



# Community Dialogues for Healthy Children

*A simple user guide*

Integrated Community Case Management  
*Luapula, Zambia*



Ministry of Health

**malaria  
consortium**  
disease control, better health



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## What is the Integrated Community-Case Management Programme?

### Who are ICCM-Community Health Workers?

The Ministry of Health has introduced a new programme in the Luapula province, called ICCM (integrated community case management). The objective is to offer life-saving treatment to children under-five years who fall sick with either Malaria, or Pneumonia or Diarrhoea. The Ministry of Health is training Community Health Workers (CHWs) to diagnose, treat and refer children only for these three childhood illnesses: Malaria, Diarrhoea, and Pneumonia. They are also given medicines and tools, and supervised by the nearest health centre.

Treating and preventing these diseases is very feasible: now, parents can consult trained Community Health Workers, close to their home, whenever a child falls sick.

### What can ICCM-CHWs offer?

Community Health Workers are volunteers, selected by their communities, to be their local health resource in each village.

### Test & Treat

- CHWs can test and confirm diseases among children less than five years of age for mild forms of Malaria, Pneumonia and Diarrhoea.
- CHWs can treat sick children with appropriate drugs for their disease: amoxicillin medicine for Pneumonia; medicine called Coartem for Malaria; Oral Rehydration Salt (ORS) with zinc for Diarrhoea.

### Refer to health centre

- CHWs can notice danger signs in a child such as unconsciousness, inability to drink or feed. These signs signal child's life is in danger. If CHWs see danger signs, they will advise caregivers to go to a health centre, where more expert care is available.

CHWs can also educate and counsel families on the best practices to keep children in good health and help them grow.

## What is Community Dialogue?

A Community Dialogue is when community members come together to discuss issues of concern for the community. Community Dialogue is grassroots based as it is already happening in most communities to discuss various topics during community meetings. During Community Dialogue, members of the community discuss and make decisions to improve the well-being of their community.

### Why should community Leaders hold Community Dialogues about children's health?



- Increase awareness in the community on how to reduce illness and death among young children and nurture a healthy community;



- Encourage community members to take action to solve health issues, using existing resources, at the individual, household and community levels;



- Discuss with parents and care-givers where and when to seek treatment from community-based health workers and health centres .

### Who can chair a Dialogue?

Community leaders (administrative, or religious, or traditional) or Neighbourhood Health Committee members should chair and facilitate the dialogue.

Community Health Workers or health centre staff can also help Leaders to prepare and answer technical questions that community members may have during a Community Dialogue session .

### Who should participate?

- Family members, primarily parents (fathers and mothers): they are both responsible for the well-being of their children .
- Community Health Workers or health centre Workers: they can help respond to technical questions and concerns from the participants .



### *How many people should participate?*

This will depend on how many people you managed to mobilize. Minimum number is ten, to ensure different point of views will be represented.

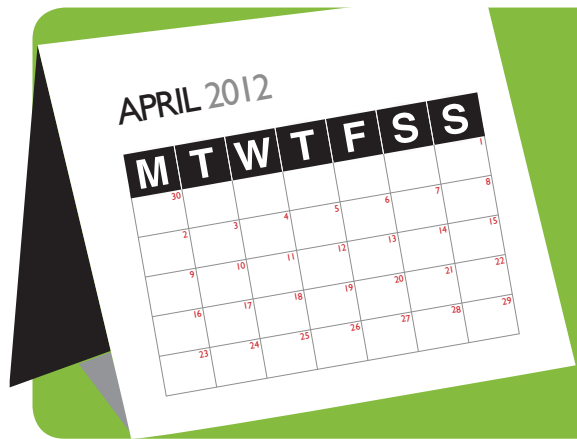


### *How long should a community dialogue last?*

This will depend on each community. Don't make the session too long, otherwise people tend to lose attention.

### *How often should dialogues be held?*

Ideally a dialogue should be held once every month, or as often as community members or community leaders need to discuss an issue .



