



**USAID**  
FROM THE AMERICAN PEOPLE

 **BASICS**

**TOOLKIT FOR COMMUNITY  
CASE MANAGEMENT OF  
CHILDHOOD ILLNESSES  
COMMUNICATIONS GUIDE**



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The present document is one of nine elements in the USAID/BASICS Community Case Management of Childhood Illnesses Toolkit. The Toolkit includes:

Manuals and Guides

- Implementation Guide
- Trainer's Guide
- Training Exercise Manual
- Community Health Worker's Manual
- Communications Guide
- Supervisor's Guide

Facility-level tools

- Patient Form
- Patient Follow-up Form
- Data Collection Form

Adaptation of the toolkit for use in DR Congo was completed thanks to close collaboration between USAID/BASICS, the DR Congo Ministry of Health, UNICEF, WHO, GTZ, IRC, and Management Sciences for Health.

## **1. BACKGROUND AND JUSTIFICATION**

The Democratic Republic of Congo has adopted and implemented since 1999, the Integrated Management of Childhood Illness (IMCI) as a basic strategy to reduce morbidity and mortality of children aged between 0-5 years.

Most deaths, approximately 80%, occur at home such that community interventions have an important position in this strategy with the beginning of the promotion of key community health practices and then in 2005, of community health care sites.

Communication approaches used so far, especially CHWs (Community Health Workers) with coverage of 15-20 households per CHW have exhibited their limits.

Indeed, for a population of 61,800,000 inhabitants in an area of 2,345,000 km<sup>2</sup>, we would have to train hundreds of thousands of CHWs, which is not possible in an affected country like this.

There is therefore, a need to develop other simple approaches to reach a large mass of population and at lower cost. It is in this context, that we offer this orientation guide for communication activities.

## **2. OBJECTIVES**

### **General Objective**

The overall objective is to strengthen the process and communication mechanisms for the knowledge and use of community health care sites and the promotion of key family and community practices.

### **Specific Objectives**

This Guide is aimed at communication capacity building for Leaders (Focal Points) to:

- Understand the quantity and quality of existing communication channels
- Select key messages to disseminate according to community needs
- Identify/develop appropriate communication media.
- Develop a local communication plan taking into account identified channels and selected messages
- Develop a chronogram of communication activities in a defined entity for a fixed target.

- Facilitate communication sessions using the appropriate methods and techniques
- Evaluate the implemented activities.

### **3. STRATEGY**

The introduction of the approach will be done progressively from a nucleus of targeted channels in a health area/zone, with a limited number of well-defined messages and media.

After evaluation, we will extend the approach to a wider scale, while learning from the 'experimental' stage.

### **4. EXPECTED RESULTS**

In this process, the activities will lead to:

- Strengthening the skills of Leaders / channels to convey targeted messages
- Empowering Leaders to promote practices conducive to health
- Empowering Leaders to promote the use of health care sites
- Bring a large mass of the population to adopt and use health promotion practices
- Bring a large mass of people to attend health care sites.

### **5. IMPLEMENTATION PROCESS**

To implement this approach, the following steps are proposed:

- 1). Qualitative and quantitative assessment of existing communication channels.
- 2). Identification of key health promotion messages
- 3). Production of appropriate communication media for messages and channels.
- 4). Development of a local communication plan
- 5). Developing a chronogram of communication activities

- 6). Training/briefing for leaders of organizations, institutions, associations and various community groups.
- 7). Evaluation of activities.

### **1). Assessment of existing channels.**

It is a precise inventory of the number and quality of existing channels in a well-defined entity.

For an organization, institution, association or community group..., we will consider the following:

- Name
- Exact address and other contact information (phone, e-mail, ...)
- Head / respondent / leader with all their contact information available
- Staff members
- Quality and responsibilities of members
- Number / frequency of meetings / activity schedule etc

### **2). Identification of key health promotion messages.**

In this approach, we identify a group of priority key messages pertaining to the knowledge of warning signs, the promotion of key practices, as well as information messages on community health care sites.

It is primarily messages on:

- Recognition of 5 warning signs and the necessity of having recourse to health care
- Practices that are not yet adopted or introduced but identified as posing problems in a selected community. This is the case of washing hands with soap, using latrines, complementary feeding after 6 months ...
- The existence of community health care sites (address, function ...), the need of using sites.

**Note:** The introduction of a new message takes into account the planning of the health zone.

### 3). Communication media.

The media must take into account the communication channels and the target to which the messages are intended.

