

IMCI COMMUNITY COMPONENT



Guide for Red Cross volunteers



IMCI COMMUNITY COMPONENT

Guide for Red Cross volunteers



Child and Adolescent Health
Family and Community Health
Integrated Management of Childhood Illness (IMCI)



PAHO HQ Library Cataloguing-in-Publication

Pan American Health Organization.

IMCI Community Component: guide for Red Cross Volunteers.

Washington, D.C: PAHO, © 2005.

(Series OPS/FCH/CA/04.2.(7).I)

ISBN 92 75 12517 1

I. Title II. Series III. Red Cross IV. United Nations

1. CHILD WELFARE

2. VOLUNTARY PROGRAMS

3. COMMUNITY HEALTH SERVICES

4. INSERVICE TRAINING

5. RED CROSS

NLM WA 320

Series OPS/FCH/CA/04.2 (7).I

The Pan American Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full. Applications and inquiries should be addressed to Child and Adolescent Health Unit, Family and Community Health Area, which will be glad to provide the latest information on any changes made to the text, plans for new editions, and reprints and translations already available.

Publications of the Pan American Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. All rights reserved.

The designation employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the Pan American Health Organization concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or certain manufacturers' products does not imply that they are endorsed or recommended by the Pan American Health Organization in preference to others of a similar nature that are not mentioned. Errors or omissions excepted, the names of proprietary products are distinguished by initial capital letters.

CONTENTS

ACKNOWLEDGEMENTS	5
INTRODUCTION	7
1. Justification	8
The Family	8
The Community	10
2. Principles of the Red Cross movement	11
3. What is IMCI and what is the Goal of Its Community Component?	12
4. Working within a network	13
5. Who makes up the network of children’s health advocates?	14
6. What can social players accomplish by working together?	15
7. What can our network of Red Cross volunteers do?	18
Disasters and emergency response	18
Promotion of -and support for- community health	18
8. How can we do this	22
Home visits	22
Working within the community	23
9. Working guides	24
WORKING GUIDE 1: Identifying risk situations	24
WORKING GUIDE 2: IMCI and key practices	26
WORKING GUIDE 3: Identifying resources	28
WORKING GUIDE 4: Risk management plan; assessing the development process	30
WORKING GUIDE 5: Self Assessment Exercise	32

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

This guide was sponsored by the IMCI Regional Community Project, with funds from the International Services Division of the American Red Cross (ARC), Washington, D.C., and the United Nations Foundation (UNF).

We would like to express our gratitude to all the local coordinators in the countries, whose participation in the project workshops and meetings inspired this guide, as well as all the technical staff who turned this input into messages or participated in their validation.

Technical assistance for the guides in this series was provided by Mr. Christopher Drasbek, Regional Advisor on IMCI, Child and Adolescent Health, Family and Community Health, PAHO/WHO; Dr. Yehuda Benguigui, Unit Chief, Child and Adolescent Health, Family and Community Health, PAHO/WHO; Mr. Matthew Chico, Regional Director for the Americas, American Red Cross, and the team of the IMCI Regional Community Project.

INTRODUCTION

Children are born into families, but as we know from the African proverb, “*It takes a village to raise a child.*” The survival and development of the child are the result of the combined efforts of the family and community, their cultural practices and customs and their living conditions.

Children’s first learning experiences happen at home. Later, as their world gradually expands beyond the home, their exposure to other people and institutions—including daycare centers, schools, churches, health care facilities and community organizations—dramatically influences their development. Parents count on these support services to help their family and children thrive.



Thus, there is a strong connection between family and community. The positive synergy between these two elements helps a child develop a healthy and productive life.

But the reality of our community is that there are many problems related to health, education, nutrition, safe drinking water, etc.

Our role as Red Cross volunteers in the community is to guide families in seeking solutions to problems they identify and to help organize their efforts to successfully achieve those solutions.

This guide discusses how we fulfill our role as Red Cross volunteers and as one of the “social players” responsible for the health of children under 5 years of age and pregnant women.

1

Justification

The Family

Most likely, a child is born healthy if his mother took care of herself during the pregnancy (e.g. by eating well, receiving a tetanus vaccination, having regular prenatal checkups, giving birth at a health care facility, etc.).

Once children are born, they live in a **physical environment** very different from the mother's womb. Depending on where a child lives, he may be exposed to inherent environmental risks (e.g. contaminated sources of drinking water, exposure to viruses, toxins and other pathogens, extreme climate or weather patterns, etc.) Coping with this physical environment can be a life-long challenge.

Likewise, newborn children become part of a **social environment** that includes family and community. They are exposed to local customs and cultures, and the economic livelihood and prosperity of their families and those around them. Their social environment helps to shape their attitudes and perceptions



A child's healthy development and education are reinforced by socialization in the family and community.

A child's physical and social environment is made up of varied relationship circles. Typically, a child starts out in small relationship circles, consisting of mother, father, and family members. By adolescence, children are part of broader circles consisting of neighborhood, schools and clubs. As adults, they become part of more general circles, such as the community, district and larger organizations.

A child's well-being is affected by the knowledge, attitudes and practices of these social circles. Imbedded in her culture are positive health practices that need to be reinforced as well as negative ones that must be corrected. This guide will highlight some of these behaviors.



A child’s development will differ depending on family practices and the living conditions in the home and community.

Thus, families with **INADEQUATE PRACTICES** expose the child to the risk of illness, aggravated illness and even death.

In contrast, if the family implements some **KEY FAMILY PRACTICES**, the child will **GROW UP HEALTHY**.

For example:

Every year, **MORE THAN 500,000 CHILDREN DIE** in the Americas before reaching 5 years of age.
WHY DO THEY DIE?

	
Close to 257,000 of these deaths are caused by MALNUTRITION AND INFECTIOUS DISEASES , such as pneumonia, diarrhea and malaria, which could be prevented or treated.	Many of these deaths could be prevented if the families KNEW and IMPLEMENTED SOME HEALTHY PRACTICES .
<input type="checkbox"/> The majority of infant deaths are due to perinatal causes.	The majority of these deaths could be avoided with adequate care provided to the mother before, during and after childbirth.
<input type="checkbox"/> Over 97,000 die each year from pneumonia.	Ten percent of these deaths could be avoided with quality food in sufficient quantity starting at 6 months of age.
<input type="checkbox"/> Over 90,000 die each year from diarrhea. <input type="checkbox"/> Many children die because they ARE NOT TAKEN IN TIME to be seen by health care personnel or they do not receive the necessary treatment and care.	Almost all of these deaths could be avoided with timely medical care, adequate treatment, healthy food and plenty of fluids.
<input type="checkbox"/> Almost 30,000 of these deaths are related to malnutrition.	Many of these deaths could be avoided if infants are fed only breast milk up to 6 months of age.
<input type="checkbox"/> Malaria is also a cause of illness and death in some children.	Many deaths could be avoided if children slept under insecticide-treated mosquito nets.
<input type="checkbox"/> Measles cases have been reduced considerably, but vaccination coverage has to be maintained.	If children were to receive a measles vaccine before they reached 1 year of age, then measles could be more easily eliminated.

The absence of these key practices in adults who are raising children under five years of age leads to serious problems.

The Community

Before the age of 5, all of the support that contributes to children's development comes from within the family and community, e.g., daycare centers and health facilities. As children grow older, their network of relationships continues to expand. They begin to interact with people from school, clubs, neighborhood and community recreation centers. Parents, too, contribute to their children's development by participating in the dynamics of the community, i.e., by belonging to women's organizations, local committees or clubs, boards of directors of various organizations, and committees of the Red Cross.

Thus, there is a very strong connection between families, schools, health care facilities and other community resources. All play a role in teaching children what they need to know in order to lead healthy, productive lives, and all help foster social relationships and interpersonal bonds.

