Guide for local coordinators, Red Cross volunteers and health care workers
IMCI COMMUNITY COMPONENT

Guide for local coordinators, Red Cross volunteers and health care workers

Child and Adolescent Health
Family and Community Health
Integrated Management of Childhood Illness (IMCI)
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This Guide was a multidisciplinary effort involving international organizations and agencies, the American Red Cross and Red Cross Societies in the countries, ministries of health, nongovernmental organizations, and other institutions. This generic version does not necessarily conform to national or community standards in each country. Thank you in advance for your assistance in modifying or adapting these guides to your needs.
ACKNOWLEDGEMENTS

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INTRODUCTION

This guide is designed specifically for local coordinators of the IMCI community component. In this case, they are the local health care representative and the local Red Cross representative. Typically, these representatives are leaders of their own organizations. It is important that they obtain the support of their entire network, both at the local and national levels.

As part of the Community IMCI strategy, the local coordinators develop processes for involving different “social players.” Together, they devise a strategy to promote the key practices to all families in the community, who are the ultimate beneficiaries.

Once they have developed strategies for reaching 100 percent of the families, local coordinators may need some guidance regarding the next steps. The purpose of this guide is to share experiences about the implementation of these strategies. We are confident the experiences coordinators and other local players have had in implementing Community IMCI will enrich this document.

Health is a right of all, and it is everyone’s responsibility to promote and safeguard the health of our community.
1 Objectives

- To help local coordinators of the IMCI community component (e.g., local health care workers, Red Cross volunteers, and workers from other institutions and community-based organizations) implement their strategies to promote IMCI’s 16 key practices; and

- To ensure that the teams (comprising health officials, the Red Cross, etc.) in charge of the IMCI strategy on the subnational and national levels understand and support the local processes to promote the prioritized practices.
The mortality rate of children under 5 in a given community reflects a number of factors: culture and child-rearing practices; environmental conditions; and the quality of—and access to--health care facilities and health education for parents.

The science and technology exist to control the diseases that cause the majority of deaths among children under 5 years of age. However, many children continue to die.

In response, the Pan American Health Organization/World Health Organization (PAHO/WHO) and the United Nations Children’s Fund (UNICEF) have developed a strategy for preventing these deaths, known as Integrated Management of Childhood Illness (IMCI).

The IMCI strategy is an integrated set of curative, preventive, and promotional actions that are taken in health care facilities as well as in the home and community.

- In health care facilities these actions focus on timely detection and effective treatment.
- In the home and community the focus is disease prevention and promotion of healthy practices for the care of children and pregnant women.

The strategy consists of three components aimed at:

- Improving the skills of health care personnel
- Improving health care systems and facilities
- Improving the knowledge and practices of families and the community

The goal of the community component is to ensure that families implement healthy practices for the safe development of children by:
Guide for local coordinators, Red Cross volunteers and health care workers

- Protecting their healthy growth,
- Taking preventive measures so that they do not become ill,
- Providing adequate care in the home when they are ill,
- Detecting in a timely manner signs that require immediate treatment and seeking help.

The core work of the IMCI community component is the promotion of key practices to protect children’s health from the most common risks in the area.

These practices are prioritized through focus groups or other qualitative methods. The “priority” practices are the ones that must be spearheaded by all the local players. A baseline study must be conducted before the activities are initiated, so that changes in behavior as a result of project interventions can be determined.

For example, in Cotahuma, Bolivia, six practices were prioritized:

- Breastfeeding (Practice 1)
- Complementary feeding (Practice 2)
- Vaccinations (Practice 5)
- Warning signs (Practice 14)
- Care for pregnant women (Practice 16)
- Management of sick children (Practice 10)
The World Health Organization (WHO) and the United Nations National
Children’s Fund (UNICEF) developed a set of key practices, based on scientific evi-
dence, that contribute to the survival and healthy growth of children. The evidence
— backed by collective experience — suggests that families should:

For physical growth and mental development:

1. Breastfeed nursing infants exclusively for at least four months
   and, if possible, until 6 months of age (Mothers who are seropositive for
   HIV should receive advice from health care workers concerning possi-
   ble alternatives to breastfeeding).
2. Starting at months of age, give children freshly prepared comple-
   mentary foods that are rich in calories and micronutrients (vitamins and
   minerals), while at the same time continuing breastfeeding until 2 years
   of age or older.
3. Provide children with adequate amounts of micronutrients (vitamin A and iron,
   in particular), either as part of their diet or by giving supplements.
4. Stimulate children’s mental and social development by meeting their needs for
   affection, conversation and play, as well as their physical needs, in a stimu-
   lating environment.

