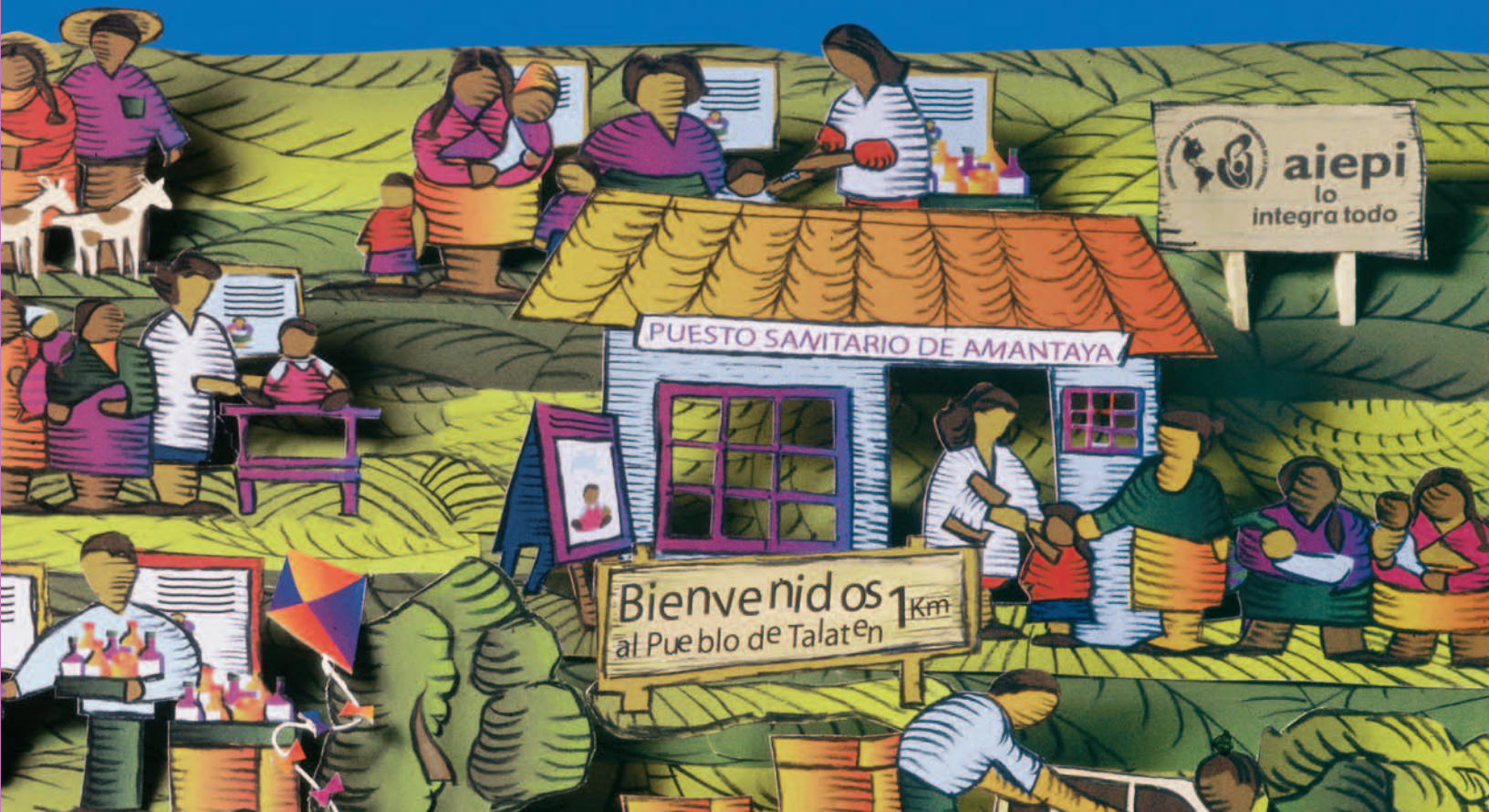


## IMCI COMMUNITY COMPONENT



# Guide for professional and technical personnel from health care facilities



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# Guide for professional and technical personnel from health care facilities



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



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# CONTENTS

<b>ACKNOWLEDGEMENTS</b> .....	5
<b>INTRODUCTION</b> .....	7
<b>1. Justification</b> .....	8
<b>2. What is the IMCI and what is the goal of its community component? . . . .</b>	12
<b>3. Working within a network</b> .....	14
<b>4. Who makes up the network of children’s health advocates? .....</b>	15
<b>5. What can social players accomplish by working together? .....</b>	16
<b>6. What can we do as health care personnel? .....</b>	19
<b>7. How can we do this? .....</b>	20
<b>APPENDIX: Information on key practices</b> .....	32
<b>GLOSSARY OF TERMS</b> .....	48

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 intended for professional and technical personnel of health care facilities who are dedicated to providing the highest quality care for patients.

Our experience as health providers gives us firsthand knowledge of the problems associated with maternal and child health in our area. We know that promoting healthy practices among families caring for young children and women who are pregnant must be a priority to ensure a healthy community.