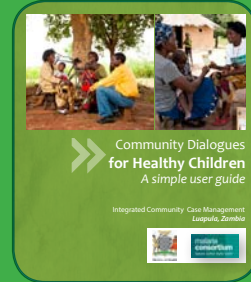
### *Where can a dialogue occur?*

In any place where people can gather and feel comfortable to discuss openly: In the school; At community centres; under a tree; In places of worship; In health centres .

# 10 Steps to Lead a

## Before a Community Dialogue

1



Read your Community Dialogue Toolkit.

Select one Topic to be discussed per meeting. You can ask a community health worker for help to make sure you understand all the information and clarify any

## During the dialogue

4



### Introductions.

Each Dialogue starts according to the protocol which would normally be used at a community meeting. For example, it could start with a prayer, an introduction of the purpose of the meeting by the chairperson, and introductions from participants (if they don't already know each other).

5

### Exploring:



Explore the topic by asking open questions to community members, using examples in the Discussion Guides. Involve everyone by asking each participant to share their thoughts. Use the information about “what parents need to know” to clarify and correct misconceptions about the topic. The CHW can answer additional technical questions that come out.

## At the End of the Dialogue

7



### Action Planning:

After participants have expressed their opinions on what are the best options to take good care of a sick child, then ask participants to agree on a few specific actions for individuals and for the community to reduce sickness and death among children. Make sure to identify who is to do what, where and by when for each action. Try to involve everyone in the discussion in at least one action.

8



### Summarize key discussion points.

Remind everyone of the action plan developed, including the topic and timing for the next Community Dialogue.

# Community Dialogue

2



*Make sure at least one CHWs will attend the dialogue.*

If possible, try to get a professional health worker to participate in the Community Dialogue to answer technical questions from community members .

3



*Agree on the date, time, location and topic and invite community members to attend. Avoid inviting too many participants; it is better to keep the group to 10-20 people.*

6

*Identifying Issues:*



After participants have explored the topic, place the large poster in the middle either on the ground or on a table. Place the small cards randomly around the poster. Then ask participants to tell their story using the small cards and placing them on the large poster to visualize what is usually happening, based on their own experience as parents. Try to identify two to three challenges within the community that affect the topic you are discussing.

Then ask participants to suggest ways they can work together to address the identified challenges. Encourage participants to focus on what they can do within their community, rather than focusing on what they want others (such as the government) to do for them .

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*Refer participants to CHWs, health workers or health centres for more information, assistance, and services .*

10



*Thank participants for coming, listening carefully, and sharing their views.*

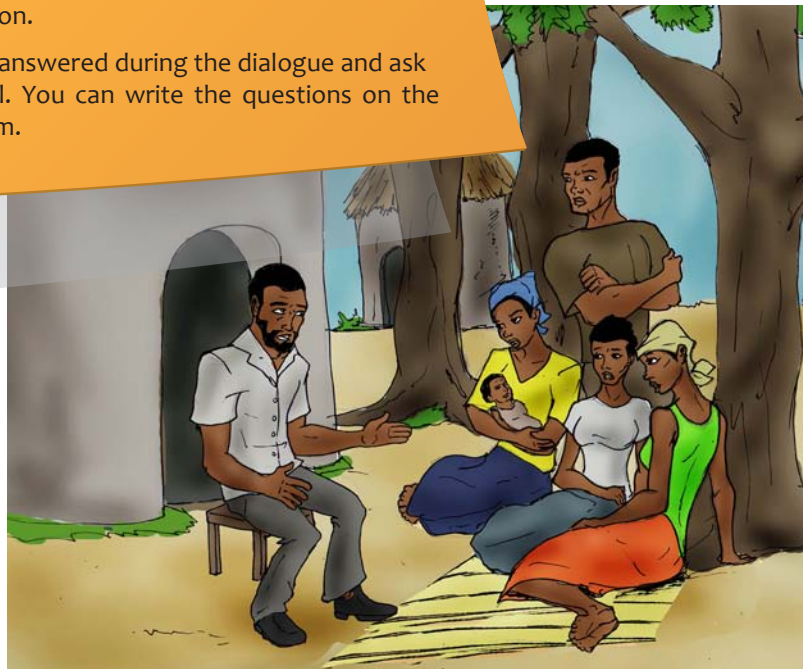
# Tips for leading successful Community Dialogue

