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The Ciclope Innovations
in Rural Communication
Reaching the Unreachable Villages in Mexico

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**THE CICLOPE INNOVATIONS IN RURAL COMMUNICATION:
Reaching the Unreachable Villages in Mexico**

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INTRODUCTION

This Occasional Operations Paper is another in a series that the PRITECH Project, funded by the U.S. Agency for International Development, will be publishing periodically. The papers focus on programmatic experiences in the field and on lessons we have learned. The PRITECH Project has full-time field staff operating in country and regional offices in Africa, Asia, and Latin America. Our field staff, in collaboration with their national colleagues, have operational experiences and ideas to share with their colleagues through these papers. Although the experiences derive from a particular country situation, we hope that lessons learned can be useful to CDD program managers elsewhere.

We believe that, by sharing our experiences working with national CDD programs throughout the world since 1983, we may give you new ideas for your programs. We encourage you to let us know about your experiences. We hope that you find this series interesting and useful --- and that you enjoy a sense of sharing in the many struggles and successes of CDD programs throughout the world.

BACKGROUND

Nobody knows how many small villages there are in Mexico, but there are tens of thousands of hamlets with fewer than 500 inhabitants scattered throughout the country. For the national health secretary, trying to provide health services broadly and equitably, these many tiny settlements offer unique challenges. People in villages are at particularly high risk for disease, due to their isolation, their lack of education, their limited diets, their lack of access to services, and often their lack of Spanish fluency. And for women, who care for children when they are sick, all these disadvantages are compounded by gender. The health secretary, responsible for the world's largest city as well as thousands of small towns, has to seek creative solutions to the needs of these numerous but far-flung rural peoples.

In January 1990, the Mexican health secretary asked PRITECH to help him to do just that. PRITECH had been working with the national diarrheal disease control program for several years by then, training Ministry of Health staff, in a cascade design intended to reach out to rural areas. However, all the constraints that make rural people high-risk in the first place had been conspiring to dilute training efforts as information diffused from the main towns. To reach beyond these constraints, PRITECH had to come up with a fresh strategy, a true rural communication strategy.

PRITECH enlisted a local consulting group, the Ciclope group. Ciclope had done research with rural indigenous people, specifically in terms of their diarrheal treatment practices, and had developed training strategies to work with them. With a unique track record in medical and anthropological research among indigenous people, Ciclope enjoyed entree to those communities.

CONSTRAINTS TO ORT PROMOTION IN RURAL AREAS

For this first effort, Ciclope focused on two states, Hidalgo and Veracruz, for eight months through December 1991. The infant mortality rate due to diarrheal dehydration remains high in both Hidalgo and Veracruz. In Hidalgo, for 1984, the rate was 647 cases per 100,000 children under age one and 689 cases per 100,000 children ages one to five years old.¹

For Veracruz, in 1987, the rate of deaths due to diarrhea was 340 deaths per 100,000 children under age one and 49 deaths per 100,000 children ages one to five.²

¹ Planning Unit of the Coordinated Services, Hidalgo State, Secretariat for Health, 1984.

² Epidemiology Directorate, Coordinated Services, Veracruz State, 1987.

In both states, these deaths occur mainly among the rural population. Peasants and indigenous peoples of the most distant and scattered communities are the groups that contribute most to these infant-mortality rates. In an analysis of infant and preschool mortality done on the 1980 population census, Ciclope had earlier determined which municipalities had the highest infant and child mortality rates in Hidalgo and Veracruz. Moreover, in Hidalgo, death records were studied in the civil registries of a sample of those municipalities identified by the Ciclope analysis of the 1980 census. Records that mentioned dehydration as a primary cause of death for children under five were cross-tabulated with the communities where those deaths occurred. What Ciclope had found was this: the number of deaths from dehydration increased in direct relation with the distance of the communities from the municipal center (county seat) where the civil registries are located.³

Ciclope conducted the same analysis for Veracruz. There, Ciclope found that the majority of the deaths were in areas where seasonal agriculture is practiced, areas where there is mainly an indigenous population.⁴ For Veracruz, however, the health secretariat had determined that the areas just outside the principal cities were the areas of greatest diarrheal incidence.⁵

Most of these deaths are preventable with oral rehydration therapy (ORT). But, in these regions, ORT promotion is hindered by lack of personnel, lack of access, lack of health-system infrastructure, and the low educational level of this population.⁶ Another important consideration for ORT promotion in Hidalgo and Veracruz is that ORT use is very low in both states, according to a national study done by the federal health secretariat. In Hidalgo, 14 percent of diarrhea cases were treated with ORT, while in Veracruz the figure was 4 percent.⁷

The specter of cholera had further heightened the population's interest in diarrheal disease control, and Ciclope reported that their ability to reach out to the people in their own milieu found an eager acceptance that they had not anticipated. To meet the need for information, PRITECH supplied cholera materials from the Pan American Health Organization to the Ciclope team.

