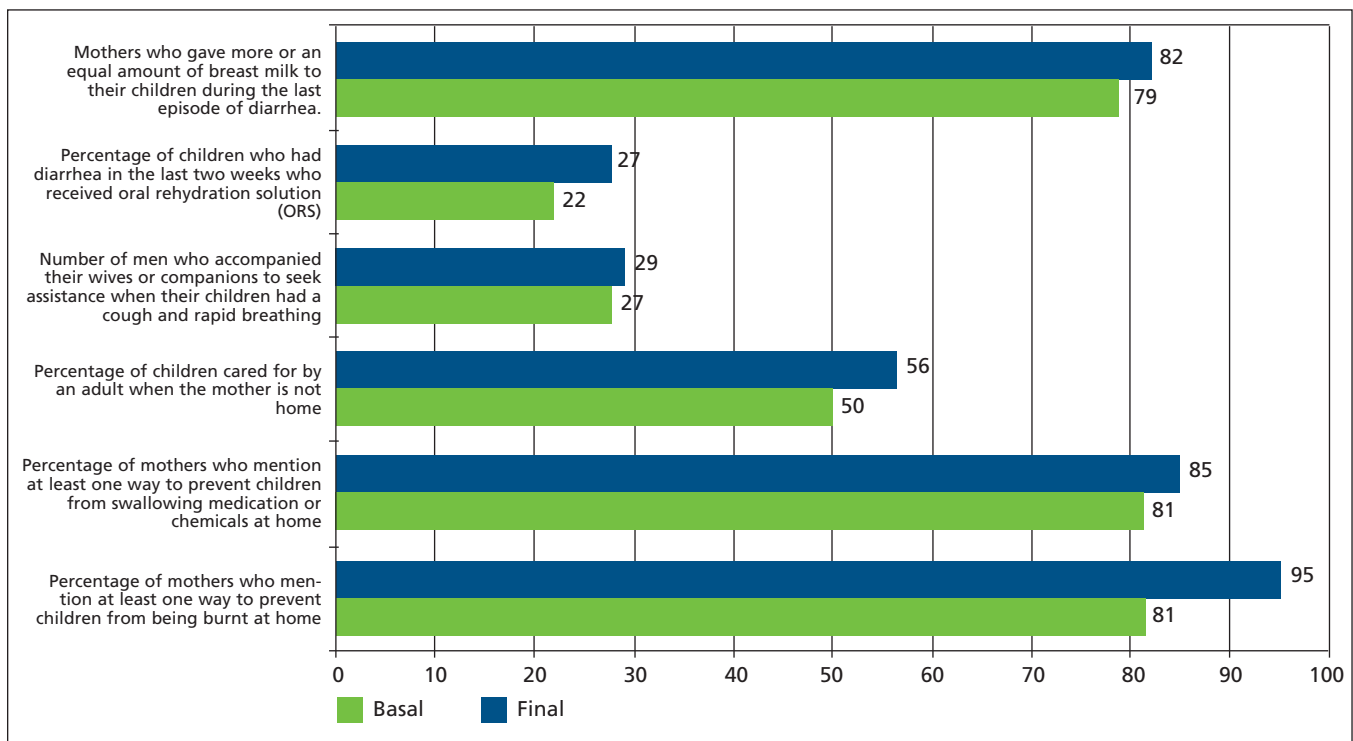




Changes in Practices that Ensure Adequate Care at Home

Figure 3 illustrates that 3% more homes gave more or an equal amount of breast milk to children with diarrhea, and that 5% more households used oral rehydration solution to treat diarrhea. An additional 2% of men accompanied their wives to seek assistance at health services in cases of children with a cough and accelerated breathing, 6% more families leave their children under the supervision and care of adults, and 4% and 14% more households know how to prevent accidents caused by burns and swallowing of medication at home, respectively.

