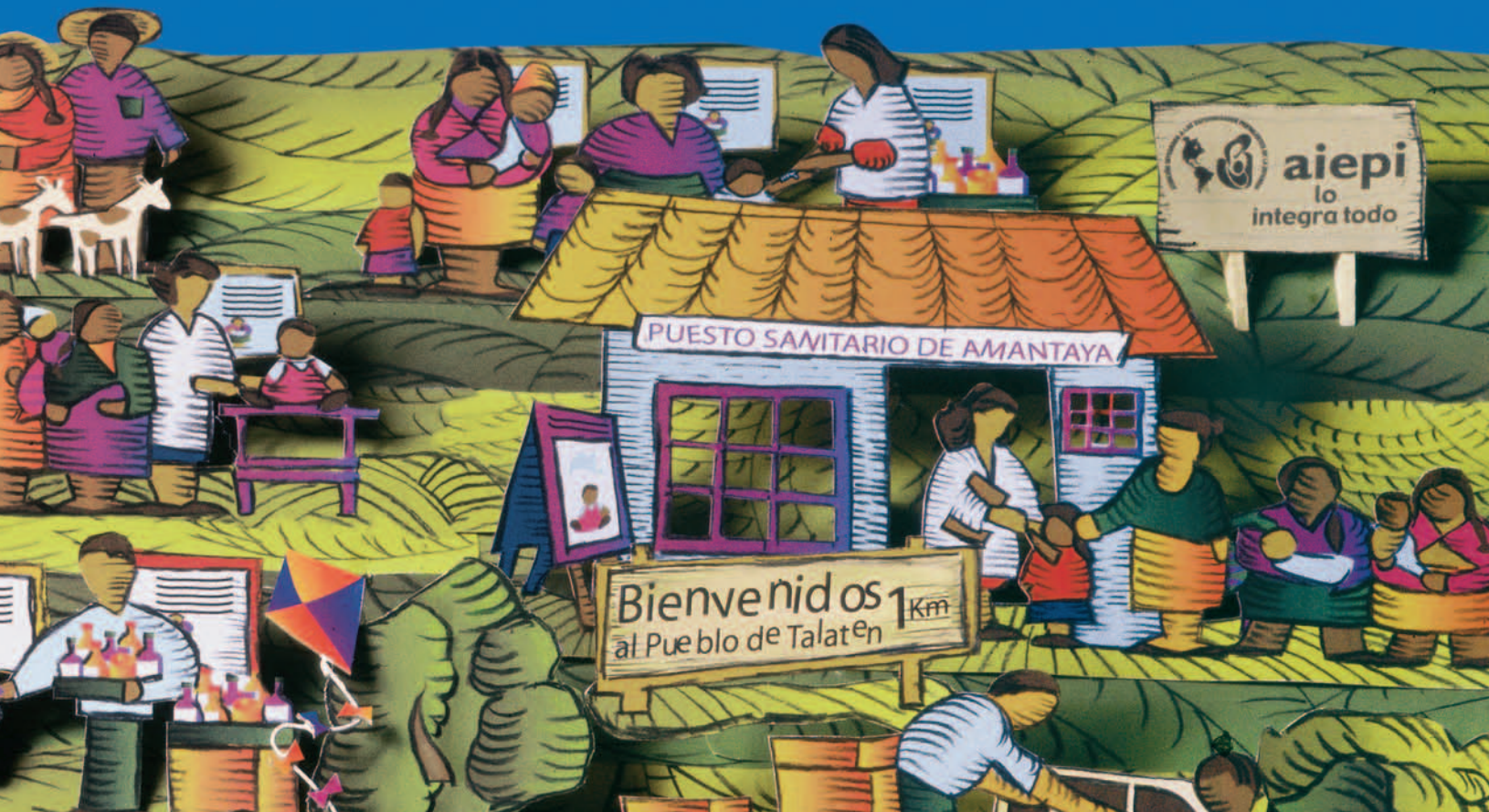


IMCI COMMUNITY COMPONENT



Guide for facilitators of community health agent (CHA) training



IMCI Community Component

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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.

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INTRODUCTION

This guide is designed specifically for facilitators of community health agent trainings. It contains necessary guidelines and recommendations for the planning, execution and evaluation of the community health agent training process.



Community health agents play an important role in strengthening the relationship between health care facilities and other parts of the community, providing services, preventing diseases, and promoting healthy practices in families and in the community. It is important that they receive proper training in order to successfully accomplish these tasks.