## *Stimulate participation:*

- Help all participants feel comfortable to express their opinions and ask questions. Encourage all people in the meeting to participate. Try to make sure that everyone has a chance to talk. Try not to let one or two people do all the talking.
- Remain neutral, respect all community members' opinions and concerns.
- If some people remain silent, make time for them to speak up too. Encourage quieter people to contribute, but do not force them.
- Remind everyone to listen when others are speaking and to be respectful of other's views.

## *Keep the discussion focused*

- Make clear what specific topic will be discussed from the beginning of the discussion. If you leave the topic too open, such as health in general, it will be difficult to identify a few action points.
- Bring the group back to the key topic if the discussion goes off course. If the group expresses interest or concern in a different issue, consider discussing that issue at the next Dialogue. Telling participants they will have another opportunity to discuss that topic may help in bringing them back to the original topic for discussion.
- Record questions that cannot be answered during the dialogue and ask them later to a health professional. You can write the questions on the Monitoring Sheet to remember them.





# Using the Discussion Guides

The Discussion Guides are only suggestions with examples of questions that could be discussed with community members. It is not necessary to address all questions listed in the topic in each Community Dialogue.

4 topics are proposed: 1) Community-based Health Services, 2) Malaria in Children, 3) Diarrhoea in Children, 4) Pneumonia in children.

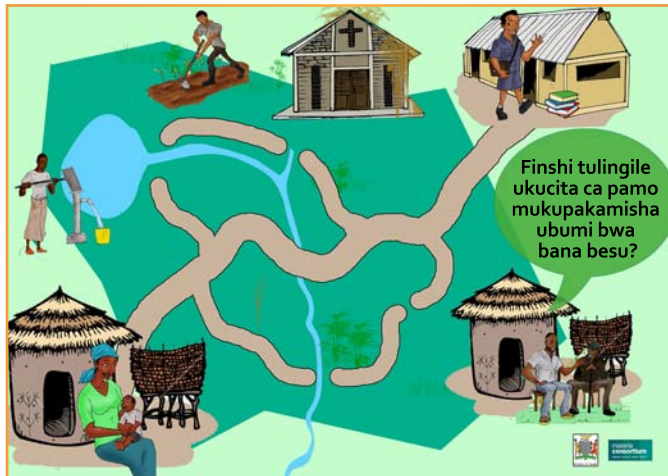
Each dialogue typically consists of three steps:



**Exploring** a topic to bring all participants to the same level of information. Use some of the open questions in the discussion guides to help identify what is the level of information of participants. Then use the “what parents need to know” to fill in information gaps.



**Identifying issues** that parents are facing when their child falls sick, using the large poster and cards: place the large poster in the middle of the group and the small cards randomly around the poster. Then ask participants to tell their story placing the small cards on the large poster to visualize what is usually happening, based on their own experience as parents, when a child falls sick. Use some of the open questions in the discussion guides to help stimulate discussion.



**Planning actions** which parents can take individually or collectively to keep children on the safe track of healthy life. Ask participants to identify what are the best options to take good care of a sick child. Participants should decide two to three actions to reduce sickness and death among children. Make sure to identify who is to do what, where and by when for each action.

## Discussion Guide: Community-based Health Services

### Exploring



#### *What do we know about Community Health Workers?*

- What CHWs can provide and not provide?
- Can we trust that the services provided by the CHWs are of good quality?
- How can we best benefit from their services?

### Identifying Issues



#### *What do we usually do when a child falls sick?*

- Did it happen that children in the community took the “wrong” path in life? (leading to severe disease or dramatic consequences)
- Why? What happened? Could this be avoided?

#### *Have you, as parents, used the services provided by CHWs? In what circumstances?*

- Do you know when and where to find them?
- Do you have difficulties in accessing these services? Why?
- Can we solve these problems?