This guide presents the community component of the *Integrated Management of Childhood Illness (IMCI)* strategy. The IMCI strategy focuses on the proper care of children under 5 years of age and pregnant women, both at health care facilities and in the home. IMCI gives health care workers the knowledge and skills to (a) correctly diagnose and treat common childhood illnesses and, equally important, (b) promote healthy practices to caregivers to prevent these illnesses.

The community IMCI strategy involves the entire community. We can improve our work at level-one facilities by strengthening ties with the “social players” of our community (schools, organizations, churches, government leaders, families, etc.) and working together to achieve widespread implementation of IMCI strategies.



# 1

## Justification

Most likely, a child is born healthy if his mother took care of herself during the pregnancy (e.g. by eating well, receiving tetanus vaccination, having regular pre-natal 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 children live, they 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 productivity and prosperity of their families and those around them. This social environment helps to shape their attitudes and perceptions.

### The family

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

Children grow up in a physical and social environment made up of varied relationship circles. Typically, they belong to 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 the family’s practices and the living conditions in the home and community.

Thus, families with **INADQUATE 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. **BUT WHY DO THEY DIE?**

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

The absence of these key practices in adults who are raising children under 5 years of age leads to serious problems.

## The Community

Before age 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 expands. They begin to interact with people from school, clubs, neighborhood, and community recreation centers. Parents, too, contribute to 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.

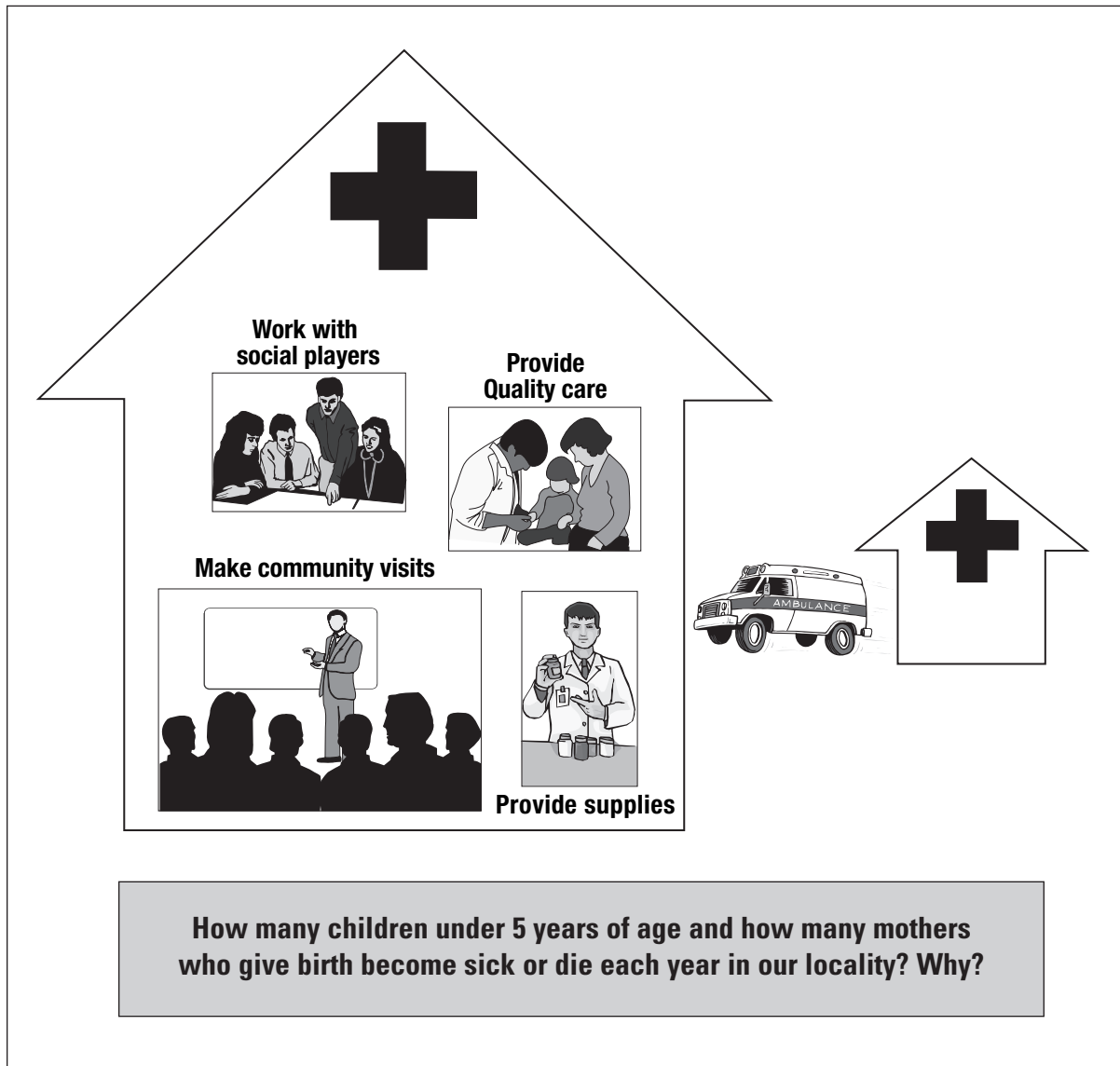
Thus, there is a very strong connection between families, schools, health care facilities and other community resources.