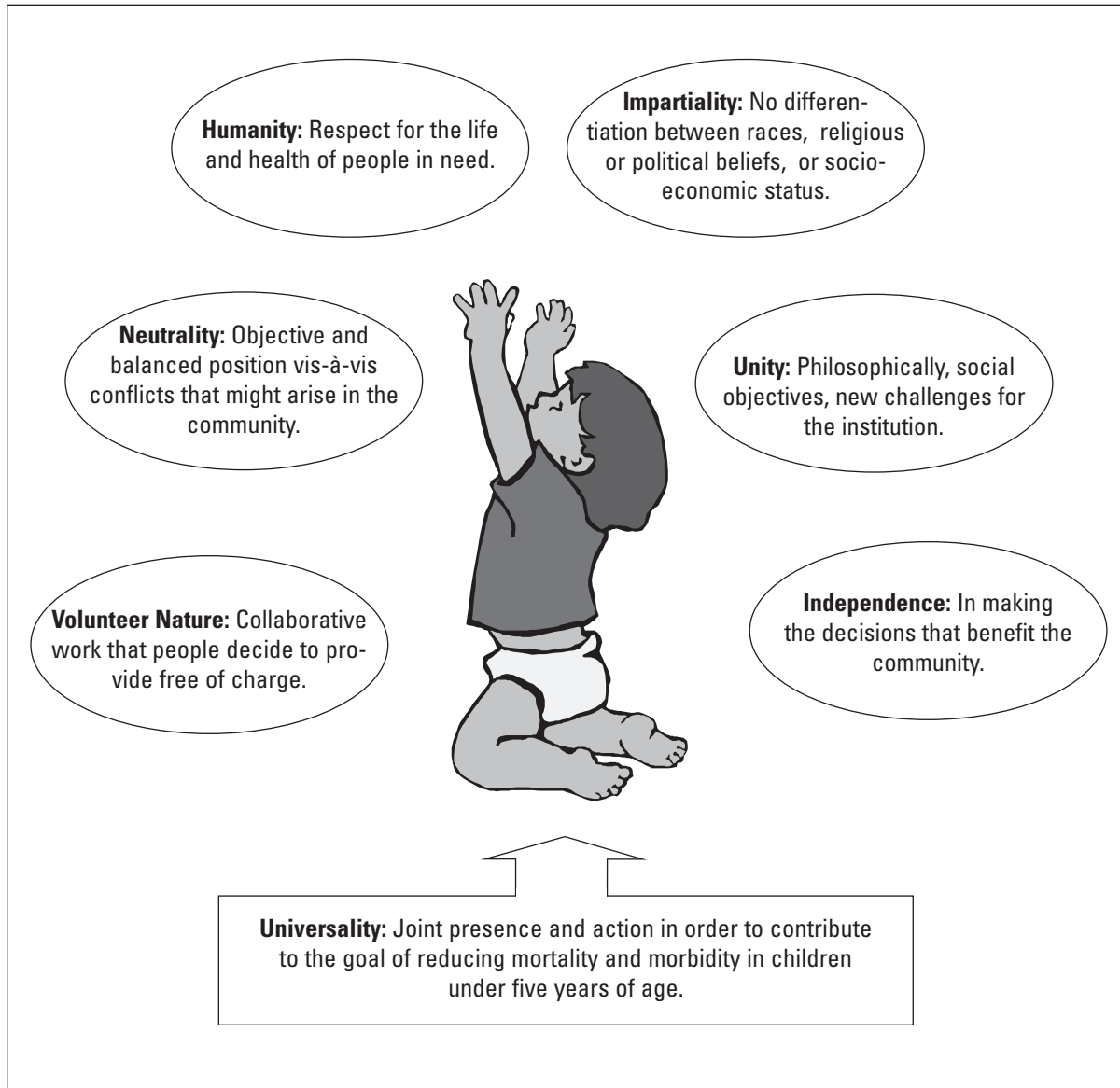
Health, self-esteem, and knowledge are fundamental to children's development. Children must grow up healthy, learn to live in harmony with others, love themselves, accept their own limitations, and respect the rights of others. They should maintain a curiosity about life, discover their potential, persevere in the face of challenges, stay motivated until they accomplish their goals, and gain self-confidence throughout their lives.

All of us want to live a better life. We all need to be active community members if we want to enjoy physical, mental and social fulfillment.

2

Principles of the Red Cross movement

These core principles of the Red Cross Movement are underscored in the community component of the IMCI strategy.



How many children under 5 years of age and how many mothers who give birth become sick or die each year in our locality? Why?

3

What is IMCI and what is the goal of its community component?

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.

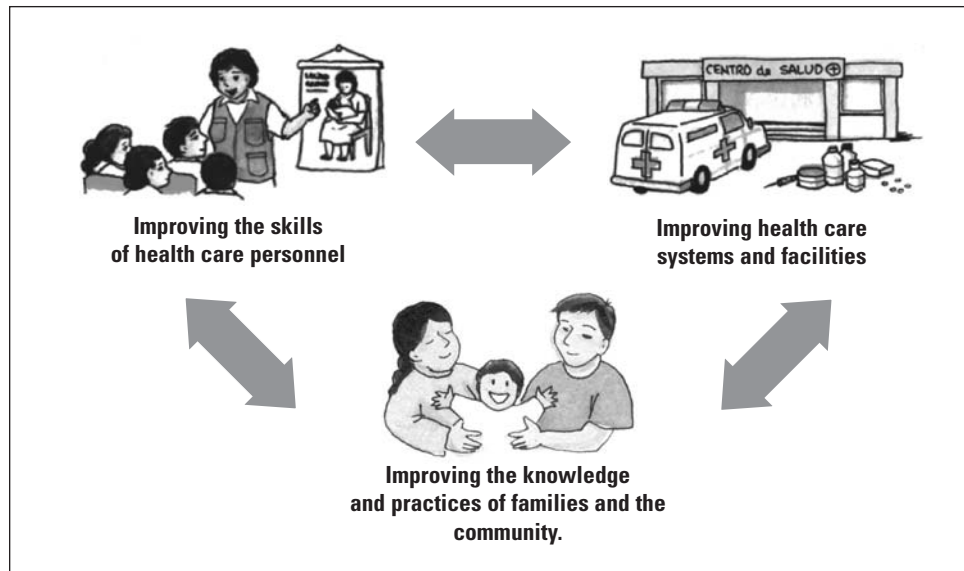
Currently, the science and technology exist to control the diseases that cause the majority of deaths among children under 5 years of age. However, many children continue to die.

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:



In order to save lives, it is important to achieve widespread implementation of Community IMCI as rapidly as possible. Its success will be reflected in the increasing numbers of safe childbirths and the improved health of children worldwide.

4 Working within a network

Although the challenge is big, we can reduce mortality and improve the health of children through 16 key practices.

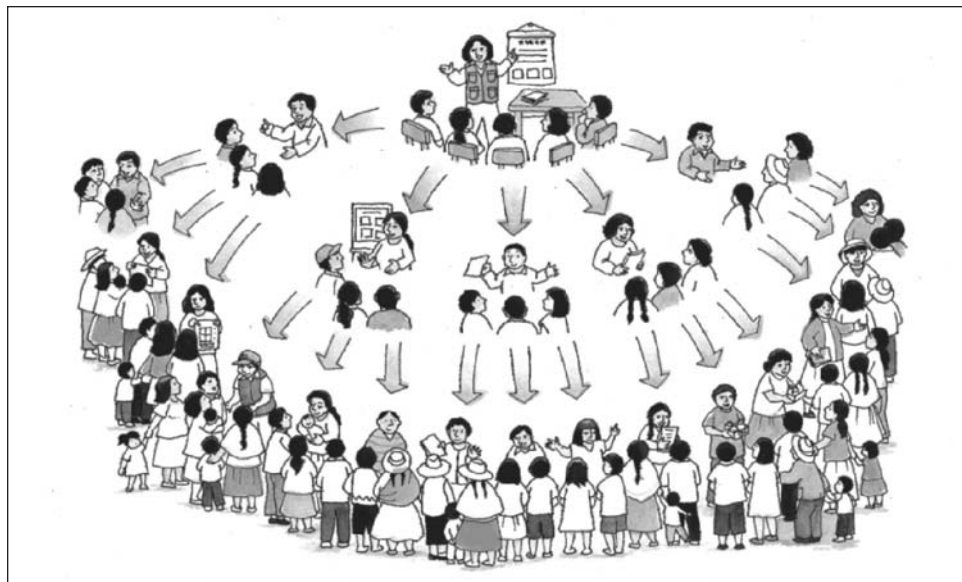
These key practices must be used and promoted widely by all caregivers and community health personnel. Over time, these practices will be adopted by future generations and ingrained into the culture of communities. But for now, we must work together to reach one household at a time.

