

**INTEGRATED DISEASE
SURVEILLANCE PROJECT**

**TRAINING MANUAL FOR
STATE & DISTRICT
SURVEILLANCE OFFICERS**

MANAGEMENT STRUCTURE OF IDSP

Module -2

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1. INTRODUCTION

The Integrated Disease Surveillance Project is designed to function independently at the district level. This is essentially important for effective surveillance action to be initiated at the local level in a timely manner. The ownership for the Programme is at the state level with regional issues being diverse in different states of India. The central surveillance unit will coordinate the activities of the IDSP at the national level providing technical support, and guidance along with financial support.

Timeliness and quality of the surveillance action is of prime importance in the effective functioning of any surveillance Programme and particularly for IDSP. The full time commitment of District Surveillance Officer is crucial to this function. Integration of district level activities with all stakeholders both at health and Non-health sector is also a primary objective of IDSP. The District Surveillance Office plays a key role in the integration functions of the IDSP.

This module deals primarily with the structure and functions of the IDSP as it is envisaged for undertaking effective functions related to integrating various activities and key functionaries of the Programme

2. SPECIFIC INSTRUCTIONAL OBJECTIVES

At the end of the session, the participants should be able to:

- ☞ List the members of the District Surveillance Committee
- ☞ Describe the functions of the District & State Surveillance Units
- ☞ Describe the functions and roles of the District Surveillance Officer in integration of IDSP

3. MODULE STRUCTURE AT A GLANCE

DURATION OF SESSION

1 HOUR

UNIT NO	CONTENT	METHODOLOGY	TENTATIVE DURATION	TEACHING AIDS
1.	Organizational structure and Functions	Lecture	30 Minutes	Case diagnosis/ Slide Projector / Over Head Projector / Power point
2.	Exercises	Group activity	30 Minutes	Module on Administration Exercises.

4. GROUP ACTIVITIES

Group Work-1

The District Surveillance Committee is expected to meet once a month. The committee has not met for last 2 months. How would you organize this meeting and facilitate the participation of all committee members?

Group Work-2

A large public gathering is expected to occur in your district. What organizational arrangements would you do to prevent potential outbreak of communicable diseases in the area?

5. HANDOUT ON MANAGEMENT STRUCTURE AND FUNCTIONS FOR DISTRICT/ STATE SURVEILLANCE OFFICERS

5.1 Administration and Structure

Consistent with the philosophy of IDSP and to meet its objectives, the focal point of all surveillance related activities at the periphery would be the District Surveillance Unit (DSU) as depicted in Figure-1. DSU will receive surveillance data from both rural and urban reporting units. To increase the sensitivity of data, additional reporting will be identified in both urban and rural areas. It will be particularly critical for urban areas where current surveillance efforts are grossly inadequate.

For the first time private sentinel sites from both urban and rural areas will be identified as partners. Further, in urban regions ESI, Railway Hospitals and Dispensaries, Medical Colleges, Private Hospitals, will also contribute to urban surveillance. Information on Road Traffic Accidents will be obtained from the police department. Analysis, response and feedback from these sources will be coordinated by the DSU.

DSU will be in communication with the state and central surveillance units through the district surveillance network in vertical integration.

At the periphery, public sector reporting units especially, the CHCs will be directly entering data through the computer network supplied as part of the Programme. If facilities are available the sentinel private practitioners and other reporting units will directly transfer data to these units. Alternatively, data entry operators will need to input approximately 40 reports per week from rural and urban sentinel sites at the DSU.

5.2 Urban surveillance

Census 2001 shows that there are 31 cities with more than 10 lakh population in the country. Of these 3 are Mega Cities (Metros) with more than 8 million population and 3 are large cities with 4-8 million population. The urban disease surveillance system is weak with poor infrastructural support and overload of existing staff in most urban setting. There is also wide variability in the administrative structure of these corporations. Currently surveillance is weak and the Programme involves only the government sector. The IDSP envisages integrating all available resources with emphasis on private practitioners, Private hospitals and laboratories and medical colleges wherever available as described in the section under private sector participation. Thus, the thrust of the IDSP in urban surveillance will be through Sentinel hospitals, Medical colleges and Sentinel Private Practitioners.

It is proposed that for every 20 lakh-40 lakh (2-4 million) population, infrastructure will be provided to undertake district level surveillance activities. Thus metro cities of Delhi,

Mumbai & Kolkata will have 3 district level infrastructure while large cities like Chennai, Bangalore and Hyderabad will have 2 district level infrastructure each. Smaller corporations 1-4 million will be considered as one health district. Corporations having smaller than 1 million population will report to the district surveillance unit of the district head quarters along with rural sites of that district.