For disease prevention:

5. Take children to receive all the necessary vaccinations (BCG, DPT, OPV and
   measles) before their first birthday in accordance with an established schedule.
6. Eliminate feces, including children’s feces, in a sanitary manner, and
   wash hands after defecating, before preparing meals and before feed-
   ing children.
7. Protect children in areas where malaria is endemic by having them
   sleep under insecticide-treated mosquito nets.
8. Adopt preventive measures against HIV/AIDS and appropriate behav-
   ior when caring for people who are infected, particularly orphans.
9. Continue giving children regular food and offer them plenty of fluids, especially breast milk, when they are sick.
11. Take appropriate measures to prevent and control injuries and accidents in children.
12. Prevent the mistreatment and neglect of minors, and take the appropriate measures in the event that mistreatment or neglect occur.
13. Share information with fathers regarding child care and matters related to the reproductive health of the family.

14. Recognize when sick children require treatment outside the home and seek care from appropriate providers.
15. Follow the health care worker’s advice regarding treatment, follow-up, and referral to another facility.
16. Ensure that every pregnant woman receives adequate prenatal care. This includes, at minimum, going to an appropriate health care provider for prenatal checkups and receiving the recommended doses of the tetanus vaccine. The mother also needs support from her family and the community with respect to care at the time of delivery and during the postpartum and breastfeeding periods.
Once the situation analysis of the local area has been performed (according to the methodology described in the *Guide for Participative Local Diagnosis*), it is necessary to form a team comprising both the Red Cross and the local health care facilities. The local coordinators, one appointed by each of these institutions, will spearhead the project by motivating their institutions and other organizations to get involved.

The team’s operation will be formalized with initiation of a “minutes book” to record and systematize the meetings and the agreements made by the team. The team and local coordinators will meet periodically on a mutually agreed-upon schedule.

The coordinators must each get their entire institution and network involved at the local, subnational and national levels.

Project activities may increase the demand for services. For this reason, it is necessary that health care facility representatives and the local coordinators involve their entire institution so that they will be prepared to respond with trained professionals and necessary medicines.

Red Cross coordinators must also raise awareness within their entire network so it, too, is prepared to respond. For example, if a medical referral requires the use of a Red Cross vehicle, the vehicle’s immediate availability will depend on the commitment and participation of the local Red Cross branch.
Strengthen the team with social players

The initial team should be expanded with the participation of one representative from each social player identified who has attended the basic planning workshops. For example, in addition to the local coordinators (two), there will be one representative from the education network, one representative from the municipality, one representative from community-based organizations, one from the Red Cross (besides the coordinator), and, likewise, one from the health care facilities. Participation may be expanded to include more than one representative, depending on the interest and expertise of the representatives.

Expanding the team with the participation of a representative from each of these local players will decentralize control and encourage transparency—two elements necessary for success.

The players are not passive, but rather active members and leaders of the team. They will each initiate a large-scale intra-institutional mobilization within their networks. (For example: In Huancané, Peru, members of the “education” network mobilized 270 educators and 8,000 parents). Community-based organizations, health promoters, Red Cross volunteers, etc., will carry out similar mobilizations within their own networks. It is necessary that the expanded team include coordinators or representatives of these networks to effectively promote the key practices throughout the entire community. This team will meet periodically based upon a predetermined schedule.

The minutes book will be used to record the participation of the networks, systematize processes and record agreements.
Meetings to organize involvement of the players

The first formal activity that should be recorded in a minutes book is the schedule of activities that the local coordinators decide to organize based on their current knowledge and experience.