We must work within a network

In order to promote this guide among fellow Red Cross volunteers and earn their commitment, we must meet with other offices of our own Red Cross branch and volunteers from other branches. We should present and explain the experiences that we have had using IMCI in our communities.

Each volunteer represents the opportunity to reach several homes in the community. The more volunteers who participate, the greater the coverage. Let us share this guide with them so that we can reach all of the families in our communities.

Hay que aprovechar todas las oportunidades posibles para intercambiar información y coordinar el trabajo con dirigentes, agentes comunitarios de salud de la comunidad y del municipio, y otros actores sociales que puedan contribuir a cambiar las prácticas inadecuadas y a crear condiciones saludables en el medio.

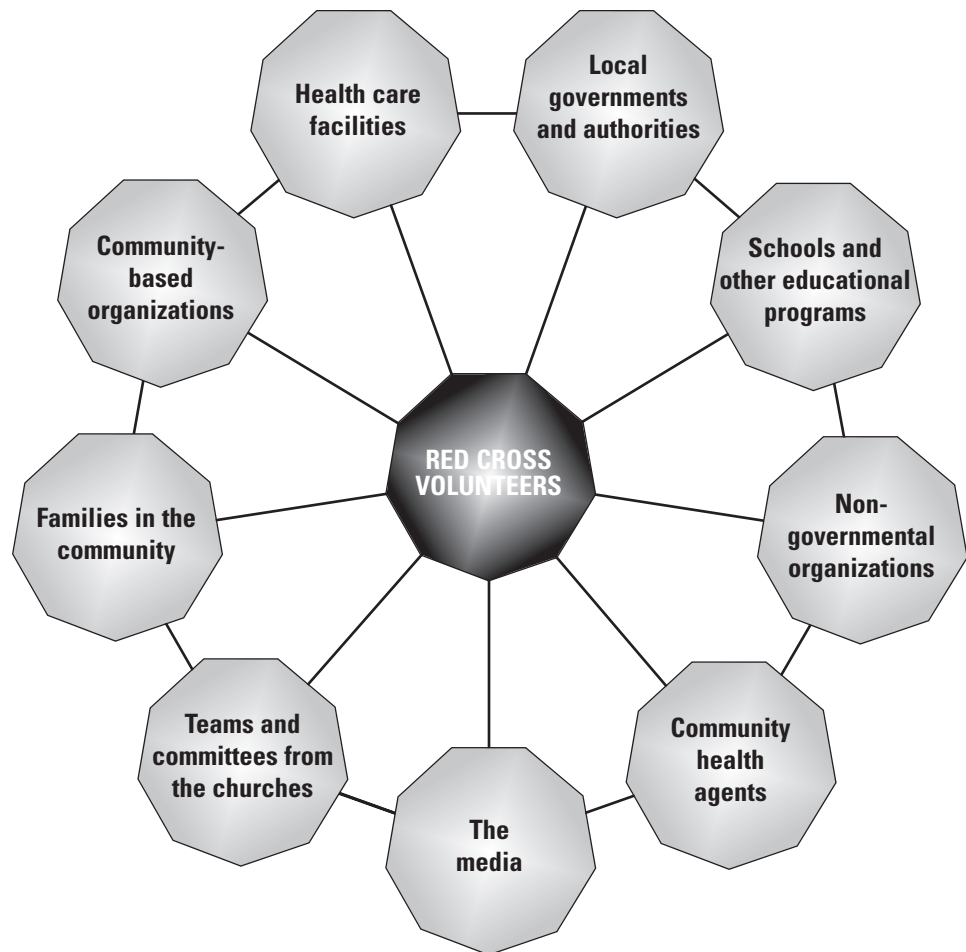


Let us take advantage of every opportunity we have to exchange information and coordinate efforts with leaders and community health agents (CHAs) in our locality and municipality, as well as with other social players that can contribute to our goal to improve health practices.

5

Who makes up the network of children's health advocates

Numerous institutions and people are doing their part to improve children's health. Together we can form a huge network.



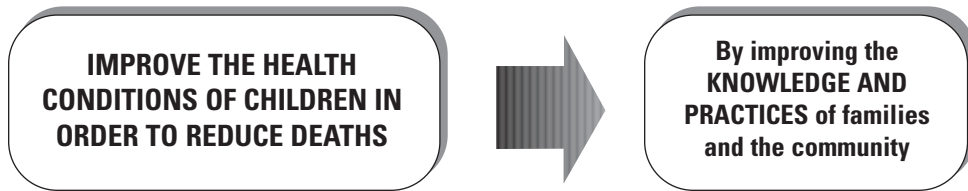
We are all responsible for community health. **Red Cross** volunteers share this responsibility. We are part of the network.

6

What can social players do by working together?

We all are recognized “social players” in the community to the degree that we contribute to the social dynamics of the community.

All social players such as Red Cross volunteers, community health agents, schools, churches and local organizations can contribute to implementing Community IMCI by sharing knowledge, promoting health practices to be implemented in the home, and reinforcing these practices in the community. Working together, we can have an even greater impact. We can.



By working together in a coordinated manner and promoting key practices, social players can reduce the number of deaths among children under 5 years of age in the Region of the Americas.

Let's review the 16 key practices:

For the proper growth and physical and mental development of boys and girls:



1. Breast milk only.



2. Semisolid and solid foods and continued breastfeeding.



3. Adequate amounts of vitamin A, zinc, iron.



4. Affection, play, conversation. Meeting their needs.

For disease prevention:



5. All vaccinations completed according to age.



6. Clean environment, safe water, hand-washing.



7. Sleeping under mosquito nets in areas where malaria and dengue are endemic.



8. Protecting yourself against HIV/AIDS. Caring for children.

For home care:



9. Food and more fluids when children are sick.



10. Appropriate care and treatment when children are sick.



11. Protect children against mistreatment and neglect.



12. Father's participation in child care and family health.



13. Protection against injuries and accidents.

For seeking care outside the home



14. Recognizing danger signs. Seeking timely help.



15. Following the advice of health care personnel.



16. Prenatal checkups. Tetanus vaccination. Nutrition. Childbirth at a health care facility. Support from family and the community.

7

What can our network of Red Cross volunteers do?

A. The two areas of our work are:

Disasters and emergency response

We have extensive experience in disaster and emergency response, including the development of protocols, procedures, standards, instruments and materials. Risk management¹ is one of our specialties worldwide.

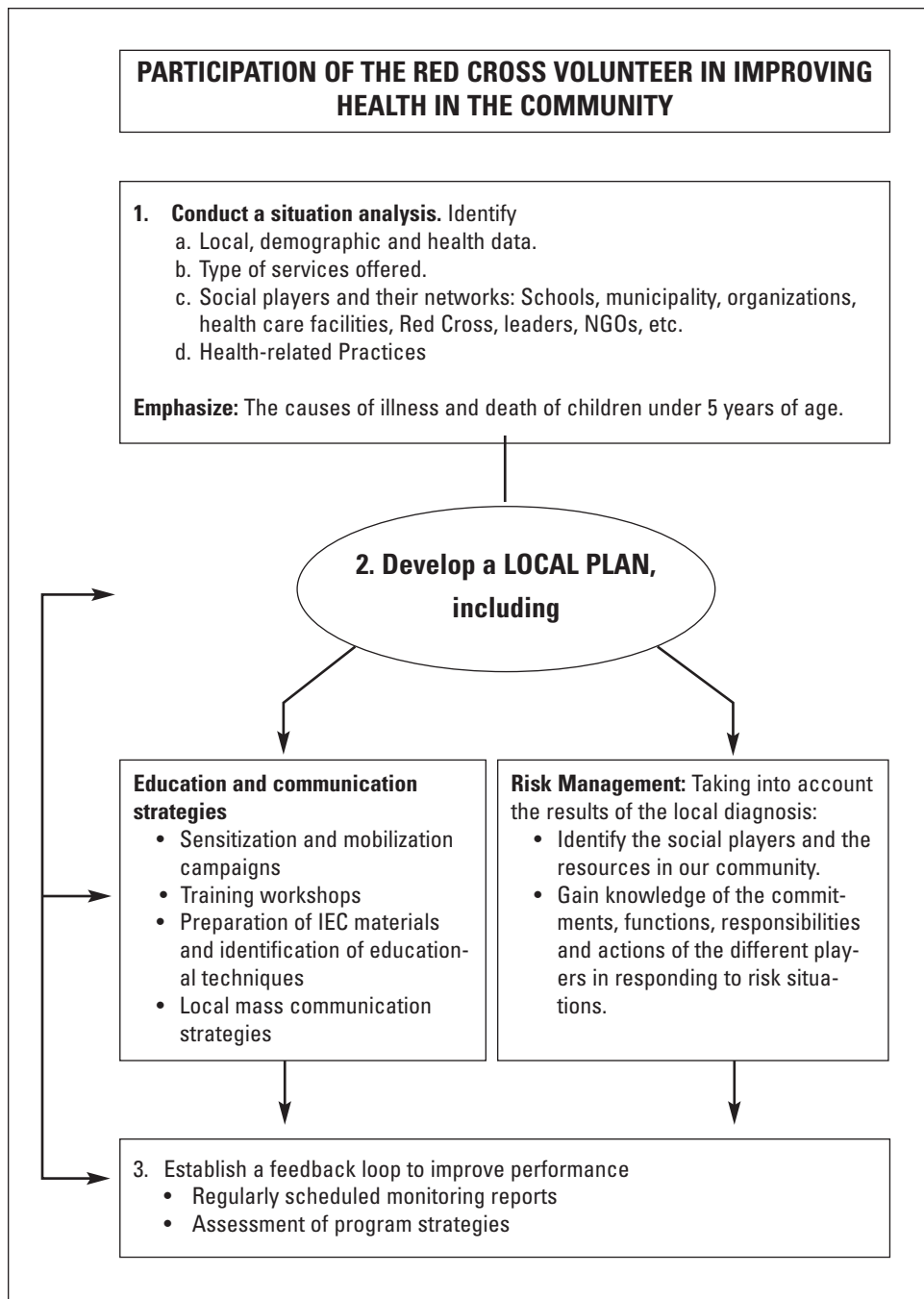
Promotion of—and support for—community health

