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TRIP REPORT ON A PUBLIC EDUCATION
CAMPAIGN PLAN FOR A DIARRHEAL
DISEASE CONTROL PROGRAM IN
THREE AREAS OF ECUADOR

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A Report Prepared By:
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C O N T E N T S

	<u>Page</u>
EXECUTIVE SUMMARY	iii
I. FIRST WEEK: OCTOBER 25-29	1
II. SECOND WEEK: NOVEMBER 2-6	5
III. THIRD AND FOURTH WEEKS: NOVEMBER 8-19 FIELD INVESTIGATION	9
IV. ANALYSIS/CAMPAIGN DESIGN: NOVEMBER 22-29	11
APPENDIX A: ROUGH ART SAMPLES	

EXECUTIVE SUMMARY

The trip by Reynaldo Pareja, Ph.D., to Ecuador involved a planned public education campaign for the Diarrheal Disease Control Program in three areas of Ecuador. More specifically, the proposed campaign will be aimed at rural populations and will explain the preparation and use of oral rehydration salts in the treatment of children with diarrhea.

The consultant met and worked with the directors and staffs of six relevant agencies and institutions: The Diarrhea Control Program, the Division of Education and Public Relations Unit of the Ministry of Health, the Desarrollo Rural Integral, the Secretaria de Desarrollo Rural Integral, and CIESPAL.

The analysis of existing understanding of the problem and response to currently available information was conducted in three phases. First, a guide was designed to focus the groups conducting the studies. The guide was based on Honduran experience, but was revised to reflect Ecuadorean anthropological studies of formal and traditional healing systems. The guideline was used to focus data gathered in direct observations of mothers preparing OR salts. A third phase, a questionnaire, was used to verify the results of the direct observations.

The analysis, prepared with the assistance of the participating groups, provides specific information regarding flaws in previous approaches and improvements for future approaches. In addition, the consultant sought rough artwork and printer's estimates to move the Diarrhea Disease Control Program public education campaign further on route to completion.

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I. FIRST WEEK: OCTOBER 25-29

During the first week, the following people and institutions were contacted.

Diarrhea Control Program, Director and Staff

The first people I talked to were the director, Dra. Ligia Salvador, and DCP staff members. An overall campaign strategy was planned and outlined. The institutions to be visited were chosen, contacted, and meetings set up.

Dra. Salvador accompanied me on all the institutional visits and communicated to their representatives the desire of the Diarrhea Control Program to carry out an educational media campaign with AID technical assistance.

Dra. Salvador also introduced me to the Division of Education personnel and the other divisions we will contact during the implementation of the campaign: Public Relations, Epidemiology, and the Ministry's Print Department.

Division of Education of the Ministry of Health, Lcdo. Carlos Rosero, Chief

I was introduced to the chief of the Division, Lcdo. Carlos Rosero, to whom I gave an overall picture of the objectives of the mass media educational campaign: the methodological steps that we would take; the use of radio, print material, and training; the need for a minimal baseline investigation; the use of focus groups techniques; observation of mixing procedures; and confirming individual questionnaires.

The overall reaction was enthusiastic. A member of the Division of Education was assigned full time to be the national counterpart and a meeting was held with the members of the communication unit with whom the campaign will be designed and implemented.

The meeting provided an excellent opportunity to give them an overall picture of the dynamics of the campaign, the objectives to be obtained from it, the methodology to be used, and the steps to be taken to carry out the baseline investigation.

Ministry of Health Public Relations Unit,
Abog. Ruby Rodríguez de Moriana

Abog. Ruby Rodríguez de Moriana is a very dynamic woman at the head of this unit. She offered all the assistance she could give. At the moment they are putting out a diarrhea information leaflet that is basically urban oriented and will have little use or impact in our project area. It pursues public relations and political objectives more than educational ones. Since it is in print, little can be suggested in terms of changing aspects which clearly do not adequately meet pedagogical needs.

An assistant of hers, a photographer, is going to be a very useful resource since he also manages the video unit of the ministry and shows excellent fieldwork capacity.

Desarrollo Rural Integral (DRI), Dr. Gustavo Estrella
and Staff and Dr. Kenneth Farr from
AID's Health Division

Dr. Gustavo Estrella pointed out the importance of assuring that our local activities are coordinated with the DRI representatives of each of the three regions where the media project will be functioning: Salcedo, Quimiag-Penipe, and Jipijapa.