The training process involves facilitators and community health agents with diverse experiences and characteristics, so in addition to following the recommendations in this guide, facilitators should apply their own knowledge and experiences to make the training more meaningful.

1 Objectives

General objective

To provide facilitators with an operating model for training CHAs.

Specific Objectives

- To provide the facilitator with tools for planning and executing CHA training.
- To provide the facilitator with tools to conduct an evaluation of the training process.

2 The facilitator

Who is a facilitator?

A facilitator is a person who is knowledgeable and skilled in promoting CHAs' ability to disseminate healthy practices in the family and community.

What is the profile of a facilitator?

In addition to technical skills, facilitators require certain personal characteristics in order for them to be able to influence people's behaviors and practices.

These characteristics include:

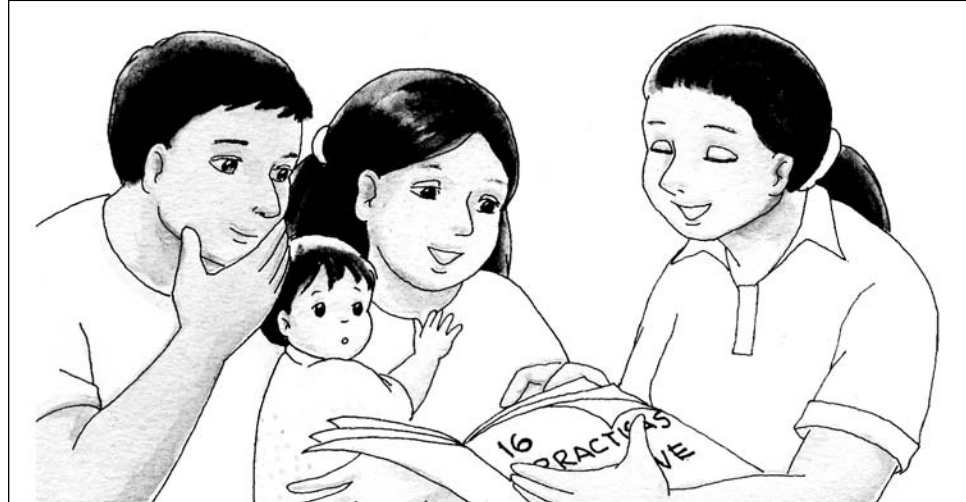
CHART 1.
Personal
characteristics
required
for facilitators

Knowledge	Attitudes	Practices
1. They are familiar with the local area.	1. They respect cultural diversity and incorporate local folklore.	1. They plan the training activities in advance.
2. They know the CHA training needs.	2. They have the ability to observe and listen.	2. They use tools for monitoring and follow-up.
3. They are familiar with adult education methodology.		3. They implement communication strategies.

3 The community health agent (CHA)

What is a community health agent?

A CHA is a person proposed by the community to work with health care workers to promote healthy practices in families and the community.



What is the profile for a community health agent?

- They are selected by the community.
- They know and live in the community they serve.
- They represent the community.
- They are volunteers.

4

Planning community health agent training

Preconditions

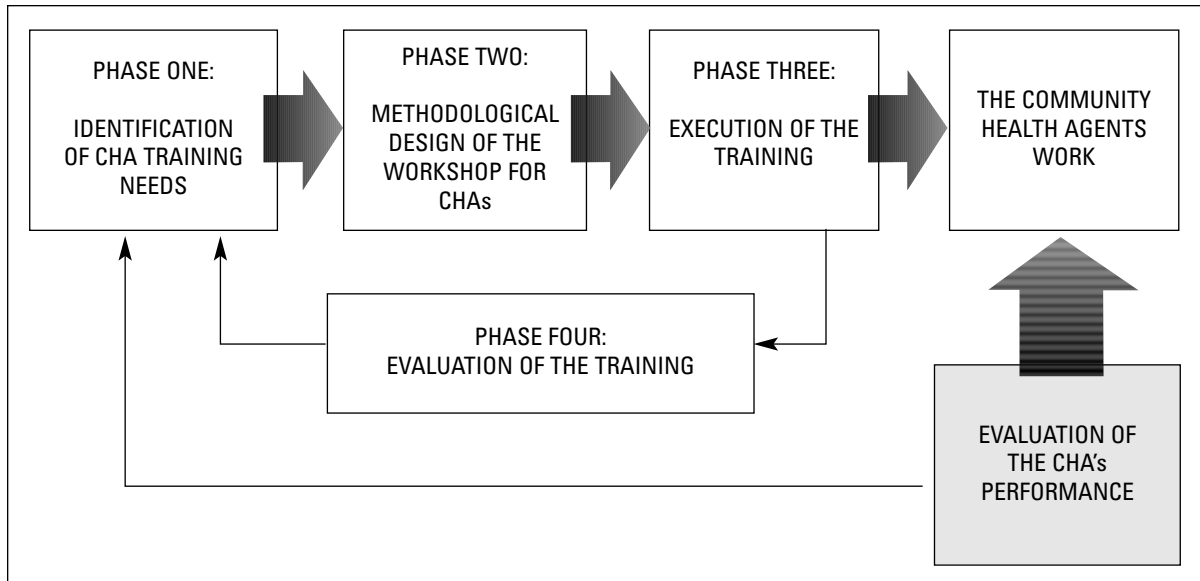
In order to carry out the community health agent training process, you have to consider the following preconditions

