease leads to death;
 - 3) Understanding the signs and symptoms of the disease on infants (0-30 days old) such as spasms, contraction of the muscles of arms, legs and the neck, leading to inability of the affected infants to suckle as well as shuddering and seizure that come about due to high body temperature:
- ❖ Reporting any such case to the nearest health institution by filling out the available patient dispatching form

- ❖ Convincing parents of the need to take their ailing babies to health institutions and providing them with help they may require to do so
- ❖ Whenever infants evince signs and symptoms of the tetanus infection, volunteers are expected to consult with the particular community –summoning local officials, elders and influential individuals on the need to conduct enhanced follow-up of the situation.

K. Methods of Tetanus Prevention

1. Encouraging 15-49 year old women to receive TT vaccine five times over, and conducting follow-up.
2. Pregnant women who receive the vaccine on at least two occasions before delivery can be said to have started the process of immunizing their infants well in advance. However, they must go through the remaining 3-round vaccination after having given birth.
3. Helping expand delivery service coverage of health institutions, and encouraging mothers to go through anti-natal care at the nearby health institution. In addition, they are expected to provide lessons enabling the members of the community to rid themselves of such harmful traditional practices as: -

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- ❖ Application of dung or butter on the navel of infants just born
 - ❖ Cutting of the tonsil, scratching of the throat and rubbing of the gums
 - ❖ Female genital mutilation and aversion to medical services due to misconceived traditional beliefs; preference they show to keeping ailing infants in seclusion rather than taking patients immediately to the nearest health institution.
4. Insuring that infants are exposed to the TT vaccine for three consecutive time from the 45th day of birth.
 5. Washing infants with lukewarm water and detergent frequently, and keeping their outfits including diapers very clean.

CONCLUSION

Affecting people of all age groups, tetanus inflicts its worst tolls on infants and women at child bearing age. This is due to three main reasons: -

- 1) Failure of 15-49 year old women to undergo the required vaccination
- 2) Failure or inability of mothers to deliver at health institutions

3) Unattended delivery, unclean (contaminated) objects used for delivery at home and application of dung and butter on the open, fresh wound of the navel of infants just separated from the umbilical cord.

❖ Tetanus infections can be kept at bay through: -

- Enabling 15-49 year old women to receive the required rounds of vaccine
- Providing pregnant women with at least two rounds of vaccination during the period of pregnancy (if they did not receive the vaccine prior to conception)
- Insuring clean delivery procedure: -
 - Insuring that birth attendants disinfect their hands (washing of the hands with detergent and clean water)
 - Keeping rooms where delivery takes place clean
 - Clean manner of umbilical cord cutting and tying of the live end of the cord

NB: Anti-tetanus vaccine is available for free at every health institution. Exposures to immunizations/vaccination do not harm mothers or the foetus in any way. Nor it causes complications during delivery. Nor it leads to sterility (inability to conceive).

Annex 1 – Form for Case Identification of Patients Tracked through the Surveillance

Woreda _____ Kebele _____ Village _____

Report Date _____

Type of Disease Suspected		Basic Information about the Subject (Child)				Date of onset of the symptom	Date of report to Health Institution
Description	Picture	Name	Age	Sex	Name of the Parent/Guardian		
Polio							
Measles							
NNT							

Name of surveillance volunteer _____

Signature _____ Date _____

***Annex 2 – Form for Community Volunteers’ Monthly
Performance Report***

Woreda _____ Kebele _____ Village _____

Report Date _____

1. Health Education

No.	Lesson Topic	Place	Date Lesson Conducted	Number of Participants	
				Female	Male

2. House-to-House Visit

No.	Total number of houses, religious and traditional healing places visited	Number of cases Identified during the visit			Number of Mothers/Guardians received health education During the Visit
		Polio	Measles	NNT	

3. Community mobilization during routine EPI

No.	Type of Programme	Name of Vaccination site	Type of Participation					
			Social mobilizer	Registering Mothers & eligible children to vaccination	Identifying People Who Miss Out on Compulsory Vaccination		Registering defaulters	
					Mothers	Children	Mothers	Children

4. Community mobilization during campaign

No.	Type of Campaign	Type of Participation		
		Guide	Mobilizing	Listing out of Mothers & Children Eligible for Immunization/Vaccination

Community Volunteer's Name _____

Signature _____ Date _____

Annex 3 – Birth Data on Children and Immunization Programme Notification Form

1. Registration of Pregnant Women

Woreda..... KebeleVillage

.....

1.1. Name of Pregnant Woman

.....

1.2. Age of Foetus.....

1.3. Status of Tetanus Vaccination: **A. Begins Receiving Vaccine**

B. Does Not Begin

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1.4. Dosage Received.....

1.5. Type of Counselling Received:

A. To complete vaccination/immunization

B. To deliver at health institution

2. Birth Information

Woreda..... Kebele.....

Village

2.1. Date of Birth of Infant (Include time if available)

.....

2.2. Name of Infant (Show Sex)

.....

2.3. Infant's Mother's Name

.....