Figure 3. Changes in practices related to adequate health care of children at home, in rural and peri-urban localities participating in Regional Community IMCI Partnership activities in Honduras, Peru, Bolivia, and El Salvador, 2003-2005

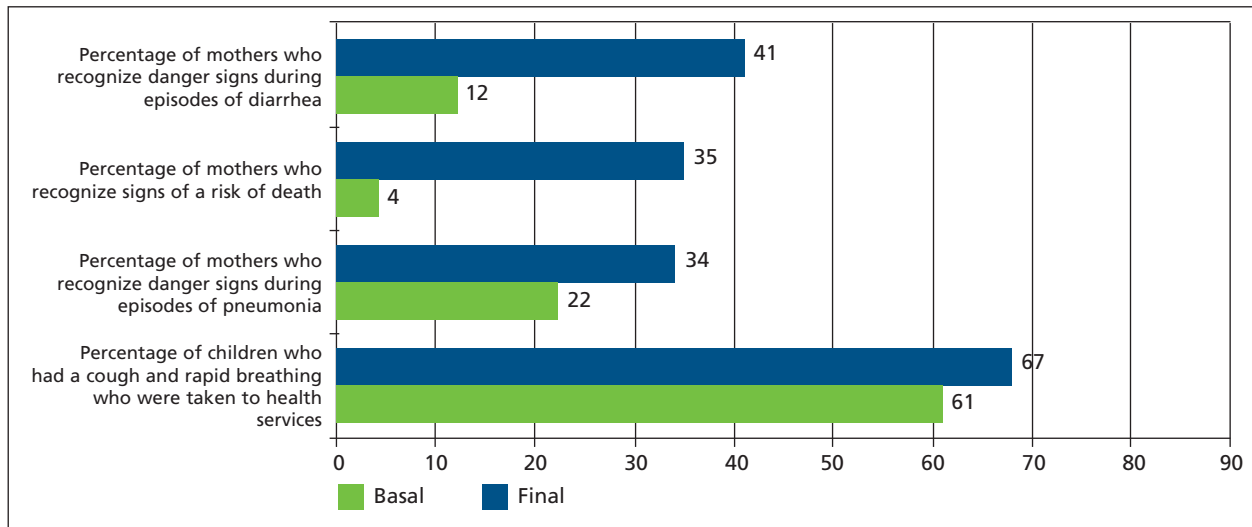


Changes in Practice of Seeking Assistance outside the Home

Figure 4 illustrates how in Community IMCI project sites 29% more families recognized the warning signs of diarrhea; 31% more knew the risk of death signs in a child; and 12% more can cite the danger signs of pneumonia. Most importantly, 6% more children with a cough and rapid breathing were taken to health services.

Upon concluding the project an evaluation was performed to identify changes in the Key Family Practices that were promoted by social actors in the rural and peri-urban localities that participated in the Regional Community IMCI Project.

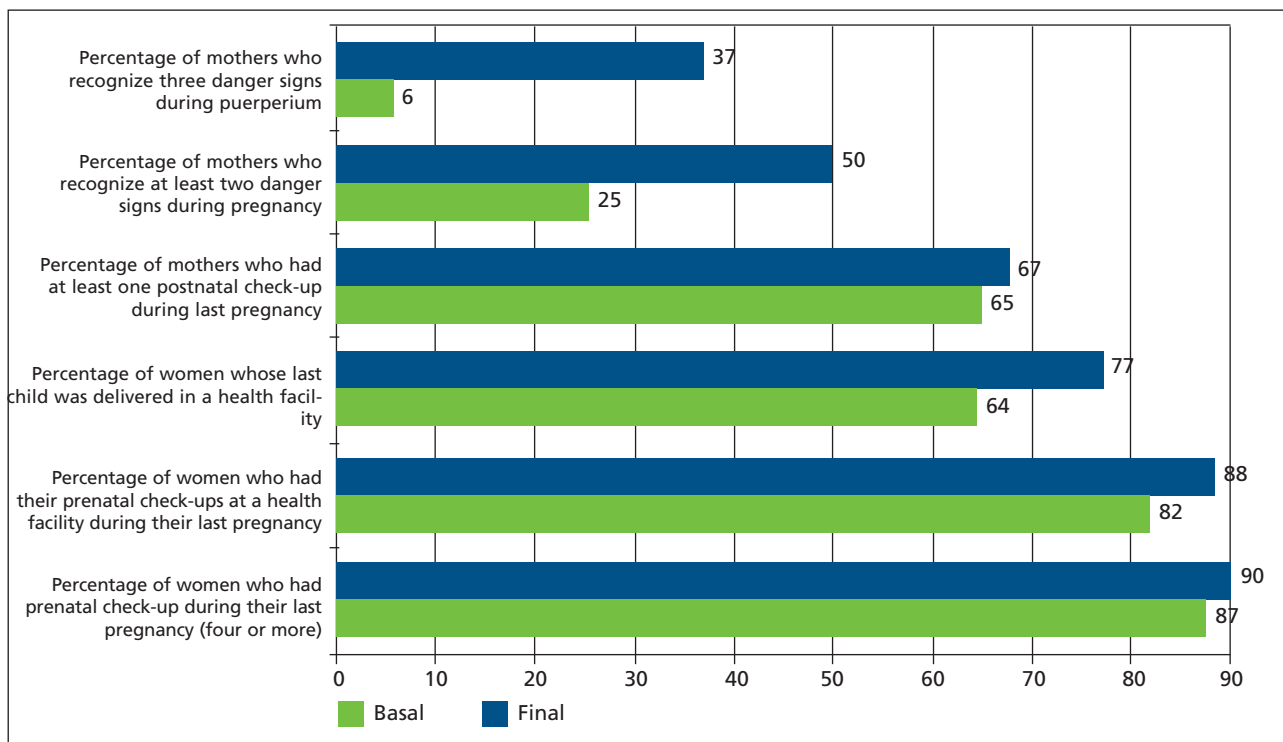
Figure 4. Changes in the recognition of danger signs and use of health services for children with a cough and rapid breathing in rural and peri-urban localities participating in Regional Community IMCI Partnership activities in Honduras, Peru, Bolivia, and El Salvador, 2003-2005