First, it is necessary to describe the purpose and objectives of the participation of each of the players.

The objective is to alleviate children’s health problems by promoting the key practices in families and the community.

The local players will identify local health problems and direct the flow of information about the key practices.

The expanded team can use the following scheme if necessary:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Objective of the activity</th>
<th>Executors (players)</th>
<th>Methodology</th>
<th>Time and budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meetings with</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each monthly or semimonthly activity must be mutually agreed upon by all the players. The following questions should be answered for each of the activities included in the schedule:

- To what key practice or practices does the activity relate? (Example: Teachers’ meeting to identify problems regarding breastfeeding exclusively and caring for pregnant women, and then a parent-teachers’ meeting to identify problems with respect to the same topics.)
Is it an activity that generates conditions for the practice to be effectively implemented? (Example: Meeting of the municipal network for the purpose of providing information on the IMCI community component and for learning possible ways to generate the physical conditions necessary for families to be able to observe the practices.)

The project is an ongoing exercise in acting as a team, not an automatic carrying-out of activities. The local team must have a very clear response to the questions “Why?” and “What for?” in regard to the activities. These are questions that the local team must continually ask, and the answer must be very clear to all the social players in order to be able to direct their action within a network.
5 Interventions

Activities for players and networks

Community IMCI requires that each of the social players have a clearly defined role.

Their responsibilities should be integrated into the work they normally perform. For example, a teacher could identify, together with parents and students, inadequate health practices in a locality. Thus, players would continue to do what they always do, but now fulfilling their roles has added significance because of their involvement with Community IMCI. Each social player has a different role, but incorporates the same elements (the key practices) in order to enhance the care of children under 5 years of age and pregnant women in the community.

Examples of players and networks

For the situation analysis of the local area, a sketch or map was drawn in which all the social players in the locality were identified. This map is necessary to the community component, since it reveals all the human and organizational resources in the area. The players--public or private institutions and organizations--are symbolized on the map:
Let’s take a look at some examples:

■ In Huancané, Peru:
Huancané is a district with an Aymara Indian population of 27,800 inhabitants. Eighty-five percent of the population is scattered and rural. Huancané has 101 communities. Health care services are provided by Huancané Hospital and nine level-one facilities in the district. There are approximately 15 active CHAs who are connected with the health care facilities. Another of the networks identified is the lieutenant governors. This network is made up of 101 lieutenant governors—one per community—and they meet every two weeks with the governor in the district capital. The lieutenant governors are elected by the community and they are tasked with security and community monitoring.

The network of educational services, provided via approximately 200 teachers on the preschool, primary, and secondary levels, as well as the non-school mode of instruction, reaches around 9,000 students and, by extension, the students’ parents.

■ In Yamaranguila, Honduras
The municipality of Yamaranguila has a population of approximately 14,000 inhabitants, and its network, the municipal corporation, reaches 36 communities in Yamarangila. Each community has a community council, which is the community authority, composed of nine elected representatives. In addition, each community has a deputy mayor. Both the president of the community council and the deputy mayor have monthly or semimonthly meetings with the mayor and the municipal corporation. In the district capital, the mayor’s association with health care, education, and other networks is an ongoing exercise. The other important network is the CHA network, along with a number of health care volunteers.

■ In the municipality of Mistrató - Risaralda, Colombia
In this community with a population of 18,000, one of the players identified is child, youth and adult education on the basic primary and basic secondary levels. This education network consists of 53 education centers and around 100 teachers.

1 Community authorities who report to the governor (district authority), who in turn is the representative of the subprefect (provincial authority), who reports to the prefect (departmental authority) appointed by the President of the Republic.
Education

This social player has its own network: Teachers and students and, by extension, parents. In each locality—district, municipality, canton or parish—there is a network of education centers. The value of this network lies in its permanent human resources: The teachers who regularly, i.e. every year, train students and contact parents in their locality.