Each urban district will have 15 sentinel surveillance units / 10 lakhs population. Including government and private sector reporting to the urban district surveillance officer (DSO). The number of sites may be doubled over the next 1 year. This will be further linked to the state level surveillance unit as with other district surveillance units.

Details of the flow of information will vary with the administrative structure of the urban health system in each situation. The overall framework has been specified above.

The sentinel sites under government sector will undertake outbreak investigations and other preventive action in response to surveillance information. The private sentinel sites will be largely data gathering sites to increase the sensitiveness of the system to changing trends.

5.3 Administrative structure

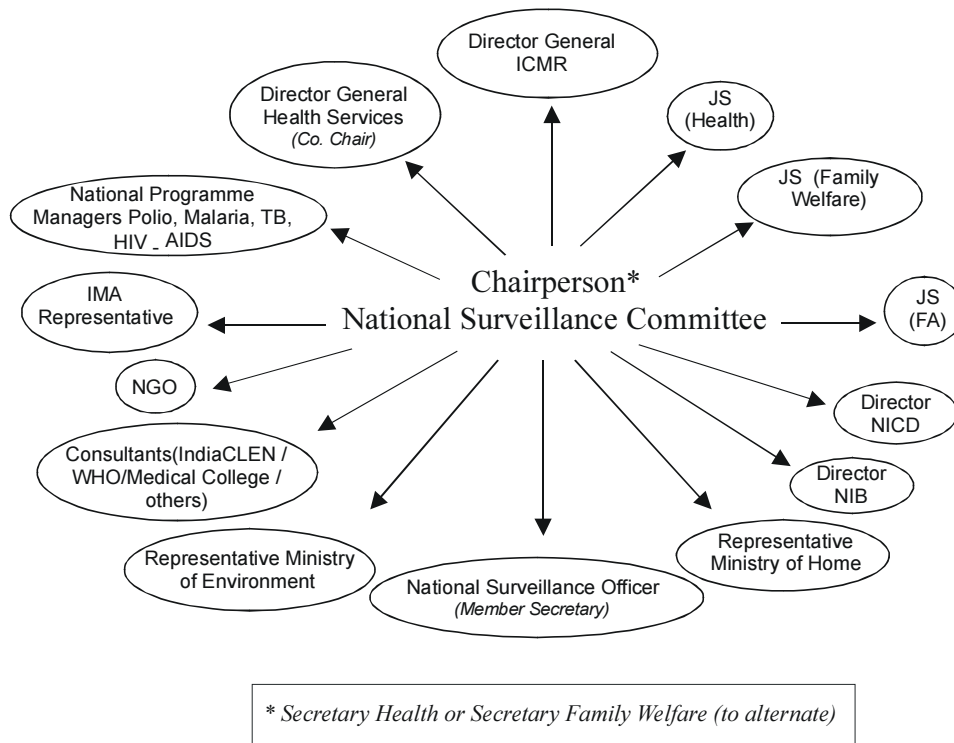
The administrative structure under Integrated Disease Surveillance Project at National, State and District levels primarily has two bodies; Surveillance Committee and Surveillance Unit. The Surveillance Committee would be a body for taking policy and strategic decisions, monitoring and coordinating with stakeholders, the Surveillance Unit would be responsible for implementing various activities envisaged under the Project.

A. National level

1. National Disease Surveillance Committee

At the National level, a committee overseeing all matters relating to surveillance in the country has been set up with *Union Secretary (Health)/Secretary (FW)* alternatively as Chair-person and DGHS as Vice-Chairperson. Members of this committee include Additional Secretary (Health), DG (ICMR), Director (NICD), *Joint Secretary (Public Health)*, *JS (Family Welfare)*, Joint Secretary & Finance Adviser, National Programme Officers of TB, Malaria, AIDS, RCH (for Polio, Acute Diarrhoeal Diseases, Measles etc.), Leprosy and National Project Officer (IDSP). Representatives from the Ministries of Rural, Urban Development, Environment, Department of Drinking Water, Pollution Control Board, representatives of WHO and IMA may also be co-opted as Members. The committee shall meet at least once a year to review Disease Surveillance in the country. However, in case of disasters or epidemics, the committee may have to meet more frequently. The Terms of reference of this committee would include:

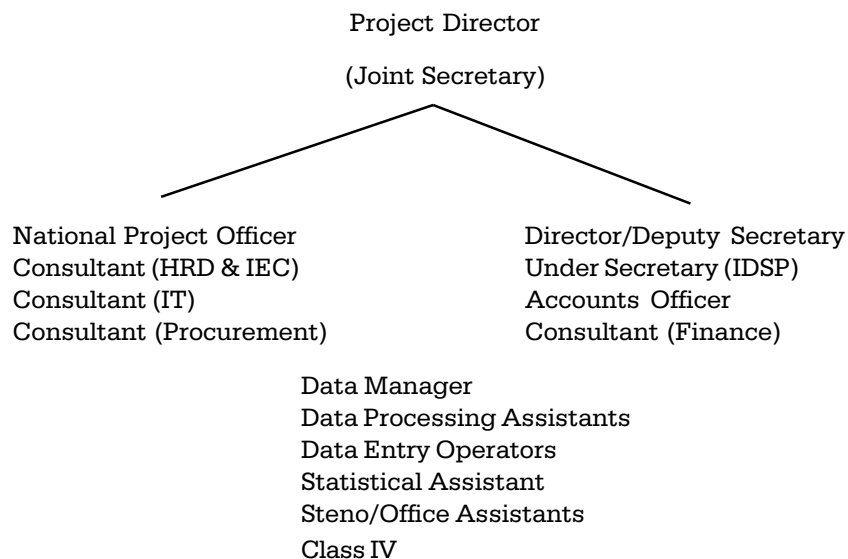
- ☞ Major policy decisions in implementing IDSP
- ☞ Review Physical and Financial progress in implementing IDSP
- ☞ Coordination with all relevant Ministries, Departments and Organizations.



2. Central Surveillance Unit:

A Central Surveillance Unit has been constituted in the Department of Health, Ministry of Health and Family Welfare. The unit is headed by the Project Director (Joint Secretary). National Project Officer is the Technical In-charge of the Project. The Unit has Consultants and supporting staff to assist in implementation of Project activities at the central level. For better coordination and timely action, this unit has technical and administrative officers.

The structure of the CSU is as follows:



Functions of the central surveillance unit:

- ☞ Execution of approved Annual Plan of Action for IDSP
- ☞ Monitor progress of implementation of all the different components of the project;
- ☞ Obtain reports from states on various activities under the project including physical reports and expenditure statements;
- ☞ Seek reimbursement claims through Controller of Aid Account (CAA) as per procedures of the World Bank;
- ☞ Report regularly to the Central Executive Committee and National Disease Surveillance Committee;
- ☞ Production and dissemination of prototype standard guidelines, manuals, modules and other literature to ensure high quality in training, implementation and operating procedures under the project;
- ☞ Implement central level activities: procurement of goods, training and IEC;
- ☞ Analysis of data received from the states and provide feedback on trends observed;
- ☞ Coordinate with central agencies such as NICD, ICMR and other referral laboratories;
- ☞ Organize independent evaluation of various activities and periodic surveys on non-communicable diseases and risk factors;
- ☞ Conduct periodic review meetings with State Surveillance Officers and organizing workshops at the central level;
- ☞ Acting as the nodal point or control room at the central level for coordinating responses to requests received from states during epidemics and disasters;
- ☞ Form and supervise the movement of the rapid response team at the central level to supplement the efforts of states during disasters or epidemics of very large magnitude.