- A. If the communities have community health agents:
 - ❑ Coordinate the selection of a CHA with the community according to the profile provided.
- B. If the communities do not have community health agents:
 - ❑ In meetings with the community, point out the necessity of having trained CHAs to assist in meeting the health needs of the community.
 - ❑ Guide the selection process using the profile provided.
- C. Community health agents make home visits and carry out community activities.
- D. The training uses adult education methodologies, which should be enhanced by the personal experiences of the CHAs and facilitators.

Phases of the CHA training process

The training process consists of the following phases:

CHART 2.



PHASE ONE: Identification of CHA training needs

Once the community context is known, it is necessary that you identify the training needs together with the CHAs.



Some key questions to gauge the knowledge of CHAs are: 1) What does health mean? 2) What are some practices of families in the community with respect to the care of children under 5 years of age? 3) What makes children and women in the community become ill and die? 4) Why?

Inquire about the CHAs' knowledge and practices in regard to maternal and child health.

Supplement this information by observing the CHAs' performance in specific situations; if possible, accompany CHAs during the home visit.

Identify with the CHAs their role and functions in the community.

In addition to these recommendations, you can use other tools, such as: written tests, case simulation, observation guides, etc.

PHASE TWO: Methodological design of the workshop for CHAs



Now that you have more information regarding the training needs of the CHAs, draft a methodological design for conducting the training sessions.

We suggest that you divide up the CHA course in your country into three modular sessions, with each module lasting two days. Discuss and agree with the CHAs on the location, dates and time intervals for conducting each session.

Each session should culminate in the preparation of a plan of activities proposed by the CHAs themselves. Begin the next session with an evaluation of the previous session's subject matter and the results achieved and limitations encountered in executing the plan.

CHART 3.
CHA training
schedule

Session	Duration	Topic	Subject Matter
Session 1	2 days	Danger signs	Danger signs in children less than 2 months old. Danger signs in children 2 months to 4 years old. Danger signs in pregnant and postpartum women. Referral and counter-referral of cases Preparation of the plan of activities.
Session 2	2 days	Protective factors	Evaluation of the previous session and plan of activities. Food. Vaccinations. Love and affection. Checkups for pregnant women. Checkups for newborns. Home visit. Preparation of the plan of activities.
Session 3	2 days	Preventive measures	Evaluation of the previous session and plan of activities. Hygiene and safety. Preventive measures for avoiding coughs. Preventive measures for avoiding diarrhea. Preventive measures for avoiding malaria. Preparation of the plan of activities.
Session 4	1 day	Family and community practices for the care and protection of children under 5 years old and pregnant women	Practices for growth and development. Practices for disease prevention. Practices for the home care of children. Practices for seeking help.
Session 5	1 day	Working within a network	Physical and social conditions required for compliance with the key practices. Social players who can influence, plan or carry out some interventions under those conditions. Plan of activities and coordination with other players.