He and Dr. Kenneth Farr from AID's Health Division invited us to talk to their research team in charge of making the socioeconomic diagnosis of the region. They pointed out the importance of avoiding another questionnaire-type baseline investigation as the people have been saturated with other similar types of research. They insisted on close coordination with the regional project implementation teams which include the area health representative.

Secretaría de Desarrollo Rural Integral (SEDRI),
Lic. Jaime Borja, Jefe de Proyectos

The Secretaría is the overall coordinating unit to the government project, Desarrollo Rural Integrado. This project is present in 17 sites distributed throughout the nation. The mass media project in the Diarrheal Control Program will be present only in the above cited areas.

Lic. Jaime Borja, Jefe de Proyectos, welcomed our mass media educational project within these regions and invited us to meet, three days later, the DRI representatives of those regions, who were coming into Quito for a project meeting. This allowed us to inform them of the purpose of our investigation visit.

Lic. Gorja also explained to Dra. Ligia Salvador and myself the bureaucratic steps that we must take in order to be able to execute the budget asked for in the original project description as presented by Dra. Salvador to AID. The budget was revised once more and accepted. The implementation plan should include the request of the corresponding budget items.

CIESPAL, Dr. José Luis Proaño, Director, and
Lic. Gloria Dávila de Vela, Coordinator
of a Rural Communication Project

CIESPAL is the best, most respected communication center of Latin America. It carries on excellent training workshops of numerous communication investigations as well as offering one of the most complete bibliographical data banks in all aspects of communication.

Dr. José Luis Proaño, the director, showed sincere interest in our project and offered the services of the institution to carry out the evaluation at the end of the project.

There is no institution better equipped to carry it out, in addition to the fact that it would be an Ecuadorian institution doing it. CIESPAL's capacity and well established research studies distribution network will also guarantee publicity of the final results.

It is recommended that a formal contract be carried out as soon as possible, if the funds are available.

The Rural Communication Project is being implemented in one of the areas of our Mass Media Project, Salcedo. The person responsible for the project, Mrs. Gloria Dávila, has promised us all the collaboration possible. They are training a group of campesinos in radio production who can be approached in the future for local radio programs.

II. SECOND WEEK: NOVEMBER 2-6
INVESTIGATION

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Design of Baseline/Instruments

The instruments for the focus groups, the direct observation of mothers mixing the oral rehydration salts, and the questionnaires for individual interviews were designed jointly with the Communication Unit and the Division of Education counterpart.

The first instrument, basically a guide for animating the focus groups, was designed using the Honduran experience but also took into consideration several Ecuadorean anthropological studies dealing with the use of the formal health system as well as the traditional healing system.¹

These studies proved to be very helpful in that they provided a cultural framework which differs sufficiently from the Honduran one.

The observation of oral rehydration salts preparation was aimed at finding out how well mothers are able to follow taped instructions (resembling radio spots), what types of liter measures are common among the household utensils, what potential difficulties they may have in determining what a liter measure is, and what practical difficulties are revealed in the process of pouring and mixing the salts.

The individual questionnaire was aimed at corroborating the data obtained from the focus groups. The close-ended questions (quite the contrary of the open-ended questions of the focus groups) were based on the same content as the focus groups to compare the validity of each source of information and determine the most divergent themes.

The instruments were field tested in a settlement, close to a small town called Calderón, which is composed basically of Indian population. The fieldtrip was satisfactory because, once the observations were tabulated, several key corrections were made resulting in questions which Indian mothers are able to understand.

Aside from these instruments, a small sample was asked what they saw in the present Diarrhea Control Program logotype. This was done to determine their level of comprehension and the potential communication capacity of the logotype. The results speak for themselves. Most

¹ --Eduardo Estrella, La Medicina Aborigen, Edit. Epoca, Quito, 1978.
--Axel Kroeger, "An Epidemiological Study in Rural Ecuador," 1981, mimeographed.
--Duncan Pedersen et al., "Estructura de los Sistemas no Formales de Salud," Quito, 1981, mimeographed.

mothers thought the child (a silhouette of a child sitting on a nightpan) is playing with a ball. The "ball" is the Ministry of Health's logotype that is found at the right hand bottom part, very near the child's hand. None of the mothers said the child was suffering from diarrhea, only that he was "doing the service" (defecating).