#### *When should we, as parents, use the services of the CHWs?*

- Why seek care immediately when a child falls sick? What are the benefits? What are the barriers?
- When should we go to the CHWs? And when should we go to the health centre? And when do we prefer to go to a private care provider?

#### *Do we follow the advices given by the CHWs or Health Workers? Why or why not?*

### Action Planning



What conclusions and decisions can we make as individuals and as a community to reduce sickness and death among children in our community?



# Key Facts about ICCM-CHWs' programme

## Who are ICCM-CHWs?

ICCM-Community Health Workers are volunteers, who received professional training and equipment to be local health resource persons for young children in their communities for three diseases only: malaria, pneumonia and diarrhoea.

CHWs' services are free of charge because they are part of a Ministry of Health programme. They are supplied with good quality medicines that are safe and appropriate for young children. The health workers at the health centres support the CHWs regularly to ensure they have drugs and equipment and also to make sure their skills are kept up to date.

## What ICCM-CHWs can NOT do?

- CHWs will not provide treatment for normal cough.
- CHWs are not equipped to treat children who are severely ill or show danger signs. CHWs will then refer these children to the nearest health centre.

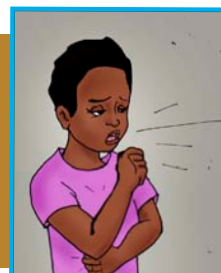
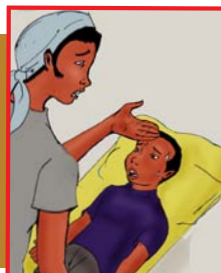
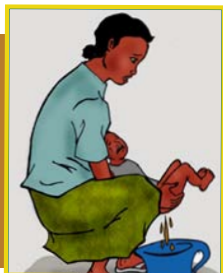
## When should parents go to the Health Centre and when should they go to the CHWs?

Parents are free to choose which option of care they prefer, but are encourage to seek care early from CHWs; even if CHWs are not trained to treat all of childhood diseases, they can recognize and treat at least 3 diseases and will advise parents to go to the health centre if the child's condition is beyond their competencies.

However, when the child is showing danger signs, or when advised by the CHW, parents should go directly and immediately to the nearest health centre.

## What can parents do to help CHWs fulfil their mission?

- Parents should consult ICCM-CHWs immediately whenever a child is sick. For example, high fever could be a sign of a serious disease, such as Malaria, that can kill a child in less than a day. When a disease is diagnosed and treated early, the child can recover much more quickly and the parents will save costs of complicated care.
- If the CHW considers the child is severely ill or shows danger signs, parents should follow through referral to health centre immediately. Young children are very vulnerable, and disease can progress very quickly in their body.
- Parents should follow strictly treatment advice: always give the right drug, at the right dosage, at the right time, for the right number of days. Make sure medicines are not shared, kept for another day or stopped half way through. This will not cure the child completely and the child will be at risk of falling sick again with an even more serious illness.



## Discussion Guide: Malaria in Children

### Exploring



#### **What is malaria and what causes it?**

- Is malaria a common disease in our community?
- How can we recognize malaria from other sicknesses?

#### **Are there mild and severe forms of malaria? What's the difference?**

- What are the consequences of malaria in children? Is it dangerous?
- What's the best treatment available?
- What are the danger signs during malaria that need immediate attention?



### Identifying Issues



#### **What do we usually do when we think our children have malaria?**

- What type of treatment do we give to our children when we think they have malaria? Is that the best treatment?
- Why don't we visit a CHW as soon as we realize our children have a fever?
- Did we already go to a CHW? Are we satisfied with CHWs' services? What is good and not good?

#### **How do we prevent malaria?**

- Do we always sleep under a mosquito net? Not all of us? Not all nights? Not at all times during the year? Why or why not?
- Why should we always sleep under a mosquito net?
- If not all the members of our household can fit under the mosquito net(s), who should sleep under the net(s)? What's the best way to hang and use a mosquito net? Can our mosquito nets be washed? How often?

### Action Planning



What commitments and decisions can we make as individuals and as a community to ensure our children will less suffer from Malaria?

