

## IMCI COMMUNITY COMPONENT



# Guide for teachers and their schools



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



**American  
Red Cross**



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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

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

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



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

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

Our role as educators requires us to interact not only with children, but with their parents and other members of the community.

This guide discusses a simple way to address the health of children under 5 and pregnant women with parents and members of their community.

# 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 attitude 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 avoided 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 avoided 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 <b>THEY 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 avoided 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.

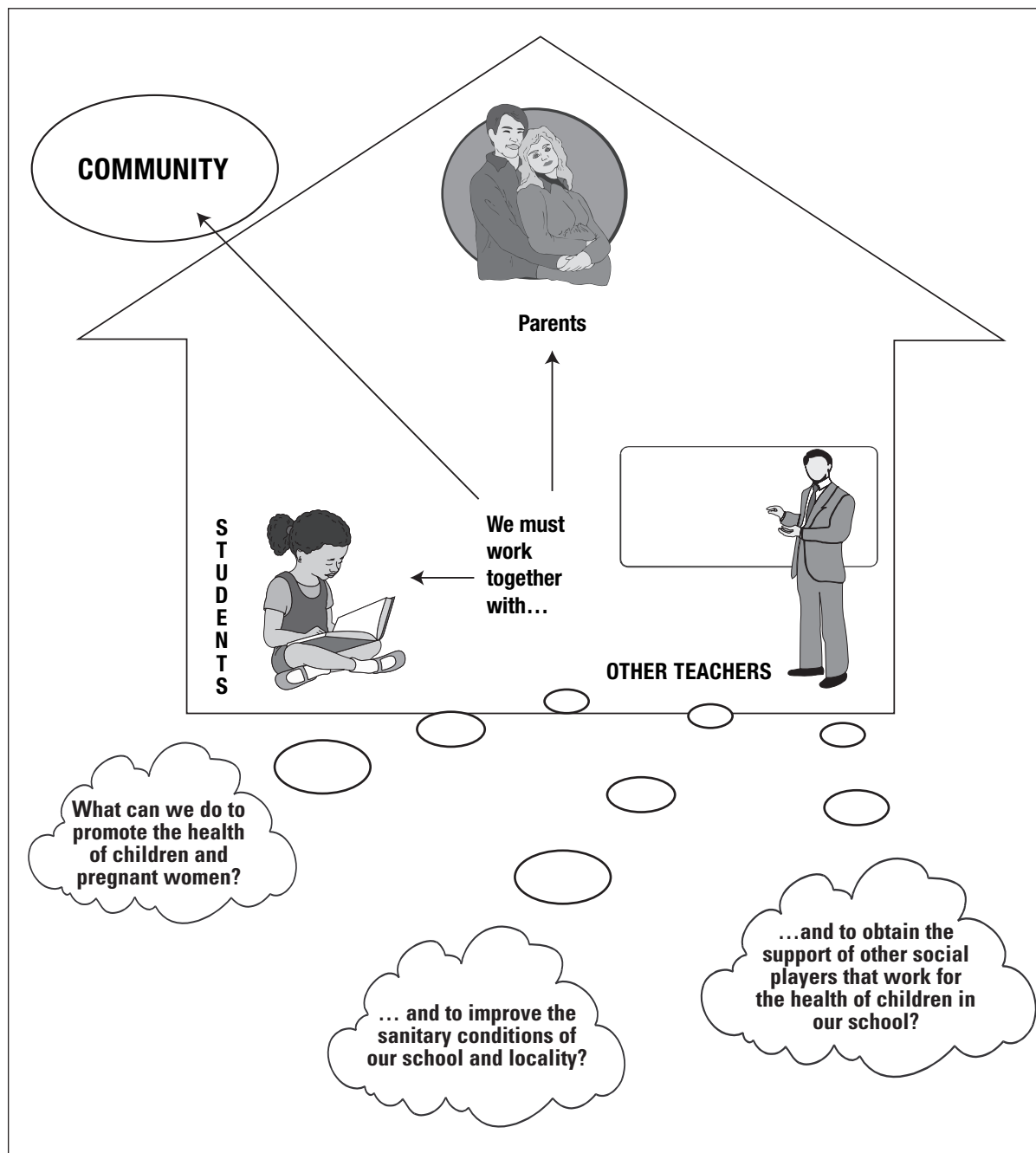
Thus, there is a very strong connection between families, schools, health care facilities and other community resources.