³ S. Alvarez, "Child Survival and ORT in Mexico," UNAM, 1989.

⁴ Tenth General Census of People and Homes, 1980. Veracruz State, vol. 30, Mexico, 1984.

⁵ National Congress on Gastroenterology, Xalapa, Veracruz, Mexico, 1990.

⁶ S. Alvarez, "Child Survival and ORT in Mexico," UNAM, 1989.

⁷ "Diarrhea Mortality, Morbidity, and Treatment Survey for Mexico," General Directorate for Epidemiology, Health Secretariat, Mexico, 1986.

REACHING THE RURAL POPULATION THROUGH MARKET EVENTS

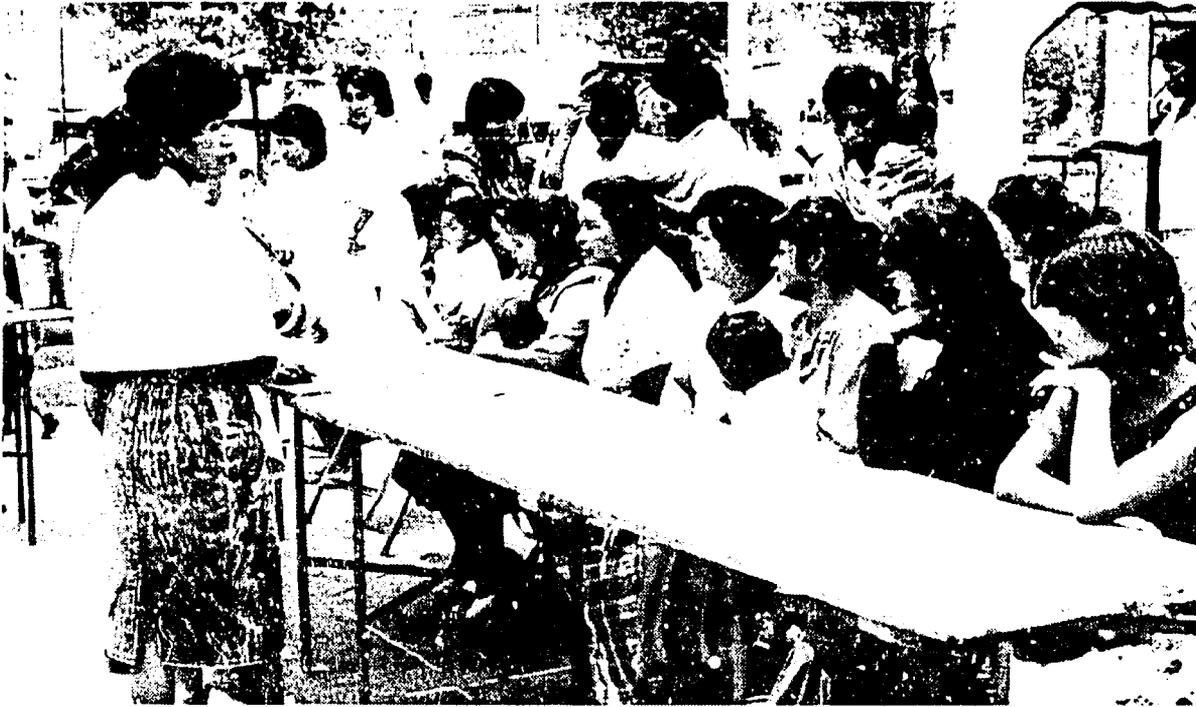
To reduce the cases of infant and preschool dehydration due to diarrhea among the rural and indigenous populations of these two Mexican states, Ciclope decided to implement, on a state-wide level, the methods validated in their research study "An education/communication campaign in rural indigenous communities for the promotion of ORT," carried out during its education/communication campaign in parts of Hidalgo from 1987 to 1990. The approach was to use familiar media — radio, comic books, face-to-face training of health auxiliaries — in fresh ways, along with unique presentations at regional markets to bring messages of diarrhea prevention and management to rural people.

The Ciclope team first trained rural health auxiliaries in proper diarrhea management, and then followed them up in their own communities, offering supervision and guidance for their encounters with village women. In teaching health auxiliaries about correct diarrhea case management, Ciclope employed a clever teaching tool — a gourd with a face painted to resemble a baby, with holes and other adjustments made to illustrate the process and effects of diarrheal dehydration. The aim was to draw out the mothers to explain their situation and to adapt new information to it.