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 other children, 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 life

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.

As health care workers, it is our responsibility to:



## 2

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

The mortality rate of children under 5 years of age in a given community reflects a number of factors: Culture and child-rearing practices; environmental conditions; and the quality of-and access to-health care facilities and health education for parents.

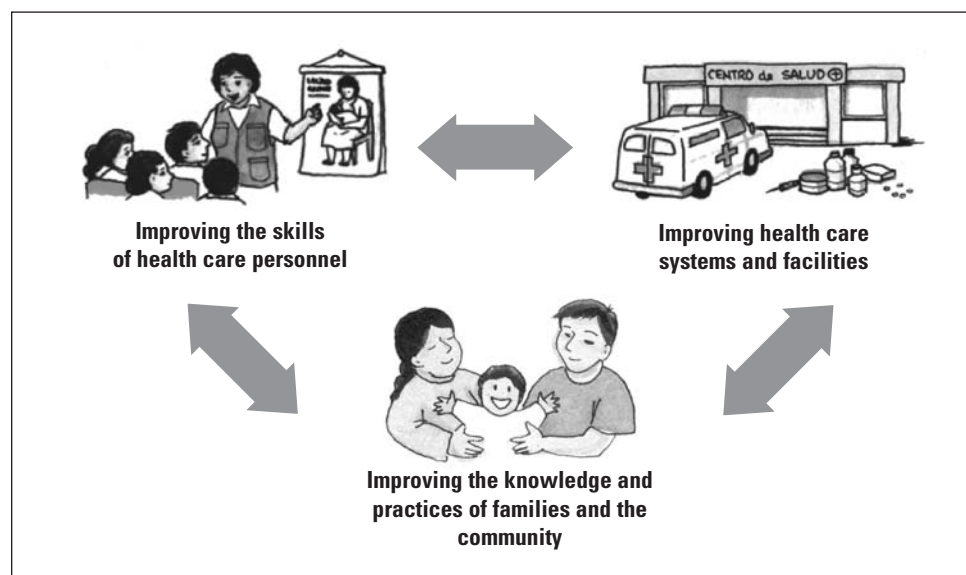
The science and technology exist to control the diseases that cause the majority of deaths among children under 5 years of age. However, many children continue to die.

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

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

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

The strategy consists of three components aimed at:



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

The goal of the community component is to ensure that families implement healthy practices for the safe development of children by



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

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.

# 3

## Working within a network

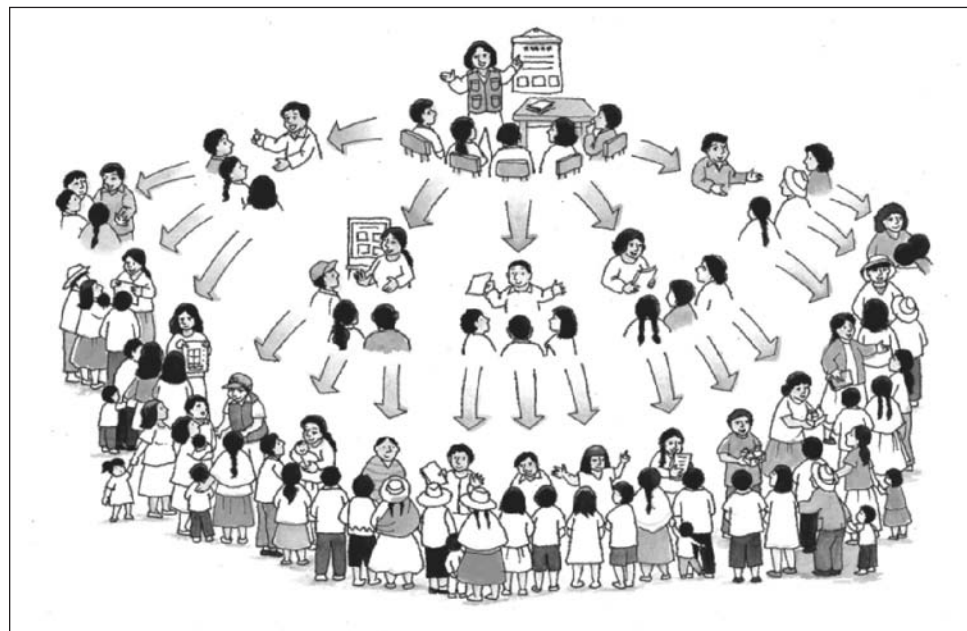
Although the challenge is big, we can reduce mortality and improve the health of children with the use of 16 key practices.