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 teachers, it is our responsibility to ask ourselves:



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

## 2

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



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

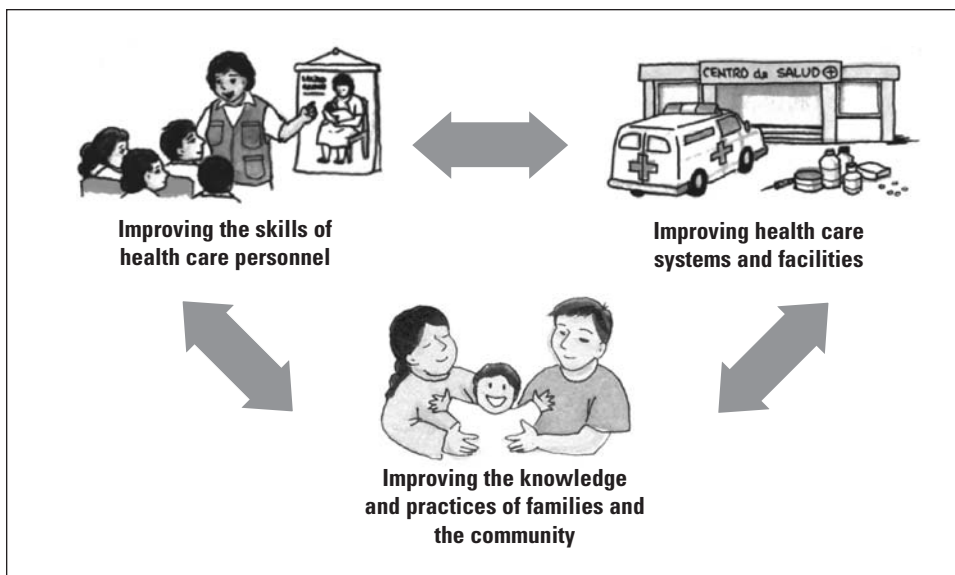
The science and technology exist to control the diseases that cause the majority of deaths among children under 5 years of age. However, many children continue to die.

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.

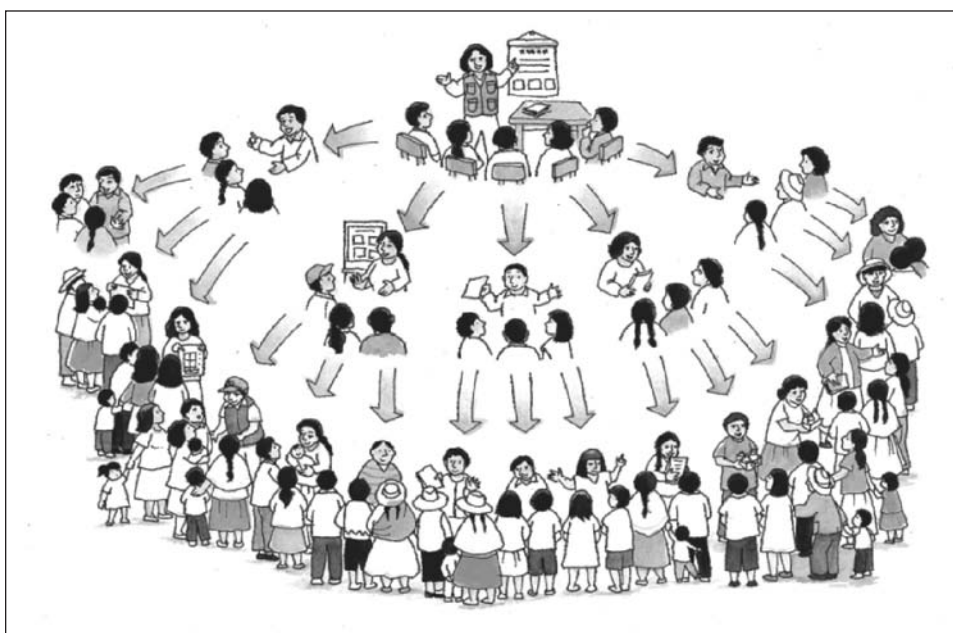
The strategy consists of three components aimed at:



## 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 world-wide.

### 3 Working within a network

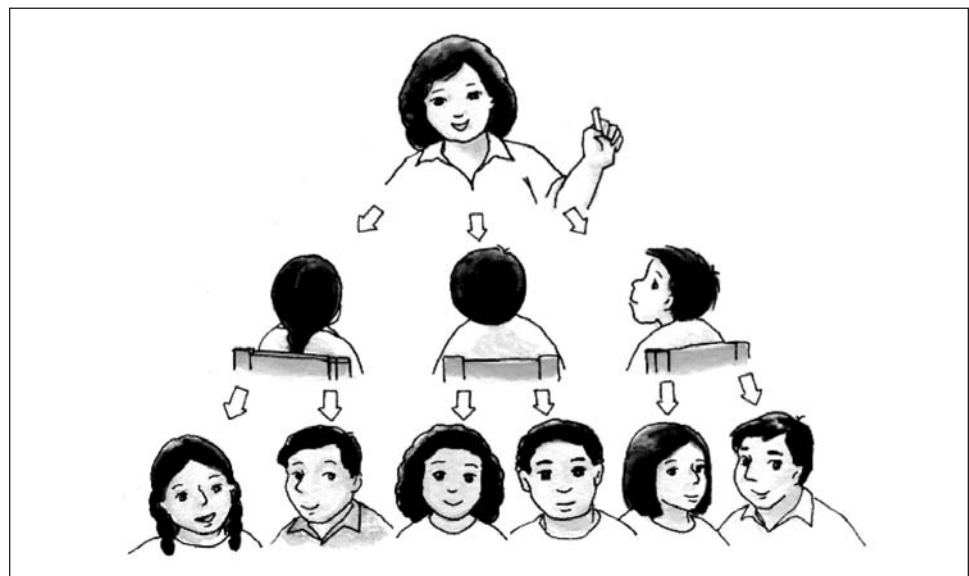
Although the challenge is big, we can reduce mortality and improve the health of children with the use of 16 key practices.

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 meetings with other teachers within our school or district to share this guide with them and obtain their commitment to work with us. Let us present and explain the experiences that we have had as educators involved with Community IMCI.

Each teacher represents the opportunity to reach his own students and the students' parents. The more educators who participate, the greater the coverage. Together we can form a network to reach all the families in the community.



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.

## 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.



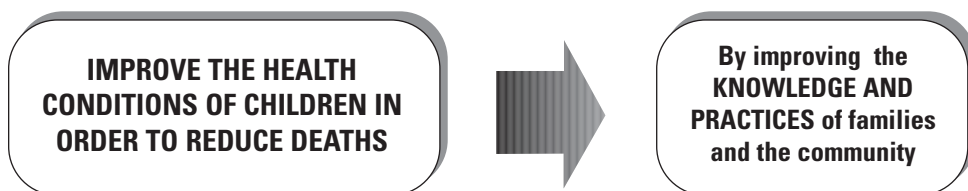
We are all responsible for community health. Educators share this responsibility. We are part of the network.

# 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 teachers, Red Cross volunteers, community health agents, 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:**

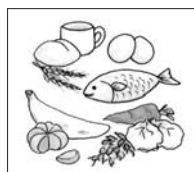
**For the proper growth and physical and mental development of boys and girls:**



1. Breast milk only.



2. Semisolid and solid foods and continued breastfeeding.



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



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



**For disease prevention:**



5. All vaccinations completed according to age.



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



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



8. Protecting yourself against HIV/AIDS.

**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.

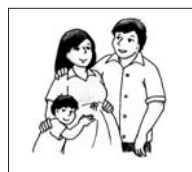
## For seeking care outside the home



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.