CHART 4.
Methodological
design for the
training of CHAs

Session One:

Topic	Objectives	Methodology	Materials	Results
Danger Signs	<ol style="list-style-type: none"> 1. To identify danger signs in children under 5 years of age and in pregnant and postpartum women. 2. To become familiar with and use the evaluation sheets and case referral and counter-referral forms. 3. To prepare a plan of activities. 	<p>Explanation of the subject matter: Determine the participants' prior knowledge of the topic. Reinforce their knowledge by playing videos, performing exercises and showing the photo album.</p> <p>Practicums: Organize a guided visit to health care facilities and community agencies to evaluate danger signs in children, pregnant and postpartum women, using the evaluation sheets and the referral and counter-referral forms.</p> <p>Preparation of a plan of activities: Explain to the CHAs the preparation of a working plan that will enable identification and referral of children, pregnant women or postpartum women who exhibit danger signs; education of families and the community regarding danger signs; and promotion of community actions for the referral of cases.</p>	<ul style="list-style-type: none"> ■ Writing materials. ■ Evaluation sheets. ■ Video players. ■ Videos. ■ Photo album. ■ Referral and counter-referral forms. ■ CHA manual. 	<p>The CHAs should be able to recognize and differentiate between general and specific danger signs for children of each age group and women.</p> <p>The CHAs should be familiar with and be able to fill out and use evaluation sheets and referral and counter-referral forms.</p> <p>The CHAs should be able to propose a plan of activities for monitoring, educating and the timely referral of cases.</p>

CHART 4. Session Two:
(cont.)

Topic	Objectives	Methodology	Materials	Results
Protective Factors	<ol style="list-style-type: none"> 1. To evaluate the subject matter and the plan of activities from the previous session. 2. To become familiar with and promote protective factors on the family and community levels. 3. To become familiar with and utilize the steps or phases for the home visit. 4. To prepare a plan of activities. 	<p>Evaluation of the previous session: By means of a participative methodology, evaluate the subject matter covered in the previous session, as well as the results achieved and problems experienced in executing the plan of activities.</p> <p>Explanation of the subject matter: Determine the participants' prior knowledge of the subject matter discussed. Compare that knowledge with the suggestions in the manual.</p> <p>You may make use of lectures, brainstorming, dramas, demonstrations, stories, posters, etc.</p> <p>Practicums: Organize home visits to families in the community with children under 5 years of age, pregnant women and postpartum women for evaluation purposes and to educate them about danger signs and protective factors, utilizing the steps or phases of the home visit, evaluation sheets and referral and counter-referral forms.</p> <p>Preparation of the plan of activities: Explain to the CHAs how to prepare a working plan for making home visits to at-risk families for evaluation purposes and to educate them about danger signs and protective factors. Promote community actions for the dissemination and implementation of protective factors.</p>	<ul style="list-style-type: none"> ■ Writing materials. ■ Evaluation sheets. ■ Referral and counter-referral forms. ■ CHA manual. 	<p>The CHAs should have reinforced their knowledge of the key ideas on the subject of danger signs.</p> <p>The CHAs should be familiar with and be able to promote protective factors on the family and community levels.</p> <p>The CHAs should have acquired skills for making home visits.</p> <p>The CHAs should be able to propose a plan of activities for monitoring, promoting and implementing protective factors.</p>

CHART 4. Session Four:
(cont.)

Topic	Objectives	Methodology	Materials	Results
Preventive Measures	<ol style="list-style-type: none"> 1. To evaluate the subject matter and the plan of activities from the previous session. 2. To be familiar with and promote preventive measures on the family and community levels. 3. To prepare a plan of activities 	<p>Evaluation of the previous session: By means of a participative methodology, evaluate the subject matter covered in the previous session, as well as the results achieved and problems experienced in executing the plan of activities.</p> <p>Explanation of the subject matter: Determine the participants' prior knowledge of the subject matter discussed. Compare that knowledge with the suggestions in the manual. You may make use of lectures, brainstorming, dramatic presentations, demonstrations, stories, posters, etc.</p> <p>Practicums: Organize home visits to families in the community with children under 5 years of age, pregnant women and postpartum women for evaluation purposes and to educate them about danger signs, protective factors and preventive measures, utilizing the indicated steps and phases of the home visit, evaluation sheets and referral and counter-referral forms.</p> <p>Preparation of the plan of activities: Explain to the CHAs the preparation of a working plan that includes home visits to at-risk families for evaluation purposes and to educate them about danger signs, protective factors and preventive measures; promote community actions for the dissemination and implementation of protective factors and preventive measures.</p>	<ul style="list-style-type: none"> ■ Writing materials. ■ Evaluation sheets. ■ Referral and counter-referral forms. ■ CHA manual. 	<p>The CHAs should have reinforced their knowledge of the key ideas on the subject of protective factors.</p> <p>The CHAs should be familiar with and be able to promote preventive measures on the family and community levels.</p> <p>The CHAs should be able to propose a plan of activities for the monitoring, promotion and family and community implementation of preventive measures.</p>