In implementing this strategy, Ciclope has moved away from the top-down teaching approach to one that recognizes the abilities of the learner and, indeed, the essential active role of the learner in her/his own education. Ciclope training — whether for health workers, through media, or in the markets — is always participatory, with lots of games and exercises that put the learners and teachers into roles quite different from those normally found in a Mexican classroom.

Number of rural health auxiliaries and supervisors trained and number of training courses given, by state

	<i>Hidalgo</i>		<i>Veracruz</i>		<i>Total trained</i>	<i>Courses given (total=21)</i>	
	<i>Auxil- iaries</i>	<i>Super- visors</i>	<i>Auxil- iaries</i>	<i>Super- visors</i>		<i>Hidalgo</i>	<i>Veracruz</i>
May	18	6	22	5	51	1	2
June	25	3	54	9	91	2	2
July	26	4	23	5	58	2	0
August	26	6	21	4	57	2	2
September	9	6	20	6	41	1	1
October	18	5	21	5	49	1	1
November	35	6	22	6	56	1	1
December	25	3	20	4	46	1	1
Total	182	39	203	44	449	11	10



Health auxiliaries attract shoppers using an educational game.

But the keystone of the Ciclope approach was the market days. Ciclope could not go personally to women in their villages, but market days draw these hard-to-reach women together like a magnet, every week. Markets are unique, personal media.

After their training the auxiliaries took part in the market-day events, which were announced ahead of time on the radio to alert the region. All during the month of market-day events, the local radio also featured dramas about diarrhea management, produced in dramatic fashion by professionals, and featuring an entertaining “poetic” answer-man format.

At each market event, the level of energy projected by Ciclope staff and the retrained health workers had to compete with the bustle of the market’s competing attractions. Wedged beside produce vendors and competing with tapes of *ranchero* music, Ciclope unfurled their banners, and hawked their own wares with a popular Mexican bingo-like lottery game, complete with prizes to winners and participants, to attract people to the booth and hold them with entertaining education (or educational entertainment). It worked: rural people, especially women, came, stayed, won prizes, and went away happy — and, we hope, a bit more savvy about caring for their children with diarrhea.

The learning consisted of a short flip-chart presentation about a dramatic case of diarrhea in which a little boy is rescued from dehydration and possible death by a mother’s proper use of ORT. The entertainment consisted of the lottery game, the answers to which came from the flip-chart presentation. Thus, entertainment reinforced education, and the

many spectators who crowded around throughout the day — including, eventually, some produce vendors and tape salesmen. The flip-chart was distributed in comic-book form after the presentation.

In all, 93 market events took place, with the lottery being staged 1,251 times. Those who played the lottery totaled 11,681, with another 7,500 (estimated) persons looking on. Over 15,000 comic books were given out at the markets, along with over 22,000 packets of oral rehydration salts.

IMPACT OF THE RURAL COMMUNICATION STRATEGY

To evaluate the program, interviews were done across all the markets with lottery participants and with people who had not taken part in the lottery. The result: the Ciclope booth has provided major learning gains for participants. While labor intensive, this approach has shown that it can reach rural, indigenous women, who are so critical to the health of their high-risk children, and for whom market day is their regular contact with the outside world.

Furthermore, the federal health secretariat is actively developing plans to broaden the Ciclope approach into other Mexican states.



The colorful flip chart tells the story of a mother treating her child with ORT. Onlookers could take home a comic book of the same story.

LESSONS LEARNED

In reviewing the overall Ciclope approach and its impact, most impressive was the use of multiple channels that were brought to bear on the education of the rural women and their health-care providers. Though we may cite the market events as a clever innovation, this channel was fully integrated with other more conventional channels like training and mass media. That the intervention was not restricted to one or another intervention, with all the strengths and weaknesses of that one method, represents an exciting portrayal of the Ciclope method *vis-à-vis* this very hard-to-reach population of women.

In addition, drawing these women out to speak and exchange ideas in full participatory fashion, even to criticize Ciclope's ideas in a constructive and secure fashion, is a major accomplishment that will serve them in other ways besides their seeking of health care. Most stirring is to see rural women awaken to their potential, to emerge from the timidity that has been a part of their culture for so long. Bringing them out so that they become informed and perceptive health-care consumers goes well beyond the scope of traditional health education. Now convinced of their own power to deal with their children's illnesses in certain definite respects, they are no longer totally dependent on either traditional indigenous healers or traditional Western medicine.