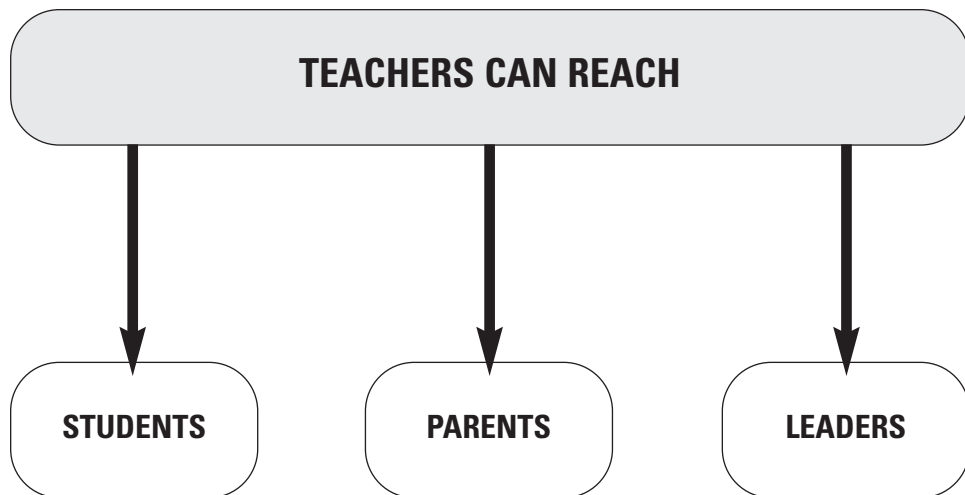
## 6

## What can we do from our schools?

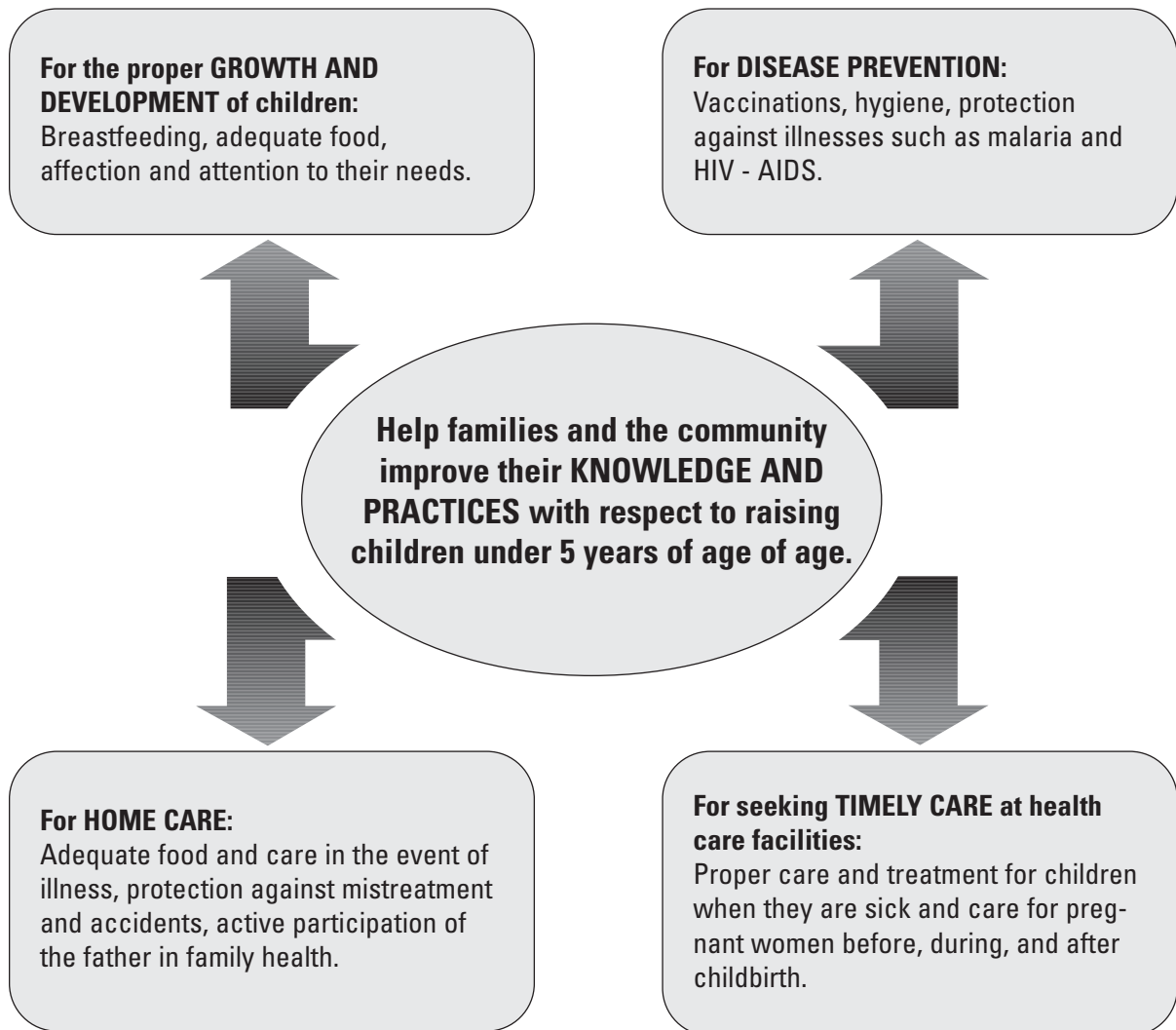
As educators, we strive to build students' character by imparting knowledge, values, healthy habits and social skills that will serve them throughout their lives.

