



An Inventory of Tools to Support Household and Community Based Programming for Child Survival, Growth and Development

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FOREWORD

This inventory has been compiled with support and input from many partners who have over the years developed various approaches and instruments for improving the health and nutritional status of children and women.

UNICEF has facilitated its compilation in order to provide easy access to a variety of these instruments, many of which have previously not been widely shared among partners.

We hope that the inventory will be valuable to all partners at various levels, especially at the country level where knowledge and use of the various approaches and tools would contribute to the implementation of community based programs.

A major feature of this inventory is the inclusion of electronic links accompanying each tool to facilitate access to more information contained on the internet. This will become more and more important as countries continue to get increased access to the internet. In addition to this, the document provides addresses and contacts for those interested in receiving hard copies of the specific tools. The purpose and application of each tool is summarised.

I wish to encourage the use of the document by programme managers and others for further reaching the development of communities and scaling up of community based interventions.

We recognize that this document does not include all the materials and instruments available to all the partners. We, therefore, welcome additional materials that can be used to further support child health programs in an updated version of this inventory.

Sadig Rasheed

Director, Programme Division
UNICEF

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ACRONYMS

| | |
|---------|--|
| ACC/SCN | Administrative Committee on Coordination/Subcommittee on Nutrition |
| AED | Academy for Educational Development |
| AIDS | Acquired Immunodeficiency Syndrome |
| ARI | Acute Respiratory Infection |
| BASICS | Basic Support for Institutionalizing Child Survival |
| CASD | Community Action for Social Development |
| CDD | Control of Diarrhoeal Disease |
| CHD | Child Health and Development |
| FES | Focused Ethnographic Study |
| FAO | Food & Agriculture Organization |
| GPP | Gender, Partnership & Participation |
| HHRAA | Health and Human Resources Analysis for Africa |
| IIED | International Institute for Environment and Development |
| IMCI | Integrated Management of Childhood Illness |
| IUNS | International Union of Nutritional Sciences |
| NGO | Non-Governmental Organization |
| OESP | Office of Evaluation and Strategic Planning |
| ORS | Oral Rehydration Salts |
| PCSM | Programme Communication and Social Mobilization |
| PHAST | Participatory Hygiene and Sanitation Transformation |
| PLA | Participatory Learning Appraisal |
| PROWESS | Promotion of Role of Women in Water and Environment Sanitation Services |
| RAP | Rapid Assessment Procedure |
| SARA | Support for Analysis and Research in Africa |
| SARAR | Self-esteem, Associate Strengths, Resourcefulness, Action planning, and Responsibility |
| TDR | Special Programme for Research and Training in Tropical Diseases |
| TIP | Trial of Improved Practice |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| UNDP | United Nations Development Programme |
| WHO | World Health Organization |

INTRODUCTION

Approximately 12 million children under the age of five years die annually in developing countries largely due to perinatal causes (related to low birth weight, prematurity and complications of pregnancy and deliveries), diarrhoea, acute respiratory tract infections, malaria, and measles, with malnutrition as an underlying factor in more than 50 per cent of cases. Other risks include HIV/AIDS pandemic, which is increasingly threatening the survival, growth and development of children.

In the last two decades, there has been significant progress at the national, local and community levels to improve the health and well being of women and children. Interventions promoting breastfeeding, growth monitoring and promotion, micronutrient supplementation, hygiene practices, immunisation and Oral Rehydration Therapy (ORT) have largely contributed to reducing child morbidity and mortality. Success has also been made in developing important strategies for social mobilisation, and in advocating for the rights of women and children. However, lessons learned from these efforts show that there is significant work that still needs to be done to actively involve families and communities in accelerating the prevention of leading child killers and to improve the overall care of children and women.

At the community and household level, caregivers require knowledge and skills as well as an enabling environment and support to facilitate behaviour change or reinforcement towards improved child survival, growth and development. It is also necessary to build capacity at the community and district/local levels to ensure adequate support to families. This includes improving the quality of care by service providers.

UNICEF, WHO and other partners are now accelerating strategies to improve the care of children. These include the Early Child Care for Survival, Growth and Development strategy which promote greater convergence of health, nutrition, psychosocial development efforts at the family and community levels and the implementation of the Integrated Management for Childhood Illness (IMCI), a strategy which contributes to improved early childhood care through to improved prevention of leading child killers, home and community care for sick children, and improved care at the health facility level.

This report includes an inventory of tools that can be used by health managers, health workers, government agencies and NGOs working on community-based programs to improve the health of women and children. These tools can be used for training activities and for planning and implementing strategies in community empowerment, resource mobilisation, communication, disease prevention, monitoring and evaluation and more.

In preparing this report, international agencies, NGOs, various institutions and other partners with experience in community-based programming were contacted to identify useful tools and strategies. A literature search and review was also conducted to identify the tools which were then categorized based on their purpose and application.

Method of Classification

The tools were classified according to the following categories:

1) Training Tools for Lay and Community Health Workers

These tools are designed to enhance the skills of health workers in working with community members and caregivers to promote activities including breastfeeding, monitoring child growth, sanitation practices and managing childhood illnesses at the household and community level.

2) Integrated Communication and Implementation Strategy Development

Guides, manuals and procedures that can be used for developing communication strategies for behaviour change for community members and caregivers are contained in this category. These tools are mostly designed for communication officers planning or implementing communication interventions or program managers designing community-based interventions.

3) Information, Education, Communication Materials

Tools including Facts for Life and the Mother's Card that deliver key messages on disease management, nutrition, and sanitation to a range of community audiences are listed in this category.

4) Working with the Community

This includes a number of tools that are research oriented and designed for staff working with communities:

I. Research Designs and Studies on Community-Based Interventions

Tools that use qualitative and quantitative research methods for studying health practices in the community and research designs to study childhood illnesses and nutritional practices are included in this category.

II. Community Assessment Tools

This contains tools for assessing communities' ability to achieve care-seeking practices and to manage childhood diseases. Examples: The Malaria Manual, RAP to Improve the Household Management of Diarrhoea.

5) Monitoring and Evaluation

This lists handbooks and manuals for monitoring and evaluation activities.

6) Workshops/Reports on National, Local and Community-Based Programs

This is a selection of reports and workshops on child health programs implemented in developing countries. These reports provide lessons learned, strategies developed for community-based interventions and recommendations for future planning.

In addition to the above, it is recognized that there are several other tools that are not yet identified. Efforts will be made to include them as they become available.

AN INVENTORY OF TOOLS TO SUPPORT HOUSEHOLD AND COMMUNITY BASED INTERVENTIONS

I. TRAINING TOOLS FOR LAY WORKERS AND COMMUNITY HEALTH WORKERS

1. THE INTEGRATED HEALTH EDUCATION MODEL TALK

AFRICARE, 1996.

| | |
|---|---|
| AUDIENCE | -Community health workers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY HEALTH? | -Promotes group discussions on child health among caregivers. |

Source

Africare, Inc.
440 R Street, NW
Washington, DC 20001, U.S.A.
Tel: (202) 462-3614
Fax: (202) 387-1034
E-mail: africare@africare.org
Internet: <http://www.africare.org>

Description

By virtue of the role that the community health worker plays in providing health information and care to the community, Africare developed a communication model that promotes group discussions among caregivers on child health and disease management. The model is designed to assist health workers in facilitating group discussions and encouraging mothers to talk and ask questions about issues and concerns pertinent to the health of their children. The tool is designed in French.

Suggestions for Use

It can be used as a tool to enhance caregiver's participation during the health talk and to maintain an informal learning environment. For successful use of this tool, the health worker could be trained to facilitate discussions, assessing the knowledge and practices of caregivers on health behaviors, reinforcing health messages while discouraging harmful practices.

Relevance

The integrated Health Education Model Talk allows caregivers to engage in an informal social network where they can share and learn information from other caregivers on child health.

2. THINGS HAVE CHANGED

AED, HealthCom, 1994.

| | |
|--|---|
| AUDIENCE | - Community health workers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | - Provides health workers with communication skills for working with mothers. |

Source

Academy for Educational Development
Social Development Division
1825 Connecticut Avenue, NW
Washington, DC 20009, U.S.A.
Tel: (202) 884-8000
Fax: (202) 884-8400
E-mail: adandrea@aed.org
Internet: <http://www.aed.org>

Description

"Things Have Changed" is a twenty-minute video narrating real-life stories of community health workers in the low-income "barrio" community of Tijuana, Mexico. It describes the methods by which health workers can promote behavior change that can impact child health. These include, understanding the context in which the mother raises her children, obstacles facing the adoption of new behaviors, and the rewards and consequences of carrying out those behaviors. Equipped with this knowledge, the health workers can build a trusting relationship with a mother and help her adopt new behaviors that will improve the health of her children. Although oral rehydration therapy for diarrhoea is featured in the video, the principles of behavior change apply to any health problem.

The nine segments included in the video are: (1) Things have changed in Tijuana, Mexico; (2) There is a new generation; (3) Mothers have changed; (4) How did it happen?; (5) Look around; (6) Listen; (7) Consider consequences; (8) Build in the benefits; (9) Make it last.

The video is accompanied by a user's guide. It is available in French, English, and Spanish. Both the user's guide and the video are available free of charge to professionals in developing nations by contacting the Dissemination Manager, BASICS Project, 1600 Wilson Blvd, Arlington, Virginia 22209, USA.

Suggestions for Use

There are three ways to use this video: (1) as a training tool for health workers; (2) as an instrument for program directors to learn about the relationship between health workers and their clients and the process of behaviors; and (3) as a teaching aid on behavior change theory for health education students.

Relevance

This tool provides health workers with the knowledge and understanding of behavior change and how they can use it to help caregivers adopt behaviors to protect the health of their children.

3. TOOLS FOR LIFE

Joan Tarasevich, Cathy Sagui, Casey O'Brien, Benedict Tisa, Pardiese Klauss, Lucia Kramer, The Johns Hopkins University/Population Communication Services & The Academy for Educational Development, 1998.

| | |
|---|--|
| AUDIENCE | -Programme managers and supervisors |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY HEALTH? | -Message development. -Strengthens community health worker's motivation and skills in engaging their communities in relevant health issues. |

Source

Johns Hopkins University
Population Communication Services
103 E Mt. Royal Avenue, Room 2C
Baltimore, MD 21202, U.S.A.
Tel: (410) 659-6300
Fax: (410) 659-6266
Internet: <http://www.jhuccp.org>

Description

Tools for Life is designed for front line community health workers in Anglophone and Francophone Africa. It is designed to enhance the education, motivation and counseling skills of health workers to assist them in engaging their communities in health issues through enter-educate activities. It is also used to support health workers in promoting community activities by drawing communication channels within the cultural fabric relevant to African context. It contains messages on safe motherhood, nutrition and infant health, diarrhoea control, prevention of common illnesses and diseases, and family planning and reproductive health. The components of this kit include activity cards, information cards, and a training guide.

Suggestions for Use

Tools for Life is a useful instrument for community health workers. It can be used as a resource tool for health information for the community but also as a guide to organize motivational strategies and to maximize social support among community members for disease prevention and health promotion activities. The document is available on the internet and CD-Rom and it is available in print in English and French.

Relevance

Like Facts for Life, Tools for Life provides essential messages for children's growth and development and provides effective strategies for communication. It is exclusively intended for community health workers for promoting care-seeking practices at home and in the community.

