

Community surveys to identify health priorities

Editor — We conducted two workshops in Battambang, Cambodia, and Hunan province, People's Republic of China, in 1995 for Red Cross first aid and disaster preparedness trainers, in the use of community surveys to prioritize health needs and identify local resources. The intention was to make the trainers alert to their communities' needs and to use the findings to modify the training curriculum and contents of the standard Red Cross Asian training manual (1).

In Cambodia, where the health system had been destroyed, the community survey proved very useful to collect health information. We found dengue haemorrhagic fever and land mine injuries to be major health problems that were not mentioned in the standard manual. By consensus, the trainers agreed to add these two topics. Preventive activities should be included under dengue fever, such as clearing stagnant water and covering water jars, while non-conventional first aid techniques, such as use of tourniquets, should be added for the treatment of traumatic limb amputations. In 1998, the Cambodian Red Cross mobilized its network of volunteers in a clean-up educational campaign against dengue haemorrhagic fever, including production and distribution of information leaflets.

In Hunan, the trainers found that certain topics previously thought to be priorities — communicable diseases and family planning — had been overtaken by the burden of chronic diseases such as stroke and heart diseases, even in rural villages. This led to the agreement to include topics on the care of disabled and elderly people at home. Accidents such as drowning were also found to be common, therefore emphasis was placed on first aid for unconscious persons and accident prevention in the community, for example, the improvement of lighting along riversides and roads. As the province was prone to natural disasters such as earthquakes and floods, community mapping to identify community resources and vulnerability was considered an essential part of its disaster preparedness. The topic was recommended for strengthening in the local training manual. The Hunan survey showed

that even in a province that had an established primary health care system with existing health data, discrepancies in priorities of health needs were still found between health professionals and the community.

The conduct of these surveys showed that the method was flexible and workable in two countries with very different cultures and health systems and at different stages of development. The core contents of the manual remained the same but topics were added or deleted according to local needs, thus ensuring relevance to the trainers' field work and avoiding a tendency to follow standard manuals which may in parts be inappropriate. However, implementation of the agreed modifications was uncertain as there was lack of formal follow-up after the surveys. We recommend that coordination and monitoring are essential to maximize the full benefit of such surveys.

The community survey is a cost-effective and time-saving tool that elicits community needs which may not be appar-

ent from existing health data. Its use is not limited to data collection and modification of training contents, but should be adaptable for a range of health programmes in other parts of the world. ■

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1. **Tailhades M.** *First aid in the community. A manual for Red Cross and Red Crescent volunteers.* Geneva, International Federation of Red Cross and Red Crescent Societies, 1995.

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