Our work is carried out in three arenas: SCHOOL - FAMILY – COMMUNITY.

As educators, we can integrate relevant key practices in our daily lessons to the students, and in our interactions with their parents and community leaders. As educators, we should take the lead in building bridges between these three groups so they share a common purpose: to help improve the health of women and children in our community by implementing Community IMCI strategies.



### What practices should we promote?



### With whom can we work?

- We can encourage our **students** to improve their individual health care practices, but we can also organize activities in which they can serve as excellent health promoters and health monitors with their classmates, younger brothers and sisters, and—why not?—with their parents.
- We can work with **parents** in teacher-parent meetings at the school, in which we analyze the children's academic performance and their health problems or any health issues of the family and community. If appropriate, we can suggest ways to improve their childrearing patterns with respect to the key practices. We use methods based on the parents' experiences to motivate them to action.
- We can work with **community leaders** to improve the physical and social environment to make it healthy for children. We should exchange information about the health problems we encounter in our schools and seek support from health officials, community health agents, the municipality, non-governmental organizations, and community-based organizations to address them.



As teachers, we can better serve our students, their parents and community leaders by integrating the 16 key practices into our daily routine.

As educators, we serve our children by giving them a healthy community in which to live. To achieve this, we must support family compliance with the 16 key practices outlined in this guide. Being a part of a healthy community will enable us to be better teachers and attain greater recognition and social importance.

## 7

## How can we do this?

As teachers we have the opportunity to help parents identify and address health problems of school children and their younger siblings. The task of advising parents and the community includes the following steps:

1. Determine the health care needs and problems in the school community;
2. Take advantage of any opportunity to talk with students about health care, either individually in or in groups;
3. Advise them to act: "Move from the problem to the action."
4. Maintain the relationship with them and ensure adequate follow-up.



The execution of each of these steps and their practical application is found in Appendix 1.

## Guide for analyzing problems and plan for working with parents and students

There are four main steps to identify and address health problems of school children and their younger siblings.

### STEP ONE:

#### **DETERMINE the health care needs and health problems in the school community.**

To do this we can



##### ■ Consult registration records

They may contain useful information on the boys and girls and their families.

For example: Large families, very low family income, families with homes with poor sanitary conditions, etc.

##### ■ Talk with students

They can be a source of information regarding family health care and health problems.

For example: How they eat, how they are treated by their parents, what makes them sick, who takes care of them when they are sick, etc.

##### ■ Talk with parents

By showing an interest in the health of the children and the family, we can ask about any problems they might have.

For example: Whether they are aware of the health care facilities that are available to them, what kind of care the parents provide, how they relate to their children, what they do to protect them against illnesses and accidents, etc.

AT THIS POINT YOU MAY HAVE ALREADY IDENTIFIED A HEALTH PROBLEM THAT IS COMMON TO A NUMBER OF CHILDREN OR THAT IS PRESENT IN ONLY ONE CHILD

##### ■ Talk with other people in the IMCI network

The other players in the network may have data or need similar information. Visit and talk with personnel from the health care facility near the school, with municipal leaders, community agents, and directors of community-based organizations in the area. Learn what actions they are taking that might benefit the school and how you can collaborate with them as an educator.

**STEP TWO:**  
**TAKE ADVANTAGE OF any opportunity to talk  
with children, their parents and community leaders  
about health care.**

This can be done:



■ **During class hours**

Information on health care and related practices can be incorporated into almost any academic subject. For example: Hand-washing, drinking safe water, eating safe and nutritional foods, and disease prevention are topics that you can include in planning your curriculum.

■ **When parents come to pick up their children**

Regular conversations with a child's mother or father will build a relationship of trust. They may confide in you about their problems and be willing to listen to your advice. For example: The need to give children affection, timely vaccinations, and appropriate care when they are ill are some topics that you could broach with parents privately.

■ **In parent assemblies**

Problems concerning children are of interest to all parents. We can devote time in parent assemblies to analyze the issue and determine what we can do both individually and collectively to solve the problem. For example: Personal hygiene and sanitation, prevention of malaria and dengue, prevention of HIV-AIDS, and greater participation by the father in the family's health care decisions are some topics that could be discussed at these times.



■ **In community meetings or assemblies**

Our participation in community assemblies and meetings is an important way to support community leaders as they tackle familiar issues.