In this area we strengthen knowledge and skills of volunteers in order to promote and support the use of key practices in the home and community.

Our contribution can be strengthened by working with other “social players” engaged in community health. Red Cross support may include the following three steps:

1. Conduct a **situation analysis** (e.g. identify health practices of families and the community).
2. Develop a **local plan** (e.g. identifying appropriate health education and communications activities, and risk management).
3. Establish a **feedback loop** to improve performance.

¹ Capability of localities to take action with respect to the causes or factors that produce danger or illness.



B. Three steps

1. Conduct a situation analysis

Volunteers participate in data collection and analysis of the target population (e.g. identifying the network of social players and determining its structure and functions; identifying local problems that cause illness and death of children under 5 years of age and pregnant women; and identifying health-related practices of families).

Our main activities will be:

- Touring the community, familiarizing ourselves with the geography, services and social players.
- Reviewing health-related practices of families.
- Gathering information for the local diagnosis.
- Participating in the local diagnosis workshop.

2. Develop a Local Plan

Based on the information gathered during the situation analysis, a local plan will be developed identifying appropriate instructional/educational activities, such as:

- House-to-house mobilization campaigns,
- Training activities (e.g. talks and workshops),
- Preparation of materials (e.g. brochures, flip charts), and
- Identification of learning support techniques (e.g. radio vignettes, plays, puppet shows, etc.).

Our main activities will be to identify, together with the community:

- A calendar of scheduled meetings, conferences, events, etc. that may be used as a medium for information dissemination;
- Existing communication channels that might be useful for specific educational and communications activities;
- Information needs with respect to the production of local materials;
- The best dates/times for carrying out educational and health promotion activities (talks, workshops, etc.).
- Appropriate dates and times for sensitization, mobilization and training activities;
- Appropriate times for home visits (during which volunteers will provide a family health diagnosis, health information, and referrals if necessary).

Additionally, our local plan will include:

- ❑ Strategies to follow-up the commitments made to the family and the community;
- ❑ Community participation in the design and use of IEC materials;
- ❑ Appropriate referrals and follow-up for any child or pregnant woman whom volunteers encounter during home visits who exhibit danger signs of illness.

The local plan will also include **Risk Management**. Localities can transform or change the risk by taking action with respect to the factors that give rise to danger or illness.

- ❑ Taking into account the results of the local diagnosis, our main activities will be:
 - ❑ Identifying all the social players and the resources in our community that can help the response to emergency situations (e.g. media sources, means of transportation, those who can provide aid, etc.). The form in Appendix 1 helps us to identify the social players in our community.
 - ❑ Learning the commitments, functions, responsibilities and joint actions of the different players in order to respond to risk situations.

3. Establish a feed back loop in order to improve performance



In order to evaluate individual and collective progress and achievements and to make **timely** adjustments in our strategy, if necessary, we must prepare, on schedule, a report of our activities using a reporting form (See sample in Appendix 2).

Our main activities will be:

- ❑ Keeping up-to-date records of the activities that we perform, highlighting problems, risk factors and opportunities we encounter.
- ❑ Filling out the report form correctly and submitting it to the coordinator on the dates established so it may be reviewed in a timely manner.

8

How can we do this?

A. Home visits

The home visit is an interpersonal activity that gives us the opportunity to establish a relationship of trust and assistance with the family. Establishing mutual respect is the first step in promoting the use of key practices in the home. In order for the home visit to be useful and complete, we must take into account three important stages: Before, during and after the visit.



Steps in Performing the Home Visit

Antes de la visita:

- Specify what healthy practice is going to be reinforced.
- Prepare the necessary materials for the visit.

During the visit:

- Greet the family and explain the reason for the visit.
- Ask how many children under 5 years of age there are in the house.
- Ask if there are any pregnant women or women who have recently given birth in the home.
- Ask if any of them are sick.
- Evaluate the danger signs in children and pregnant women.
- Evaluate knowledge of protective factors and preventive measures.
- Provide counseling regarding key practices.
- Evaluate by means of observation and demonstration whether the family understood the recommendations.
- Agree on the date for the next visit.

After the visit:

- Verify whether the family understood or is already implementing what they learned.
- Coordinate with community health agents to give the families guidance.
- Identify what hours are the best times for making visits.
- Record the visit, the health problem encountered or the counseling provided, and the date of the next visit.

B. Working within the Community



On the following pages, you will find four “working guides” to assist you in organizing workshops around the following four tasks:

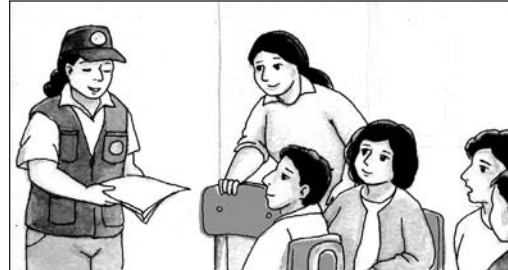
1. Identifying risk situations;
2. Assessing the status of key practices in the community;
3. Identifying resources available in the community;
4. Preparing the Community Risk Management Plan.

In the appendices, you will find a separate printout of reading materials, along with basic definitions for guiding the execution of these tasks, which we recommend you read before initiating sessions or workshops.

Recommendations for conducting workshops related to the four tasks above:

A. Organization

- Agree with the community on the most appropriate date, time and place for the workshops. We suggest that you work on the suggested topics in a period of time of not less than three or four hours.
- Determine the necessary materials required for each topic.



B. Participants

- The “ideal” number of participants in the workshops should not exceed 15 people. However, if the interest in the training exceeds this number, agree with the community on holding a greater number of workshops.
- The groups may be mixed in gender, age, ethnicity, and occupation to foster a richer exchange of ideas and experiences.

C. Conducting the workshop

- For work in groups, suggest that a coordinator, who will organize the discussion, and a secretary, who will take notes and present the results, be democratically selected from within each group (these positions may be rotated).

WORKING GUIDE 1: Identifying Risk Situations**OBJECTIVE:**

To identify risk situations that affect the health of children and women in the home and in the community.

PROCEDURE:

1. **Work in groups:** Identify the risk situations.

Time: 1 hour and 30 minutes.

- Organize the workshop into small groups of four to five people.
- Assign the following questions to each group:
 1. What does risk situation mean?
 2. Do you believe that the children and women in your community are in a risk situation? If so, which ones?
 3. Why do you think that this situation is occurring?
 4. How is this situation affecting children and women?
- For the presentation of the results, ask the groups to use the following table.