What decisions can we make to ensure the sick children will be tested immediately for malaria and treated accordingly?

# What do parents need to know about Malaria?

## What is Malaria?

Malaria is a serious disease spread through mosquitoes that bite only at night. If not treated on time, the disease can worsen rapidly, causing death in less than a day. Mosquitoes are breeding and can bite all year round and not only during rainy season. But you can't get Malaria by drinking water, eating mangoes, being soaked by rain, sun shine, shaking hands or sharing food.

Some common signs of Malaria are: high fever, diarrhoea, vomiting, headache, feeling of sudden chills, tiredness and loss of appetite.

## Why is Malaria dangerous in children?

Pregnant women and young children (under five years) are more vulnerable to severe forms of Malaria, because their body capacity to fight off infections is lower.

## What can CHW do for a child with Malaria?

- Firstly, a child with high fever will be tested using a rapid test kit.
- If the test is positive, CHW will give appropriate drug and explain to the parents how to administer the treatment.
- If the test is negative, the child should not be given antimalarial drug.
- The CHW will look for any other disease or refer the child to a health centre, if very ill.

## What can parents do?

- Whenever a child shows high fever, diarrhoea, vomiting, headache, chills and flu-like illness, bring the child immediately to the CHW or the nearest health centre.
- Whenever a child shows convulsions, severe vomiting, inability to breastfeed or loss of consciousness, go directly as quickly as possible to the nearest health centre. These conditions in children can lead to death in a few hours.
- Malaria can be avoided! All pregnant women and young children should sleep under insecticide-treated mosquito nets every night, all year long, to avoid mosquito bites.



## Discussion Guide: Diarrhoea in Children

### Exploring



#### What is Diarrhoea and how is it caused?

- Are there different (mild and severe) forms of diarrhoea?
- Who is most at risk of getting diarrhoea?
- How do we know when a child has diarrhoea?
- What are the consequences of diarrhoea in children? Is it dangerous?
- What's the best treatment available?
- What are the danger signs of diarrhoea that need immediate attention?

### Identifying Issues



#### What do we usually do when a child has Diarrhoea?

- What should we do when a child has diarrhoea? Why should we visit a CHW immediately when a child falls sick?
- What can we do to ensure that every child with diarrhoea is treated immediately?
- Are we satisfied with CHWs' services? What is good and not good?

#### How do we prevent diarrhoea?

- Do we always wash our hands with soap before we prepare food, eat, feed our children, or after we go to the toilet?
- Do our children wash their hands with soap before they eat and after going to the toilet?
- What makes it hard for us and our children to wash our hands with soap before we touch food and after we go to the toilet?
- What can we do to make sure that we and our children always wash our hands before we touch food and after we go to the toilet?

### Action Planning



What commitments and decisions can we make as individuals and as a community to ensure our children will less suffer from Diarrhoea?

What decisions can we make to ensure the sick children will be treated immediately?



# What do parents need to know about Diarrhoea?

## What causes Diarrhoea?

Diarrhoea is mainly passed through dirty hands, unclean water and unsafe food. Flies that settle on faeces, and then on food, can also transmit the germs which cause Diarrhoea.

## Why is Diarrhoea dangerous in children?

Diarrhoea can kill children by draining liquid from the body, which dehydrates the child. The more numerous the watery stools, the more dangerous the Diarrhoea. Sunken eyes, general body weakness and inability to drink fluids are some of the signs of dehydration.

## What will the CHW do for a child with Diarrhoea?

The CHW will give Oral rehydration Salts together with Zinc Supplements. Zinc helps to reduce the severity of the illness. The CHW will also advise parents to give extra fluids, especially breast milk, to the child to recover the fluids lost during diarrhoea. If the child shows danger signs, the CHW will refer to the nearest health centre for expert treatment.

## What can parents do?

- As soon as Diarrhoea starts, it is essential to give the child extra fluids to drink and to look for a CHW immediately.
- A child with diarrhoea should never be given any tablets, antibiotics or other medicines unless prescribed by a health worker.
- Ensure ORS are given to the child, and properly mixed with clean water from a safe source. Give the child extra fluids, especially breast milk, along with regular nutritious foods, to replace the fluids lost during diarrhoea.