**STEP THREE:**  
**ADVISE THEM TO ACT: “Moving from the  
problem to the action.”**

To give good advice:

■ **Recognize and select the problem together**

It is necessary to prioritize the problems we seek to address.

In selecting a problem to address we can consider, among other criteria:

- **Severity:** How severe the harm is that the problem is causing the child and/or family?
- **Vulnerability:** Are the causes due to improper practices that can be corrected with good advice?

■ **Ask about the reason for the problem**

Next we ask: “Why?” When we have received an answer, we again ask “Why is (the first answer) happening?” If necessary, the question is asked again. The cause is determined based on the relevant responses.

■ **Ask what we can do about each cause (solution)**

To change the cause (improper practice) into a solution (correct practice), students and parents with the help of the teacher suggest:

- Possible actions that they can commit to taking (For this phase, have information about the proper practice and its benefits).
- To motivate them to take action, analyze the improper practice and its harmful consequences.

## **STEP FOUR:**

### **MAINTAIN the relationship with the parents and ensure adequate follow-up.**

To do this:

#### ■ **Propose new meetings**

Talk with them at every new opportunity to see if they are following through with the actions and sticking to their commitments.

- If so, congratulate them and encourage them to solve other problems.
- Review:
  - PROBLEM
  - CAUSES
  - ACTIONS
  - CONSEQUENCE, if nothing is done.
- If not, ask what the difficulties were and whether you can offer help in solving the problems.

#### ■ **Always review the most important messages**



Take advantage of every opportunity to provide and review key messages.

- Use the school's bulletin board to post health care messages proposed by the students.
- Send health care messages in your students' class notebooks.

Next we provide some examples of how to use the "from the problem to the action" technique with students and parents.

There are many ways to implement this guide within the school and community; three examples include: (a) at parent meetings (b) in conversations with mothers, and (c) in exercises with students.

### A. Parent meetings

**Practice:** Proper disposal of trash to prevent diseases.

**Problem:** There is no regular trash collection in the neighborhood and the houses are surrounded by garbage dumps.

**Opportunity:** A moment of reflection during a parents association assembly or classroom committee meeting.

**Materials:** A blackboard, a container filled with trash, a pad soaked in bleach (optional).



#### Execution:

##### 1. We look at the problem

- Place the container of trash in the middle of the room or near people and wait for their reactions.
- If there are none, ask if there is anything that bothers them, why the trash in the room bothers them, and what would happen if we always lived with a container of trash near us.
- Explain that this problem occurs in neighborhoods where there is no regular trash collection.

##### 2. We look for the reasons

Ask: "Why is trash allowed to accumulate in and around the houses?"

The responses might be:

- "Because there is no money to buy large trash cans."
- "They don't pick it up because the dogs scatter it."
- "The neighbors leave trash lying around."
- "The municipality does not have trash collection vehicles."



**3. We find solutions**

Explain the danger:

**Lack of sanitation is a cause of many infectious diseases, including diarrhea, which causes thousands of deaths in children.**

**When you live near trash for a long time, you become accustomed to it and the consequences no longer worry you.**

Explain the proper practice:

**Trash in the house must be kept covered to prevent flies, rats, and cockroaches. It must be taken out daily for municipal collection or to be buried.**

**By discarding trash properly, we prevent diseases.**

Ask for ideas:

- Commissions to go to the municipality and demand periodic trash collection.
- Organizing cleanup days with neighbors to bury trash if there is no municipal collection. The hole must be deep and as far away from houses as possible.
- Models for constructing homemade trash cans with lids from paint cans and buckets, or thick cardboard boxes lined inside with plastic.

Advise them to pour a little bleach into the trash can if the trash is not going to be taken out right away; this prevents flies and cockroaches. If you brought a pad soaked in bleach, show how to do this and how the odor changes.

If there are tasks to be done collectively or by committee, help them plan those tasks by drawing this diagram on the blackboard:

What to do	How to do it	When to do it	Who does it	What is needed

**B. Conversation with a mother**

**Practice:** Breastfeeding only.

**Problem:** You have been informed by your student that her mother has had a baby that she is not breastfeeding.

**Opportunity:** The mother comes to school with her baby to pick up her older daughter. You congratulate her and invite her to chat.

**Execution:****1. We look at the problem**

- Start up a friendly conversation so that the mother feels at ease.
- Ask her if her baby is eating well and how she is feeding it.  
If the woman feels she can take you into her confidence, she will tell you what she is feeding the baby. For example: sometimes breast milk and other times herbal teas because she does not have any milk.

