

XD-MAQ-003-D
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TRIP REPORT

Quito, Ecuador

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EXECUTIVE SUMMARY

1. The current national diarrheal disease control project has done a lot, but accomplished little. It has produced 10,000 posters, 20,000 pamphlets, and a slide-tape program; trained/oriented 1,200 people; distributed 321,000 packets of oral rehydration therapy (ORT) salts; prepared two training modules; and set up a rehydration ward. The project also cooperates with the national literacy program and ORT instruction is included in university curriculum. Yet, in spite of these initiatives, there is practically no evidence that ORT is widely used; and there is quite a bit of evidence that medical resistance to the use of ORT continues. In addition, the quality of almost all materials produced is low. The diarrhea program lacks impact.
2. The central reason for the lack of success is that too much was attempted too soon, with too few resources.
3. Critical elements are missing (a rural focus, pre-testing, a consumer orientation, a cohesive strategy, and sufficient political leverage with physicians) and basic questions are unanswered (mixing instructions, boiling water, product purpose). In addition, no differences are being made between the coastal and highland regions.
4. Two things now need to be done:
 - e Design a model for a small scale pilot program to address these issues (duration of approximately 18 months).
 - e Get significant additional resources for a truly national program (cost of approximately \$300-\$500,000).
5. To begin a model project, the program needs help in:
 - e Tailored rural investigation
 - e Planning and overall strategy development
 - e Print materials production
 - e Materials testing
 - e New training designs
 - e Radio production and broadcast scheduling
 - e Evaluation/monitoring
 - e Convincing the medical community of the value of ORT, or at least reducing their resistance.
6. Three ways the Academy for Educational Development can help:

Model 1: Intensive Seminar. A three-week intensive seminar would be designed with multiple objectives, including workshops focusing on concerns of the medical community, training, and radio production.

Model 2: Phased Assistance. This assistance would include the seminar of Model 1 along with special help in investigation, planning and training.

Model 3: Resident Advisor. A resident advisor would provide six months of continuous assistance, motivation, and expertise in all eight areas listed in number five above.

7. Estimated cost of each model:

		Short-term TA	DRI Diarrhea Education and Training Costs	Central Contract (1473)
Model 1	3-week seminar on DDC	—	\$10,790 49,492* \$60,382	\$22,782
Model 2	3.5 mos. of TA (starting on 10/82)	\$33,406	\$60,282	\$30,407
Model 3	6 mos. full- time TA (starting on on 3/83)	\$77,288	\$60,282	\$30,407

*materials needed to support local campaign

DETAILED TRIP REPORT

I. OBJECTIVE

To determine how a workshop on diarrheal disease control could strength Ecuador's national program of diarrheal control.

II. ACTIVITIES

- Meetings and discussions were held with the following persons:
 - Dr. Ligia Salvador
 - Dr. Eduardo Navas
 - Ms. Rubi Rodríguez de Moreano
 - Dr. Gustavo Estrella
 - Dr. Guadalupe Pérez de Sierra
 - Lic. Carlos Rosero
 - Dr. Enrique Estrella
 - Mr. Ken Farr
- Existing material of diarrheal control program was reviewed.
- Radio and television spots for Expanded Program of Immunizations (EPI) were reviewed.
- Posters for EPI were reviewed.

III. ANALYSIS OF THE SITUATION

A. NATIONAL DIARRHEA DISEASE PROJECT ACCOMPLISHMENTS TO DATE

1. Establishment of a rehydration ward in the Hospital de Niños Baco Ortiz directed by Dr. Enrique Chiriboga.
2. Funding for study of "free water" and oral rehydration regimen from the Pan American Health Organization (PAHO).
3. One day orientation/training for 1,200 medical personnel (physicians, nurses, auxiliary nurses, health inspectors) and 400-500 community leaders.
4. Development of three posters and printing of approximately 3,300 copies of each.
5. Distribution of 20,000 eight-page pamphlets to sub-center personnel for distribution to patients. (Cost of each pamphlet is approximately two sucres, for a total cost of 40,000 sucres).
6. Development of training modules for medical personnel and community leaders.