## When should parents bring the child to the health centre?

- If the child has blood in the loose, watery stool or any of the danger signs, he cannot be treated by a CHW. The CHW will therefore ask parents to take the child to a health clinic for specialized care. It is important to follow through the advice of the CHW because the life of the child is in danger.
- Diarrhoea, treated with ORS, usually stops after three or four days. If it lasts longer, parents or other caregivers should seek help from a health centre.

## What can parents do to prevent Diarrhoea?

- Boiling water before drinking.
- Washing hands before preparing, eating, serving or feeding a child/others.
- Keeping food covered to keep off flies.
- Washing hands each time after defecating.

All faeces, including those of infants and young children, should be disposed of in a latrine or toilet or buried.



## Discussion Guide: Pneumonia in children

### Exploring



#### *What is Pneumonia and what causes it?*

- What are the symptoms of pneumonia?

What is the difference between a cough and pneumonia?

- If my child is coughing does it mean that he has pneumonia?

If my child is not coughing, could he still have pneumonia?

- What are the consequences of pneumonia in children? Is it dangerous?
- Can the smoke from our cooking fire cause children to cough?
- What's the best treatment available for pneumonia?
- What are the danger signs of pneumonia that need immediate attention?

### Identifying Issues



#### *What do we usually do when a child has a serious cough?*

- Where do we get treatment for our children when we think they have pneumonia? Is that the best place to get treatment?
- What should we do whenever a child has a serious cough or difficulty breathing? Why seek care immediately when a child falls sick?
- Why don't we visit a CHW as soon as we realize our children have difficulty breathing?
- Are we satisfied with CHWs' services? What is good and not good?

#### *How do we prevent pneumonia and other coughs?*

- Do mothers breastfeed their babies until they are six months old? Do they feed their babies other foods before the babies are six months old? What prevents us from exclusively breastfeeding our babies for six months?
- Do we cook or have fire where children play or sleep? Could we cook in another place so that children are not around the smoke?
- What can we do to keep children away from smoke?

### Action Planning



What commitments and decisions can we make as individuals and as a community to ensure our children will less suffer from Respiratory Infections?

What decisions can we make to ensure the sick children will be treated immediately?





# What do parents need to know about Pneumonia?

## Why is Pneumonia dangerous in children?

Pneumonia is a lung infection that leads to fast or difficult breathing. It is spread from person-to-person, mainly through sneezing and coughs' droplets. Pneumonia can kill children because they cannot breathe normally.

## What are the signs?

Cough, colds, sore throats and runny noses are common in the lives of children. Usually most children with coughs or colds will get better after a few days, without medication. In some cases, if a child with a cough and fever is breathing rapidly or with difficulty, this can be pneumonia. The child is in danger and needs to be taken to a trained community health worker for immediate treatment.

## What will the CHW do for a child with Pneumonia?

- CHWs have been trained in using a “Respiratory timer” that will help them know if the child has fast breathing or not.
- If the child has Pneumonia, the CHW will give antibiotics and explain to the parents how to give them to the child.
- If the child shows danger signs or serious illness, the CHW will advise parents to go directly to the nearest health centre.

## What can parents do?

- Bring the child to a CHW if he shows difficulty in breathing.
- Follow strictly CHW's instructions on medication: give the right drug, at the right dosage, at the right moment for the right number of days.
- Ensure the child is breastfed exclusively for the first 6 months of life, and continue breastfeeding at least up to 2 years as breast milk boost a child's immunity.
- Avoid cooking in the main house to avoid children are exposed to smoke.
- Ensure the child follows the immunization schedule regularly.
- Wash your hands and your children's hands with soap after using the toilet, after changing the baby's nappy, before eating or preparing food.



# fight the 3! keep children healthy!



Diarrhoea, Malaria & Pneumonia  
can be quickly and easily cured if  
treated immediately.