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. For now, we must work together to reach one household at a time.

We must work within a network.

Let us take advantage of our interactions with other health care workers to share this guide with them and obtain their commitment to join us. Let us present and explain the experiences that we have had as health care workers implementing Community IMCI.

Each health care worker represents the opportunity to reach all the clients that come to his facility for treatment. The more health care workers who join, the greater the coverage. Together we can form a network to educate all the families in our community about the 16 key practices of IMCI.

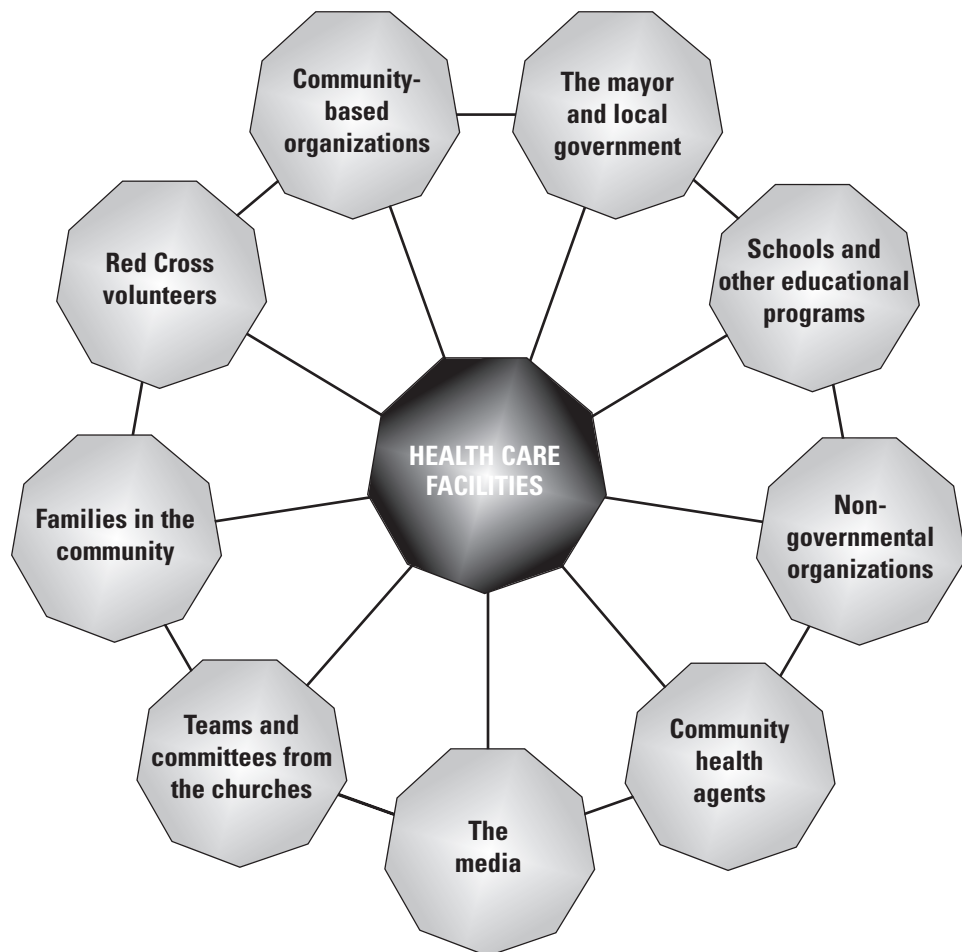


Let us take advantage of every opportunity we have to exchange information and coordinate efforts with other leaders, community health agents (CHAs), health care professionals, municipal employees, Red Cross volunteers and other social players that can contribute to our goal to improve health practices.

# 4

## Who makes up the network of children's health advocates?

Numerous institutions and people play a part in improving children's health. Together we can form a huge network.



**WE ARE ALL RESPONSIBLE FOR COMMUNITY HEALTH.  
HEALTH CARE WORKERS SHARE THIS RESPONSIBILITY.  
WE ARE PART OF THE NETWORK.**

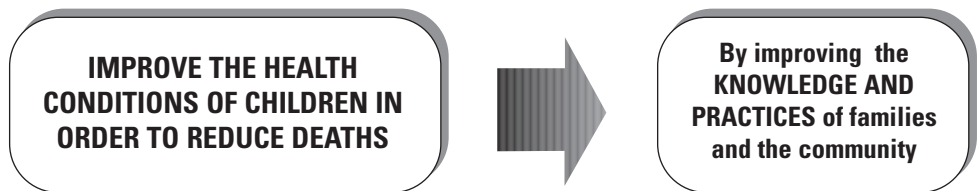


# 5

## What can social players accomplish by working together?

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

All social players such as health care professionals, Red Cross volunteers, schools, churches and local organizations can help implement 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:



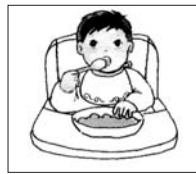
By working together in a coordinated manner and promoting key practices, social players can reduce the number of deaths among children under 5 years of age in the Region of the Americas.