What, then, is the role and responsibility of educators? It is to educate and train students, as well as to hold parent meetings in order to strengthen this process. Society values educators in this role, and they therefore are respected members of the community.

A teacher in a classroom of secondary school students could begin by informing them that through some research (for example, the research of the community project) it was discovered that the majority of children under 2 years of age eat watered-down soups (broths), and that because of this they suffer from malnutrition. This problem is a springboard to ask the students, “Why is this happening?”

“Why” is a methodological question that educators use to elicit reasons from the students and prompt them to act by asking, “What do we do?” During the times normally scheduled for meetings with parents, teachers can use the same process, along with the same questions, and also finish up by inciting parents to action by means of the question, “What do we do?”

A group of teachers will have to be trained to “educate the educators” in the problem-identifying methodology of basic planning. Any health problem can be approached in this manner. A three-day workshop following the sequence below is recommended:
Situation analysis of the local area: map, sketch.
■ The social players in that area.
■ Education as a social player: Characterization of teachers' opportunities for communication
■ The problem or problems with respect to children’s health. Exercises.
■ How do we tackle these problems? Why? Exercises.
■ Network working plan. Basis for the education self-evaluation.

Guidelines for the educators’ workshop

Projecting the number of families reached: The education network in an area -- for example, Huancané, which has 240 educators, reaches 9,500 students who have contact with 4,800 parents in a district of 24,000 inhabitants. So this social player (education) can reach around 40 percent of the population or more.

Why would educators want to participate?
■ To learn a methodology that can be applied to other studies. Since teachers will have been trained in adult education, they can apply this interactive methodology to any aspect of teaching. Remember that in the majority of countries, traditional, vertical and didactic-style education persists.

■ For greater esteem from parents and students.

In order to involve teachers and ensure sustainability, local coordinators must inform and involve the administrative heads of education in the locality.
6. What each player does and how each does it?

The training workshops for educators (just as for the other social players) must culminate in a working plan, drawn up by the education network itself, that will be used for monitoring by local coordinators.

As an example of a working plan, we share the one drawn up by the network in Pucarita, Bolivia:

**Working plan drawn up upon completion of a workshop for teachers**

<table>
<thead>
<tr>
<th>Educational center</th>
<th>Structure and network</th>
<th>Working plan of the education network: Together with parents and students September-november</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.J. Torres</td>
<td>Teachers: 24 and 12</td>
<td>To involve the twelve (12) school counselors and, via the counselors, to involve all students.</td>
</tr>
<tr>
<td></td>
<td>Counselors: [sic]</td>
<td>This quarter, 200 parents will be reached and all students will receive basic information.</td>
</tr>
<tr>
<td></td>
<td>Students: 884</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents: 600</td>
<td></td>
</tr>
<tr>
<td>Ceferino Namuncurá</td>
<td>Teachers: 16 and 9</td>
<td>Through the counselors to all students:</td>
</tr>
<tr>
<td></td>
<td>Counselors:</td>
<td>Giving a copy of basic information to nine school counselors, reaching 100 parents and all students.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Students: 263</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents: 132</td>
<td></td>
</tr>
<tr>
<td>Jorge Trigo</td>
<td>Teachers: 38 and</td>
<td>Meeting with the school board in order to involve all educators and, in particular, the 18 counselors.</td>
</tr>
<tr>
<td></td>
<td>Counselors: 18</td>
<td>Holding a health fair (September 25th) for disseminating the key practices.</td>
</tr>
<tr>
<td></td>
<td>Students: 831</td>
<td>Reaching 300 parents and 500 students.</td>
</tr>
<tr>
<td></td>
<td>Parents: 560</td>
<td></td>
</tr>
<tr>
<td>Bolivia Zona Maica</td>
<td>Teachers: 28 and</td>
<td>Through the counselors to all students:</td>
</tr>
<tr>
<td></td>
<td>Counselors: 28</td>
<td>Involving 28 counselors.</td>
</tr>
<tr>
<td></td>
<td>Students: 660</td>
<td>Informing 100 parents and 100 percent of students.</td>
</tr>
<tr>
<td></td>
<td>Parents: 180</td>
<td></td>
</tr>
<tr>
<td>Primero de mayo</td>
<td>Teachers: 28 and</td>
<td>Hold a health fair by coordinating with the Red Cross and the local health ministry.</td>
</tr>
<tr>
<td></td>
<td>Counselors: 28</td>
<td>Involving the 28 counselors in order to reach 400 parents and all students.</td>
</tr>
<tr>
<td></td>
<td>Students: 840</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents: 400</td>
<td></td>
</tr>
<tr>
<td>San Antonio (Afternoon</td>
<td>Teachers: 45 and</td>
<td>Via the 35 counselors we informed, reach 300 parents and 800 students between September and November.</td>
</tr>
<tr>
<td>and morning)</td>
<td>Counselors: 35</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Students: 1,400</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents: 600</td>
<td></td>
</tr>
<tr>
<td>Visión Mundial</td>
<td>Teachers: 30 and</td>
<td>Via the 20 counselors involved, reach 300 parents and 100 percent of students.</td>
</tr>
<tr>
<td></td>
<td>Counselors: 20</td>
<td>Hold a nutrition fair.</td>
</tr>
<tr>
<td></td>
<td>Students: 876</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents: 550</td>
<td></td>
</tr>
<tr>
<td>San Fco. de Asís</td>
<td>Teachers: 32 and</td>
<td>Via the 16 counselors, inform all students and 200 parents about key practices.</td>
</tr>
<tr>
<td></td>
<td>Counselors: 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Students: 886</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents: 440</td>
<td></td>
</tr>
</tbody>
</table>
Guide for local coordinators, Red Cross volunteers and health care workers