2.4 Infant's Father's

Name.....

***Annex 4 – Main Messages of Community Based Surveillance
Performance***

Main Message: 1. Collection of data/information

Main Message: 2. Cooperation with other surveillance volunteers and
community representatives/groups

Main Message: 3. Organizing meetings

Community Based Performance Main Message – 1

1. Data/Information Collection

1.1. Why the need to collect data/information?

Collection of data required on the three priority diseases is the principal task expected of a community volunteer, who as such looks for relevant information across the target community and from individual community members. In doing so, the CV should give emphasis to identifying public occasions and opportunities so as to get easier access to relevant information. He/she is also expected to get well prepared by studying ways conducive to stage meetings with the grassroots to discuss relevant issues.

1.2. From whom should volunteers solicit information?

All members of the target community including children may be contacted to provide information as a volunteer gathers data at Kebeles, villages or settlements.

Choosing a suitable time: -

The volunteer may make use of all occasions on which the members of the community assemble to discuss various social issues. For instance, the volunteer may go to places where he or she came to know a public meeting of some sort is going to take place at any given day and time.

These opportunities include meetings of grassroots associations such as welfare groups known as “Idir”. The volunteer may summon members of the community for discussions on any topical issue requiring decision.

1.3. Requisite Preparations

- Contacting community members willing to be interviewed as well as consulting with influential members of the community
- Staging consultative meetings in view of the fact that people tend to take in messages transmitted by word of mouth
- Identifying public places such as the places where people gather to discuss their common issues. These include:

1) For women

- Places where meetings of a local women’s association take place
- Places where a certain women-only “Edir” holds meeting
- During the times women go out to collect water
- During the times groups of women go out to collect firewood
- During the times groups of women go out to the flour mill

- During the times women gather in neighbour-friendly coffee ceremonies.

2) For Men

- At places where they hang out such as coffee houses and bars
- Shops
- As they gather under the shed of trees to discuss matters of common interest
- As they join forces to go out to the field for collective farming activities called as “debbo”, “Jiggi” etc.
- Places where both women and men go
 - Market places
 - Places of worship (Church, Mosque etc)
 - Places where elders meet for consultations & greetings
 - Schools/Madrasas
 - Spots’ venues
 - Other public places, though different from community to community

1.4. Volunteers in the process of identifying places for the gathering of data are most likely to receive lead answers when they approach people with such tactical questions as:

- Where do people go to exchange news or to discuss common issues?
- Where do people meet to discuss social issues and what are the customary ways in which they conduct meetings and hold discussions?
- Who are the people most likely to receive news on local events first? Whom to contact to receive relevant information on weighty issues, topical issues etc....?

The following are among a list of inquiries volunteers should be making as part of the data/information collection process by going to public places as identified through the above questions:

- Whether or not the people get information as to the three focal diseases of the surveillance programme;
- Whether or not one or the other of these diseases surface at the area;
- As to the customs and traditional practices prevalent in a certain community in the face of one or the other of these diseases surfacing;

- Collaborating with health extension workers, working out plans jointly with them, and preparing/submitting periodic or other reports;
- Working in collaboration with other professionals and volunteers

Community Based Performance Main Message – 2

- To receive directions and assignments from health extension workers; to work out plans jointly and work in collaboration in reporting and appraisals.

2.1. Why the need to forge partnership?

- To work with partners and stakeholders towards successful performances

2.2. Who else can work as volunteers in addition to the community volunteers?

- Traditional Birth Attendants
- Herbalists/traditional healers
- Kebeles/Community health committee members
- Members of various mothers', youth groups and group leaders
- Health, agriculture, food security workers
- Other counterpart volunteers

2.3. When is such partnership necessary?

Partnership will be sought for in any occasion that calls for collaborative efforts. For instance:

- In times of epidemics
- During immunization/vaccination campaigns
- In the implementation of Routine Immunization (RI) programs
- At any event of surveillance on the three focal diseases

2.4. Who are the stakeholders whose support is sought for?

Support is sought for from sections of the community close to the issue or any one resident who has something to offer for the effectiveness of the programme. For Instance:

- Health extension workers
- Other counterpart volunteers
- Kebele health representatives
- Herbalists/traditional healers
- Kebele health committee members
- Kebele social development workers
- Youth and women associations
- Executive members of welfare associations
- School officials and teachers
- Parent/Teacher Association members

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- School parents' committee members
- Members of students' councils
- School clubs
- Members of parish committees
- Mosque administration members
- Religious leaders and fathers
- Local political leaders.

Folklore can be explored by volunteers to be able to touch the hearts and minds of community members through the use of local maxims, sayings, proverbs et cetera in their bid to convey relevant messages. These, for example, include:

“Fifty lemons form a burden for one man, but ornament for fifty”

“Woven together, spider web can tie up a lion”, et cetera.