### Let's review the 16 key practices

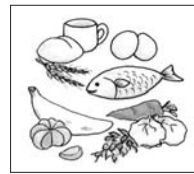
#### For the proper growth and physical and mental development of boys and girls:



1. Breast milk only.



2. Semisolid and solid food and continued breastfeeding.



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



4. Affection, play, conversation Meeting their needs.

5. What can social players accomplish by working together?

**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.

## 6

## What can we do as health care personnel?

- Promote the 16 key practices within our facility (e.g. include them in our action plans, etc.);
- Coordinate our activities with other social players in order to combine resources and have a greater impact;
- Set up and maintain a community monitoring system with the participation of health care personnel and the community;
- Improve quality of care for mothers and children;
- Promote information, communication and education (IEC) activities to increase public awareness of the key practices.

# 7

## How can we do this?

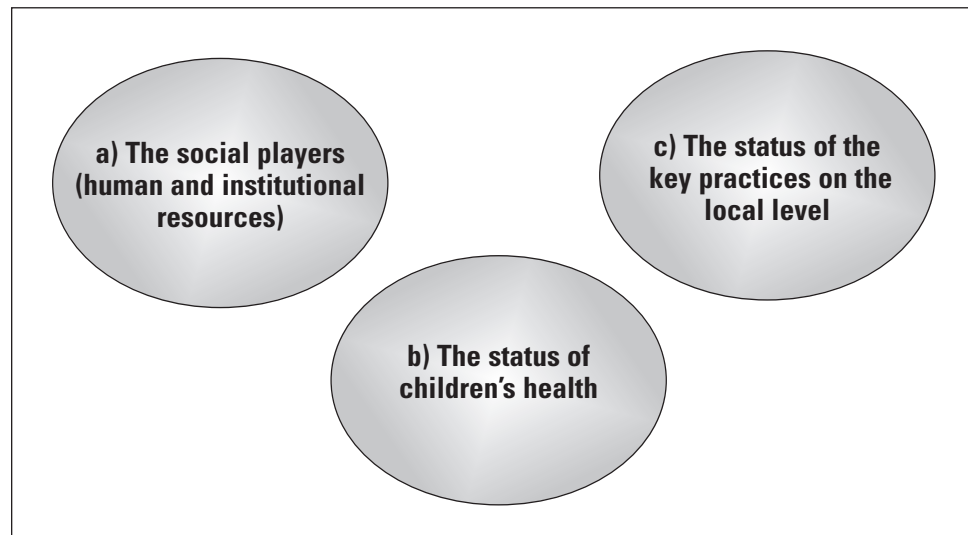
Beginning with our own health facility, we can:

1. Conduct a situation analysis, including information on:
  - Local community players,
  - The status of children's health (based on available epidemiological information),
  - The key practices that need to be reinforced in the community.
2. Develop a local community action plan
3. Implement a community monitoring system
4. Improve quality of care
5. Promote the key practices in the community

This guide will address the five action items listed above.

### 1. Conduct a Situation Analysis

To obtain sufficient knowledge of our local situation, it is necessary to obtain information on three key elements:



**Fig. 1 Analysis of the Local Reality**

**a). Identifying the Local Players**

Invite the different players in your community (such as women’s organizations, neighborhood associations, community health agents, etc.) to a meeting with the goal of sharing information about the IMCI community component and analyzing the status of children’s health and the key practices in the locality.

Start off the meeting by recalling its purpose. Then, prepare a map identifying the location of the local players and a chart for identifying the functions they perform, with whom they work, and the networks to which they belong. To do this, you may use the following chart.

**FIGURE 1.**  
**Chart for**  
**Identifying**  
**Local Players**

Local Players	Functions	Target population	Networks they are part of
Local Government			
Community Associations			
Neighborhood Associations			
Community Health Agents			
Educational Centers			
Mother’s Clubs			
Restaurants			
Health Care Facilities			
Church			
The Media			
Other			

### **b). Determining the status of children's health**

- Analyze the status of children's health together with the participants; to do this, you may ask such questions as:
  - How do we picture a healthy boy or girl?
  - How do the children in our community look?
  - What situations affect children's health?
  - What do families know and what are they doing to confront these situations?
- Note all responses on pieces of paper or cards.

### **c). Identifying the status of the key practices in the community**

- Present the key practices that are (a) already being promoted or (b) are relevant to introduce to the community;
- With everyone participating, identify the knowledge and practices of the community. Record which key practices are being observed and which are not.