Changes in Practices of Care and Treatment of Pregnant Women

Figure 5 illustrates how more women recognize danger signs during pregnancy and puerperium (38% and 25% respectively), a greater number of mothers attend prenatal check-ups at health services (6% more), more pregnant women deliver their babies at health services (13% more), and a greater number of mothers go to health services during puerperium (2% more).

Figure 5. Changes in recognition of danger signs during pregnancy, childbirth and puerperium, and in use of health services for prenatal check-ups, childbirth, and puerperium, in rural and peri-urban localities participating in Regional Community IMCI Partnership activities in Honduras, Peru, Bolivia, and El Salvador, 2003-2005.





COMMUNITY

Regional Partnership

IMCI

Community IMCI: survey results in homes that use the Key Family Practices

Implementation of the Regional Community IMCI Partnership has shown valuable lessons regarding the community mobilization work and the communication approaches for promoting positive changes in social behaviors at home.



The Regional Community IMCI Partnership promotes the idea of families adopting behaviors that are essential for the physical and mental development of boys and girls (breast-feeding, supplementary feeding, micronutrients), disease prevention (vaccinations, hygiene, protection against malaria, HIV/AIDS), appropriate care at home (diet when ill, appropriate treatment at home, accidents, abuse, participation of men), and for health seeking

behavior outside the home (identification of illness, use of adequate services, referrals, and use of medication). Interventions are participatory and bring together all the institutions working on behalf of children at the community level, which may include health services, schools, churches, municipalities, volunteer groups, mothers' clubs, NGOs, etc. Working together these institutions identify the family and community practices that either protect children's health or foster their healthy growth and development. Then they plan activities, actions, and projects together. This prevents the duplication of efforts and strengthens the community capacity to solve problems on its own. En forma conjunta, todas estas instituciones identifican las prácticas familiares y comunitarias que no están protegiendo la salud de la niñez ni favoreciendo su crecimiento y desarrollo saludables. Luego planifican las actividades, acciones y proyectos. Esta manera de trabajar evita la duplicación de esfuerzos y fortalece la capacidad de la propia comunidad para la resolución de sus problemas.

At the end the project an evaluation was performed to identify what changes had taken place in the Key Family Practices promoted by social actors in the rural and peri-urban localities participating in the Regional Community IMCI Project. To this end, household surveys were conducted with representative samples before and after the intervention in Peru (April 2004–November 2005), Bolivia (April 2003–November 2005), El Salvador (June 2003–October 2005), and Honduras (August 2004–December 2005). A total of 1,545 baseline surveys were conducted prior to the intervention with total follow-up surveys numbering 1,781.





Variables for Behavioral Change

In order to understand the results presented below one must understand that promoting behavioral change consists of a process that requires sustained action over time and that also involves simultaneous and well planned actions on the following levels: a) interpersonal (direct influence on the individual, such as by family and friends) b) community (social actors) c) institutional (health services) and d) public policy and advocacy (should the changes to be promoted warrant it). In short, this is based on the understanding that behavioral change is not possible with interventions solely directed at the individual level but that it also requires actions that foster the creation and development of an environment that will reinforce these changes. It is within this context that the proposal put forth by the Regional Community IMCI Partnership makes it possible to analyze a model involving all these levels of intervention, especially those involving the incorporation of social actors. However, it is necessary to specify that the pro-



Continued on page 3

Dissemination Activities for Key Family Practices

In order to promote and disseminate the Key Family Practices, the Regional Community IMCI Partnership carried out a sizable number of communication activities at the family and community level in participating countries.