TABLE 1. Risk Situations (Causes and Effects)

RISK SITUATIONS	CAUSES Why do you think this situation occurring?	EFFECTS How is this situation affecting children and mothers?
<i>Example:</i> <i>Pregnant women do not go for prenatal checkups</i>	<input type="checkbox"/> Care in health care facilities does not take into consideration cultural patterns	<input type="checkbox"/> Pregnant women have no control over pregnancy outcomes; <input type="checkbox"/> Possible problems in childbirth; <input type="checkbox"/> Children with low birth weight; <input type="checkbox"/> Other.

2. General meeting: Relate causes and effects.

Time: 1 hour and 30 minutes.

- The facilitator will attempt to pick out those situations that are related to the 16 key practices and circle them.
- The facilitator will confirm the cause-and-effect relationship in each of the risk situations brought up by the groups. Set aside this flip chart for completing the analysis using the most common health practices in the community.

3. Work in groups: Shared reading

Time: 1 hour.

- After having read and discussed the supplemental reading, each group will elaborate on the concept of risk situation.
- Each group will copy its work onto a flip chart to be presented in the general meeting.

4. General meeting: Conceptualizing risk situations.

Time: 30 minutes.

- Each group will present its work.
- The facilitator will prepare a summary from the contributions of all of the groups, using the following concept as a reference:
- "Risk situation: Those factors that make the occurrence of a disaster likely. The risk conditions are always present and will depend on our knowledge, skills and practices not to turn into disasters."

Materials

- Fine felt-tip markers (one per participant), heavy-duty felt-tip markers.
- Metaplan cards for responses (15x20 cm cards).
- Adhesive tape.
- Flip charts.

Supplemental reading: Disasters, Vulnerability.

WORKING GUIDE 2: IMCI and Key Practices

OBJECTIVE:

To learn the 16 key practices promoted by the IMCI community strategy to prevent risk situations in children and pregnant women or women who have just given birth.

PROCEDURE:

1. Work in groups: Shared reading.

Time: 1 hour and 30 minutes.

- Divide the group into four subgroups (four or five people each), and using the 16 key practices, randomly assign the groups practices for reading and analysis.

Group 1: The practices that stimulate mental growth and development.

Group 2: The practices for preventing illness.

Group 3: The practices for providing the best home care.

Group 4: The practices for early identification of when to seek care.

Care outside the home.

- After having read and discussed **“How to implement these practices in the community?”**, each group will choose a practice and present it in the form of a play.



2. General meeting: Relate causes and effects and the most common health practices in the community.

Time: 30 minutes.

- Each group will make its dramatic presentation.
- The participants will analyze the presentations, indicating the positive and negative aspects. This analysis will be noted on a flip chart. (In the analysis, emphasis will be placed on attitudes and messages used).
- The facilitator will guide the analysis of the presentation, choosing the positive health practices that the community implements and those that require more counseling.
- The facilitator will save the previous flip chart on risk situations and, setting up a new flip chart, will explain, with the group's help that these situations arise primarily due to ignorance.

TABLE 2. Most Common Health Practices in the Community (Analysis and alternatives)

Risk Situations	Causes Why do these practices originate?	Effects	What can we do? Alternatives
<i>E.g.: Pregnant women do not receive checkups.</i>	<input type="checkbox"/> Lack of trust in the health care centers/health care personnel. <input type="checkbox"/> Ignorance. <input type="checkbox"/> Little community intervention of CHAs.	High-risk child-births.	<input type="checkbox"/> Training for pregnant mothers. <input type="checkbox"/> Home visits.

Materials:

- The 16 key practices,
- Heavy-duty felt-tip markers,
- Flip charts,
- Adhesive tape.

WORKING GUIDE 3: Identifying Resources

OBJECTIVE:

To develop a collective process for identifying the resources available in the community.

PROCEDURE:

1. **Work in groups:** Prepare a map of community resources

Time: 1 hour and 30 minutes.

Some recommendations for preparing the map:

- If the participants have problems drawing when the map session is initiated, the facilitator should help by making a sketch of a known location, such as a road, school, etc.
- Participants should not be concerned about scales or dimensions.
- Participants should decide what places and things appear on the map because this may reveal what is important to them.
- The facilitator should encourage the group to place on the map both the resources that the community has and the risk zones.
- If the community so requests, the map can be prepared during the day.
- Once the map has been drawn, it can be amended or completed during the course of a study, if the community or the facilitator considers this necessary.
- The facilitator should help the participants prepare a system of symbols to differentiate each element.

2. **General meeting:** Recognizing our resources

Time: 2 hours.

- The facilitator should help the group recognize the following on the community map: Risk situations, such as pregnant women with no prenatal checkups, children with diarrhea, unvaccinated children, etc.; institutional resources, such as school, health care facilities, church, cafés, repair shops, etc.; natural resources, such as farms and wells; representatives, such as lieutenant governor, leader, etc.
- The facilitator should point out that the community not only has problems, but it also has resources that can be mobilized and managed in order to respond to the risk situations affecting the health of children and pregnant women.

Supplemental reading: Risk Scenario, Social Players

Materiales: Sticks, pieces of chalk, colored pencils/crayons, stones, grain, seeds, leaves, etc.



WORKING GUIDE 4: Risk Management Plan

OBJECTIVE:

To collectively prepare the risk management plan.

PROCEDURE:

1. Group work: Shared reading.

Time: 30 minutes.

- Each group will elaborate on the concept of risk management, using the supplemental reading as a reference.
- Each group will copy its work on a flip chart to present it in the general meeting.

2. General meeting: Conceptualizing risk management.

Time: 30 minutes.

- Each group will present its work.
- The facilitator will prepare a summary from the contributions of all of the groups, using the following as a reference: "Risk management is the ability of localities to transform or alter the risk, taking action with respect to the causes or factors that produce it".

3. Work in groups: Preparing the risk management plan.

Time: 1 hour and 30 minutes.

- After having conceptualized risk management, each group will retrieve the flip charts from the exercises on risk situations and most common health practices in the community. The groups will then complete the following table based on the alternatives proposed:

TABLE 3.
Alternative No.
1 - Training
Community
Health Agents

How will we do this? Activities	Who will participate? Players	What resources do we need? Resources	When and where will we do this? Schedule
<input type="checkbox"/> Coordination with community authorities.	<input type="checkbox"/> CHAs.	<input type="checkbox"/> Site or rooms.	<input type="checkbox"/> Site or rooms.
<input type="checkbox"/> Coordination with health care facility personnel.	<input type="checkbox"/> Facility personnel.	<input type="checkbox"/> Writing materials.	<input type="checkbox"/> Writing materials.
<input type="checkbox"/> Preparation of a training plan.	<input type="checkbox"/> Red Cross volunteers	<input type="checkbox"/> Refreshments.	<input type="checkbox"/> Refreshments.
		<input type="checkbox"/> Mobility (possibly).	<input type="checkbox"/> Mobility (possibly).

4. General meeting: Constructing a new practice

Time: 1 hour and 30 minutes.

- Each group will present its work.
- The facilitator will contrast the initial flip chart with respect to risk situations with the alternatives proposed by each group, analyzing the degree of relevancy. The facilitator should attempt to underscore the elements that coincide and circle the contributions of each group.

Materials:

- The 16 key practices,
- Heavy-duty felt-tip markers,
- Flip charts,
- Adhesive tape.

Supplemental reading: Risk Management.

WORKING GUIDE 5: Self Assessment Exercise

OBJECTIVE:

To assess the value of the workshops/exercises/facilitators.

PROCEDURE:

1. **Individual work:** "I think that ..."

Time: 1 hour.

- Write the following questions on different colored cards (one color per aspect, one question per card) and distribute them among the participants.
- On a flip chart write down the aspects selected for evaluation, and ask the participants to put their responses in the appropriate places

Regarding the topics (red cards):

- What topics have we worked on?
- What do you remember most about the topic?
- What was not completely clear to you?
- How do you think you can implement what you learned in the community?

Regarding the facilitator (orange cards):

- What is your opinion of the facilitator?
- What suggestions can you make for his or her future work?

Regarding the methodology (yellow cards):

- What suggestions can you make for future work?