For more in-depth information on the use of key practices in the community, you may use the following tools:

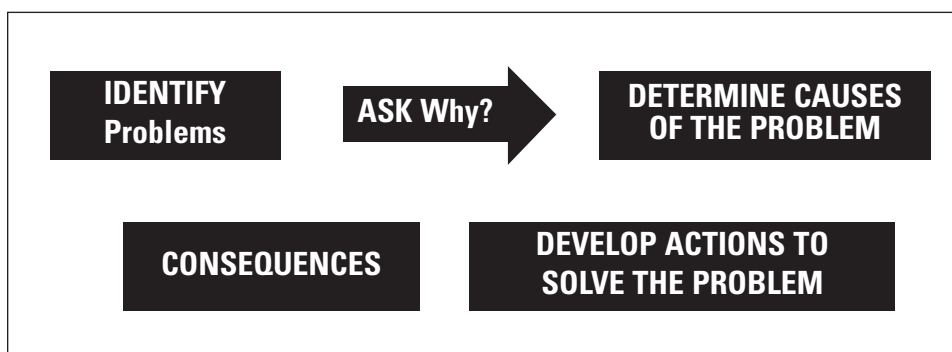
- Epidemiological information
- Surveys
- Focus groups.



## 2. Develop a local community action plan

With the participation of all of the local players involved, develop the community action plan using the following basic planning diagram:

**FIGURE 2.**  
Basic Planning  
Diagram



“Basic planning” is a method in which the group identifies and prioritizes a problem, analyzes its causes and consequences, and suggests actions or efforts aimed at eliminating those causes. The following chart defines each step of basic planning:

**BASIC PLANNING CHART**

Problem	Causes	Consequences	Actions
Defining the problem means identifying the critical situation that is placing a specific population at risk of sickness or death.	Defining the causes means determining and analyzing the reasons giving rise to the problem by asking a series of questions.	Defining the consequences means realizing or anticipating what would or could happen if the problem persisted and the causes were not combated.	Defining the actions means deciding as a group what we can do to combat the causes of the problem. What do we do? When do we do it? How do we do it? Which of us does it? What do we do it with? What and when do we evaluate?

### ***Defining the Problem:***

Using the list of problems and practices identified, analyze and prioritize the health problem(s) and key practices, taking into account whether everyone or almost everyone is affected and whether or not it is possible to solve the problem(s).



## PRIORITIZATION CHART

PROBLEMS	Who is affected?		Can it be solved?		SCORE
	Everyone (2 ptos.)	Only a few ( 1 pto.)	Yes (2 ptos.)	No ( 1 pto.)	

As a result of this exercise, we will obtain a list of prioritized problems. Based on the prioritized problems, the participants will decide which ones they will work on.

### *Defining and Analyzing the Causes*

- Once the problem(s) has been defined, we will analyze the causes. In order to do this, we will ask “why?” repeatedly until we identify the basic causes of the problem.
- With the participants, define which causes can feasibly be tackled via the IMCI community component.

Remember: The richness and depth of the analysis will depend on the contribution of all the players.

### *Defining the Consequences*

- Identify the effects or consequences of the problem, that is, what will happen or can happen if the problem persists and the causes are not combated.

### *Defining the Actions*

- In this step, suggest one or more actions FOR EACH CAUSE defined.
- The actions may involve one or more players, depending on the players' role and skills.

Once the actions have been defined, specify how we are going to involve all the players in order to carry out the actions and indicate in a more practical man-

ner how we are going to implement these large-scale actions.

We can use the following questions as a guide:

- How will we do it?
- Who [is to] do it?
- With what will we do it?
- When will we do it?

Use the following table to guide you in developing actions:

**CHART OF ACTIONS**

<b>Suggested actions</b>	<b>Tasks How will we do it?</b>	<b>Party responsible Who [is to] do it?</b>	<b>Resources With what will we do it?</b>	<b>Time When will we do it?</b>

### ***Monitoring and evaluation of actions***

All the actions planned need to be monitored and periodically evaluated. For example:

- Biweekly or monthly meetings among all the players.
- Use of forms that quantitatively and qualitatively record indicators of success.
- Participant observation techniques and informal conversations.

It is necessary to record observations of each player in order to make programmatic decisions and provide feedback regarding the process.

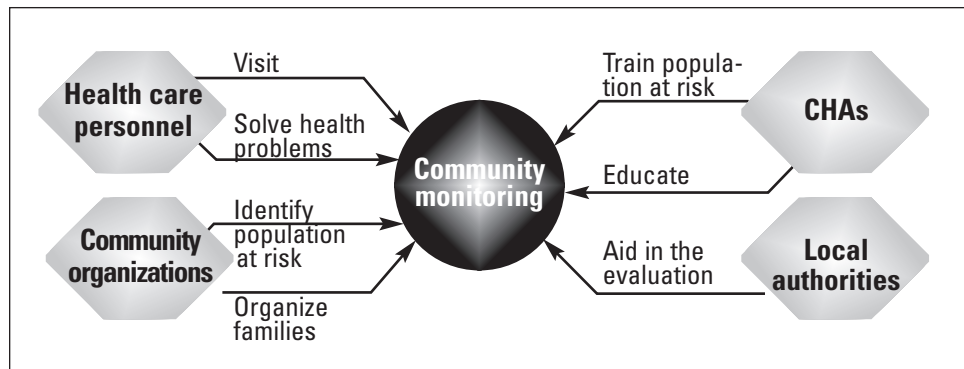
### **3. Implement a community monitoring system**

A community monitoring system helps us to identify the families at greatest risk of illness and which ones require immediate intervention.