II. INTEGRATED COMMUNICATION AND IMPLEMENTATION STRATEGY DEVELOPMENT

4. A RADIO GUIDE: A GUIDE TO USING RADIO SPOTS IN NATIONAL CDD (DIARRHOEAL DISEASE CONTROL) PROGRAMMES

WHO/CHD, 1994.

| | |
|--|---|
| AUDIENCE | -Diarrhoeal disease managers and radio programme officers -Health education unit within the ministry of health |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Targets a wide audience on diarrhoeal disease control and management. |

Source

WHO, Division of Child Health and Development

20 Avenue Appia

1211 Geneva 27, Switzerland

Tel: (41) 22 791-2632

Fax:(41) 22 791-4853

E-mail: chd@who.ch

Internet: <http://www.who.ch/chd>

Description

This guide leads a team of national program personnel through a process of analyzing existing information, and designing, and evaluating radio spots to address a particular home care problem. Although the document uses examples from diarrhoea home care, the process is easily adaptable to other health problems. It takes 8-12 weeks to develop, pretest, and broadcast the spots.

Suggestions for Use

Radio is very popular in developing countries. As many people can afford it, the number of listeners is increasing every day. In addition to broadcasting spots, health messages can be integrated into other radio shows including newscasts, health programs, and drama. Messages on home care may target fathers, mothers, older women, or even children depending on who listens to the radio.

In addition to the traditional role of the radio, where a radio program is sponsored by an organization (UNICEF support to local radios in Guinea Conakry and Mozambique), the radio spots can serve as strong motivators for behavior change in other child health areas in the community. With access to information in the community, health workers can use a radio to compare villages, and recognize those villages that are performing well. The Tool Box gives additional details on writing and pretesting radio spots.

Relevance

The radio guide is an important communication tool to deliver messages for disease management and control. It is an ideal communication strategy targeting a wide range of audiences in different community settings.

5. A TOOL BOX FOR BUILDING HEALTH COMMUNICATION CAPACITY

AED, 1995.

| | |
|--|--|
| AUDIENCE | -Health manager |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides strategies for implementing communication interventions. |

Source

Academy for Education Development
 SARA Project
 1825 Connecticut Ave., NW
 Washington, D.C. 20009, U.S.A.
 Tel: (202) 884-8505
 Fax: (202) 884-8701
 E-mail: atraore@aed.org
 Internet: <http://www.info.usaid.gov/regions/afr/hhra>

Description

This is a guide designed for health managers to strengthen their knowledge and skills in assessing, planning, delivering, and monitoring and evaluating communication interventions. The methodology uses a behavioral microscope to observe what people are currently doing, compares those practices with potentially more effective ones, and determines how to best motivate practical change. Its innovative integration of mass media, and interpersonal channels of communication has the potential to promote the adoption of key family practices.

Suggestions for Use

The Tool Box is a self-instruction material which can guide health managers in strengthening their organization’s capacity to conduct health communication interventions. In addition, it can serve as a training tool for communication agents to conduct communication activities.

Relevance

This tool provides necessary strategies and methodologies for implementing health communication programs.

6. ADAPTATION GUIDE (IMCI), WORKING DRAFT VERSION 3

WHO/CHD, 1997.

| | |
|--|---|
| AUDIENCE | -Researchers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides strategies for adapting and enhancing communication with families at health facilities. |

Source

WHO, Division of Child Health and Development

20 Avenue Appia

1211 Geneva 27, Switzerland

Tel: (41) 22 791-2632

Fax: (41)-22 791-4853

E-mail: chd@who.ch

Internet: <http://www.who.ch/chd>

Description

This guide assists countries in adapting their IMCI guidelines and training materials to cater to front-line health workers. It contains three protocols for improving communication with families at health facilities. These protocols could be further adapted to improve family practices:

- Protocol for adapting feeding recommendation uses home trials to develop age-specific feeding recommendations and locally-acceptable solutions to common feeding problems.
- Protocol for identifying and validating local terms describes a process for identifying terms that families can use and understand. These aid in communicating signs of illness and referring the sick child to a health facility.
- Protocol for designing and pretesting an adapted mother's card provides a method for developing and testing a counseling card for mothers. The card includes locally identified feeding recommendations and terms families can use to describe disease signs and symptoms as well as instructions for seeking care.

Suggestions for Use

The adaptation guide can be used by researchers to develop recommendations based on the local culture and needs of the country. The tools can also be used to train health workers in the community.

Relevance

This guide allows researchers to adapt important messages on health and nutrition that caregivers can understand. The result from the use of these protocols can be incorporated into other messages, materials and community activities.

7. COMMUNICATING HEALTH-AN ACTION GUIDE TO HEALTH EDUCATION AND HEALTH PROMOTION

John Hubley, 1993.

| | |
|--|---|
| AUDIENCE | -Health managers -Health workers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Strengthens communication components of health education, health promotion activities. |

Source

Teaching-Aids At Low Cost (TALC)

P.O. Box 49, St. Albans

Herts AL1 5TX, U.K.

Tel: (44) 17 278-53869

Fax: (44) 17 278-46852

Internet: <http://www.rgp.man.ac.uk/gp/TALC>

Description

This book explores the role of communication in improving health . It discusses strategies for health education, health promotion and empowerment of families and communities to take action on health issues. Practical guidelines are given on how to carry out effective communication in a wide range of settings, including the family, community, schools, health services and mass media.

Among the topics covered are, an introduction to health education and health promotion; understanding human behavior and communication; methods to effective teaching; face-to face communication; working with the community; using media and popular media; working with children and young people; intersectoral collaboration; the planning process including research, evaluation, and preparation of project proposals.

Suggestions for Use

This communication guide provides health managers with techniques for designing communication activities for health promotion intervention. Health managers can also use it as a reference document in writing proposals or implementing projects. Trainers can extract a suitable content for community health workers for health education and behavior change.

Relevance

It strengthens the communication component of health education and health promotion activities.

8. COMMUNICATION AND SOCIAL MOBILIZATION REGIONAL COURSE

UNICEF, 1995.

| | |
|--|--|
| AUDIENCE | -Information, education and communication officers -Health managers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides strategies for planning behavior change and communication and social mobilization interventions. |

Source

Pathe Diallo, Director
Institut de Recherche en Sante Publique/Universite de Cotonou
BP 918 Benin, West Africa
Tel: 229-305478
Fax: 229-305479
E-mail: ckiki@syfed.bj.erfer.org

Description

This course is supported by UNICEF and WHO. It is designed to help participants to plan, systematize, organize, monitor and evaluate communication and social mobilization interventions in health as well as in other development programs. The course is designed for approximately six weeks. It is in French.

Participants learn to formulate strategies promoting behavior change; identify critical aspects in the follow-up process; develop a methodical and systematic communication and a social mobilization plan of action; evaluate the impact of behavioral change in the community; determine the needed resources and constraints. The course has five modules: (1) Basic Concepts; (2) Social Analysis Techniques; (3) Communication and Social Communication; (4) Social Mobilization Technique; (5) Communication and Social Mobilization Plan.

Suggestions for Use

The course is designed for mid- to senior-level professionals involved in planning information, education, and communication activities.

Relevance

It promotes essential community-based strategies on communication and social mobilization for participatory learning and behavior change.

9. COMMUNICATION TRAINING FOR BEHAVIOR CHANGE

UNICEF, 1996.

| | |
|--|--|
| AUDIENCE | -Health managers -UNICEF health and health promotion officers -NGOs and government counterparts |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides strategies for planning behavior change and communication and social mobilization interventions. |

Source

UNICEF/West and Central Africa Region Office
04 BP 443 Abidjan 04
Cote D'Ivoire/West Africa
Tel: (225) 21 31 21
Fax: (225) 22 76 07/21 05 79
E-mail: wcaro@unicef.org

Description

Communication Training for Behavior Change is a shortened version of the Training Package in Communication Skills for Behavior Development Change. It contains four sessions on behavior change. The first session includes basic knowledge on a behavior stage, innovation features and communication objectives. The second session highlights the understanding of the behavioral context before setting up communication objectives. The third session provides tips on the use of the behavior adoption model as a step toward analysis and communication planning. The final session provides information on setting up communication objectives. The training duration is two days and targets communications officers. It was tested in Togo.

Suggestions for Use

Refer #15

Relevance

This training module serves as a primary tool in supporting communication strategies in community-based programs. It can be used in addition to other communication tools by communication officers.

10. FACTS FOR LIFE: LESSONS FROM EXPERIENCE

UNICEF, 1996.

| | |
|---|--|
| AUDIENCE | -Health managers -Health workers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY HEALTH? | -Describes methods and strategies for delivering messages to families, community members, educators, children and other community members. |

Source

UNICEF
Division of Communication
Facts for Life Desk
3 U.N. Plaza, New York
NY 10017, U.S.A.
Tel: (212) 326-7560

Order from:
Distribution Section
Tel: (718) 786-5865
Fax: (718) 482-8814
E-mail: esalem@unicef.org
Internet: <http://www.unicef.org/ffl>

Description

Facts for Life: Lessons From Experience is a supplement to Facts for Life. While Facts for Life focuses on the content, this supplement emphasizes the methods by which messages may be delivered. All the assets a community is made of are entrusted to the message communicators including children, health workers, traditional healers, community, political leaders, NGOs, artists, institutions, teachers and educators, employers and business leaders and community groups. It costs \$2 per copy and it is available in English, French, Spanish, Portuguese, Arabic, and Russian.

Suggestions for Use

This document can serve as a reference tool in the development of social mobilization interventions. In addition, it can provide programme managers with strategies for utilizing community resources for sustainable community-based interventions.

Relevance

Facts for Life: Lessons from Experience targets a host of community members including teachers, care-givers and children.

11. LEARNING THROUGH DIALOGUE: USING STORIES IN ADULT EDUCATION

Judi Aibel, ILO, 1995.

| | |
|--|---|
| AUDIENCE | -Community development workers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Involves groups of people for collective analysis and actions. |

Source

ILO Publications
International Labour Office
4, route des Morillons, CH-1211
Geneva 22, Switzerland
Fax: (41) 22 799-8578
E-mail: thornton@ilo.org
Internet: <http://www.ilo.org/public/english/180publn/index.htm>

Description

Learning through Dialogue is a brief manual accompanied by a video explaining methods for developing problem-posing stories and involving groups of people for collective analysis of different development issues. The example in the video stresses how this educational technique can be used with a community group. The practical application of the approach is based on the author's country experience in Africa.

Suggestions for Use

It is designed for community development workers who together with community participants listen and learn from each other.

Relevance

It promotes participatory learning and analysis for problem solving.

12. PROCEDURE FOR LOCAL ADAPTATION OF ARI HOME CARE ADVICE

WHO/CHD, 1996.

| | |
|--|---|
| AUDIENCE | -Researchers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | - Supports the adaptation of ARI home care and treatment for the local community. |

Source

WHO, Division of Child Health and Development
20 Avenue Appia
1211 Geneva 27, Switzerland
Tel: (42) 22 791- 2632
Fax: (42) 22 791-4843
E-mail: chd@who.ch
Internet: <http://www.who.ch/chd>

Description

This manual is designed to modify generic communication tools on Acute Respiratory Infection (ARI) to fit local conditions and language so that family and community ARI home care compliance can be enhanced. It uses a video and it contains four phases:

Phase 1: This section outlines the procedure for interviewing care givers for local words and phrases for ARI signs and treatment. It uses a videotape of children with ARI signs and symptoms.

Phase 2: This section describes the procedure for selecting a list of local terms and practices for group discussion.

Phase 3: This phase includes the procedure for conducting a focus group to determine appropriate ARI terms in the local area.

Phase 4: This phase adapts communication with mothers for ARI home care advice based on local terms and treatments.