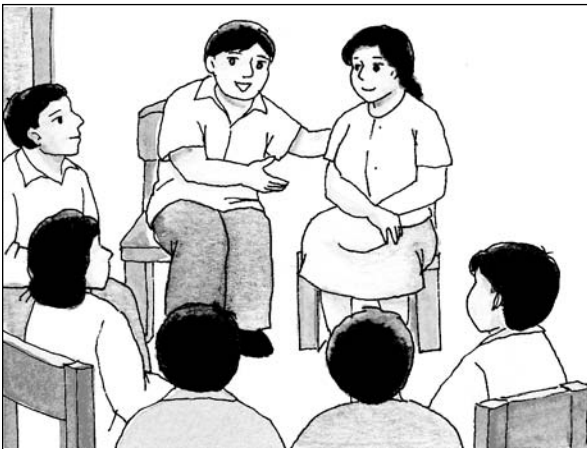
CHART 4. Session Four:
(cont.)

Topic	Objectives	Methodology	Materials	Results
Family and community practices	<ol style="list-style-type: none"> 1. To evaluate the subject matter and the plan of activities from the previous session. 2. To be familiar with and promote family and community practices. 3. To prepare a plan for the promotion and dissemination of prioritized practices. 	<p>Evaluation of the previous session: By means of a participative methodology, evaluate the subject matter covered in the previous session, as well as the results achieved and the problems experienced in executing the plan of activities.</p> <p>Explanation of subject matter: Determine the participants' prior knowledge of the subject matter covered.</p> <p>Compare that knowledge with the prioritized family and community practices in their environment.</p> <p>Preparation of the plan of activities: Explain to the CHAs the preparation of a working plan for promoting and disseminating the prioritized practices that involves families, the community and other social players.</p>	Writing materials.	<p>The CHAs should have reinforced their knowledge of the key ideas on the subject of preventive measures.</p> <p>The CHAs should be familiar with and be able to promote the prioritized key practices via a working plan.</p>
Working within a network.	<ol style="list-style-type: none"> 1. To analyze the physical and social support that implementation of the key practices requires. 	<p>The CHAs are to analyze the way to reach all families in the locality, prioritizing at-risk families and mutually supporting one another in this endeavor.</p> <p>In a dialogue with community agents, and by way of example, analyze the feasibility for families of complying with any of the prioritized practices in your locality.</p> <p>Then, with the participants divided up into as many groups as there are prioritized practices. Each group is to analyze the feasibility of the practice that it has been assigned and identify the physical or social conditions that must be promoted in order for the key practices to be implemented.</p> <p>A working plan will be prepared to coordinate actions with other social players in the locality: community leaders, professors, mayor, Red Cross, health care workers, etc.</p>	Writing materials.	<p>Sketch showing the distribution of at-risk families to be followed.</p> <p>Plan of activities to be coordinated with other players.</p>

PHASE THREE: Execution of the training

Consider the following procedures when conducting the training sessions:

- 1) Review the subject matter chart in advance, since it will show you what is needed for each session.
- 2) Begin the workshop with a brief opening phase lasting between 10 and 15 minutes that will enable us to provide the framework for the activity, break the ice among the participants, and reflect as a group on what it is that we intend to accomplish. We suggest the following for this phase:
 - Introduce the facilitator, the CHAs and any other people participating in the session. Initiating an activity (even if everyone knows one another) helps to “break the ice.”. You can use any warm-up technique, such as: “find your partner.”



- 3) Begin conducting each session with the following steps:

- **Session objective:** that is, what the facilitator and the CHAs should achieve together.
- **Execution:** we will recapture the experiences of the CHAs as a point of departure for explaining the topic of the planned session.

Our job as facilitators is to encourage the exchange of information and experiences among the CHAs.

It is at this time that we should explain the rationale for the training. It is important that CHAs apply what they learn in their daily work.

- **Feedback:** Once the subject matter of the session has been explained, we should verify how much information was retained. We can use various methods: Asking each participant specific questions or presenting dramatic presentation followed by discussion.
- **Summary and Closing:** This phase will enable you to summarize the lessons, answer any questions, and motivate the CHAs to apply what they have learned, as well as to remind everyone of the date of the next meeting.