Periodic home visits were conducted by community health agents (CHA); meetings were held with mothers and individuals responsible for child care. Other activities included health education classes, health fairs, school activities, community meetings, and mothers' group sessions. Pamphlets, bulletins, and promotional posters were created with local level inputs and disseminated widely.



From page 2

cess of behavioral change requires a long term commitment. In many cases changes are not, nor can be, immediate. They require the development of simultaneous, continuous, and sustained actions. In some instances it may require two or three years to demonstrate evidence.

The changes shown in the tables presented below have to be read while taking into account the real time of the intervention and the exposure to the messages and the educational and communication actions in the families of the communities forming the sample. In each case the timeframe varies. The experience of evaluating behavioral changes has also demonstrated that if one begins with a baseline study with a very low percentage of individuals applying the practice then the activities developed to drive a growing trend in that situation can have a more immediate impact, especially in terms of increasing knowledge and even attitudes. However, if one begins with a baseline showing that the population surveyed expresses a self-reported practice greater than 70% then demonstrating significant improvement is more difficult to achieve. The results should take into consideration the investment made in each place. In this regard, the Regional Community IMCI Partnership has been able to maximize the resources invested in each country—on many occasions these are limited vis-à-vis the scope of the problems in certain localities— by mobilizing a large number of social actors.

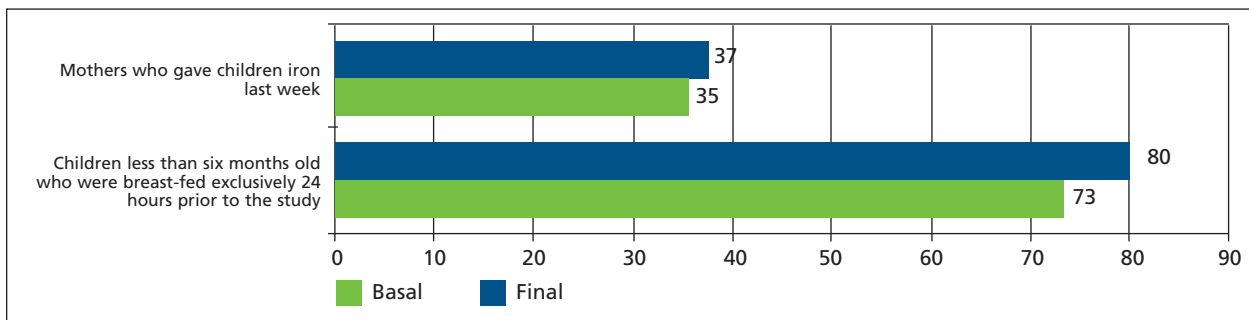
The implementation of the Regional Community IMCI Partnership has taught valuable lessons concerning the models of community work and communication for promoting social behavioral change. These lessons clearly demonstrate the value of incorporating a diverse array of social actors in disseminating specific behaviors, but they also illustrate the need for articulating organizational, content, and communication strategies from the outset of activities in order to achieve greater impact.



Changes in Practices regarding Physical and Mental Development

Figure 1 illustrates the changes in the percentage of homes that give iron to children under five and those that practice exclusive breast-feeding in the localities participating in the Regional Community IMCI Project. As observed, 7% more households practice breast-feeding and 2% more households have given iron to their children after the social actors promoted these healthy practices.

Figure 1. Changes in iron supply given to children and in exclusive breast-feeding in rural and peri-urban localities, within the framework of Regional Community IMCI Partnership activities in Honduras, Peru, Bolivia, and El Salvador, 2003-2005.



Changes in Disease-Preventing Practices

Figure 2 illustrates how 10% more households washed their hands with soap and water; 14% more families used the health services; 9% more households treated their water before drinking it (by boiling, chlorinating, or filtering); and 9% more households have access to drinking water.

Figure 2. Shows changes in the practice of hand washing, use of health services, treatment of water before drinking, and access to drinking water in rural and peri-urban localities within the framework of Regional Community IMCI Partnership activities in Honduras, Peru, Bolivia, and El Salvador, 2003-2005.