B. State level

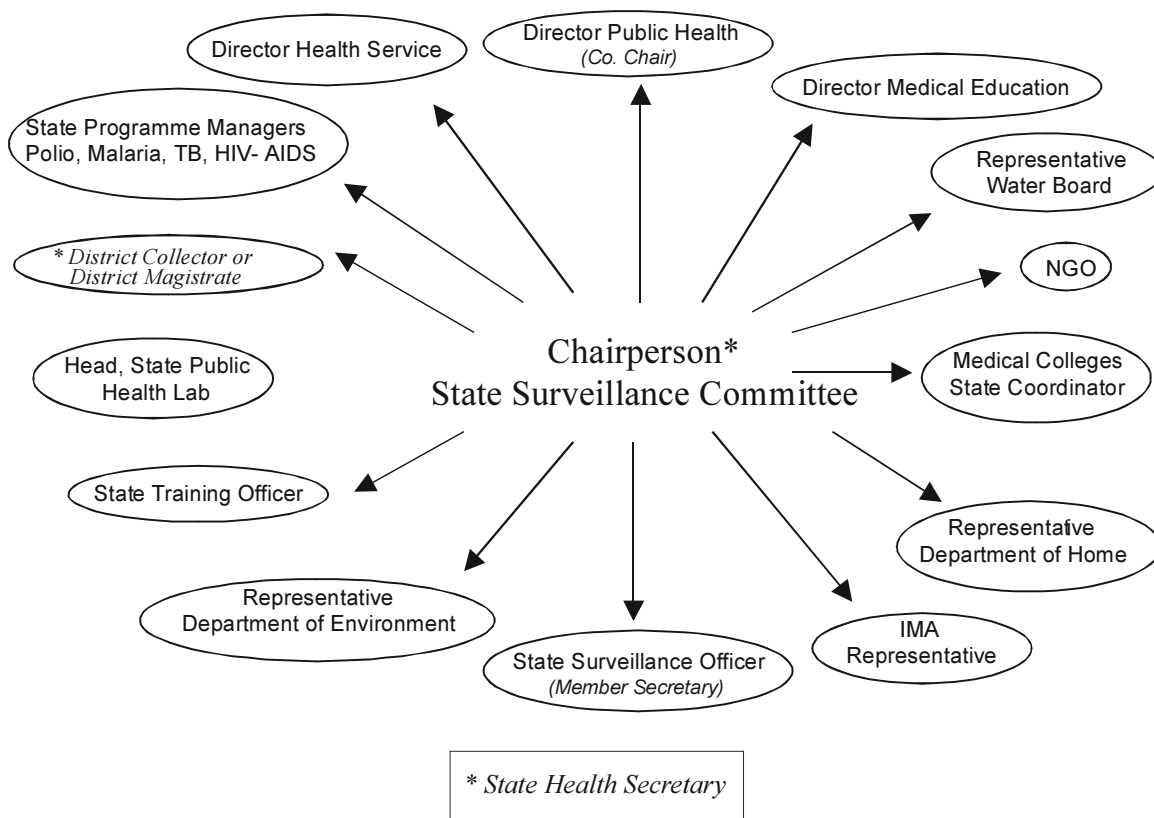
1. State Disease Surveillance Committee

A state surveillance committee has been set up in each state under the chairmanship of the Health Secretary to oversee all the surveillance activities in the state. This will be administratively responsible for project activities in the state.

The members of the committee include the following:

1. Health Secretary (Chair person)
2. Director of Public Health (Co-Chair)
3. Director Health Services/Director Medical Education

4. Programme managers of TB, Malaria, Polio, HIV
5. Representatives from Department of Environment and Home
6. Head of the State Public Health Laboratory
7. Representative of the state unit of the Indian Medical Association
8. Coordinating member from state Medical colleges surveillance team
9. One representative from the NGOs working for public health
10. State Surveillance Officer. (Member Secretary).



2. State Surveillance Unit:

1. A State Surveillance Unit has been constituted in the Department of Health & FW as per following composition:
2. State Surveillance Officer (Joint Director)
3. Rapid Response Team Representative
4. Consultant (Training & Technical)
5. Consultant (Procurement & Finance)
6. Data Manager
7. Data Entry Operators

8. Steno/Office Assistant
9. Class IV

Functions of SSU include the following

- ☞ Collation and analysis of all data being received from the districts and transmitting the same to the central surveillance unit.
- ☞ Coordinating the activities of the rapid response teams and dispatching them to the field whenever the need arises.
- ☞ Monitoring and reviewing the activities of the district surveillance units including checks on validity of data, responsiveness of the system and functioning of the laboratories.
- ☞ Coordinating the activities of the state public health laboratories and the medical college laboratories.
- ☞ Sending regular feedback to the district units on the trend analysis of data received from them.
- ☞ Coordinating all training activities under the project.