Regarding the organization (green cards):

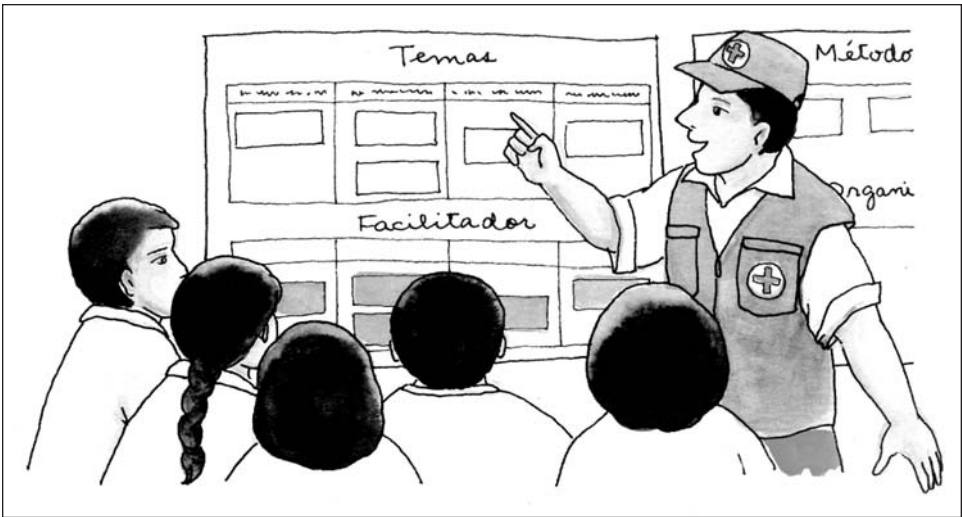
- Were time schedules kept?
- Did you have the necessary materials?

Note: *These questions can be expanded in order to fit the objectives stated for each topic.*

2. **General meeting:** The dynamic museum.

Time: 30 minutes.

- Participants will put their responses on the previously prepared flip charts.
- The facilitator will tour the exhibit with the participants. The group will stop at each item, where one of the participants will read the responses, and the participants may ask questions, provide clarifications or state reasons, etc.



- The facilitator will identify and assess both the achievements and the difficulties expressed in each response, promoting the critical reflection of the participants.

Social players identified in our community	What do they do?	What can they do?
Local authorities		
Organizations		
Schools, colleges, universities		
Community and youth leaders		
Mass media		
Public and private health care facilities		
Churches		
NGOs		
Community health promoters, folk healers, midwives, shamans		
Public and private institutions		
Red Cross Volunteers		
Other (human resources)		

APPENDIX**2****Monthly Schedule of Red Cross
Volunteer (RCV) Activities**

RCV's Name		Month	
Community		Number of families assigned	

Type of activity	Objectives	Month			
		Week 1	Week 2	Week 3	Week 4
Home visits					
Training					
Promotion or dissemination					
Coordination					

APPENDIX 3 Report Form

RCV's Name		Reporting period	
Community		Number of families assigned	

Home visits	No. of families visited	Children under 5 years old			Pregnant women		
		No. seen	No. Referred	Reason	No. seen	No. Referred	Reason

Other activities performed	Type of activity	Date	Name of the activity	With whom?	Remarks
	Training				
	Promotion or dissemination				
	Coordination				

Problems encountered	
Solutions proposed	
Progress with prioritized health practices	

What is risk?

Risk is the probability that a disaster will occur.

It is expressed in terms of the possible negative consequences (damages and losses) of an economic, social or environmental nature that could be incurred in the event of a disaster, vis-à-vis our capacity to withstand and recover from them.

$$\text{Threat} + \text{Vulnerability} = \text{Risk}$$

Risk has a social character; that is, it is not something determined by phenomena of nature, but rather it derives from the relationships between the locality and its surroundings.

For example:

The relocation of a group of low income families who live in a hillside area — where the risk of disasters due to landslides can be reduced—may have a negative impact on their economic situation if they are not going to have access to certain services, and therefore may increase their vulnerability. For this reason, the risk for the group of families is increased upon their moving instead of decreased.

An unmanaged, unknown, unidentified risk with respect to which adequate actions are not taken favors or facilitates the occurrence of disasters.

Risk management

Risk management is the ability of localities to transform or alter the risk, taking action against the causes or factors that produce the risk.

This includes measures, actions, and forms of intervention aimed at reducing, mitigating or preventing disasters. It also encompasses the handling of disasters.

Risk scenario

The risk scenario must be converted into a useful tool for characterizing the geography, economy and social life of a community. The risk scenario can be converted into a dynamic map of resources in which we recognize threats as well as solutions.

A genuine risk map should contain

- Threats,
- Community assets and resources,
- Exposed localities.

For example:

Rivers that constitute potential sources of floods or avalanches, as well as neighborhoods, schools, hospitals, agricultural zones, etc., will appear on the map.

HOW SHOULD WE MAKE IT? We must take into account:	Certain questions can be of help in performing this exercise.
<input type="checkbox"/> The history of the locality.	<input type="checkbox"/> What threats exist?
<input type="checkbox"/> Myths and legends related to the environmental elements.	<input type="checkbox"/> What may be threatened?
<input type="checkbox"/> Archives and press information.	<input type="checkbox"/> What are the existing vulnerability factors?
<input type="checkbox"/> Tours and observations of the area.	<input type="checkbox"/> How are these factors related to one another?
<input type="checkbox"/> The various threats and vulnerabilities, using the vulnerability and threat form	

Social players

The internal and external social players of the community are all of us, plus the local, regional, national, and even international authorities, institutions and organizations that intervene in the locality.

It is essential for risk management that local players' management capability be consolidated and strengthened. To do this, it is necessary any outside intervention serve to strengthen the autonomy and the actions and decisions of the local players.

Social Players Form

The form helps us identify the social players, what they do, and what they can do to reduce the impact of a disaster. You can perform this exercise with your group to recognize social players on the local level.

Social players identified in the locality	What do they do?	What can they do?
Mayor		
Other local authorities		
Base organizations		
Leaders and youth leadership		
Education: school and college teachers		
Mass media		
Public and private health care facilities		
Churches (pastors, catechists, etc.)		
NGOs		
CHAs: Community health promoters, midwives		
Folk healers, shamans		
Red Cross volunteers		
Other public and/or private institutions		
Other		

APPENDIX **5** Information on key practices

The following 16 key practices should be emphasized by volunteers during home visits and clinic assessments.

For the proper growth and physical and mental development of boys and girls

- Practice 1:** They must be fed only breast milk up to the age of 6 months. If the mother has HIV/AIDS, alternatives to breastfeeding must be offered for her baby.
- BREAST MILK is a perfect food. It is the only food that protects boys and girls against many illnesses.
 - Babies should nurse whenever they want, day and night, at least eight to 10 times a day.
 - Babies should not drink water, juices or mates; breast milk quenches thirst.
 - The more times the baby nurses, the more milk the mother will have. Suction stimulates milk production.
 - It is important that the mother eats well, drinks plenty of fluids and stays calm in order to have plenty of milk.
 - It is good to caress, talk to and look at the baby while breastfeeding.
 - If the baby has problems nursing, the mother should talk to the community health promoter for advice regarding the correct position and a proper latch on the nipple.

* * *

**If the baby does not want to nurse,
the mother should take him or her to a health care facility.**

**LET'S PREVENT DEATH DUE TO MALNUTRITION.
Breast milk only up to 6 months of age.**

For the proper growth and physical and mental development of boys and girls

Practice 2: Starting at 6 months of age, children should be given a sufficient quantity of quality fresh foods according to their age, in addition to breast milk.

- As of 6 months of age, boys and girls should eat THICK PURÉES of cereal, mixed vegetable and meat stew, and vegetables accompanied by a SPECIAL FOOD: Egg, liver or fish.
- As of one year of age, they should already be eating a good helping of the family olla (stew). First the olla and then soup.
- They should eat three times a day: Breakfast, lunch and dinner, and have two snacks between meals: Fruit, milk, bread, mazamorras (maize puddings), etc.
- BOYS and GIRLS should EAT THE SAME AMOUNT of food.
- Breastfeeding may be continued if the child and the mother so desire.

* * *

**If the child does not want to eat and loses weight,
he or she should be taken to a health care facility.**

**LET'S PREVENT DEATH DUE TO MALNUTRITION.
Complementary feeding,
starting at 6 months of age.**

For the proper physical and mental development of boys and girls

Practice 3: Foods should contain adequate amounts of micronutrients, especially vitamin A, zinc and iron, or these should be given as a supplement — that is, in addition to their foods.