There are two resources for working with the network of educators: the “Guide for Teachers and Their Schools” and the “Key Practices Module.” The guide provides teachers with ways to share the key practices: e.g., at meetings with parents, with students and with other teachers. The key practices module presents the subject matter to be taught by each player.

**The Teachers’ Guide covers the following:**

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>SUBJECT MATTER</th>
<th>METHOD OF USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To advise teachers regarding the relationships that they can establish with parents, children, and the community, especially in relation to the key practices.</td>
<td>Methodology for adults to identify problems with respect to the key practices, making use of the opportunities provided by students and parents—mothers in particular.</td>
<td>This material must be shared at the level of the local heads of education and requires a workshop or explanatory meeting and exercise regarding its use.</td>
</tr>
</tbody>
</table>

**Materials:** GUIDE FOR TEACHERS AND THEIR SCHOOLS and KEY PRACTICES MODULE

There are two resources for working with the network of educators: the “Guide for Teachers and Their Schools” and the “Key Practices Module.” The guide provides teachers with ways to share the key practices: e.g., at meetings with parents, with students and with other teachers. The key practices module presents the subject matter to be taught by each player.

**Counselors:** Education professionals who meet with parents and counsel students. They are teachers designated to perform this additional duty.

**Azirumarca**
- Teachers: 11
- Counselors: 11
- Students: 286
- Parents: 158

Inform the school board and involve the 11 counselors. Via the counselors, reach all students and 100 parents this quarter.

**Elizardo Pérez**
- Teachers: 20
- Counselors: 20
- Students: 600
- Parents: 280

Via the 20 counselors, reach all students and 200 parents.

**NETWORK TOTALS**
- 272 teachers and 197 counselors
- 7,526 students
- 3,870 parents

**Projection to November:** 197 counselors involved, 2,200 parents attending meetings, and 6,595 students informed about key health practices. Focus: Prioritized key practices in Pucarita: Danger signs, vaccinations, feeding starting at 6 months of age, caring for pregnant women.