Suggestions for Use

It takes six days to conduct the WHO "Procedure for Local Adoption of ARI Home care Advice." The results can be used to develop and plan community-based communication interventions.

Relevance

Acute respiratory infections contribute to child morbidity and mortality. By adapting message for ARI diagnoses and treatment to fit local context, ARI home care practice can be enhanced.

13. PROMOTING THE GROWTH OF CHILDREN: WHAT WORKS

Marcia Griffiths, Kate Dickin, and Michael Favin, The World Bank, 1996.

| | |
|--|--|
| AUDIENCE | -Program managers -Health workers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Mobilizes the community for the care of children. |

Source

Nutrition Group
Human Development Department
The World Bank
1818 H Street, NW
Washington, DC 20433, U.S.A.
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Fax: (202) 522-3489
E-mail: crokx@worldbank.org
Internet: <http://www.worldbank.org>

Description

Promoting the Growth of Children: What Works is a paper illustrating examples of how and when growth promotion has been effectively implemented. It describes methods for designing and implementing programs that can maximize the use of growth promotion packages in nutrition and primary health care. This paper includes:

- A review of the definition and purpose of growth promotion.
- A discussion of the use of growth promotion programs for decision making and intervention for nutrition and health programs (sample decision guides are provided for overall programs, for community-level strategies and for individual nutrition education).
- The implementation of the decision-making approach, with examples from programs throughout the world
- Management principles that optimize the impact of growth promotion programs.
- Guidelines for assessing the design and implementation of a growth promotion program.

Suggestions for Use

It is a self instruction tool which can be used by program managers to design and implement interventions that use growth data for decision-making and action. This tool also provides a training component for community health workers.

Relevance

The sample Decision Guide for Integrating and Targeting Actions is an illustration of converging care at the household level. It allows the family and community to provide care for children. Whether or not a child is sick there is an appropriate action and intervention which involves either the family or the community. The use of this tool can be maximized by involving men in child health and nutrition. Tools for Life is a good reference on motivating men to attend health, nutrition, and sanitation sessions. Further, rewarding care givers who succeed in keeping an adequate child growth curve for three consecutive months can serve as a positive reinforcement tool. Several scenarios exist: (1) the caretaker is recognized among peers and asked to share with other what she does to feed and care for children at home; (2) the care giver can be selected to be the mother of the month and will receive a symbolic identification; she will be encouraged to pass the messages to other mothers through the informal network; (3) a mother can be given a gift such as a bowl, cloth, or soap provided they are available; (4) in countries where rural radios exist the mother can be heard on local radio sharing her know-how on management of child health.

14. SIGHT AND LIFE MANUAL ON VITAMIN A DEFICIENCY DISORDERS (VADD)

Donald S. McLaren and Martin Frigg, 1997.

| | |
|--|---|
| AUDIENCE | -Health and nutrition program managers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides information on the control of vitamin A deficiency. |

Source

Task Force Sight and Life
P.O. Box 2116
4002 Basel, Switzerland
Tel.: (41) 61 691-2253/ (41) 61 688-7494
Fax: (41) 61 688-1910
E-mail: basel.sight_and_life@roche.com
Internet: <http://www.sightandlife.org>

Description

The Sight and Life Manual on Vitamin A Deficiency Disorders is an information tool that presents the complexities of Vitamin A deficiency disorders in way that lay readers can understand. Its primary aim is to present current knowledge in a form that practitioners can put to use. The first two chapters consider the role of vitamin A and its precursor carotenoid in nature, the food sources of vitamin A and the various factors that may influence the concentration of nutrients and their availability in the diet. Chapter 3 describes what happens to vitamin A once it has been digested, and includes a description of its various functions at the molecular level. This leads to a discussion on human requirements of vitamin A and a summary of current recommended dietary allowances (RDA). The final section is devoted to the subject of the control of vitamin A deficiency. This is considered under seven headings: treatment; prophylaxis; prevention and management of infectious diseases; fortification; dietary modification; plant breeding and disaster relief. A slide collection and accompanying notes have also been prepared with the document.

Suggestions for Use

The manual can be used as a reference tool by health and nutrition practitioners who are working in the field of child survival and protection of child vision. The manual and the slide collection used together can serve to aid education and prevention campaigns.

Relevance

Controlling vitamin A deficiency in the community has proven to reduce death from infectious diseases by 35%.

15. TRAINING PACKAGE IN COMMUNICATION SKILLS FOR BEHAVIOR DEVELOPMENT AND CHANGE
UNICEF, 1996.

| | |
|--|--|
| AUDIENCE | -Health managers -UNICEF health and health promotion officers -NGOs and government counterparts |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides strategies for planning behavior change and communication and social mobilization interventions. |

Source

UNICEF

Gender, Partnership & Participation

Programme Division, T-24A

3 U.N. Plaza, New York, NY 10017, U.S.A.

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Description

The training package provides multiple skills to health managers in planning behavior change strategies for social mobilization, health communication and education for program implementation in developing countries.

The training package contains the following 10 sessions: (1) Planning Communication for Behavior Development and/or change; (2) Stages of Behavior Development and/or Change; (3) Determining Priority Behaviors for Communication Programming; (4) The Adoption Paradigm and its relationship to Communication Channel Selection; (5) Interpersonal Communication; (6) Introduction to Visual and Value Perception; (7) Qualities of a Measurable Objective; (8) Message Development; (9) Monitoring and Evaluation; (10) Pretesting Communication Materials.

Suggestions for Use

The training is designed for twelve days and targets district health managers, UNICEF health and health promotion officers, and NGOs and government counterparts. The training content is complemented by resource materials that include videotapes, structured experiences and case-studies. The modules are structured in a participatory format and can be expanded or reduced depending on participant need and interest. This document is under peer review.

Relevance

This tool provides outstanding theories and models that can be used for communication. It also provides behavior change strategies for health communication, education, nutrition, polio eradication, HIV/AIDS and for planning for activities related to female genital mutilation.

16. WORKSHOP ON STRENGTHENING PARTICIPATORY ATTITUDES IN COMMUNICATION AND DEVELOPMENT

UNICEF, 1996.

| | |
|--|---|
| AUDIENCE | -UNICEF staff -Country level counterparts |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides understanding of elements in capacity building and community empowerment. |

Source

UNICEF

Gender, Partnership and Participation

Programme Division, T-24A

3 U.N. Plaza, New York

NY 10017, U.S.A.

Tel: (212) 824-6628

E-mail: emartinez@unicef.org

Description

The workshop is designed to help UNICEF staff and country level counterparts explore the elements and practice of sustainable development for reaching women and children. At the end of the workshop participants can (1) describe the principles and practices of adult learning, problem-solving and participatory process that promote ownership, capacity building and community empowerment; (2) practice interpersonal communication skills that are critical to participation; (3) explore intersectoral collaboration to understand how it can strengthen program efforts; (4) apply concepts and methods of participation to a specific work situation; (5) design a strategy and action plan for a specific program.

Suggestions for Use

The workshop is designed for 20 participants, with a maximum of 25 participants. It is a five day workshop however, depending on the participant's experience, a shorter workshop of two to three days can also be conducted.

Relevance

The workshop promotes group solidarity and resource mobilization for conducting community activities in health and development. A post-workshop evaluation conducted in 1996 showed that participants in Bangkok and Ghana successfully applied concepts and skills learned from the workshop into programming for rural projects.

III. INFORMATION, EDUCATION, COMMUNICATION MATERIALS

17. BREAST-FEEDING: A GUIDE FOR NURTURING YOUR BABY

Nursing Mothers' Association of the Philippines, Manila, Philippines, 1983.

| | |
|--|---|
| AUDIENCE | -Literate Mothers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides mothers with key messages on breastfeeding that can be shared through the social network. |

Source

UNICEF

Communication and Information Division

P.O. Box 1076, Makati Central City

1250 Makati City, Philippines

Tel/Fax: 63 2892-6456

E-mail: manila@unicef.org

Description

This booklet is intended for mothers who are breastfeeding. It includes the following content: (1) Why breastfeed; (2) Colostrum and its advantage; (3) How the breasts produce milk and supply it to the baby; (4) How to prepare the breasts for breastfeeding; (5) How to breastfeed; (6) The mother's well-being during breastfeeding; (7) Questions about breastfeeding; (8) Common problems during breastfeeding; (9) Manual expression of milk: Marmet technique; (10) Breastfeeding and working mother; (11) How to store, freeze and thaw; (11) Relactation; (12) Weaning; (13) Seeking support; (14) The new born baby; (15) When to see a doctor.

Suggestions for Use

This booklet has been selected as an example of printed materials. It provides a balance of printed materials and text, serving as a useful resource for nursing mothers. Similar to any printed materials, booklets or flyers are a good source of information for literate people including informal helpers who can provide problem-solving support on a daily basis and provide linkages to others for support.

Simple approaches to disease management have been successfully used to elaborate flyers in diarrhoea management. IEC tools used in community-based programs on child health such as booklets, flyers on IMCI that integrate nutrition, acute respiratory disease, immunization, and malaria information can be easily developed for advocacy and social mobilization purposes. The document provides details on producing and pretesting materials.

Relevance

Breast-feeding: A guide for nurturing your baby can be adapted to respond to specific country needs. It is a useful tool for nutrition and integrated programs for child health.

18. FACTS FOR LIFE

UNICEF, 1993.

| | |
|--|--|
| AUDIENCE | -Children, NGOs, health workers, traditional healers, community and political leaders, artists, institutions, teachers and educators, employers and business leaders and community groups. |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides a spectrum of health messages to a range of community audiences. |

Source

UNICEF
Division of Communication
Facts for Life Unit
3 U.N. Plaza, New York
NY, 10017, U.S.A.
Tel: (212) 326-7560

Order from:
Distribution Section
Tel: (718) 786-5865
Fax: (718) 482-8814
E-mail: esalem@unicef.org
Internet: <http://www.unicef.org/ffl>

Description

Facts for Life promotes essential health messages targeting families and the community to give children a better chance for life. In addition to the five major causes of mortality and morbidity among children, this tool provides messages on child development, timing births, safe motherhood and AIDS. It provides parents with advice and suggestions on proper feeding practices, on managing and preventing diarrhoea, malaria and pneumonia at home, on immunization, and on seeking timely care if a child has cough, rhumes, fever or diarrhoea.

The document is available on the world wide web in English, French and Spanish and limited versions of French, Spanish, Arabic and Portuguese are available in print. A new edition will be available in early 2000 which will include information on injury prevention for children, role of men in timing births and care for women.

Suggestions for Use

- These messages can be used to facilitate discussion between families, community members and health workers on health education. Community workers can be trained on leading group discussions in community settings.
- Facts for Life can be disseminated through media (modern and traditional), schools, leaders (political, religion), community organizations, workers, and NGOs.
- Messages can be used during community festivities, social events and other events.
- The informal network is also an important channel for communicating messages. Men, women, and children can be exposed to the messages anywhere they have informal contacts (field, fetching water, baptisms, child birth).

Relevance

Facts for Life provides information on child survival, growth and development that parents can put into practice. Each chapters consists of i) a *note to communicators* on why the chapters can exert such powerful effect on maternal and child health; ii) *prime messages* that every family and community should know; iii) *supporting information* for those communicators who need to know more.