- Boys and girls should receive the proper dose of micronutrients, primarily VITAMIN A and IRON, in their foods or as a supplement in addition to their meals.
- VITAMIN A protects the mucous membranes and stimulates the formation of antibodies, which are the body's defenses against illnesses.
- IRON prevents anemia, is important for the formation of red blood cells and protects against infections. It is absorbed better if ingested together with citrus fruits (vitamin C).

* * *

**If the child is pale or becomes ill very frequently,
he or she should be taken to a health care facility.**

**LET'S PREVENT DEATH DUE TO MALNUTRITION.
Adequate doses of vitamin A and iron.**

For the proper physical and mental development of boys and girls

Practice 4: They must be given lots of love and helped to develop by responding to their needs, talking to them and playing with them.

- Girls and boys need LOTS OF LOVE and STIMULATION to develop their intelligence and skills.
- Mothers and fathers should smile at them, hug them, talk to them and play with them, feed them properly, and respond to their requests and biological needs. Parents should also teach them good hygiene and nutritional practices, and practices with respect to their relationships with others and with their surroundings.
- They must receive checkups at a health care facility to see whether they are growing and developing normally.

* * *

If the child has problems standing up or walking, if he or she does not see or hear well, he or she should be taken to a health care facility.

**LET'S PREVENT DEVELOPMENTAL PROBLEMS.
Lots of love and stimulation.**

For disease prevention

Practice 5: **Children have to be taken to a health care facility to receive all the necessary vaccinations before their first birthday.**

- To raise healthy and strong girls and boys, they have to be PROTECTED from serious or fatal diseases. VACCINES are the best protection.
- Vaccines are given by dose based on the child's age.
- By 1 year of age, the child should have received all the vaccinations and doses. In this way, the child will be protected.
- Sometimes after administration, some vaccines can cause slight pain, malaise and fever; explain to the parents that these discomforts disappear rapidly.

VACCINATION SCHEDULE

Age	Vaccine	Protects against	Dose
At birth	BCG Polio	Tuberculosis Poliomyelitis	sole 0
2 months	DPT Polio	Diphtheria – Tetanus– Whooping cough Poliomyelitis	1
3 months	DPT Polio	Diphtheria – Tetanus– Whooping cough Poliomyelitis	2
4 months	DPT Polio	Diphtheria – Tetanus– Whooping cough Poliomyelitis	3
9 months	Yellow fever	Yellow fever	sole
12 months	Measles	Measles	sole

* * *

**If the child misses a vaccination or dose,
he or she should be taken to a health care facility.**

**LET'S PREVENT DEATH DUE TO MEASLES AND
OTHER DISEASES.
All vaccinations and doses completed by 1 year of age.**

For disease prevention

Practice 6: Children should be provided with a clean environment, free of feces and trash, and be given safe water. You should always have clean hands before preparing meals and feeding them.

- Diarrhea and parasitic diseases are caused by lack of hygiene and sanitation: Trash, dirty bathrooms, contaminated water. These diseases slow the growth of boys and girls and can result in their death.
- You must ALWAYS WASH YOUR HANDS WITH SOAP AND WATER before preparing meals, before eating and after going to the bathroom.
- DRINKING WATER should be BOILED OR CHLORINATED: Add two drops of bleach for each liter of water and wait a half-hour before drinking.
- Foods and water tanks should be kept covered to prevent contamination.
- LATRINES OR BATHROOMS must be kept CLEAN: Clean every day with bleach and dispose of paper in a garbage can with a lid. If there are no latrines, you must defecate in a hole far away from your house and cover up the feces and used paper with dirt.
- TRASH must be kept OUTSIDE THE HOUSE and buried far away if there is no municipal trash collection.

* * *

**If the child has diarrhea or is dehydrated,
he or she should be taken to a health care facility.**

**LET'S PREVENT DEATHS DUE TO DIARRHEA.
Hand-washing, safe water, clean bathrooms
and trash in its place.**

For disease prevention

Practice 7: In areas where malaria and dengue are endemic, children must be protected from mosquitoes with suitable clothing and insecticide-treated mosquito nets for sleeping.

- Malaria or paludism is transmitted by the bite of an infected mosquito that lives in gutters, wells, and pools of stagnant water and feeds on blood.
- These mosquitoes bite in the outdoors and also enter houses to bite people, generally during the evening and at night.
- In order for children to be protected, insecticide-treated MOSQUITO NETS must be used for sleeping, CLOTHING THAT COVERS their arms and legs must be worn, and the house should be protected with screens on doors and windows.
- GUTTERS must be DRAINED AND CLEANED, pools must be filled in with dirt and stones, and water tanks should be tightly covered.
- In the event of fever, a blood test must be performed. The full treatment must be taken if the disease is confirmed.

* * *

**If the child has a fever or exhibits any type of bleeding,
he or she should be taken to a health care facility.**

**LET'S PREVENT DEATHS DUE TO MALARIA.
Mosquito nets for sleeping. Gutters free of
stagnant water and wells covered.**

For disease prevention

Practice 8: Parents should adopt appropriate behaviors to prevent infection from HIV/AIDS. People who are positive for the virus, particularly boys, girls, and pregnant women, should receive medical attention, care and advice.

- AIDS is a disease caused by a virus called HIV, which ATTACKS the body's DEFENSES, leaving us unable to fight any illnesses.
- It can be transmitted by UNPROTECTED SEXUAL RELATIONS with people who are carriers of the virus.
- It can be transmitted VIA THE BLOOD — transfusions or contact with infected blood.
- It can be transmitted FROM MOTHER TO CHILD during pregnancy and childbirth.
- To protect yourself and to prevent infection, safe sex practices are recommended: ABSTINENCE, ONLY ONE PARTNER, PROPER USE OF CONDOMS.
- To the extent possible, AVOID all CONTACT WITH INFECTED BLOOD: Transfusions, tattoos, used razors or syringes.
- TIMELY detection and TREATMENT OF SEXUALLY TRANSMITTED DISEASES is essential, since they constitute an “open door” for the AIDS virus.

* * *

Anyone who is positive for HIV or AIDS, especially children, has a right to receive medical attention, advice, and support at a health care facility under strict confidentiality.

**LET'S PREVENT INFECTION FROM AIDS.
Safe sexual relations.**

For home care

Practice 9: Boys and girls should continue to receive their regular food and extra fluids, especially breast milk, when they are sick.

Feeding during the illness:

- For babies UNDER 6 MONTHS OF AGE: Give them only BREAST MILK, more often and for longer periods of time.
- Babies OVER 6 MONTHS OF AGE should get their REGULAR FOOD and PLENTY OF FLUIDS.
- If possible, the frequency and number of feedings should be increased until the child recovers.

* * *

**If a sick baby does not want to nurse,
take him or her to a health care facility.**

**LET'S PREVENT DEATH DUE TO MALNUTRITION.
Regular foods and plenty of fluids
for sick children.**

For home care**Practice 10: Children should receive appropriate care and treatment for their illnesses**

- Many children's infections can be cured easily at home.
- **For DIARRHEA:** Give the child plenty of fluids, preferably BREAST MILK or ORAL REHYDRATION SALTS (ORSs): One packet in 1 liter of cold boiled water.
- If you do not have salts, prepare a homemade solution: 8 level teaspoons of sugar and one level teaspoon of salt in 1 liter of cold boiled water. Give the fluid a little at a time so that the child does not vomit.
- **For FEVER:** Lace CLOTHS SOAKED IN LUKEWARM WATER on the forehead, stomach, and armpits, and keep him out of drafts.
- **For COLDS:**
 - If the child has phlegm and a cough, she should drink BREAST MILK, or water if the child is not being breastfed.
 - If the child has a stuffy nose, place tiny drops of lukewarm water with a little bit of salt added in her nose.
- YOU DO NOT HAVE TO GIVE SYRUPS or other remedies that the doctor has not prescribed.

* * *

**If the child does not improve with the home remedies,
he or she should be taken to a health care facility.**

**LET'S PREVENT DEATH DUE
TO LACK OF CARE.
Home remedies and regular foods.**

For home care

Practice 11: Mistreatment and neglect of children must be prevented, and the necessary measures should be taken if these occur.