The chart entitled “METHODOLOGICAL DESIGN FOR THE TRAINING OF CHAs” that appears under Phase 2 will help you to carry out the training. The process for conducting each session is described in it.



PHASE FOUR: Evaluation

This is the activity that enables us to evaluate the training process, as well as the impact it is having on the community.

For the CHA training, the evaluation will be performed in two phases:

- During training: The evaluation involves verifying the performance of the facilitators, the participation of the CHAs, and the supply of available materials.
- Following training: The evaluation requires following up on the CHAs and accompanying them on a home visit and in the activities that they perform in their community, in order to verify that healthy practices are being implemented by families and the community. It also requires identifying new CHA training needs.

Objectives:

- To monitor and grade the CHAs' learning based on their performance during a home visit.
- To improve the CHAs' performance during home visits.
- To verify that healthy practices are being implemented by families and the community.
- To identify new CHA training needs.

Who performs the evaluation?

An important step in planning the training is determining who will be responsible for performing the evaluation and involving them in the planning phase.

The evaluation activities will be performed primarily by the facilitator, with the active participation of the CHAs, since it should be a participatory process. Depending on the community dynamics, other players in the community (e.g., leaders, teachers, local authorities) can also be included.

How is the evaluation conducted?

In planning this activity, it is necessary to have a clear idea of what aspects are going to be evaluated. For example: previous experience, the performance of the facilitators, the participation of the CHAs and how much they learn, and the materials available.



In Appendix 01 you will find a suggested list of indicators for this phase. Select indicators and instruments based on the aspect that you want to evaluate, as well as on the amount of time you have and the resources available to you for using the instrument.

How is the evaluation performed following the training?

In planning this activity, just as with the previous evaluation, it is necessary to know beforehand what aspects are going to be evaluated when the training process ends. These could be: the knowledge, skills and practices of the CHAs, the CHAs' performance during the home visit and in their community action, and the families' knowledge and adoption of key practices.

Most likely, the evaluation will require various instruments to obtain information. We suggest the following: an interview with the CHA, observation of the home visit, and an interview with mothers of families.

In Appendix 02 you will find suggested sources, instruments and indicators

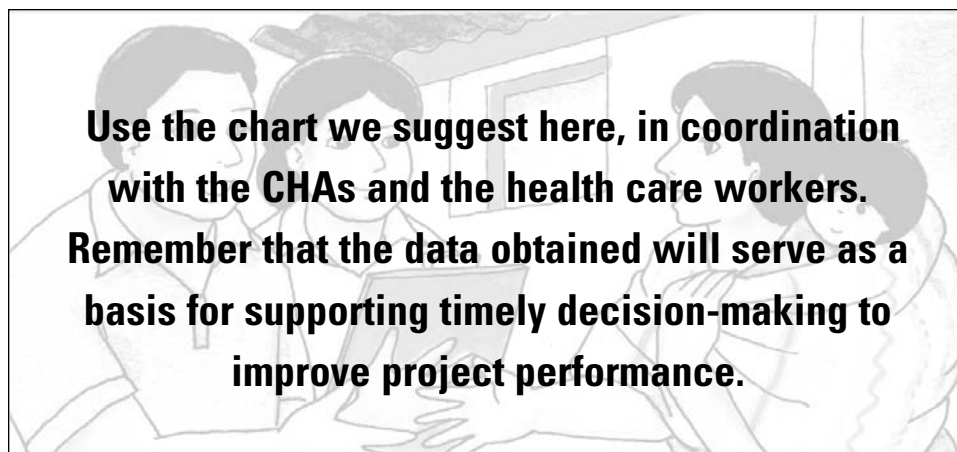
Other sources of information that you can access as facilitator are:

- A review of the records used by CHAs during home visits.
- Direct observation during home visits made by CHAs to families at risk.
- Monthly meetings with CHAs and the community health organization to exchange experiences, suggestions and activities for improving the quality of care offered by CHAs during home visits.
- A quarterly meeting of the CHA, the facilitator and health care workers for the purpose of reviewing some of the cases handled by the CHA (e.g., assessing the timeliness of referrals, or ability to correctly classify and refer serious cases.).