### ***What does community monitoring enable us to do?***

- Map families who have pregnant women and children under 5 years;
- Determine health care priorities;
- Protect those most vulnerable that require immediate assistance;
- Ensure a referral and counter-referral system between the community and health care facilities;
- Organize the community evaluation;
- Evaluate the effect of our actions;
- Reinforce the educational aspects of the key practices in families.

Who participates in the community monitoring system?



### ***How is community monitoring implemented?***

First, identify and record all children under 5 years of age and pregnant women.

Second, classify at-risk families based on agreed-upon criteria. For example, families are considered to be at risk based solely on the fact that they include a pregnant mother or a child under 5 years of age.

Other conditions place a family at risk, depending on the local characteristics or other considerations:

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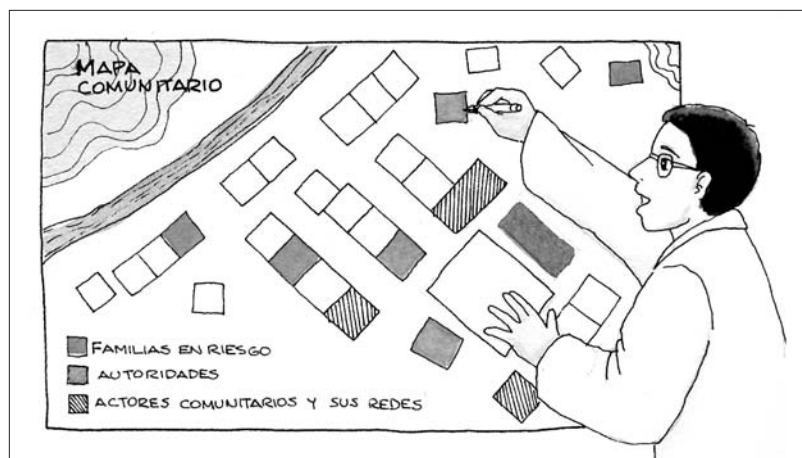
**CRITERIA FOR PRIORITIZING FAMILIES AT RISK**


---

<b>Criterion 1</b>	Family containing pregnant woman.
<b>Criterion 2</b>	Family with a pregnant woman who is the mother of four or more children.
<b>Criterion 3</b>	Family with a pregnant woman 35 years of age or older.
<b>Criterion 4</b>	Family with a pregnant adolescent (under 16 years of age).
<b>Criterion 5</b>	Family who has experienced the death of one or more children under 5 years of age.
<b>Criterion 6</b>	Family who lives two or more hours away from the closest health care center (with a physician or nursing staff).
<b>Criterion 7</b>	Family with an illiterate mother or a mother who only speaks her native language.

---

Suggestions:



- Draw a map or sketch of the community;
- Draw residences, community sites and other important facilities or installations on a map of our community;
- Using symbols, identify the location of the following on the map:
  - Families at risk (all)
  - Community authorities
  - Community players and their networks

### ***Home Visits to families at risk***

Prepare a schedule of periodic visits to be made to families at risk by health care personnel or CHAs who have been trained in advance may perform this activity. The following activities are to be performed during the visit:

- Counsel the mother and family about each child under 5 years of age;
- Counsel the mother and family regarding the mother's pregnancy;
- Discuss the key practices with the mother and family;
- Perform a verbal autopsy if the mother or a child under 5 years of age has died;
- After the visit, the CHA should update the family's risk level on the map or sketch.

### ***Organization of the community referral and counter-referral system***

Situations that are dangerous to the health of children under 5 years of age can occur at any time and in any family, not just in families at risk. All the networks of local players that have been sensitized to the IMCI strategy can help to identify situations or behaviors that are dangerous for children and refer them to a health care facility for treatment.

Once the child is treated, the health care facilities, make a counter-referral for appropriate follow-up in the community to the player that initially referred the child.

To this end, the local players must agree:

- How to refer a child with an identified risk using authorization or referral forms;
- Which is the most appropriate referral facility for that community;
- How to transport the child/family;
- Who will accompany a sick child or mother;
- What to do in the event of an emergency;
- How to conduct periodic follow-up / community monitoring.

To ensure that the monitoring system is operating well, the following items should be considered:

- Visits are being made as scheduled.
- All the recommended activities are being performed during the visits.
- The quality of the activities performed is adequate.
- The referral forms are being completed accurately.
- Counter-referrals are being followed up by the appropriate player.
- Verbal autopsies are being performed and the information is being delivered to the health care facilities.
- The family's risk level is being updated following each visit.

La calidad es un proceso dinámico que ha sido medido a lo largo del tiempo de distintas maneras.

Se dice que un servicio de salud tiene calidad adecuada si tiene estructuras y recursos suficientes para la atención, si se ejecutan los procesos de atención de acuerdo con la norma y si se alcanzan resultados que puedan medirse en la mejora de los problemas de salud de la población y en la satisfacción del usuario (cuadro 6).