C. District level

1. District Disease Surveillance Committee

The district surveillance committee will be responsible for the regular monitoring of the Project. Its composition is as under:

1. District Collector (Chair person)
2. Chief Medical Officer (Co-Chair)
3. Programme officers of TB, Malaria, HIV, RCH
4. Representative of Medical College
5. Representative of SPPs in the district
6. Police Superintendent
7. Representative from the Water Board
8. NGO representative
9. Representative of Zilla Parishad (Panchayat)
10. Head of the District Public Health Laboratory
11. District Surveillance Officer (Member Secretary)

2. District Surveillance Unit:

Composition

District Surveillance Officer

Data Entry Operator (2)

Accountant

Class IV

DSU will be responsible for following functions

- ☞ Collation and analysis of all data being received from various service providers within the districts and transmitting the same to the State/Central surveillance units.
- ☞ Coordinating the activities of the rapid response teams and dispatching them to the field whenever the need arises.
- ☞ Monitoring and reviewing the activities of the Project including checks on validity of data, responsiveness of the system and functioning of the laboratories.
- ☞ Coordination with District public health laboratory and the medical college laboratories.
- ☞ Sending regular feedback to the reporting units on the trend analysis of data received from them.
- ☞ Coordinating all training activities under the project.

Job Description of the District Surveillance Officer

- ☞ Appraise the disease surveillance status to District collector, CMO, Zilla Parishad Chairman once a month.
- ☞ Arrange monthly District Surveillance Committee meetings.
- ☞ Ensure timely access & use of surveillance data by disease control Programme managers.
- ☞ Ensure that response /Actions taken by Programme managers with regard to disease surveillance are recorded in a timely manner and shared with the state surveillance unit.
- ☞ Coordinate activities of RRT in the district
- ☞ Ensure that summary reports on disease surveillance are sent to the state, Programme managers and district administration on a weekly basis.
- ☞ Ensure involvement of private sector in the surveillance activity with special emphasis on quality
- ☞ Ensure coordination of district public health laboratory in the activities of the peripheral units and ensure logistic support.

- ☞ Integrate the surveillance activities of the Medical colleges in the district as specified in the Project PIP.
- ☞ Identify capacity building needs of different functionaries in the district and facilitate appropriate training / retraining if necessary
- ☞ Ensure regular feed back is provided from the District to the peripheral units both public and private participating in IDSP.
- ☞ Print and disseminate monthly surveillance bulletin and annual surveillance report for the district to all stakeholders.
- ☞ Facilitate periodic surveys for NCD surveillance

District Epidemic Investigating Team (DEIT)

Efforts will be made to investigate each and every outbreak. Investigations would reveal why the outbreak occurred, identify high-risk groups and areas, and evaluate control measures. Such investigations, other than controlling the outbreaks, help in identifying system failures and by taking necessary corrective action, further strengthen the health services.

The DEIT is a multifaceted team that looks into the various aspects of an outbreak. There will be a DEIT team at each district. A similar team may be available at the regional and state level to support the DEIT if and when and if necessary. Composition of this team is selected from a panel of experts available at the district or region. The information on the panel will be available at the District Surveillance Office.

Sample composition of DEIT :

1. Nodal officer (*) in charge of disease control in the district (Epidemiologist) – the team leader, usually with public health training and experience.
2. The Clinician – either a physician or a pediatrician who is able to make a clinical diagnosis from the cases. (Member of nearest medical college surveillance team)
3. The Microbiologist – (From District PH Laboratory) to collect the specimens and to transport them appropriately. Many districts may not have a microbiologist so a laboratory technician may be substituted. Where necessary, the state team should also include an entomologist in the team.
4. District administrative nominee (not below the rank of *Tahsildar*).
5. Any other person in the list of surveillance consultants with DSO.
6. The Health Assistant – his role is to assist the team in the community, do surveys, make community contacts and mobilize the community when necessary. He would also be responsible for organizing the logistics.

*The nodal officer will be selected from the Programme officers of disease control Programmes other than the district surveillance officer. The DSO should not be the investigating officer to avoid conflict of interest. The nodal officer will coordinate the

selection of team leader for the DEIT based on the type of disease outbreaks. For suspected Polio and Malaria, the disease control officers for the Programme will head the DEIT. For unknown epidemics and for other diseases DEIT will be selected from the available Programme officers. All Programme officers at the district level should obtain training on rapid response team and epidemic preparedness.

The DEIT will be allotted resources specifically for response related activities so as to be effective. They will need:

- ☞ A dedicated and functioning vehicle so that they are able to visit the site at short notice. (This will be made available from existing vehicles at the district level by the DSO authorized by the District Collector)
- ☞ Drugs so that they can start the preliminary treatment.
- ☞ Diagnostic reagents and kits for doing preliminary diagnosis.
- ☞ Facilities to transport the samples.

As required, state and national level teams can be brought into action as per predefined levels of the spread of the outbreak in the region and the type of disease.

STRUCTURAL FRAMEWORK OF INTEGRATED DISEASE SURVEILLANCE PROJECTME