The Red Cross, together with the ministry of health, is also responsible for implementing the IMCI community component at the local level. But as an organization, it is also an important network made up of Red Cross volunteers. The volunteers freely decide to dedicate time to the effort. The Red Cross specializes in the organization and management of care in cases of disasters and emergencies. With Strategy 2010, community health has been incorporated into the Red Cross’s institutional philosophy and actions.
Thus, by means of Strategy 2010, Red Cross volunteers will incorporate the community component of the IMCI strategy into their actions. They will be able to identify the risks to mothers and children and to promote and disseminate the key practices associated with these risks through their vast network. For example, in Cotahuma, Bolivia, the prioritized practices are: Breastfeeding and complementary feeding, vaccination of children under 1 year of age, warning signs for children, care of pregnant women and management of sick children.

A training workshop for Red Cross volunteers should last two days and follow the sequence below:

- Situation analysis of the local area: Map, sketch.
- The social players in that area.
- The problem or problems with respect to children’s health. Exercises.
- The new role of the volunteer.

**Materials: GUIDE FOR RED CROSS VOLUNTEERS and KEY PRACTICES MODULE**

The “Guide for Red Cross volunteers” provides advice regarding the work that can be done for children under 5 years of age. The “Key Practices Module” presents subject matter to be discussed by each player.

**The Guide for Red Cross volunteers covers the following:**

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>SUBJECT MATTER</th>
<th>METHOD OF USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide advice regarding the work that Red Cross volunteers can do for children under 5 years of age and pregnant women.</td>
<td>Aspects of promotion, prevention and key practices. Risk maps and the identification of risks to the health of children under 5 years of age and pregnant women have been incorporated into this guide.</td>
<td>In training workshops, after having identified the local volunteer resources who will take on an added role over and above their usual job.</td>
</tr>
</tbody>
</table>
Community-based organizations constitute one of the most important social players for the community component since with their number, structure and dynamics they can reach all the families. Community-based organizations can be categorized according to their different objectives and interests, e.g. women’s clubs, neighborhood committees, community associations, a network of community councils, water boards and irrigators’ committees, etc.

For example, in Cotahuma, Bolivia, there are 62 neighborhood councils that form a level-two structure called the community association. The presidents of the neighborhood councils are elected democratically and meet every month. In order for the 62 presidents of the neighborhood councils to know how to act, they need to attend a one-day workshop or meeting in which the presidents can share relevant information on promotion of the key practices in general, and the prioritized practices in particular, within their organizations.

These organizations also need to respond to members’ (e.g. fathers or mothers, youth, etc.) concerns as a means of identifying problems (for example, “Why are only 27 percent of children vaccinated in our locality?”).

The workshop can include the following:

- Situation analysis of the local area: Map, sketch.
- The social players in that area and the specific role of community-based organizations.
- The problem or problems with respect to children’s health.

**Materials: GUIDE FOR DIRECTORS OF COMMUNITY-BASED ORGANIZATIONS**

There are two resources for working with the directors of community-based organizations: “Guide for Directors of Community-Based Organizations” and the “Key Practices Module.” The guide provides advice regarding the work the directors can do for children under 5 years of age, and the module presents the subject matter to be discussed.
6. What each player does and how each does it?

The Guide for Directors of Community-Based Organizations covers the following:

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>SUBJECT MATTER</th>
<th>METHOD OF USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To support the directors in their task of promoting the prioritized key practices in their community-based organization.</td>
<td>Aspects related to the key practices and regarding the strengthening of their organization: Map, radars and basic health data.</td>
<td>In meetings with organizations. By providing examples using the testimonies of the parties in charge.</td>
</tr>
</tbody>
</table>

### Health care workers

Together with the Red Cross, health care workers are among the leading players in the community component. Like the Red Cross, they have two roles.

A promoting role by prompting other social players to incorporate, via their networks, strategies that facilitate implementation of the prioritized practices.

The other is an executing role through the health care network: Health care facilities and their human resources.

The health care facilities must incorporate the clinical component of the IMCI strategy as well, such as medicines, referrals and counter-referrals, since these are conditions for combating problems effectively.

In addition to promoting the key practices, health care facilities must:

- Improve a simple community monitoring system,
- Improve patient treatment,
- Promote frequent meetings with the social players.