**2. We look for the reasons**

Ask: "Why are you giving the baby herbal teas?"  
"Why do you think you do not have any milk?"

The responses might be:

- "When I am working I give the baby a little maté or juice so it can hold off [breastfeeding for a while]."
- "I get tired and my breasts hurt."
- "The baby cries after nursing."

**3. We find solutions**

Explain the proper practice:

**Up until 6 months of age babies only need breast milk.**

**Breast milk is the best food for newborns because it has everything that the baby needs to grow healthy, strong and intelligent.**

**The baby must breastfeed whenever it wants, day or night. The more the mother breastfeeds the baby, the more milk she will have.**

Give good advice:

- The mother must eat well, drink plenty of fluids, and stay calm in order to have enough milk. She must ask her husband, children, and other relatives to help her with the household chores.
- To prevent back pain, she should change position more often, sit with her back supported, or lie down with a pillow.
- If the mother's breasts hurt or become chapped, place cloths soaked in warm water or small drops of her own milk on the affected areas.
- If the baby cries, he may not be nursing well. The mother can visit the health care promoter to verify whether the baby is able to breastfeed and is latching onto the nipple properly.

### C. Exercises with students

**Practice:** Hand-washing to prevent diseases

**Problem:** It has been observed that your students go from the bathroom to the playground and from the playground to their lunchboxes without washing their hands. They do not think this is a problem, but you can make them see that it is.

**Opportunity:** When they return from recess and before continuing with class, you suggest the exercise.

#### Exercise:

##### 1. We look at the problem

- Upon starting recess, ask your students to look at their hands.
- Ask your students how many of them have clean hands and how many of them have dirty hands.
- Ask how many of those who say that they have clean hands washed them before coming into the room.
- Ask your students if they had to get dressed right then in all-white clothes, would they do it with their hands as they are.

##### 2. We look for the reasons

Ask: "If clothes can get dirty because you get dressed with dirty hands, could you eat with those same hands?" "Why don't you wash your hands before eating?"

The most frequent responses are:

- "I forget because I am playing."
- "There is no water available."
- "I don't see the dirt when I am going to eat."

### 3. We find solutions

Explain the danger:

**Millions of microbes (small animals that can't be seen) hide on our hands, especially under our nails, and we eat them along with our lunch.**

**These microbes give us diarrhea. Many children in the world become sick and even die from diarrhea.**

Explain the proper practice:

**In order to grow strong, play, and learn we must be healthy.**

**To prevent diseases such as diarrhea, we must wash our hands after leaving the bathroom and before eating.**

**We must have short, clean nails.**

Practice washing hands and cleaning and cutting nails as a group if the materials are available.

Ask for ideas:

- Reminder signs made by the students for the bathroom exit and the room.
- Having classmates check one another's hands and nails before opening their lunchboxes.
- Taking turns bringing water if it is not nearby.
- Collecting old brushes for washing hands and nails "like doctors."
- Notes in notebooks to have clean hands and nails the entire week.
- Clean hands contests by sex, by row, by classroom, etc.

## APPENDIX **3** Classroom sessions on health

Once the health problems--and related practices to be promoted--have been identified, we should integrate them into the core subject matter that is addressed by all grade levels, such as human anatomy, environmental studies, science, etc.

To give a better understanding of how to incorporate this strategy into your daily work, an example has been developed using practice no. 6: hygiene practices.

Students can be the best source of information regarding whether or not some practices are being implemented in their home or surroundings. Based on that information, follow the suggested steps below:

1. **Identify the curriculum subject** matter that corresponds to the practice selected.
2. **Provide students with general information** regarding the practice selected.  
In the example of hygiene and parasites, you can tell students that it is very important to prevent parasitosis by means of preventive measures, particularly good hygiene, and explain the consequences of parasitic infection.
3. **Find out how much they already know** by asking open questions. Example:  
"Have you heard any talk about parasites?"  
"What name or names are parasites known by in your family?"  
"Have any of you had parasites?"  
"Why do you think boys and girls get parasites?"
4. **Analyze the different responses** of the students by helping them reflect on their own responses and then ask: "Why do we have these problems?"
5. **Identify the causes of the problem** in question. To do this, you may give students assignments that require studying the problem in depth in their surroundings (neighborhood, home, etc.). For example:
  - a. Observe which family members wash their hands before eating, after going to the bathroom and before preparing food.
  - b. Where does the drinking water in your house come from? Is chlorine added to the water or is it boiled?
  - c. Where do you go to the bathroom?, Where do you throw away trash?
  - d. Identify three things that cause a person to get parasites.
6. **Check the students' responses** in a follow-up class session.