Evaluation Charts

An evaluation chart lets you visualize the set of monitoring indicators selected and specify the variables, sample population, timeframe and instrument used. So that you can make better use of the charts, you will find an explanation of the following analysis categories in Appendix 03:

- Performance of the **community health agent** relates to: The evaluation, classification, treatment, referral and follow-up of boys and girls under 5 years of age. It also includes carrying out educational and communication activities on the family and community levels.
- Performance by **health care facilities** has to do with: The rapid or timely response of health care facilities to referrals made by CHAs, thereby building up the community's trust in health care facilities and CHAs.
- **Improving family and community practices** comprises: The adoption and implementation of key practices for the care of children in the home.
- **Follow-up of trained CHAs** covers: The identification of training needs and potential problems.



**FACILITATOR'S
PERFORMANCE**

Source	Instrument	Indicators
Facilitator, participants	Self-evaluation sheet, interview or questionnaire, etc.	<ol style="list-style-type: none"> 1. Clarity of explanations 2. Adapts methodology to the needs of each session 3. Motivates and sustains participation 4. Solves problems 5. Organizes the subject matter 6. Emphasizes on the main points 7. Recaptures the experience of the participant 8. Makes adequate use of resources (manuals, videos, etc.).

**CHAS'
PARTICIPATION**

Source	Instrument	Indicators
Participants	Verbal exchange, questionnaire, etc.	<ol style="list-style-type: none"> 1. Attends 100 percent of planned sessions 2. Shares experiences 3. Asks questions when unsure about something 4. Is willing to work in a group 5. Reflects on community health problems 6. Adds to the information offered.

**AVAILABILITY OF
MATERIALS AND
ADEQUACY OF
OTHER PRODUCTS**

Source	Instrument	Indicators
Facilitator, participants	Records, interviews, questionnaires.	<ol style="list-style-type: none"> 1. Quantity, variety and quality of audiovisual material 2. Adequate infrastructure with respect to: number of rooms, illumination, ventilation and cleanliness 3. Speed, quality and efficiency of food, lodging and transportation services 4. Sufficient quantity of modules per participant 5. Quantity, quality and variety of perishable material 6. Speed and efficiency with respect to solving unforeseen problems on the part of those in charge of the workshop.

**INTERVIEW
WITH THE
COMMUNITY
HEALTH AGENT**

Source	Instrument	Indicators
Community health agent	Observation form	<ol style="list-style-type: none"> 1. Recognizes/knows danger signs in children and pregnant women and decides to refer them to the closest health care facility. 2. Knows three or more measures for home management of coughing, diarrhea without dehydration, and fever. 3. Recognizes two or more protective factors for maternal and child health. 4. Knows what to advise regarding two or more breastfeeding problems. 5. Knows what to advise regarding two or more nutrition problems. 6. Knows what diseases vaccines protect against. 7. Knows three or more preventive measures against diarrhea and parasites. 8. Knows three or more preventive measures for coughing. 9. Knows three or more preventive measures for malaria and dengue. 10. Basic sanitary measures have been implemented in the CHA's home. 11. Has on record activities arranged or carried out with other players with respect to family or social practices.

**OBSERVATION
OF THE CHA'S
HANDLING OF A
HOME VISIT**

Source	Instrument	Indicators
Community health agent	Observation form	<ol style="list-style-type: none"> 1. Greets the family and explains the reason for the visit. 2. Asks if there are any sick children, pregnant women or postpartum women in the home. 3. Evaluates danger signs in sick children, pregnant women or postpartum women. 4. Evaluates the presence of coughing, diarrhea and fever. 5. Evaluates tirage (sounds heard upon deep intake of breath due to bronchial obstruction) and unusual sounds in children who have a cough. 6. Evaluates signs of dehydration in children who have diarrhea. 7. Evaluates all sick children for malnutrition and anemia. 8. Evaluates children's vaccination status. 9. Gives advice concerning nutrition problems and vaccinations. 10. Gives advice regarding preventive measures.



**INTERVIEW
WITH MOTHERS**

Source	Instrument	Indicators
Mothers of families in the community who have received a home visit	Interview form	<ol style="list-style-type: none"> 1. Recognizes three or more danger signs in children and pregnant women and decides to take them to the closest health care facility. 2. Recognizes two or more measures for home management of cough and diarrhea without dehydration. 3. Practices two key practices for maternal and child health. 4. Practices three key practices for maternal and child health. 5. Practices four or more key practices for maternal and child health. 6. Gives an account of activities related to family or social practices performed by CHAs along with other players.