If the channels are different, the media must be adapted accordingly.

Thus:

- Priests, pastors and other preachers could use a collection of messages
- Head teachers, dean of studies, discipline managers, teachers and others will deliver messages when communicating with students. They will also post monthly messages on posters or in class or write in a corner of the blackboard.
- Associations of mothers will also have a collection of messages with small posters on which there is a message with a picture.
- The CHW (if any) will continue to use the image box and advice cards.

### 4). Local communication plan

The table below shows the local communication plan developed in consultation with the health area/ zone team, with leaders of local organizations.

ACTIVITIES	CHANNEL	MEDIA	MESSAGES	TARGETS	DATE/ FREQUENCY	PEOPLE IN CHARGE
Program	Radio, television stations	Songs	Hand washing	Listening groups	Twice a month	AC/health zone
News	Churches	Collection of messages	Warning signs	Churchgoers	Once a month	Priests / Pastors.
...						

**5). Chronogram of activities.**

It summarizes the activities, the period with specific dates and those responsible for implementation.

Here is an example of the chronogram:

ACTIVITIES	PERIOD												PERSON IN CHARGE	
	J	F	M	A	M	J	J	A	S	O	N	D		
1. Assessment of existing channels		19												AC
2. Identification of key health promotion messages		22												EC BCZS
3. Development of communication media		25												PNLMD
4. Development of a local communication plan		30												EC BCZS / PNLMD
5. ...														

**6). Trainings.**

**I. Training of trainers of the associations' members**

- a) Targets: Individuals designated by organizations, institutions, associations and various community groups ...
- b) Facilitators: Trainers from Central, intermediate and peripheral level
- c) Content of training: the briefing should focus on a single message / key practice. For instance: warning signs
- d) Duration: This will be training / briefing of no more than 1 day.
- e) Tools/learning materials: small posters, needed for video projection

f) Animation methodology:

This is the methodology for adult training (andragogy) that uses the knowledge and experience of participants. It proceeds by:

- Presentations
- Brainstorming
- Plenary Discussion
- Video projections
- RPG (Role-playing game)
- Practical Exercise

*Example of animation of a theme*

**1. Theme statement:** “warning signs”

Ask participants who understood the theme to translate or explain it in a local language for better understanding

Duration: 10 minutes

**2. Explain the training objectives:**

Ask the participants' expectations related to the theme

Explain the objectives

At the end of the learning participants will be able to:

1. understand the contents of the message (warning signs);
2. Identifying the target to which the message is conveyed;
3. Translate the message into a language understood by the community;
4. Sensitize the community to resort to community health care sites and to the closest health center in case of occurrence of these signs.

Duration: 15 minutes

### **3. Theme development:**

#### 1<sup>st</sup> stage

Ask participants to identify the warning signs they know.

Summarize the answers and retain the 5 warning signs.

Duration: 10 minutes

#### 2<sup>nd</sup> stage

Ask participants to explain the warning signs one by one and how to recognize each of them.

Show the image/medium that describes the warning signs and ask them to interpret the images one after another.

Summary of key ideas: The facilitator will emphasize how to recognize each warning sign and how to memorize those signs.

Duration: 30 minutes

#### 3<sup>rd</sup> stage

If time and conditions permit, make a video projection on the recognition of 5 warning signs. Group discussion and summary by the facilitator

Duration: 20 minutes

#### 4<sup>th</sup> stage

How to educate the community about the use of the health center and community health care sites:

Ask participants to say where they can go in case a child has these signs.

Show again the picture of the couple that takes the child to the HC

Take the opportunity to indicate the HC and sites that are located in their neighborhood / Health Area.

Duration: 10 minutes

#### **4. Communication techniques**

Explain to participants how they will proceed to convey the message in their communities:

- Welcome the participants
- Theme statement
- Ask participants to say what they think of the theme/Encourage them to freely express themselves
- Theme development:

1<sup>st</sup> stage

Ask participants to identify the warning signs they know.

Summarize the answers and retain the 5 warning signs

Duration: 5 minutes

2<sup>nd</sup> stage

Ask participants to explain the warning signs one by one and how to recognize each of them.

Show the image / material that describes the warning signs and

Ask them to interpret the images one after another

Summary of key ideas: The facilitator will emphasize how to recognize each warning sign and how to memorize them.

Duration: 15 minutes

3<sup>rd</sup> stage

Assess understanding through Q&A games.