- Abuse and mistreatment constitute any behavior that causes physical, psychological, sexual or moral harm to another person.
- Boys, girls, and women are the primary victims of abuse and mistreatment.
- Neglect and abandonment consist of leaving boys, girls, and women without support, guidance, and care when they need them.
- The above can be prevented by COUNSELING PARENTS to adopt a RESPECTFUL RELATIONSHIP with one another and with their children, by seeking conflict resolution via DIALOGUE, by AVOIDING PUNISHING children physically (by hitting) or psychologically (by yelling and insults), and by avoiding situations that give rise to abuse and mistreatment: ALCOHOLISM is one of the main causes of mistreatment and abuse of children and women.
- These can be prevented by TALKING WITH BOYS AND GIRLS in order to DETECT cases of MISTREATMENT, and referring them to the proper agency, authority, or facility so that appropriate measures to be taken.

* * *

If you know of any cases or detect signs of mistreatment or abuse, refer the case to the child protection agencies, the police or a health care facility.

**LET'S PREVENT CHILD ABUSE AND MISTREATMENT.
Mutual respect, dialogue, and no physical
or psychological punishment.**

For home care

Practice 12: The father should actively participate, just like the mother, in children's health care and in the decisions regarding the health of the family.

- Decisions regarding health and health care of boys, girls and pregnant women should be a SHARED RESPONSIBILITY of the man and the woman.
- As a teacher, you can help to ensure that the PARTICIPATION OF MEN is MORE ACTIVE, by inviting them to attend school meetings and talking with both men and women, about the needs and problems of their children.
- SUGGEST to fathers that they experiment with NEW ROLES like cooking for the family, taking charge of their children's hand-washing before eating, and taking care of them when they are sick.
- For the benefit of the entire family, ADVISE PARENTS on the importance of shared decisions. For example, having their children vaccinated, taking them for health care checkups, seeking medical care when the children need it. Also, planning their family so as not to place the mother and family at risk with dangerous childbirths and children who will not be cared for as they should.

* * *

If the father does not participate in the tasks relating to the health of his family, those who suffer are the children.

The health care of the family and the decisions related to it are shared responsibilities of the father and the mother.

For home care

Practice 13: Children must be provided a safe home and protected against injuries and accidents.

- Some accidents and injuries do not occur by chance, but rather due to LACK OF KNOWLEDGE AND NEGLIGENCE on the part of adults.
- Small girls and boys are discovering the world; they display curiosity by touching and tasting everything they see. This is good and normal, but it constantly places them in situations of risk.
- The job of parents and adults in general is TO CONTROL THE RISK IN ORDER TO PREVENT INJURY.
 - With a SAFE HOME: It is recommended that dangerous objects, such as matches, lit candles, hot pots, sharp tools, toxic products, and electrical cords be placed out of reach of children. If there are small children in the household, put up protections (rails, bars) in places where they could fall.
 - With PRECAUTIONS taken outside the home: It is recommended that wells or water tanks that children could fall into be covered with heavy lids, that children not be allowed to play in weeds where there might be dangerous animals, and that they not be allowed to cross dangerous roads by themselves.

* * *

In the event of an accident or injury, the child should be taken to a health care facility. If you do not have any knowledge of first aid, it is better not to do anything than to give the child anything that might cause him or her more harm.

**LET'S PREVENT DEATH DUE TO ACCIDENTS.
A safe home and precautions outside the home.**

For seeking care outside the home**Practice 14: You must know how to recognize the signs of illness in order to seek care from health care personnel.**

- Some illnesses require medical CARE OUTSIDE THE HOME in order to prevent serious injuries or death. These illnesses are manifested by DANGER SIGNS, which you need to be able to recognize to know when to SEEK HELP AT A HEALTH CARE FACILITY.
- DANGER SIGNS OF DEATH: The newborn does not want to nurse, does not want to wake up, suffers from “attacks” or convulsions, exhibits labored and noisy breathing, or has a red navel exuding pus and a foul odor.
- DANGER SIGNS OF DEHYDRATION: The child has diarrhea many times a day, sometimes containing blood and mucus, sometimes accompanied by vomiting. The child cries but has no tears, passes only a small amount of urine, has a dry mouth and sunken eyes. The child does not nurse or want to eat, does not move normally, or does not want to wake up.
- DANGER SIGNS OF PNEUMONIA: The child exhibits rapid and labored breathing, moans and makes noises when she breathes; the child’s stomach draws in and the ribs can be seen when she breathes.
- DANGER SIGNS OF FEBRILE DISEASE: The child feels very hot and becomes reddish; he sweats and his breathing is labored. The child has bleeding of any type in the urine or feces, or has red marks like bruises on the skin.

* * *

**When any of these danger signs appear,
the child should be taken to a health care facility rapidly.**

**LET’S PREVENT DEATH DUE TO
LACK OF MEDICAL CARE.
Recognize danger signs.**

For seeking care outside the home

Practice 15: The health care worker's advice about treatment, follow-up or referral to another facility must be followed.

- When a sick girl or boy is seen at a health care facility, the parents must FOLLOW ALL RECOMMENDATIONS FROM THE HEALTH CARE PERSONNEL in order for the child to recover quickly.
- If the health care worker says that the child needs a REFERRAL: Take the child to another larger and better-equipped facility without delay.
- When the child returns home after being seen, the parents must follow all treatment instructions give by the health care worker; that is, give the entire TREATMENT INDICATED, even if the child feels better. Do not give remedies that the doctor has not prescribed, and continue to give the child REGULAR FOOD.
- Parents should always be ON THE ALERT FOR DANGER SIGNS, as explained in Practice 14, so that the child can be taken back to the health care facility if necessary.

* * *

**If there are new danger signs, the child
should be taken back to the health care facility.**

**LET'S PREVENT DEATH DUE TO
LACK OF ADEQUATE TREATMENT.
The recommendations of the health care
worker must be followed.**

For seeking care outside the home

Practice 16: **A pregnant woman must receive checkups, a tetanus vaccination and nutritional counseling. She should also receive support from her family and the community at delivery, following childbirth, and while breastfeeding.**

- Every PREGNANT WOMAN needs SUPPORT from her family and the community. She needs CARE AND ATTENTION during her pregnancy, during and after childbirth, and while breastfeeding.
- PRENATAL CHECKUPS are important for monitoring the mother's health and the growth and development of the baby from the time of conception. The mother must get a monthly checkup at a health care facility from the beginning of the pregnancy.
- At this checkup the mother receives medical and dental examinations, blood and urine tests, weight and blood pressure determinations, a tetanus vaccination, an iron supplement, and a test for cancer, as well as counseling regarding proper nutrition, preparing for childbirth and breastfeeding, baby care and family planning.
- HIGH-RISK PREGNANCIES require special care and attention. These involve women younger than 19 years of age and older than 35 years of age, women with more than four children or childbirths very close together, and women who drink liquor or take non-prescribed drugs or medications. These childbirths must take place at a health care facility.
- DANGER SIGNS during pregnancy include headaches; fever; persistent vomiting; swelling of the face, hands, feet and legs; loss of fluids or blood from genitals; a burning sensation when urinating; the baby not moving or in a crosswise position in the womb.

* * *

In the case of a high-risk pregnancy or if there are any danger signs, the pregnant woman must go to a health care facility.

**LET'S PREVENT MATERNAL AND INFANT DEATH.
Prenatal checkups and adequate care if there are
danger signs or in the case of high-risk pregnancies.**

GLOSSARY OF TERMS

Socialization process: Incorporation of the child, adolescent, youth or adult into the culture of the group or groups to which he/she belongs. Within the set of inter-relationships that are established, the child or adult receives something from or contributes something to the group.

Physical and social environment: Set of material conditions and social relationships in the midst of which the day-to-day lives of the people in a locality take place.

Relationship circles: Group of people with whom interpersonal relationships are established and similar interests are shared.

Social education of the inhabitants: Two-way educational influence among the participants in the same socialization process by sharing knowledge, values, practices, customs, etc.

Community IMCI: Component of the IMCI strategy that mobilizes all the social networks of a locality to systematically promote the implementation of the key practices for raising children in families.

Social player: Subject of a social reality who participates by contributing to the social dynamics of a locality.

Social assessment: Demonstration of worth or value that a specific practice or behavior receives in a group



525 Twenty-third Street, N.W.
Washington, D.C. 20037



2025 E Street, N.W.
Washington, D.C. 20006



1225 Connecticut Ave., NW, Suite 400
Washington, DC 20036