In general, it is beneficial to consult and discuss common issues with other volunteers. Benefits include:

- Exchanging vital information and discuss common issues
- Create ideas to solve common problems
- Exchange best practices
- Create peer forums through which to exchange help and support
- Helps make joint efforts in coordinating and bringing together target communities

- To make use of inputs commonly so as to be able to meet set targets/objectives of the programme
- To create experience sharing forum among various counterpart volunteers' groups

Tales/Anecdotes of Partnership

Tale 1: Discussion between Chaltu and Bedasso

Chaltu is a community volunteer. One day, Chaltu tracked a baby girl who showed signs of a measles infection. But, the parents of the patient were not willing to take their daughter to the nearby health institution. Chaltu entreated with them; they did not budge. Chaltu then decide at once to report the case immediately to the nearby health institution.

On her way, though, she thought it helpful to meet Ato Bedasso, who is member of the village's health committee. The other day, Ato Bedasso told her he would attend a workshop in response to invitation extended to him by a certain health organization operating in the area. She had to reach his place just in time before he went out. So she sped, and there he was preparing to go out. She asked if he could please help her in taking the disease notification form she filled out and give it to nurse Bedria. Well aware of the fact that measles is one of the three diseases incorporated into the community surveillance program, Ato Bedasso agreed without hesitation. Happy and satisfied, Chaltu thanked him saying: "You are example of goodwill." "Oh! My sister, I am delighted

to have this chance to cooperate towards this noble cause of yours,” Ato Bedasso replied and said, and further complimented her saying, “It’s for our community’s sake that you work so hard....”

Tale 2: Discussion between Lamisso and Lalimmo

Being his Kebele’s health representative, Ato Lamisso has been frequently preparing health education aimed at raising health awareness of women living in the Kebele. Ato Lalimmo is a community volunteer.

One day, Ato Lalimo went to Ato Lamiso’s place and asked him to provide the community with education concerning the polio disease. Ato Lamisso accepted the offer, pledged to gather the women in the Kebele together the next day. The two agreed to meet that day.

As the two arrived the next day at the appointed venue, they were received by a crowd of women who make it to take part in the education. Ato Lamisso then conducted the polio lesson in prepared in the vernacular of the community. At the end, the women raised their hands one after the other and raised several questions. Here, Ato. Lalimo joined in and the two men answered all the questions raised by the women.

In the end, the women thanked the two men for the lesson. The two men on their part appreciated the women for the interest they showed and for their attention during the lesson time. Happy and satisfied, Ato

Lalimo returned home. He gave his wife an account of his successful day. His wife appreciated him and said, “I am proud of you.”

The next day, Ato Lalimo’s wife joined a group of women preparing to go and fetch water. They told her the good work her husband did the other day. Delighted, she returned and encouraged her husband.

Community Based Performance Main Message – 3

3.1. Participatory planning

A. Objective

To work out joint plan under the leadership of health extension workers and with the involvement of community volunteers and other stakeholders, to implement the joint plan and to be able to appraise performances. In order for the participatory planning to be effective, a regular monthly meeting programme should be designed.

B. Who can participate in this meeting programme?

- Kebele health extension workers
- Community volunteers
- Other counterpart volunteers
- Kebele officials
- Health professionals close to the work
- Other pertinent bodies

C. Meeting time-table

While it is important to design a regular monthly meeting program, attendance may be conditional.

D. Meeting Preparation

- Community volunteers in coordination with health extension workers summon pertinent members of the community and counterpart volunteers for meeting
- They prepare in advance strong and weak points of performance process as well as best practices
- They prepare performance reports for submission to health extension workers

E. Issues to consider in the process of organizing the meeting

1. Knowing about the objective of the meeting in advance

- The reason to organize the meeting
- Outcomes expected from the meeting

2. Preparing the meeting's Agenda

Once the objectives and outcomes of the meeting are identified, agenda items will be listed out.

Agenda refers to breakdown of the issue/s at hand. The agenda items should be jotted down in their logical order. Putting forth too many agenda items is not advisable. This is because, by limiting the agenda, loss of interest will be avoided. It is however important to solicit additional agenda items from participants.

A. Meeting Objective: To consult with CVs

B. Meeting Agenda

- Introducing participants
- Volunteers' performance reports, achievements, and challenges encountered
- Time for comments and discussion
- Plans for implementation during the month ahead
- Timetable and agenda of the next meeting

C. On summoning participants

- Insuring that participants are informed about the date and venue of the meeting
- Encouraging people to pass the word to those uninformed

D. Coordinating and Directing the meeting proceeding

- Conducting the meeting as per the order of the agenda and within the time given
- Encouraging participants to speak up
- Assigning the meeting's chairperson

E. Encouraging women participants to be active and giving them priority

- It is common to see women to hold back their views and opinions while men are given a chance to speak freely
- To avoid this, those conducting the meeting should encourage women to speak up and give them priority

F. Upon conclusion of the meeting, decision should be passed concerning future direction and performance

- It is important to pass resolution upon conclusion of each meeting concerning future direction and performance
- Keep the minute of the meeting's proceeding
- Plan future actions
- Share tasks and identify inputs required for future performance
- Decide when to hold the next meeting

G. Take Minute of the Meeting