Category	Indicators	Variables	Sample production	Frequency	Instrument	Party Responsible
CHAs' performance	Percentage of children properly evaluated and classified by the CHA	Number of children properly evaluated and classified by the CHA	Total number of children evaluated and classified	Home visit observation form	Home visit observation form	Facilitator
	Percentage of children properly evaluated and treated by the CHA	Number of children properly treated by the CHA	Total number of children treated	During the home visit	Home visit observation form	Facilitator
	Percentage of CHAs who report their activities to the facilitator	Number of CHAs who report to the facilitator	Total number of CHAs	Every two months	Consolidated record	Facilitator
	Percentage of CHAs who socialize their activities with the community organization	Number of CHAs who socialize their activities with the community organization	Total number of CHAs.	Every two months	Record of the meeting	Facilitator, Board of Health
Response of health care facilities to CHA referrals	Percentage of serious cases referred by the CHA and treated by the health care facilities	Number of serious cases referred by the CHAs and treated by the health care facilities	Total number of serious cases referred by the CHAs	Once a month	Consolidated record	Facilitator
Improvement of family practices	Percentage of mothers who recognize the danger signs	Number of mothers interviewed who recognize danger signs	Total number of mothers interviewed	Every two months	Mother's interview form	Facilitator
	Percentage of cases referred by the CHAs that go to the health care facility	Number of cases referred by the CHA that go to the health care facility	Total number of cases referred	Every month	Record of activities	Facilitator
	Percentage of mothers who are aware of the actions taken by the CH	Number of mothers who are aware of the actions taken by the CHA	Total number of mothers interviewed	Every three months	Interview guide.	Facilitator

Annex 3: General evaluation chart

Category	Indicators	Variables	Sample production	Frequency	Instrument	Party Responsible
Supplying materials	Percentage of CHAs who have the necessary supplies for doing their job	Number of CHAs who have the necessary supplies for doing their job	Total number of CHAs	Every two months	Checklist.	Facilitator
	Percentage of CHAs who have the necessary materials for doing their job	Number of CHAs who have the materials for doing their job		Every two months	Checklist	Facilitator
Follow-up of trained CHAs	Percentage of trained CHAs who have received follow-up	Total number of CHAs who have received follow-up	Total number of CHAs Total number of trained CHAs	Every two months	Consolidated record	Facilitator, Board of Health.

What are the key practices?

Everything that you should know to counsel families regarding the health of girls, boys and pregnant women.

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 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 PUREES 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). They should eat three times a day: breakfast, lunch and dinner, and have two between-meal snacks: fruit, milk, bread, mazamoras (maize puddings), etc.
- The foods should be fresh and varied, preferably products from the region and in season.
- BOYS and GIRLS should EAT THE SAME AMOUNT of food.
- Continue breastfeeding until 2 years of age. Breastfeeding may be continued after this if the child and the mother so desire. Continued breastfeeding will contribute to the prevention of diseases.

* * *

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

**LET'S PREVENT DEATH DUE TO MALNUTRITION.
Semi-solid and solid foods starting at
6 months of age and continued breastfeeding.**

For the proper growth and 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).

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**If the child is pale or becomes very ill, 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 growth and physical and mental development of boys and girls

Practice 4: 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.

- 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.

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If the child has problems standing up or walking, or if the child does not see or hear well, he 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.
- Some vaccines can cause slight pain, malaise, and fever after administration; explain to 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

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If the child misses a vaccination or dose, 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 a 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.
- Diarrhea and parasitic diseases are caused by lack of hygiene and sanitation: trash, dirty bathrooms, and 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 half an 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 not **municipal trash collection**.

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If the child has diarrhea or is dehydrated, 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.

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If the child has a fever or exhibits any type of bleeding, 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.

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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.

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**If the sick baby does not want to nurse, take him
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.

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If the child does not improve with home remedies, 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.

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If you know of any cases or detect any 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.

- The man and the woman should share responsibility for decisions regarding health of boys, girls, and pregnant women.
- As mayors, you can help to ensure MEN PARTICIPATE MORE ACTIVELY, by inviting men and women to attend school meetings and by talking with them whenever you see them about their children's needs and problems.
- SUGGEST to fathers that they experiment with NEW ROLES like cooking for the family, taking charge of the 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, and seeking medical care when the children need it. Men and women together should plan 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 be.

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**If the father does not participate in tasks
relating to the health of his family, the children will suffer.**

**Family health and health care decisions
are shared responsibilities
of the father and 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 NEGLECT 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.

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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 or give the child anything that might cause 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.

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

**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.

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**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.

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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.**



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