The Diarrhea Control Program logotype does not show mothers something they ought to know about a child with diarrhea. They do not learn much from seeing it. An obvious recommendation springs from this small but very significant experience: The Diarrhea Control Program logotype should be modified or changed altogether so that mothers will be able to associate the disease with the remedy--oral rehydration salts.

Review of Background Information

The three medical anthropological studies mentioned above were reviewed.

Institutional Meetings

División de Alfabetización del Ministerio de Educación, Lic. Poveda

The Ministry of Health lacks institutionalized community personnel. Therefore, it is necessary to resolve the need for local oral rehydration salts distributors by using another capable human resource. The Ministry of Education's División de Alfabetización has community-trained literacy animators who are present in all three regions of the mass media health project.

Lic. Poveda was aware of the DRI's intention of implementing a non-formal media educational campaign. He offered full collaboration through the division's literacy animators, both as a source of information for mothers and as actual oral rehydration packet distributors.

Instituto de Capacitación Agrícola (INCA), Lic. Gil Santillan and Dr. Patricio Barriga

This institution is dedicated to the training of farmers in various agricultural fields as well as the use of appropriate technology, housing improvements, and health aspects (basically prevention behaviors).

The contact was most fruitful since the institution is also present in the mass media health project's sites and is about to print a health manual for their project rural audience (mostly male farmers). The manual will now include the Ministry of Health's diarrhea control content.

This first meeting will be formalized as an institutional coordination effort in order to produce educational materials jointly, at least in the health aspects (diarrhea control and treatment being the first theme).

Dr. Eduardo Estrella

Dr. Eduardo Estrella, author of the book, La Medicina Aborigen del Ecuador (Aboriginal Medicine of Ecuador), is by far one of the best judges of the cultural folklore in regard to the Indian beliefs and traditional treatments of the most common diseases.

The meeting proved to be extremely useful. His knowledge of the Indian and rural people's attitudes toward health matters permitted a critical revision of the investigation instruments. The focus group's guide received a profound reorientation, which apparently will yield quality information. He was pleased at the other instruments and found little to be changed.

III. THIRD AND FOURTH WEEKS: NOVEMBER 8-19
FIELD INVESTIGATION

4

III. THIRD AND FOURTH WEEKS: NOVEMBER 8-19
FIELD INVESTIGATION

During the third and fourth weeks, nine communities of three provinces were visited. A total of nine focus groups were held:

- 213 mothers participated in 10 focus groups,
- 127 mothers were interviewed individually, and
- 13 mothers were observed in their homes mixing the oral rehydration salts.

The communities and mothers were the following:

Area DRI	Community	No. Mothers per:			
		Focus Groups	Indiv. Inter.	Direct Observ.	Total Mothers
Salcedo (Chimborazo)	Chusaló	13	14	1	28
	A. J. Holguín	40	13	1	54
	Cusubamba	12	18	1	31
Qumiag-Penipe (Cotopaxi)		8	-	-	8
	Calshy	30	16	2	48
	Chañag	13	13	2	28
	Candelaria	21	16	2	39
Jipijapa (Manabi)	Puerto López	40	12	2	54
	Pedro P. Gómez	8	8	2	18
	Membrilla	28	17	-	45
3 sites	9 communities	213	127	13	353

The communities were elected according to the criteria of easy, difficult, and semi-difficult access, following the Honduran pattern to determine whether their opinions and beliefs varied according to the distance from a fixed health facility. The communities were chosen by the executive unit of the DRI in each area, whom we met previously in Quito.

Area DRI		Access			Visited Nov.
		Easy	Difficult	Semi-Dif.	
Salcedo	Chusaló			X	9
	A. J. Holguín	X			9
	Cusubamba		X		10
Quimiag-Penipe	Calshy	X			10
	Chañag		X		12
	Candelaria		X		13
Jipijapa	Puerto López	X			15
	Pedro P. Gómez			X	16
	Membrilla		X		17

The Ministry of Health representative within the executive unit of the DRI announced our visit in each of the communities, thereby facilitating the focus group meetings. Without this announcement, it would have been virtually impossible to gather enough mothers for a meeting. They are normally out in the field most of the day at distances which would have made it practically impossible to talk to a group.