19. GROWTH MONITORING CARD

UNICEF/WHO

| | |
|--|--|
| AUDIENCE | -Care giver, health worker |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -It helps monitor child growth, and is useful for counseling caregivers. -Promotes social mobilization. |

Source

Ministries of Health of Developing Countries & UNICEF/WHO Country Offices

Description

The Growth Monitoring Card helps caregivers monitor the growth of children. Child growth reflects the ability of caregivers to provide appropriate home based care for feeding and prevention of disease. An adequate growth shows that a child is receiving the right dietary intake and is well protected against disease and inadequate growth reflects poor nutrition or lack of protection against disease.

By following a growth curve based on the weight of the child with the following classification i) ascending line (weight gain); ii) horizontal line (constant weight) and; iii) descending line (weight loss) the growth monitoring card allows parents to monitor the child's growth and attend to his or her health needs.

Suggestions for Use

Parents should be encouraged to bring their children to the health facility for growth monitoring once a month up to two years. Health workers should explain to caregivers the meaning of the growth curve and how it can help depict a hidden sickness. Health workers may negotiate appropriate actions with caregivers and ensure that the mother takes the card with her when she goes back home. Health workers must encourage her to share it with other family members especially the husband. Unfortunately, where growth monitoring is not included in the minimum package of health services, the growth card is not available. It is recommended that the growth card be considered an essential item in the delivery of quality care by the health system.

Relevance

The Growth Card is a useful tool for preventing malnutrition and illness in children.

20. MOTHER'S CARD

WHO/UNICEF, 1995.

| | |
|--|--|
| AUDIENCE | -Caregivers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -It reinforces health messages at the health facility. -Provides caregivers with messages on home care practices for managing child health and illness. |

Source

WHO

Division of Child Health and Development
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E-mail: chd@who.ch

Internet: <http://www.who.ch/chd>

UNICEF

Health Section

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NY 10017, U.S.A.

Tel: (212) 824-6317

Fax: (212) 824-6460/6462

Description

This card guides the mother on managing childhood illness at home. It contains four types of messages including: (1) recognizing danger signs and taking the child to the health facility; (2) providing different fluids to any sick child; (3) feeding guidelines during illness; and (4) checking for immunization.

Suggestions for Use

The mother's card can be used during the health worker's visit. Health workers may make sure that the mother understands all the pictures and texts in the card. Mothers may be encouraged to share it with other family members at home including the husband, grand mothers, and school children. Village health workers may be entrusted to follow-up on the health of the child and reinforce the messages in the card. This is a good opportunity for the male village health worker to solicit the cooperation of the husband to support women to comply with the child's treatment. In addition, the messages developed in the card could serve as standard messages for other activities or materials to ensure consistent information to families.

Relevance

The "Mother's Card" facilitates interaction between the caregiver and the health worker and provides essential messages on home based care to prevent child illness and death.

IV. WORKING WITH THE COMMUNITY

I. RESEARCH DESIGNS AND STUDIES ON COMMUNITY-BASED INTERVENTIONS

21. A GUIDE TO QUALITATIVE RESEARCH FOR IMPROVING BREAST-FEEDING PRACTICES

Michael Favin and Carol Baume, 1996.

| | |
|--|---|
| AUDIENCE | -Program managers -Researchers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides guidelines for improving breastfeeding practices. |

Source

The Manoff Group
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Washington, DC 20009, U.S.A.
Tel: (202) 265-7469
Fax: (202) 745-1961

Wellstart International
4062 First Avenue
San Diego, CA 92103-2045, U.S.A.
Tel: (619) 295-5192/3
Fax: (619) 295-7787

E-mail: manoffgroup@compuserve.com Internet: <http://www.healthfinder.gov/text/orgs/hr2282.htm>
Internet: <http://ourworld.compuserve.com/homepages/manoffgroup/test.htm>

Description

This tool embodies all the major steps for improving breastfeeding practices from identifying the behaviors to carrying out the research to translating results into interventions. Wellstart International provides an extensive section describing breast-feeding behaviors. This part serves as a foundation for determining the scope of the research and specific research questions, and provides insight into some of the methodological issues. The implementation guide by the Manoff Group includes a well-elaborated section on using "TIPs" (Trial of Improved Practices). A brief section describes strategies for promoting breastfeeding practices based on research findings and examples from countries.

The manual costs \$15.00. It is available for free to members from countries that have LINKAGE programs.

Suggestions for Use

Health managers and researchers may use this tool as a guide for elaborating and analyzing studies on breast-feeding. With its step-by-step introduction, it can also be used by a less experienced researcher who can learn how to handle the processes of conducting formative research at the community level.

Relevance

It is a useful tool to plan and implement programs for breastfeeding at the community level. Breastfeeding alone is known to save between 1 and 1.5 million lives a year.

22. ACTION-ORIENTED COMMUNITY DIAGNOSTIC TRAINING MANUAL

Eugenia Eng and Karen Moore, 1997.

| | |
|--|--|
| AUDIENCE | -Local health officials -Community leaders -Faculty members |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Promotes community planning, implementation, and monitoring and evaluation. |

Source

UNICEF Office for Thailand
P.O. Box 2-154
Bangkok 10200, Thailand
Tel: 662 271-4920
Fax: 662 280-3563
E-mail: eapro@unicef.org

Description

Action-Oriented Community Diagnostic is a tool that allows the community and district health staff to work together by identifying similarities and difference from the emic (inside) and the etic (outside) perspective regarding people's needs and priorities. It focuses on strengthening their skills in collecting and analyzing primary and secondary data to present to villages so that priority actions can be identified and communicated to funding sources.

Suggestions for Use

This workshop was tested in Thailand. It contains three parts: (1) a 14-day training during which participants learn diagnostic techniques to collect people's priority and secondary data based on the etic point of view (outside people) and on the emic point of view (village members), and test qualitative tools; (2) A 22-week training during which participants return to their sites to collect and synthesize data; (3) A 10-day workshop where they analyze data, compare the two points of view in setting priority, present results in an accessible form for community members so that appropriate actions can be taken. The document is available only in English.

Relevance

It prepares trainees in research and diagnostic techniques for facilitating interventions.

23. ACTIONS SPEAK: THE STUDY OF HYGIENE BEHAVIOR IN WATER AND SANITATION PROJECTS

Marieke T. Boot and Sandy Cairncross, 1993.

| | |
|--|---|
| AUDIENCE | -Program managers -Researchers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Describes how to involve the community in the designing and data collection for diarrhoea control interventions. |

Source

IRC International
Center for Water and Sanitation
P.O. Box 93190 NL-2509
Den Haag, Netherlands
Tel: (31 70) 306 8930
Fax: (31 70) 358 9964
E-mail: general@irc.nl

Description

Actions Speak provides a comprehensive analysis of methods for identifying and studying hygiene behaviors. The methods included in this book are unstructured and structured observations, and unstructured interviews. It describes how to plan and pretest studies, how to involve community members in study design and data collection, and provides advantages and disadvantages of different methods. The document costs \$30 and it is only available in English.

Suggestions for Use

This tool is designed for program managers and can be best used by a field researcher.

Relevance

The results from this study can be used in disease prevention activities and sanitation interventions.

24. HOME AND COMMUNITY HEALTH CARE TO ENHANCE CHILD SURVIVAL, GROWTH AND DEVELOPMENT (December 1999)

UNICEF, Programme Division, 1999.

| | |
|--|---|
| AUDIENCE | <ul style="list-style-type: none"> -Program managers, project officers -National, local, community leaders -NGOs, government counterparts |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | <ul style="list-style-type: none"> -Outlines goals, objectives, and key strategies for an integrated approach to reduce under 5 mortality and morbidity from childhood diseases and to improve child health. -Designed to improve child health at the health facility, community and household level. |

Source

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 Health Section
 Programme Division, T-24A
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 Tel: (212) 824-6317
 Fax: (212) 824-6460/6462

Description

This paper was developed by UNICEF and the InterAgency Working Group on Integrated Management for Childhood Illness (IMCI). IMCI is an international effort to improve child health. It has been introduced by WHO and UNICEF since 1995 as an important step in reducing child morbidity and mortality due to major preventable diseases. The IMCI strategy has three main components: (1) to improve the skills of health workers in the prevention and treatment of childhood illness; (2) to improve the health systems to deliver quality care; (3) to improve family and community practices for child health.

At the First Global Review and Coordination Meeting on IMCI held in Santo Domingo in 1997, it was recognized that improving the quality of care at the health facility alone would only have a limited impact on reducing child morbidity and mortality. At this consultation, it was agreed that UNICEF would work with other agencies to define ways of enhancing the participation of families and communities in improving young child health. This paper describes the goals, objectives and key strategies for implementing family and community practices towards improved child health.

It highlights statistics showing the importance of home based care for preventing young child death from diseases including acute respiratory infections, diarrhoea, measles, malaria and malnutrition. The role of family, particularly caregivers is emphasized in recognition of illnesses, home care and treatment, recognition of danger signs, timely care seeking and compliance with instructions from providers. Steps for implementing community IMCI at the household and community level are also identified. The paper also describes key strategies for improving home and community care for children and outlines 16 key family practices (listed below) to be promoted in communities.

- 1) Breastfeed infants exclusively for at least 4 and if possible up to 6 months (taking into account WHO/UNICEF/UNAIDS policy and recommendations on HIV and infant feeding).
- 2) Starting at about six months of age, feed children freshly prepared energy and nutrient rich complementary foods, while continuing to breastfeed up to 2 years or longer.
- 3) Provide children with adequate amounts of micronutrients (vitamin A and iron, in particular), either in their diet or through supplementation.
- 4) Take children for a full course of immunizations (BCG, DPT, OPV, and measles) before their first birthday.
- 5) In malaria-endemic areas, ensure children sleep under recommended insecticide treated mosquito nets.
- 6) Promote child's mental and social development by being responsive to the child's needs for care, and stimulating the child through talking, playing, and other appropriate physical and affective interactions.
- 7) Continue to feed and offer more fluids to children when they are sick.
- 8) Give sick children appropriate home treatment for infections.
- 9) Recognize when sick children need treatment outside the home and take them for health care to the appropriate providers.
- 10) Follow recommendations given by health workers in relation to treatment, follow-up and referral.
- 11) Dispose faeces (including children's faeces) safely, and wash hands with soap after defecation, and before preparing meals and feeding children.
- 12) Ensure that every pregnant woman receives the recommended four antenatal visits recommended doses of tetanus toxoid vaccination, and is supported by family and community in seeking appropriate care, especially at the time of delivery and during the postpartum/lactation period.

NOTE: *The above practices are to be adapted according to the local situation. For example, in Eastern and Southern Africa, the following four practices have been added:*

- 13) *Take action to prevent child abuse, recognise it has occurred and take appropriate action.*
- 14) *Adopt and sustain appropriate behaviours regarding HIV/AIDS prevention and care for the sick and orphans.*
- 15) *Ensure that men actively participate in provision of childcare, and are involved in reproductive health initiatives.*
- 16) *Prevent and provide appropriate treatment for child injuries.*

Suggestions for Use

This is a working paper that can be shared for discussion by health advisors, program managers, NGOs and local officials at the regional level for further development of strategies that can build on existing programs to promote community based IMCI as a strategy for improving home and community health care for young children.

Relevance

It is a community based approach designed to reduce under 5 mortality and morbidity and improve child health and development by targeting families and focusing on home based care for disease management and prevention.