Class session / subject / course

Number of students \_\_\_\_\_ Topic to be worked on

Assignment

Date \_\_\_\_\_ Teacher's name

Question	Response	Number of responses	%	Comments
a.				
b.				
c.				
d.				

### "From the problem to the action" - Possible solutions

7. **Discuss your students' responses** with them, reinforcing the positive aspects and emphasizing the risks of improper practices
8. **Identify possible solutions for changing improper practices.** You can facilitate some questions or leave the topic open to the creativity of the students  
For example, using the parasite/hygiene example:  
 "How can hygiene habits be improved?"  
 "How can water consumption be improved?"  
 "How can the proper disposal of feces and trash be improved?"
9. **Suggest follow-up activities with the students.** For example, once the key practice session has ended, suggest to group of students that they research their environment to give continuity and meaning to the health practice introduced in class. Give each student or group of students an assignment on one of the specific topics discussed in class.

Periodically review the assignment and give students additional information on the topic and the opportunity to discuss their progress and ask questions. Show them posters, signs or other resources to support the work they are doing.

Upon completion of the assignments or projects for each practice, organize exhibitions, fairs, discussions, talks, street performances, theatrical presentations, etc., in which your students can show their results and share their achievements with other students from the school, parents, and other members of the community.

## Activities to Facilitate the Work at School: Child Health Monitors

Boys and girls can assist in the process of promoting healthy practices as guardians of their own health and that of their classmates and as monitors of the classroom's health. Think about how much benefit you could derive as a teacher if you were assisted by either a committee of school children to monitor healthy practices or by a designated "health monitor" to be in charge of the health of the class.

The duties of this committee or the child health monitor would be to:

- Support the teacher in organizing classes on the key practices;
- Help make signs and posters regarding the key practices;
- Create a permanent informational mural at the school supporting promotion of the key practices;
- Collaborate on parent meetings in which health topics are discussed;
- Promote the implementation of the key practices in the school environment in general; and
- Promote cultural activities with health themes.

## APPENDIX 4 What are the key practices?

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

### **For the growth and proper 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 matés; 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 PURÉES of cereal, mixed vegetable and meat stew, and vegetables accompanied by a SPECIAL FOOD: Egg, liver or fish.
- As of 1 year of age, they should already be eating a good ration 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, mazamorras [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 up to 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.  
Semisolid 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

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

- Boys and girls need LOTS OF LOVE and STIMULTION to develop their intelligence and skills.
- Mothers and fathers should smile at them and 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/she should be taken to a health care facility.**

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

**For disease prevention**

**Practice 5:** Children must 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,  
she/he should be taken to a health care facility.**

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

## For disease prevention

### Practice 6:

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

- Diarrhea and parasitic diseases are caused by lack of hygiene and sanitation: Trash, dirty bathrooms, contaminated water. These diseases slow the growth of boys and girls and can result in their death.
- You must ALWAYS WASH YOUR HAND 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 no 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 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 should be worn, and the house should be protected with screens on doors and windows.
- GUTTERS must be DRAINED AND CLEANED, stagnant 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 DEATH 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 illness.
- 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 prevent 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 DISEASE is essential, since they constitute an “open door”.

\* \* \*

**Anyone who is positive for HIV-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 illness:

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

\* \* \*

**If a sick baby does not want to nurse,  
take him/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 1 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: Place CLOTHS SOAKED IN LUKEWARM WATER on the child's 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 the 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 can be taken.

\* \* \*

**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 and health care of boys, girls, and pregnant women.
- As a teacher, you can help to ensure that men participate more actively by inviting both 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 the tasks relating to the health of his family, the children will suffer.**

**Family health care of and health  
are 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 TO CONTROL THE RISK IN ORDER TO PREVENT INJURY:
  - With a SAFE HOME: It is recommended that dangerous objects and products, 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 or give the child anything that might cause more harm.**

**LET'S PREVENT DEATH DUE TO ACCIDENTS.  
A safe home and being careful 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 the 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 the treatment instructions given 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 THE 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 or 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, and 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 obtained in school

**Socialization process:** Incorporation of children, adolescents, youths or adult into the culture of the group or groups to which they belongs. Within the set of inter-relationships 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:** Two-way educational influence 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 in 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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