IV. ANALYSIS/CAMPAIGN DESIGN: NOVEMBER 22-29

The interviews and observations were finished as scheduled, and the team returned to Quito where the data were codified and tabulated in four days.

The analysis was a joint effort of the consultant and the group, and followed the guideline of the initial field investigation objectives. The analysis included all the divergent opinions of the team members as long as they enriched the interpretation of the results. (A text of the analysis and results, in Spanish, is available as a separate report.)

Based upon the conclusions and recommendations, the consultant drew up a preliminary educational campaign design, which included campaign phases, materials to be produced (including basic content), radio production, and training.

The design was discussed in group with the directors of the Diarrhea Control Program, the head of the Educational Division, and the participating staff. The pertinent corrections and changes were made to adjust the campaign to the previously scheduled activities. Content and responsibilities were revised and assigned and a final campaign draft approved. The design is also included in the Spanish report.

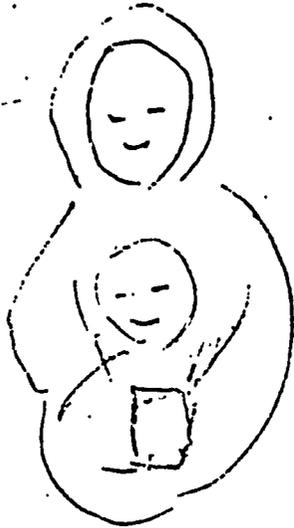
Parallel to this analysis and campaign design, I personally contacted two artists, explained the new logotype desired by the Diarrhea Control Program, and asked them for a quotation that would include the rest of the campaign artwork: instructional oral rehydration packet wrapper, two posters, and a new version of the oral rehydration salts distributor's manual.

I also visited three printing presses, explained to them what was desired as an instructional sticker for each of the 50,000 oral rehydration packets which are to be distributed in the campaign areas, and asked each for a quotation.

Appendix A
ROUGH ART SAMPLES

The new logotype for the program:



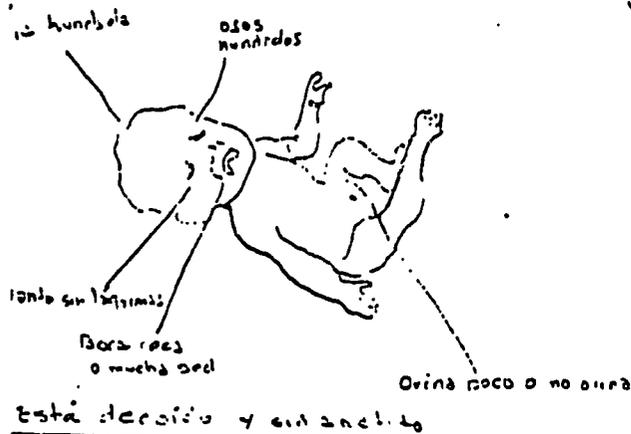


EBE SUERITO

el que evita la
deshidratación
de su niño.

EBE SUERITO

SEÑALES DE DESHIDRATACIÓN



Si su niño está débil y tiene una orina ^{oscura} estas señales, es grave!

Llévelo enseguida al Centro de Salud más cercano. Mientras lo lleva, y en el camino, érgale dándole Bebesuero.

This is the instructional packet designed to carry the two oral rehydration packets given to the mother. The instructions of how to mix and administer it are here.

BEBE SUERITO			
1	2	3	4
<i>llenar el botellito con agua</i>	<i>manos limpias de agua fresca por una semana</i>	<i>vacío viejo de sobre dentro de la mano</i>	<i>mano q se vuelve con casaca agua jama</i>
Llene un Botellito completo de agua	Leche por una semana	Eche todas las sales	Mezcle las sales

Use un litro
de agua de
temperatura fría

*-Mater q da a beber al
niño al
momento de comer o de
su lactancia*

DEBE A
BEBER
A CADA
SUCESOS
en lactancia
Cuchara
Si sobre
Al final
Botellito.

Al día siguiente prepare el otro

*una muestra de
problemas*

Si el niño no
está decaído o
no tiene diarrea.

*manera de
preparar
solución de
rehidratación
oral*

Cuando un niño
vuelve a tener
diarrea o
no está decaído, es porque el Bebe
está recuperándose.
Evite así la deshidratación.

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