The workshop for health care workers will last two days. In order to involve all personnel, it is necessary to follow the same sequence as above:

- Situation analysis of the local area: Map, sketch.
- The social players in that area and the specific role of health care.
- The problem or problems with respect to children’s health.
- Working plan
The Guide for Professional and Technical Personnel from Health Care Facilities covers the following:

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>SUBJECT MATTER</th>
<th>METHOD OF USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide health care workers with advice regarding improving the quality of care in their facilities and the work that can be done together with the community.</td>
<td>Analysis of the local situation and the social players. Community monitoring model: Map, radar. Improving quality. Referrals and counter-referrals.</td>
<td>Via the project coordinators, so that these matters are discussed internally in the health care facilities.</td>
</tr>
</tbody>
</table>

Local municipal government

Local governments constitute another relevant social player. Countries are in different stages of development as far as decentralizing and involving the municipalities in health care, but the general trend is to approach the responsibility for—and management of—health care and education via the local governments.

Through the mayor, local governments convene meetings of the public, make agreements, lead, and allocate budgets for their community.

Local governments can help to establish social practices that facilitate the implementation of the key practices in the community (e.g. immunization campaigns promoted by the mayor).

The meetings with the municipality/local administration can last one day and must enable the mayor to tackle the political aspects of maternal and child health. The plan to be followed in this meeting is the same as above:

- Situation analysis of the local area.
- The problem within that area.
- The social players in that area.
- The local government and what it can do.
6. What each player does and how each does it?

- The prioritized key practices.
- Working plan.

**Materials:** GUIDE FOR PROFESIONAL AND TECHNICAL PERSONNEL FROM HEALTH CARE FACILITIES and KEY PRACTICES MODULE

To assist the work of the Local Government, there are two resources: The “Guide for Mayors in Their Local Government” and the “Key Practices Module.” The guide examines what mayors can do for children under 5 years of age and pregnant women within their jurisdiction. The practices module presents the subject matter to be conveyed.

The *Guide for Mayors* covers the following:

<table>
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<tr>
<td>To motivate the mayors to exercise their responsibility and power creatively in local health matters.</td>
<td>The conditions of families’ immediate surroundings related to the key practices: Waste management; water, food; broadcasting and holding meetings with other players as social practices.</td>
<td>After having exchanged opinions, identified problems in analysis workshops or committed to an interpersonal relationship between the health care network and the Red Cross on the one hand and local governments and mayors on the other.</td>
</tr>
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</table>

**Community health agents**

Community health agents (CHAs) provide basic services in their community, with emphasis on home visits for counseling, identification of warning signs, timely treatment and behavior change.

The training that should be provided is similar to other social players.

1. ‘Situation analysis’ of the local area.
2. The problems within that area.
3. The social players in that area.
4. The CHAs and what they can do (five days).
5. The prioritized key practices.
6. Working plan (follow-up).
**Materials:** GUIDE FOR FACILITATORS, MANUAL FOR CHAs from each country, and KEY PRACTICES MODULE.

The *Guide for Facilitators* covers the following

<table>
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<tbody>
<tr>
<td>To support the process of training community health agents.</td>
<td>Contains the methodological guidelines from identification and training to follow-up of CHAs</td>
<td>After identifying the CHAs in the local area and planning an educational program, making use of the CHA Manual that each country has adopted.</td>
</tr>
</tbody>
</table>
To evaluate the program, a baseline study must be conducted of those practices that are perceived to be a problem. For example, the six practices prioritized in Cotahuma were breastfeeding, complementary feeding, vaccinations, warning signs, care for pregnant women and management of sick children. Focus groups may be organized over the course of the project—not just at the beginning and end—to determine how the messages are being received and whether perceptions and behavior are changing regarding these six practices. Additionally, there should be a standard monitoring form for use by all the players.

The end-of-the-year self-evaluation meeting and year II operating plan

At the end of the first year, the social players must meet to analyze the interim results based on focus group data. The operating plan for the second year must specify a process for identifying problems and lessons learned. It must contain ways to adjust the strategies, if necessary, to achieve the greatest impact and coverage.
Guide for local coordinators, Red Cross volunteers and health care workers