25. COMMUNITY BASED SUSTAINABLE DEVELOPMENT

Daniel Taylor-Ide & Carl E. Taylor, The Johns Hopkins University & UNICEF, 1995.

| | |
|--|--|
| AUDIENCE | - Program managers - NGOs and government counterparts - UN agencies |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | - Promotes capacity building at the home and community level. - Focuses on community participation and sustainability in the context of child health and development and on meeting the basic health needs of all in the community. |

Source

UNICEF
Water, Environment & Sanitation Section
Programme Division, T-26A
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Tel: (212) 824-6669

Description

Community Based Sustainable Development is a discussion paper on a series of papers on Primary Environmental Care. In this paper, authors discuss important lessons learned from community based initiatives on sustainable development. They describe the problems associated with projects going to scale and propose a strategy that facilitates the shift of community based programs from pilot projects to large scale implementation. They have taken examples of successful development programs that have expanded and discuss the common elements. The approach for sustainable human development is called SCALE and it consists of 3 levels:

- 1) The First Stage: SCALE (Selecting Communities As Learning Examples) – identifying and selecting a community development project to become a training and experimentation site for future extension.
- 2) The Second Stage: SCALE Squared (Self-Help Center for Action Learning and Experimentation) – transforming the project into a self-help center where communities and officials can come to learn.
- 3) The Third Stage: SCALE Cubed (Sustainable Collaboration for Adaptive Learning and Extension) – Extending the program through surrounding communities through techniques learned in SCALE training.

The SCALE proposal involves 6 principle strategies for development. These include leadership, community ownership of process, surveillance for equity and reaching the unreached, promoting sustainability, community capacity building for integrated social services and partnerships. Self-Evaluation with Essential Data (SEED) is an essential part of the SCALE methodology, requiring community members to participate in data gathering, research and evaluation processes. The project develops through five stages of action including data gathering, collaborative analysis, intensive decision-making, action and monitoring and evaluation.

Suggestions for Use

Community Based Sustainable Human Development is ideal for program managers and researchers who are working with communities to use this document as a reference tool to design and implement programs in the context of environmental care and child health and development.

Relevance

This discussion paper specifically describes the association between environmental degradation and child health and development through the Poverty, Population, Environment (PPE) spiral. It describes how SCALE helps to minimize the effects of the spiral on child development and benefits the community at large. Through its strategy for capacity building it emphasizes the role of mothers as the most important health workers and homes as the most important health institutions.

26. DESIGNING BY DIALOGUE

Prepared for the HHRAA Project by Kate Dickin and Maria Griffiths, The Manoff Group and Ellen Piwoz, AED, SARA Project, 1997.

| | |
|--|--|
| AUDIENCE | -Program managers -Field research staff |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides guidelines for improving key strategies for young child nutrition. |

Source

Academy for Educational Development

SARA Project

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Washington, DC 20009, U.S.A.

Tel: (202) 884-8505

Fax: (202) 884-8701

E-mail: atraore@aed.org

Internet: <http://www.info.usaid.gov/regions/afr/hhra>

Description

Designing by Dialogue is a comprehensive manual using a consultative research approach whereby researchers interact with specific families to identify key household behaviors which could affect a child's proper nutrition.

The researchers work to identify improved feeding practices and implement them through the Trial of Improved Practices (TIPs). After identifying the most successful improved practices, the researchers work to develop strategies (segment the population, identify key messages, select media, materials and communicators) to promote these practices throughout the population. Besides the TIPs method, other research methods are in-depth-interviews, observations and focus group discussions. Target behaviors include: breastfeeding, complementary feeding, and micronutrient sources.

The French and English versions are available free of cost for members and institutions in the African region. It costs US\$ 35 to all others (including shipping and handling). It is available through Support for Analysis and Research in Africa (SARA).

Suggestions for Use

Design by Dialogue is a useful document for health managers and field research staff working with nutrition educators and trainers of nutrition counselors. It provides step-by-step information on how to prepare, organize and conduct the research. It is a self instruction tool. The research process may take three to six months to complete depending on the number of methods included.

Relevance

It is well documented that improving feeding practices can substantially reduce child death due to malnutrition. Design by Dialogue is a problem identification and solving tool drawn from the family. It defines problems in child feeding practices and identifies and tests effective actions within the household before developing community-based strategies. Furthermore, Designing by Dialogue provides protocols with suggested activities for in-service training for community-based field agents.

27. EMPHASIS BEHAVIORS/COMMUNITY ASSESSMENT AND PLANNING

BASICS, 1997.

| | |
|--|---|
| AUDIENCE | -Local-level health managers -Planners |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides message development and community-based program planning, implementation strategies, and monitoring and evaluation. |

Source

BASICS

1600 Wilson Blvd, Suite 300

Arlington, VA 22209, U.S.A.

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Fax: (703) 312-6900

E-mail: infoctr@basics.org

Internet: <http://www.basics.org>

Description

Emphasis Behaviors describes 16 ideal behaviors that are selected based on five criteria that play a critical role in child health and growth. The criteria for the behaviors are that they: (1) have a broad public health importance by having an impact on multiple disease areas; (2) be well documented to reduce childhood morbidity and mortality; (3) have an impact on the most important health problems in developing countries; (4) be changeable by public health interventions already demonstrated as feasible and cost-effective; (5) be measurable.

The sixteen emphasis behaviors fit into five categories. These are (1) Reproductive Health Practices; (2) Infant and Feeding; (3) Immunization Practices; (4) Home Health Practices; (5) Care Seeking Practices.

The goal of community assessment and planning is to enable the health staff and the communities they serve to jointly identify and prioritize health problems and to develop plans to solve them. The process begins with a list of emphasis or key behaviors serving as a menu from which communities and health facilities jointly select, in order of priority, behaviors that are most important and easy to change. The methodology combines participatory learning appraisal (PLA) methods with a structured household survey and is conducted over 8-10 days in each community.

Suggestions for Use

This document evolves through four phases. These are:

Phase 1: Identify Partners and Build Partnership. During this phase the establishment of working relationships between the health staff and the community action committee is emphasized.

Phase 2: Selecting the Emphasis Behaviors. A household survey using a questionnaire is conducted.

Phase 3: Exploring Reasons for Behaviors. This phase explores why certain practices go with certain behaviors.

Phase 4: Developing Interventions Strategies and Next Step. This step involves the development of interventions based on the reasons why people are or are not engaging in the selected behaviors.

Relevance

With the exception of the category on reproductive health practices, the remaining four categories focus on prevention and treatment of childhood illness and identification of feeding practices. Emphasis Behaviors promotes community participation in developing action plans for improving child health and growth. Action plans are more likely to mobilize the communities if undertaken at the village level with a clear time frame and strong community monitoring indicators.

28. FOCUSED ETHNOGRAPHIC STUDY(FES) OF ACUTE RESPIRATORY DISEASE (ARI)

WHO/CHD, 1995.

| | |
|--|--|
| AUDIENCE | -Program managers -Researchers -Funding agencies |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Promotes the development of ARI home care messages and their effective communication to caregivers. |

Source

WHO, Division of Child Health and Development

20 Avenue Appia

1211 Geneva 27, Switzerland

Tel: (41) 22 791-2632

Fax: (41) 22 791-4853

E-mail: chd@who.ch

Internet: <http://www.who.ch/chd>

Description

Focused Ethnographic Study of ARI is a multiple research method using qualitative tools to collect ethnographic information including local knowledge and behavior related to the diagnosis and treatment of ARI. This information is mainly used to develop recommendations concerning home-care messages, and the effective delivery of those messages from health workers to mothers. The manual contains eleven modules.

Suggestion for Use

It is designated for experienced anthropologists, social scientists, and public health professionals. The total time for the FES including the final report is about eight weeks. This tool is designed to complement the tool on the Procedure for Local Adaptation of ARI Home Care Advice.

Relevance

ARI is one of the major causes of child morbidity and mortality in developing countries. An understanding and application of effective home based care and careseeking practices by caregivers will help to prevent ARI infection in children.

29. FOCUSED ETHNOGRAPHIC STUDY (FES) FOR DIARRHOEAL DISEASES

WHO/CHD, 1995.

| | |
|--|---|
| AUDIENCE | -Program managers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Reinforces communication skills of health workers in counseling mothers on diarrhoea management at home. |

Source

WHO/Child Health and Development
20 Avenue Appia
1211 Geneva 27, Switzerland
Tel: (41) 22 791-2632
Fax: (41) 22 791-4853
E-mail: chd@who.ch
Internet: <http://www.who.ch/chd>

Description

The study is divided into two phases. During the first phase, interviews are conducted with key informants, mothers of children who have had diarrhoea in the past two weeks, mothers of children who have diarrhoea at the time of the interview, and health providers. Unstructured household observations of children with diarrhoea are also conducted. The results of phase one are used to design questions for a more structured interview. In phase two, the research assesses the degree of variability in knowledge and practice in a sample of 30 mothers. Data collection techniques include: matching illness and symptoms, severity rating of illness and symptoms, paired comparisons of health providers, inventory of medications in the home, and directed pile sorts of fluids.

Suggestions for Use

It is designed for program managers. It can be completed in six to twelve weeks by one social scientist with two to three research assistants.

Relevance

The study recommends: (1) ways to encourage mothers to increase recommended home fluids (e.g. soup, rice water, ORS) during diarrhoea; (2) using local terms for illness or symptoms to help health workers communicate with parents regarding danger signs such as dehydration; (3) promoting home fluids that prevent diarrhoea; (4) discouraging potentially harmful practices; (5) finding ways to encourage mothers to continue normal feeding practices during diarrhoea. These practices are in line with diarrhoeal prevention interventions to reduce child morbidity and mortality.

30. GUIDELINES FOR CONDUCTING A RAPID ETHNOGRAPHIC STUDY OF MALARIA CASE MANAGEMENT (FORMERLY CALLED THE FOCUSED ETHNOGRAPHIC STUDY OF MALARIA OR MALARIA FES)

WHO/TDR, 1996.

| | |
|--|--|
| AUDIENCE | -Mid and senior level managers -Researchers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides guidelines for the development of messages for malaria prevention and control. |

Source

WHO/Special Programme for Research and Training in Tropical Diseases (WHO/TDR)
20 Avenue Appia
1211 Geneva 27, Switzerland
Tel: (41) 22 791-3725
Fax: (41) 22 791-4854
E-mail: bruyerej@who.ch
Internet: <http://www.who.ch/tdr>

Description

The Guidelines for Conducting a Rapid Ethnographic Study of Malaria Case Management focuses on the diagnostic and treatment of malaria in children. It is designed to provide a better understanding of household symptom recognition and decision making, of home based care provided to the child, and the reasons for time lags between initial symptoms and treatment-seeking behavior. Interventions focus on improving the identification and management of malaria by both families and health practitioners. The data collection and analysis include detailed examples and explanation of the research tools such as free listing, paired comparison, interviews, and matching and rating tasks.

Suggestions for Use

A social scientist and two to three field assistants are needed to conduct the study. It can be completed in eight to twelve weeks.

Relevance

This tool strengthens family responses to managing malaria through recognition of signs and symptoms recognition and treatment.

31. GUIDELINES FOR PARTICIPATORY NUTRITION PROJECTS

FAO, 1993 (reprinted 1995).

| | |
|--|---|
| AUDIENCE | -Community nutritionists -Project managers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Promotes community participation in nutrition planning, implementation and monitoring and evaluation strategies. |

Source

Publication Division, FAO
Via delle Terme di Caracalla
00100 Rome, ITALY
Tel: (39) 06 5705-5727
Fax: (39) 06 5705-3360
E-mail: Publications-sales@fao.org
Internet: <http://www.fao.org>

Description

Guidelines for Participatory Nutrition Projects is a short handbook that provides tools for working with communities. It describes the activities for conducting a participatory community appraisal as well as how to design, implement, monitor and evaluate participatory community projects. Different techniques are suggested to facilitate the participatory assessment of the food and nutrition situation in the community. The selection and implementation of activities to solve the problems identified are discussed. Practical recommendations to carry out monitoring and evaluation are also provided. The publication is free of charge and it is available in English, French, Portuguese and Spanish.