4<sup>th</sup> stage

Educate the community about the use of HC and community health care sites:

Ask participants to say where they can go in case a child has these signs.

Show once again the picture of the couple that brings the child to the HC

Take the opportunity to indicate the HC and sites that are located in their neighborhood / health area.

Duration: 5 minutes

5<sup>th</sup> stage

Ask participants to pass on the message to those around them immediately and report the impressions in the community

Ensure that each participant received the small poster

Demonstration: show them how to do 1 or 2 or 3 demonstration (good and bad so that they can criticize)

Duration: 5 minutes

**5. Role playing game:** Divide the participants into groups of 2, give a topic (warning sign) to develop and present in plenary.

Give them 5 minutes to prepare and 5 minutes to present.

Group discussion and summary by the facilitator

Duration: 1 hour 00

## **6. Practical exercise on the briefing**

Give 5 minutes to each group of two or three participants according to their origin; to prepare themselves to convey the message.

Designate a few groups to present the message considering the audience as its basic community.

Discussion and summary

Duration: 1h00

## **7. Awareness-raising on data collection**

Awareness among participants on the importance of collecting and reporting data to the health zone through the CODEV (the nurse in charge, CHW...)

Show and explain the data collection form.

Explain how to fill out the form.

Give to each participant a set of small posters and data collection forms according to their needs.

## II. Briefing of members of associations

It is in fact the communication technique that leaders will use during group communications. Actually, the Leader who is trained should use the same methodology as that used during his/her training/briefing:

Preparatory Step:

Prior to the briefing, the following must be specified:

- The date and time
- Venue
- Facilitators and participants

It would be preferable to harmonize these aspects with the leaders of the association for a smooth conduct of activities.

- a) Target:** Members of organizations, institutions, associations and various community groups ...
- b) Facilitators:** leaders trained in the training of trainers
- c) Supervisors:** A facilitator may attend this briefing
- d) Content of training:** the briefing should focus on a single message / key practice. E.g.: warning signs
- e) Duration:** This will be a briefing of no more than 30 minutes.
- f) Tools / learning materials:** small posters
- g) Methodology for Animation**

1<sup>st</sup> stage

Ask participants to identify the warning signs they know.

Summarize the answers and retain the 5 warning signs

Duration: 5 minutes

2<sup>nd</sup> stage

Ask participants to explain the warning signs one by one and how to recognize each of them.

Show the image / medium that describes the warning signs and

Ask them to interpret the images one after another

Summary of key ideas: The facilitator will emphasize how to recognize each warning sign and how to memorize them.

Duration: 15 minutes

3<sup>rd</sup> stage

Assess understanding through Q&A games.

4<sup>th</sup> stage

Educate the community about the use of HC and community health care sites:

Ask participants to say where they can go in case a child has these signs.

Show again the picture of the couple that brings the child to the HC

Take the opportunity to indicate the HC and sites that are located in their neighborhood / Health Area.

Duration: 5 minutes

5<sup>th</sup> stage

Ask participants to pass on the received message to those around them immediately and report to their manager the number of people to whom the message was given.

Ensure that each participant received the small poster

Duration: 5 minutes

## **7) Evaluation of activities**

It aims to:

- Ensure the quality of work done by communication leaders/focal points: through process or activity indicators
- Measure the impact of communication activities in the community against the adoption of recommended behaviors: through results or impact indicators

Types of indicators	Indicators	Results
Process	<ul style="list-style-type: none"> <li>▪ Number of key messages disseminated</li> <li>▪ Number of communication channels used</li> <li>• Types of communication channels used</li> <li>• Number of key practices disseminated</li> <li>• Number of people reached by the disseminated messages.</li> </ul>	
Impact (results).	<p>Level of knowledge on community health care sites.</p> <ul style="list-style-type: none"> <li>• Turnout frequency at the health care site</li> <li>• Level of use/number of the people using the health care sites</li> <li>• Level of knowledge and acceptance of the practices in the community</li> <li>• Number of households/people using the key selected practices</li> <li>• Frequency of use of the key priority practices.</li> </ul>	

This evaluation is done by:

- Monitoring of activity reports of the leaders whose data are collected by the *Community Animateur (or CA)* of the health zone or;
- The LQAS or;
- The mini households surveys

The monthly data transmission circuit:

- Members transmit data to their leaders;
- Leaders to the CA and
- The CA to the central level for compilation analysis and decision making.