#### 4. Improve Quality of Care

Quality of care can be measured in many ways. A health care facility provides adequate quality of care if: (a) it has sufficient **structures** and resources to meet its needs; (b) it carries out the care **processes** in accordance with a set standard, and (c) if measurable **results** are achieved in terms of change in health status and user satisfaction with the services provided.

The following table lists some variables and indicators for measuring quality:

Quality areas	Variables measured	Indicators
Structure	Physical structure and rooms	<ul style="list-style-type: none"> <li>• Rooms that comply with the operating standards</li> <li>• Functioning of instruments</li> </ul>
	Equipment	<ul style="list-style-type: none"> <li>• Availability of materials for IMCI (Vaccines, formularies, micronutrients and vitamins, medicines, mosquito nets, etc.)</li> </ul>
	Supplies	
	Technical and administrative organization of the facilities	<ul style="list-style-type: none"> <li>• Oversight or supervisory board</li> <li>• Protocols for the care of children</li> <li>• Waiting times</li> </ul>

(cont.)

Quality areas	Variables measured	Indicators
Process	Curing capacity	<ul style="list-style-type: none"> <li>• Percentage of users seen out of the total number of requests for care</li> <li>• Percentage of users whose problems are cured without being referred to another more complex level out of all users seen</li> </ul>
Results	Mortality Morbidity User satisfaction	<ul style="list-style-type: none"> <li>• Neonatal, infant, and maternal mortality and morbidity rates, as well as rates for children under 5 years of age</li> <li>• Satisfaction level (subjective opinion of users obtained via surveys)</li> <li>• Percentage of users who return for subsequent checkups</li> </ul>

The following are some recommendations for improving the quality of care at facilities:

- Conduct periodic surveys to determine and measure the level of satisfaction of the client/user:
  - The surveys should be taken by people who are not connected with the health care facility.
  - The surveys should be conducted in the home.
  - Ask closed questions (for quantification purposes) and open questions (for purposes of determining the different opinions).
  
- Ensure that clients have ways to express their opinion and exercise their rights as patients: la planificación de base.
  - Put out a suggestion box (place paper and a pencil nearby and read the suggestions periodically).
  - Hold frequent meetings with users, preferably in small groups. Save the opinions from the box for your discussion.
  - Hang motivational posters in visible locations.
  - Listen to and resolve the various complaints submitted by the users.
  
- Set up a quality improvement committee and hold periodic evaluation meetings using the basic planning chart to analyze problems.

## 5. Promote the key practices in the community

It is important to identify and support local messages already being promoted in the community that are consistent with the key practices. Additionally, we should promote other key practices we have prioritized based on our situation analysis.

To do this, it is necessary to:

- Identify the media sources available in the community as well as the individuals who head them, locate them on the community map or sketch (e.g., community television, radio stations, loudspeakers, etc.), and recognize how they communicate with the community, what language they use, and at what times they broadcast.

After identifying the media and the individuals with whom we will coordinate:

- Promote local fairs, marches, contests, talks, and other events that attract the participation of a greater number of families in order to share the key practices with them.
- Coordinate broadcasting of the key practices with community radio and television stations on dates and at times that are suitable for the families. Provide the necessary material.
- Promote the key practices via theater for presentation in open spaces, such as parks, fairs, sports camps, etc. You can coordinate with elementary and high school students.
- Depending on the availability of local resources, prepare and copy pamphlets, posters and pennants.
- Incorporate actions for promoting the key practices into the popular and daily activities of the community.





**What are the key practices?**

Everything that you should know to counsel families about the health of boys, girls 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 him/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/she 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).

\* \* \*

**If the child is pale or becomes ill very frequently,  
he/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: They must be given lots of love and helped to progress 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, 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

\* \* \*

**If the child misses a vaccination or dose, he/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.
- 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.**

\* \* \*

**If the child has diarrhea or is dehydrated, he/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/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 the sick baby does not want to nurse, take him/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 home remedies, he/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 domestic 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 any signs of mistreatment or abuse, refer he 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 professional and technical personnel from health care, you can help to ensure that 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 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, 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.

\* \* \*

**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 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 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 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.

\* \* \*

**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

**Basic learning:** Education acquired in school

**Socialization process:** Incorporation of children, adolescents, youths or adults into the culture of the group or groups to which they belong. Within the set of interrelationships that are established, children or adults receive something from and contribute something to the group.

**Physical and social environment:** Set of material conditions and social relationships in which people live.

**Peri-and neonatal:** Those causes that occur between 22 weeks of gestation and 7 days of new born (perinatal causes) and those that occur during the first month of life (neonatal causes).

**Relationship circle:** Group of people with established interpersonal relationships and shared interests.

**Social education of the inhabitants:** Process of mutual education among participants in the same socialization process who share 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 within families of the key practices for raising children.

**Social player:** Any person who participates in and contributes to the social dynamics of a locality.

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



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