Suggestion for use

It can be used by community development workers and project managers to train field workers in participatory community appraisals. It can also be used by faculty who are teaching courses in international, community and public health as a reference tool for students considering international assignments.

Relevance

It emphasizes community participation in promoting household food safety and improved nutrition.

32. IDENTIFYING AND DEFINING THE DIMENSION OF COMMUNITY CAPACITY TO PROVIDE A BASIS FOR MEASUREMENT

Robert M. Goodman, Marjorie A. Speers, Kenneth McLeroy, Stephen Fawcett, Michelle Kegler, Edith Parker, Steven Rathgeb Smith, Terrie D. Sterling and Nina Wallerstein. Health Education & Behavior, Vol. 25 (3): 258-278, 1998.

| | |
|--|---|
| AUDIENCE | -Program managers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides dimensions to assess community capacity; useful for community-based programs. |

Source

Robert M. Goodman, Ph.D.

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Description

Community capacity is a necessary condition for development, implementation, and maintenance of effective, community-based health promotion and disease prevention programs. Following a 2-day symposium in December 1995 which brought together many specialists, a consensus emerged regarding the definition and the dimensions that are integral to community capacity. Two working definitions were adopted: (1) the characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems and (2) the cultivation and use of transferable knowledge, skills, systems, and resources that affect community and individual-level changes consistent with public related goals and objectives. The dimensions include the following elements: participation and leadership, skills, resources, social and inter-organizational networks, sense of community, understanding of community history, community power, community values, and critical reflection. There are two tables in this article: table 1 provides a summary of the dimension's characteristics and table 2 illustrates some of the ways that the dimensions may be linked: each column in table 2 is headed by a capacity dimension; the cells within a column indicates the links between the column heading and the other dimension. For each dimension, authors describe how is it relevant to community capacity and how it can be reinforced.

Suggestions for Use

Human, economic and organizational resources drawn in the community are the assets a program needs to build on for behavior change to be sustainable. This tool may be used as a reference to locate all available local assets, capacities and abilities so that they can be mobilized to fully contribute to the community building process.

Relevance

To support community based interventions communities must have the capacity to address its problems. The tables provide substantial details on dimensions and sub-dimensions by connecting them with another in ways that multiply their power and effectiveness in addressing the issues related to community-based programs.

33. PARTICIPATORY RAPID APPRAISAL FOR COMMUNITY DEVELOPMENT: A TRAINING MANUAL BASED ON EXPERIENCES IN THE MIDDLE EAST AND NORTH AFRICA

Joachim Theis and Heather M. Grady, 1991.

| | |
|--|---|
| AUDIENCE | -NGOs, supervisors at the health facility. |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -It can be used to promote community participation for assessment of disease prevention activities. |

Source

International Institute for Environment and Development
Save the Children Federation

Order from:
IIED, 3 Endsleigh Street
London WC1H 0DD, U.K.
Tel: (44) 71 388-2117
Fax: (44) 71 388-2826

Description

Participatory Rapid Appraisal for Community Development provides guidelines on how to train community development workers and community members in participatory appraisal methods. This training manual is divided into two main sections. The first section provides guidelines on how to organize and prepare a training course in participatory appraisal. The second section provides a detailed description on individual training sessions, including guidelines on assisting a PRA team to translate learned methods in participatory appraisal into application. Each session includes examples and practice exercises. This manual is available in English and Arabic.

Suggestions for Use

This document is aimed primarily at non-government organizations but can be used by people who need a training tool for participatory research methods. The manual is designed to help staff who are already acquainted with a participatory rapid appraisal method to extend those skills to development workers who are responsible for managing development activities at the community level.

Relevance

Participatory Rapid Appraisal for Community Development provides tools suitable for data collection and data analysis used at the community level. With such skills, community development agents can be effective in stimulating community participation in disease prevention activities.

34. PHAST STEP-BY-STEP GUIDE: A PARTICIPATORY APPROACH FOR CONTROL OF DIARRHOEAL DISEASES

Sara Wood, Ron Sawyer, Mayling Simpson-Hebert, 1998.

| | |
|--|--|
| AUDIENCE | -Community health workers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -It is a participatory tool to mobilize community members to participate in water and sanitation activities to prevent diarrhoeal disease. |

Source

WHO/ SIDA/UNDP-World Bank
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20 Avenue Appia
1211 Geneva 27, Switzerland
Tel: (41) 22 79-13548
Fax: (41) 27 91-4123
E-mail: pfistera@who.ch

Description

This step by step guide is designed to help communities improve their environment and manage their water and sanitation facilities, particularly for prevention of diarrhoeal diseases. It is based on the SARAR methodology (Self-esteem, Associative Strengths, Resourcefulness, Action Planning and Responsibility). PHAST stands for Participatory Hygiene and Sanitation Transformation. It is recommended to learn about SARAR before using this guide. It provides refreshing information on diarrhoea contagion and prevention. The guide has seven steps. The first five help to take the community members through a process of developing a plan to prevent diarrhoeal diseases by improving water supply, hygiene behaviors and sanitation. The last two steps involve monitoring and evaluation. Each step contains between one and four activities. Instructions facilitating each activity are provided under the following headings: purpose-time-materials, what-to-do-notes.

Suggestions for Use

While the preceding participatory tool targets the program supervisors, PHAST is intended for community health workers to help them facilitate community participation for water and sanitation projects.

Relevance

It is a participatory tool that helps mobilize community members to participate in water and sanitation activities to prevent diarrhoeal disease in children.

35. PRIMARY HEALTH CARE: ON MEASURING PARTICIPATION

Susan B. Rifkin, Frits Muller and Wolfgang Bichmann, *Social Science and Medicine*, Vol.26(9): 931-949, 1988.

| | |
|--|---|
| AUDIENCE | -Program managers -Community members |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides measurement for assessing participation in health programs. |

Source

Susan B. Rifkin

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Tel: (0) 151 708 9393 Fax: (0) 151 708 8733 Internet: <http://www.liv.ac.uk/lstm/lstm.html>

Description

Participation is a key ingredient to initiate and sustain any community-based intervention. However, how community participation is defined has always been a hot debate among practitioners. In this article, community participation is viewed as a social process leading to the improvement of people's health. The authors identify five factors which influence community participation. These factors are: needs assessment, leadership, organization, resource mobilization and management. For each factor, there is a continuum with wide participation (community plan, implement and evaluate the program using professionals as resources) on one end and narrow participation (professionals take all decisions, no lay participation) on the other. The continuum is divided into a series of points and a mark is placed at each point which closely describes community participation in the health program. When a mark has been placed on the continuum, these marks can be connected in a spoke configuration which brings them together at the base where participation is least.

Suggestions for Use

At the start of a project, this tool provides a baseline on which future assessment can be made on the degree of community participation in specific health programs. During the project time, such information can be a powerful motivator if the roles of all partners including project staff and community members were clarified at the beginning of the project. People may be more motivated if program managers provide them with regular feedback on the benefit of their participation in improving children's health. Apart from the feedback, other motivation techniques may include: public recognition during village gatherings on an event or on the radio, through letters recognizing performance of community members, bringing successful community leaders in other villages so that they can share with others their successful experience, and rewarding community members on their efforts by organizing a community event in their village.

Relevance

It is a useful tool for planning interventions for community-based sustainable development.

36. STRATEGY FOR IMPROVED NUTRITION OF CHILDREN AND WOMEN IN DEVELOPING COUNTRIES

UNICEF, 1992.

| | |
|--|---|
| AUDIENCE | -Family and community members -District officials -Government counterparts -NGOs and international organizations |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Promotes community participation in assessing malnutrition in children and in taking action to prevent it. |

Source

UNICEF
Nutrition Section
Programme Division, T-24A
3 U.N. Plaza, New York
NY 10017, U.S.A.
Tel: (212) 824-6302
Fax: (212) 824-6465
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Description

This document outlines UNICEF's policy strategy for reaching the 1990 goals for controlling protein-energy malnutrition and micronutrient deficiency disorders. The strategy is aimed at reducing and ultimately eliminating malnutrition in developing countries. It involves a methodology of assessment, analysis and action - the triple A approach and a conceptual framework for identifying the underlying causes of malnutrition in the community. The strategy mainly works by empowering families, communities and governments to take action for malnutrition based on sound analysis and assessment. The Triple A cycle is continuous providing feedback at each stage for reassessment, analysis and action.

Suggestions for Use

The triple A approach is enhanced when used in synergistic association with the conceptual framework which enables villagers to identify the immediate and underlying causes of malnutrition in their community. Community members assess children's nutrition and health problems facing the family or the community; they then analyze the causes underlying those problems, and finally, develop actions to solve them. After the situation has been assessed and analyzed and actions have been implemented, it is necessary to reassess the impact of the actions, and then to re-analyze it again. This process will lead to further actions that are likely to be more effective and better focused.

Relevance

The triple A approach is applicable at the national, district, community and household level. It promotes feedback and action. Although this document uses the triple A approach specifically for malnutrition, the strategy involves a problem-solving process that can be used for any problem or intervention.

37. THE CARE INITIATIVE: ASSESSMENT, ANALYSIS AND ACTION TO IMPROVE CARE FOR NUTRITION

Patrice Engle, 1997.

| | |
|--|---|
| AUDIENCE | -UNICEF programme staff and government counterparts -Community members |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -A complete source of messages for child care. -Describes resources needed to care for a child within the household. -Describes how to assess existing care practices and seek resources. |

Source

UNICEF

Nutrition Section

Programme Division, T-24A

3 U.N. Plaza, New York, NY 10017, U.S.A.

Tel: (212) 824-6302

Fax: (212) 824-6465

E-mail: kbelbase@unicef.org

Description

A family needs support to care for children. The Care for Nutrition component of the Care Initiative refers to household practices for child survival, growth and development. Important messages are derived from these practices with relevance to family psycho-social and home based care.

Of particular importance is the inventory of resources identified that affect family practices. These resources are: human, economic, and organizational support. Further, ways to assess care practices, care resources, possible indicators and measurement approaches are also described.

Suggestions for Use

Programme managers can use this tool to design projects with a global perception on the Early Childhood Care for Growth and Development. For community members, the ultimate aim is to facilitate, with full participation of women caregivers, the planning of action for improved care for nutrition.

Relevance

The Care Initiative document is ideal for community-based programs on child health that focus on household practices. This document describes practices for child care at home. These include: (1) Breastfeeding and Feeding Practices; (2) Psycho-social Care; (3) Food Preparation; (4) Hygiene practices; (5) Home Health Practices. Facts for Life can be completed with messages related to psycho-social care and home care practices drawn from this tool.

38. THE USE OF STRUCTURED OBSERVATION IN THE STUDY OF HEALTH BEHAVIOR

Margaret E. Bentley, Marieke T. Boot, Joel Gittelsohn, Rebecca Y. Stallings, 1994.

| | |
|--|--|
| AUDIENCE | -Program managers -Researchers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides identification of risk behavior for diarrhoea in children. |

Source

IRC International
Center for Water and Sanitation
P.O. Box 93190 NL-2509
Den Haag, Netherlands
Tel: (31 70) 3068930
Fax: (31 70) 3589964
E-mail: general@irc.nl

Description

The Use of Structured Observation in the study of Health Behavior is a short manual dealing with diarrhoea prevention. It is specifically concerned with structured observation of behaviors surrounding water and sanitation practices. It contains three parts: Part one provides a framework of methods to study health behaviors and discuss the structured observation of behaviors within this framework; Part two describes the design of a structured observation study including methods on sampling, observation, and training and supervision of field workers. Part three describes a step-by-step process on developing, pretesting, implementing and analyzing a structured observation protocol.

The document costs \$10.50 and it is only available in English.

Suggestions for Use

Programme managers and researchers can use it as a reference manual to design an observation study targeting behaviors such as hand-washing, faeces disposal, personal hygiene, food hygiene, domestic and environmental hygiene. All the observations are recorded on a pre-design form.

Relevance

This results of this study can be used for developing behavior change strategies for water and sanitation interventions.

39. TOOLS FOR COMMUNITY PARTICIPATION: A MANUAL FOR TRAINING TRAINERS IN PARTICIPATORY TECHNIQUES

Lyra Srinivasan, 1990.

| | |
|--|---|
| AUDIENCE | -Health managers -Supervisors |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Supports community participation for planning and managing community-based projects. |

Source

PROWWESS
UNDP-The World Bank Water and Sanitation Program
1818 H Street, NW
Washington, DC 20433, U.S.A.
Tel: (202) 477-1234
Fax: (202) 477-6391
Internet: <http://www.worldbank.org>

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Fax: (212) 692-9748
E-mail: dmcphaul@pactpub.org
Internet: <http://www.pactpub.com>

Description

Tools for Community Participation describes the planning of an 8 to 12-day workshop which provides guidelines for designing participatory learning strategies and follow-up activities for participants to reinforce their skills in daily practices. The methods form the core of the SARAR process. SARAR is an acronym for Self-esteem, Associative Strengths, Resourcefulness, Action Planning, and Responsibility. SARAR focuses on the development of human capacities to assess, choose, plan, create, organize, and take initiatives. This manual is available in English, French, and Spanish and it is complemented by a video. It is available free of cost from PROWWESS.

Suggestions for Use

Tools for Community Participation is intended for health managers and supervising staff. It is useful for designing a participatory learning workshop.

Relevance

It is a training tool that supports community participation in the plan and initiation of activities for community-based projects.

IV. WORKING WITH THE COMMUNITY

II. COMMUNITY ASSESSMENT TOOLS

40. COMMUNITY ASSESSMENT OF NATURAL FOOD SOURCES OF VITAMIN A: GUIDELINES FOR AN ETHNOGRAPHIC PROTOCOL

Lauren Blum, Pertti J. Pelto, Gretel H. Pelto and Harriet V. Kuhnlein, 1997.

| | |
|--|---|
| AUDIENCE | -Program managers -Anthropologists -Social scientists -Field nutritionist |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides assessment of Vitamin A deficiency in a population and identification of indigenous food sources containing this micronutrient. |

Source

International Nutrition Foundation for Developing Countries

Charles Street Station

P.O. Box 500, Boston, MA 0214-0500, U.S.A.

Tel: (617) 227-8747

Fax: (617) 227-9504

E-mail: unucpo@zrok.tiac.net

Description

The manual describes methods for assessing Vitamin A deficiencies in a population and identifies indigenous food sources that contain this micronutrient. The goal is threefold: (1) Identify significant sources of preformed vitamin A and carotene-rich food in the context of local food systems; (2) Describe patterns of food consumption especially for vitamin A-containing foods, with respect to infants, young children, and women of reproductive age; (3) Identify cultural beliefs that influence food choices and consumption patterns. It costs \$20 plus postage and handling. There is a discount for citizens of developing countries.

Suggestions for Use

This manual is relevant for professionals interested in dietary health problems such as program managers, anthropologists, social scientists, field nutritionists. Standardized methods to collect and analyze data can be helpful for interviewers without university training. The research protocol can be completed within six to eight weeks.

Relevance

Vitamin A substantially reduces death from infectious diseases, particularly diarrhoea and measles.

41. **RAPID ASSESSMENT PROCEDURES(RAP) TO IMPROVE THE HOUSEHOLD MANAGEMENT OF DIARRHOEA**

Elizabeth Herman and Margaret Bentley, 1993.

| | |
|--|--|
| AUDIENCE | -Program managers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Reinforces communication skills of health workers in counseling caregivers on diarrhoea management at home. |

Source

International Nutrition Foundation for Developing Countries

Charles Street Station

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Boston, MA 0214-0500, U.S.A.

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Internet: <http://oz.plymouth.edu/~food/orderform.html>

Description

Diarrhoea Disease Rapid Assessment Procedure manual provides a comprehensive introduction on the application of qualitative research methods. It can be used either as a guide to conducting qualitative research on household management of diarrhoeal diseases, or as an introduction to the social, cultural and behavioral issues in diarrhoeal disease treatment. A particular focus of the manual is to find culturally-appropriate metaphors to communicate the concept of dehydration and the need to treat it with increased fluids. Methods presented in the diarrhoeal diseases RAP are: unstructured interviews with key informants, histories of diarrhoeal diseases, card sorting, decision model, and social mapping.

This document costs \$10.00 plus postage and handling. There is a discount for citizens of developing countries.

Suggestions for Use

The diarrhoeal disease RAP Manual is designed for program managers. The methods in the manual are organized into six steps: (1) Meet Control of Diarrhoeal Disease (CDD) Program or Project Personnel; (2) Prepare the Study; (3) Collect Basic Information; (4) Understand the Belief System; (5) Identify Possible Approaches; (6) Assess and Improve the Approaches. Even though both Focused Ethnographic Study (FES) for Diarrhoeal Disease and Rapid Assessment Procedures can lead to the same results in terms of reinforcing communication skills of health worker and helping mothers in managing diarrhoea at home, FES is more and less time consuming. For researchers without previous contact in the field, RAP is an appropriate tool to assess behavioral issues related to diarrhoea. However, where NGOs or other organizations are well established, and researchers want to get more detail on how to collect, record, and analyze data FES is recommended.

Relevance

Rapid Assessment Procedures To Improve the Household Management of Diarrhoea helps in designing messages which can be culturally meaningful for parents and can be used for management of diarrhoea at home.

42. **USER'S GUIDE FOR THE PNEUMONIA CARE ASSESSMENT TOOLBOX**

PVO Child Survival Support Programs, The Johns Hopkins University, 1998.

| | |
|--|--|
| AUDIENCE | -Program managers -Researchers -Donors of health programs |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Supports the development of home care messages for ARI control. |

Source

PVO Child Survival Support Programs
 Department of International Health
 Johns Hopkins University
 103 E Mt. Royal Avenue, Room 2C
 Baltimore, MD 21202, U.S.A.
 Tel: (410) 659-6300
 Internet: <http://ih1.sph.jhu.edu/chr/chr.htm>

Description

The Pneumonia Care Assessment Toolbox is a simplified version of FES/ARI with nine tools. It evolved from a need expressed by PVO project staff requesting ARI tool which are easy to use, analyze, less time consuming and less expensive. It includes both qualitative and quantitative tools. It does not require a trained scientist nor a sophisticated computation analysis.

Suggestions for Use

The toolbox is intended for program managers working for PVOs and NGOs. Based on the program needs, the manager has a choice to choose one or a combination of tools instead of the entire toolbox. It takes seven to ten days to complete the program. Since each tool responds to one aspect of quality assessment, if a program manager has one particular question, he/she may use one or a combination of tools rather than the entire content of the toolbox.

Relevance

This tool allows the development of essential home care messages for the control of pneumonia in children.

43. THE MALARIA MANUAL

Irene Akua Agyepong, Bertha Aryee, Helen Dzikunu and Lenore Manderson, UNDP, The World Bank and WHO/TDR, 1995.

| | |
|--|--|
| AUDIENCE | -Mid and senior level managers -Researchers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides methods for diagnosis and management of malaria and for assessment of the use of bednets for malaria prevention in children. |

Source

UNDP/The World Bank/WHO
Special Programme for Research
and Training in Tropical Diseases (WHO/TDR)
20 Avenue Appia
1211 Geneva 27, Switzerland
Tel: (41) 22 791-3725
Fax: (41) 22 791-4854
E-mail: bruyerej@who.ch
Internet: <http://www.who.ch/tdr>

Description

The Malaria Manual includes methods for determining the community perception of malaria, ways to diagnose and manage malaria, and the acceptability and use of bednets. It describes both qualitative and quantitative research methods to triangulate and validate the results that include epidemiological data collection, rapid assessment procedures (in-depth interview, focus group, spot check), cross-sectional surveys and sampling procedures.

Suggestions for Use

The mid and senior-level managers of health services are the primary audience of the book. It can also be used by the researchers employed by the government. Approximately three and half months are required to plan and conduct the field work.

Relevance

The Malaria Manual can be useful in assessing and implementing the use of mosquito nets for the sake of young children, a strategy which has proven to reduce child deaths from malaria by as much as 35%.

V. MONITORING AND EVALUATION TOOLS

44. PARTICIPATORY EVALUATION: TOOLS FOR MANAGING CHANGE IN WATER AND SANITATION

Deepa Narayan, 1995.

| | |
|--|--|
| AUDIENCE | -Policy makers -Managers -Planning and evaluation staff |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides indicators for the assessment of water and sanitation interventions. |

Source

UNDP-World Bank Water and Sanitation Program
World Bank Technical Paper # 207
1818 H Street, NW
Washington, DC 20433, U.S.A.
Tel: (202) 477-1234
Fax: (202) 477-6391
Internet: <http://www.worldbank.org>

Description

Participatory Evaluation involves the full involvement of users (stakeholders and community) in the process of generating information to solve problems. In water and sanitation programs, three intermediate goals include sustainability, effective use, and replicability. For each goal, key indicators are divided into measurable sub-indicators.

Each sub-indicator provides details on target behaviors, data collection, activities to monitor and evaluate and the methods to use. These sub-indicators help in assessing the effectiveness of hygiene education programs. The document is available in French and English for \$9.95. It can be obtained from The World Bank.

Suggestions for Use

Participatory Evaluation is intended for policy makers, managers, planning and evaluation staff.

Relevance

Water and sanitation programs have five elements that are useful in integrated child health programs: (1) water quality at home; (2) water transport and storage practices; (3) home practices to improve water quality; (4) site and home cleanliness; (5) personal hygienic practices.

45. WHO ARE THE QUESTION-MAKERS? : A PARTICIPATORY EVALUATION HANDBOOK
OESP/UNDP, 1997.

| | |
|--|--|
| AUDIENCE | -UNDP staff -International and national staff |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Community involvement in evaluation. |

Source

UNDP
 Office of Evaluation and Strategic Planning
 1 U.N. Plaza, New York
 NY 10017, U.S.A.
 Tel: (212) 906-5713
 Fax: (212) 906-6008
 E-mail: zaida.omar@undp.org
 Internet: <http://www.undp.org/eo>

Description

In essence, participatory evaluations imply that stakeholders assume an increased role in the evaluation process as question-makers, evaluation planners, data gatherers and problem solvers. This Participatory Evaluation Handbook has been prepared to provide UNDP staff with a better understanding of what is meant by a participatory approach to evaluation and how they can support the participatory evaluation process and help introduce it into UNDP programming.

The handbook is divided into five parts. Part one to three present an overview of the participatory approach. Part four gives a clear direction on how to conduct a participatory evaluation. Part five presents a case-study considered as a training module which can be the subject of a mini-workshop to introduce staff to the practice of the participatory evaluation.

Suggestions for Use

This book has been mainly designed for UNDP staff particularly the resident representatives, national and international program staff and junior professional officers. Since it includes data collection and analysis techniques, it can be used as a training tool for health managers who are not familiar with this evaluation approach at the national, regional and district level.

Relevance

It promotes community participatory methods for developing sustainable community-based interventions.

VI. WORKSHOPS/REPORTS ON NATIONAL, LOCAL & COMMUNITY-BASED PROGRAMMES

46. COMMUNITY-BASED APPROACHES TO CHILD HEALTH: BASICS' EXPERIENCE TO DATE

Mark Rasmuson, Naheed Bashir, and Nancy Keith, BASICS 1998.

| | |
|--|---|
| AUDIENCE | -Program managers -Policy makers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Promotes integrated child care at the community level. |

Source

BASICS

1600 Wilson Blvd., Suite 300

Arlington, VA 22209 U.S.A.

Tel: (703) 312-6800

Fax: (703) 312-6900

E-mail: infoctr@basics.org

Internet: <http://www.basics.org>

Description

Following a workshop held at Basics Headquarters in Arlington, VA, in 1997, participants reviewed the community components from BASICS programs in eight countries. For each program, there is a description of the background, objective, strategy, implementation, evaluation and lessons learned.

Suggestions for use

Health managers can use this document to learn specific community-involvement strategies when designing or implementing a community-based intervention.

Relevance

It supports community-based strategies for integrated child care.

47. COMMUNITY ACTION FOR SOCIAL DEVELOPMENT

Festo Kavishe, 1997.

| | |
|--|--|
| AUDIENCE | -Community members -NGOs -UN agencies, government counterparts |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Promotes development activities and the convergence of health, nutrition and sanitation interventions at the village level. |

Source

UNICEF

No 11, Street 75

Sraschark Quartier

P.O. Box 176

Phnom Penh, Cambodia

Tel: (855-23) 426214/5 427957/8

Fax: (855-23) 426284

E-mail: unicefphnompenh@unicef.org

Description

Community Action for Social Development (CASD) is a joint program initiated by the Cambodian Government and UNICEF. It focuses on the work in the communities in situation analysis and in conducting activities to benefit children and women. As a tool, CASD provides a guideline on community development with participation from NGOs, international organizations, UN agencies, government counterparts, and the community in order to initiate a village planning process and implement social development projects. The most outstanding feature of CASD is the inclusion of Village Action Plans wherein community members are expected to assess problems, act on them given available resources and assess the effectiveness of their interventions.

Suggestions for Use

CASD includes seven main steps with details under each step describing activities to conduct. The duration for each step is also specified.

Relevance

Community Action for Social Development is a model which helps to mobilize and empower the community to take action for its economic, social and health problems. With its slogan "children are the future of the country" CASD works to integrate community services, including health, nutrition, water and sanitation and rural development to promote the health and care of sick children at the village and community level.

48. DECENTRALIZED PLANNING FOR THE CHILD PROGRAMME (Working Draft)

UNICEF, 1998.

| | |
|--|--|
| AUDIENCE | <ul style="list-style-type: none">- Front-line staff- Program managers- NGOs, UN agencies- Government counterparts-Ministry representatives |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | <ul style="list-style-type: none">-Promotes convergence of services and Facts for Life.-Promotes activities in line with the Convention on the Rights of the Child (CRC). |

Source

UNICEF
Health Section
Programme Division, T-24A
3 U.N. Plaza, New York
NY 10017, U.S.A.
Tel: (212) 824-6317
Fax: (212) 824-6460/6462

Description

Decentralized Planning for the Child Programme (DPCP) is developed by the Government of Nepal and UNICEF to promote realization of Children's and Women's Rights as established by the Convention on the Rights of the Child (CRC) and Convention on the Elimination of Discrimination Against Women (CEDAW). The key objectives of the program is mobilization and capacity building of municipalities, line agencies, and NGOs in program implementation and evaluation through a decentralized planning process.

Suggestions for Use

The program lists key strategies, activities and indicators for measuring advocacy, capacity building, resource mobilization, improvement in quality of health delivery and convergence of services for women's and children's rights at the community level. This information can be used by program managers and front-line staff to facilitate the promotion of activities for child health at the community and village level.

Relevance

One of the significant aspects of the DPCP is the formation of Village Development Committees (VDCs), member committees that represent the village and community. The program promotes activities in child nutrition, care and development, on breastfeeding, immunization, child protection, personal hygiene and sanitation and other activities listed under Facts for Life. The strategies are child focused.

49. HOW MUCH CAN NON-GOVERNMENTAL ORGANIZATIONS ACHIEVE IN PROMOTING CHILD SURVIVAL, HEALTH AND NUTRITION --AND HOW? LESSONS LEARNED FROM BRAZIL'S CHILD PASTORATE (WORKING DRAFT)

UNICEF, 1998.

| | |
|--|--|
| AUDIENCE | -Program managers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Promotes partnership with the government, and the use of community leaders to reduce child morbidity and mortality. |

Source

UNICEF
 Health Section
 Programme Division, T-24A
 3 U.N. Plaza, New York
 NY 10017, U.S.A.
 Tel: (212) 824-6317
 Fax: (212) 824-6460/6462

Description

The Child Pastorate is a large-scale non-governmental program promoting children's health nutrition and development through a network of community health workers. The document provides the program's quarterly monitoring report which describes the objectives, goals and implementation strategies used at the national, local and community level. In addition, it describes outcome and impact of community mobilization, participation and solidarity on child survival and development. It also identifies the Pastorate's success in shaping Brazil's health sector policies, and forming partnerships with the Government's health sector programs. It includes a list of recommendations for program assessment and improvement.

Suggestions for Use

This report can be used by program managers as a reference tool to assess activities in their own programs on child health. It can also be used to design interventions for child morbidity and mortality using various strategies outlined in this report. Some of these include the recruitment of a large number of volunteers as community leaders, cost-effective interventions, focus on core items for preventing child morbidity and mortality, promoting gender equity by recruiting women community leaders and more.

Relevance

It focuses on 5 basic core childhood interventions to prevent child morbidity and mortality at the household and community level.

50. IMPACT ASSESSMENT STUDY OF THE FAMILY DEVELOPMENT FUND (WORKING DRAFT)
UNICEF, 1998.

| | |
|--|---|
| AUDIENCE | -Project staff and front-line managers -Program managers -UNICEF health staff |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Supports community and home based practices for nutrition and hygiene interventions. |

Source

UNICEF
 Health Section
 Programme Division, T-24A
 3 U.N. Plaza, New York
 NY 10017, U.S.A.
 Tel: (212) 824-6317
 Fax: (212) 824-6460/6462

Description

The Family Development Fund is an integrated program promoting micro-credit for low-income women and providing basic social services to reduce poverty and to improve their overall quality of life. The FDF uses grassroots organizations to train and assist women on loan management and credit and income earning opportunities. The women are also trained to seek home and community care practices including health and nutrition, children's education and hygiene. The assessment report lists strengths and weaknesses of the program and a list of recommendations.

Suggestions for Use

The report lists indicators to measure child nutrition, sanitation practices at home, and school enrollment. These can be used by program managers for assessment or in their own programs.

Relevance

FDF works at the community level through the support of grassroots organizations for interventions in child health, growth and development.

51. MANAGING SUCCESSFUL NUTRITION PROGRAMMES

Joan Jennings, Stuart Gillespie, John Mason, Mahshid Lofti, and Tom Scialfa, 1991.

| | |
|--|--|
| AUDIENCE | -Program managers -Policy makers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Provides an implementation design for programs to prevent malnutrition. |

Source

United Nations/Administrative Committee
on Coordination/Subcommittee on Nutrition
WHO, 20 Avenue Appia
1211 Geneva 27, Switzerland
Tel: (41) 22 791-2632
Fax: (41) 22 791-4853

Description

Managing Successful Nutrition Programmes is a report based on an ACC/SCN Workshop at the 14th IUNS International Congress on Nutrition held in Korea in August 20 through 25, 1989. It provides details on better understanding of the scope, design and implementation of effective programs to prevent malnutrition, and the factors critical to success. It describes seventeen programs selected in 12 countries in all continents. The main feature of the selected programs is that they were carried out under severe resource constraints including in the near absence of formal infrastructures (e.g. rural areas of Sub-Saharan Africa). Programmes selected include examples of all major categories of interventions, i.e., integrated primary health care, growth monitoring, supplemental feeding; fortification and distribution system; food stamps and other forms of income support.

Suggestions for Use

Managing Successful Nutrition Programmes is a good reference document for health and nutrition managers who are implementing community-based interventions. It can serve as a reference tool for information on management of field staff, involvement of people in high level community participation, on the development of indicators to assess the program effectiveness, on information for sustainability and replicability of interventions, and on impact and cost of the program. Each selected program gives ample details on objectives, duration, program component and successful strategies.

Relevance

It focuses on nutrition with an emphasis on complementary and supplementary feeding including other child survival components such as immunization, diarrhoea, intestinal parasites and income generating actions.

52. PRIMARY HEALTH CARE: EASTERN AND SOUTHERN AFRICA

African Medical and Research Foundation/ UNICEF, 1992.

| | |
|--|--|
| AUDIENCE | -Health managers -NGOs and government counterparts -UNICEF and other UN agencies |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Promotes convergence of sectors and health activities at the community level. |

Source

African Medical and Research Foundation
P.O. Box 30125
Nairobi, Kenya

UNICEF
Health Section
Programme Division, T-24A
3 U.N. Plaza, New York
NY 10017, U.S.A.
Tel: (212) 824-6317
Fax: (212) 824-6460/6462

Description

Primary Health Care (PHC) is a community-based health care (CBHC) initiative implemented in collaboration with non-governmental organizations and UN agencies in Eastern and Southern Africa to achieve health and development for all. It focuses on community based health care interventions and strategies with emphasis on equity, socioeconomic development and self-reliance. The document lists several types of PHC/CBHC programs that have been implemented.

Suggestions for Use

PHC/CBHC provides strategies and successes and obstacles in the implementation of the program as well as lessons learned in areas such as remuneration of health workers, cost sharing, and sustainability. This information will be useful in the future planning of health programs for children.

Relevance

It integrates health activities at school and at home. It promotes intersectoral collaboration and partnerships for programs in rural development and health with emphasis on the health of children and women.

53. SUCCESS FACTORS IN COMMUNITY-BASED NUTRITION-ORIENTED PROGRAMMES AND PROJECTS

Urban Jonsson, UNICEF South Asia, 1993.

| | |
|--|---|
| AUDIENCE | -Program managers -Policy makers |
| HOW DOES IT SUPPORT CHILD HEALTH AT THE COMMUNITY LEVEL? | -Contributes to improving child nutrition at the community level. |

Source

UNICEF Regional Office for South Asia (ROSA)
P.O. Box 5815
Lekhnath Mang
KATHMANDU, NEPAL
Tel: 977-1-419-471
Fax: 977-1-419-479
E-mail: rosa@unicef.org

Description

Success Factors in Community-Based Nutrition-Oriented Programmes and Projects is a report of a study conducted in Asia in 1992. The objective of the appraisal was to find the method for the outcome-and process-criteria that could be achieved simultaneously and to identify factors that were most important in explaining this achievement. Both contextual and program factors were identified. In total, nine contextual success factors and thirteen program factors were the most important for the success of the twenty-one studied programs and projects in Asia.

Suggestions for Use

Health and nutrition managers can use it to design and implement interventions which include program factors and take into consideration external factors which can influence the project outcome.

Relevance

It contributes to improving child nutrition at the community level. It encourages programme implementers to focus on success factors and build these in their own programs.

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