7. Development of slide-tape program and its distribution to each province. (The program is seventeen minutes long with 80 slides and was designed for use by auxiliary nurses with middle class women.)
8. Coordination with national literacy program to provide diarrhea disease orientation to Ministry of Education (MOE) field-workers.
9. Distribution of 321,000 packets of Oralyte (the local name for oral rehydration salts).
10. Requisition of 1,400,000 new packets of Oralyte.
11. Consideration and study of local commercial production of packets through two laboratories, CIBA-GEIGY and KBI.
12. Inclusion of ORT in university pediatric training.

B. RESOURCE CENTERS FOR PROGRAM

1. División de Morbidades Más Frecuentes

This division of the Ministry of Health (MOH) is in charge of respiration, tuberculosis and diarrheal diseases. The staff includes:

- Director (Dra. Salvador)
- 3 Doctors
- 1 Nurse
- 2 Inspectors
- 1 Secretary

2. División de Educación en Salud

The staff includes:

- Director
- 2 Trainers
- 2 Planners
- 2 Audio-visual Specialists
- 2 Community Developers
- 1 Artist
- 82 Field personnel throughout the country

3. Oficina de Relaciones Públicas

Resources in this office include contacts with:

- Radio and television stations
- Commercial publicity houses
- Printing houses
- Pharmaceutical houses

4. Desarrollo Rural Intearal (DRI)

Resources include:

- Budget for diarrheal disease control program including monies for packets, training and educational materials, observational travel, and training seminars. Program efforts are concentrated in three areas of three provinces: Química, Chimborazo; Salcedo, Cotopaxi; and Jipijapa, Manabi.
- Baseline investigation of rural health variables

5. Ministry of Education Literacy Program

- Large staff
- Extensive experience in rural areas
- Active director
- Willingness to cooperate

6. Other Resources (not investigated)

- PAHO
- Peace Corps
- Communication Unit
- Appropriate Technology for Rural Women Program

C. OBSERVATIONS

1. None of the materials produced to date have been tested in the field and very little is known about their effectiveness.
2. Resources have not been available for any follow-up to training sessions.
3. The program has tried to do too much at one time with too few resources.

4. The face value of materials suggests
 - excellent production facilities
 - poor instructional design
 - production aimed at urban audiences
5. The program lacks thrust, purpose, and clear, realizable goals. The program elements are not integrated but individual, and much of the content is useless and confusing. The approach is very traditional.
6. Considerable resistance to the program continues to exist within the MOH and the medical community.
7. The director of the program is a dynamic, committed individual who has much too much to do.
8. The general problems of rural medicine, particularly in the sierra of Ecuador, are enormous. The system of rural doctors being transferred from one year to another with little supervision and less enthusiasm on their part for rural service, coupled with the profound resentment and suspicion of indigenous people to modern medical care, makes any kind of traditional approach almost hopeless.
9. The diversity of culture in Ecuador (indian, mestizo, and coastal) is so great that a single national program is not justifiable.
10. The commercial advertising and media system, which is quite sophisticated, lacks audience orientation. Regarding rural audiences, the system lacks any significant experience at all.

IV. RECOMMENDATIONS

- A. Diarrheal disease control is so important, i.e., diarrhea is the single largest cause of infant death, that it requires special attention.
- B. The national program should be deemphasized in favor of a regional pilot in three representatives zones.
- C. The DRI program presents a perfect opportunity for this pilot.
- D. The pilot should include the following elements:
 1. A rural distribution system for ORT Salts which provides for widespread availability through existing health sub-centers and trained community leaders;
 2. A series of print materials with a single motif which unifies the campaign;
 3. A series of radio programs, built around the same motif, which promote and teach proper use of ORT salts;

Elements of this system should include:

1. Radio

- Three radio spots per region (total of nine) for four months
- Two weekly programs per region for four months

2. Print

- Poster 25,000
- Instructional flyer 50,000
- Packet label 250,000
- Flag 500
- Training modules (2) 1,000

3. Training

- Trainers 6 people
- Community leaders 150 people
- Health personnel 60 people

F. To achieve this goal it will be necessary to provide specialized technical assistance in four areas:

1. Behavioral tasks analysis and message selection
2. Materials testing and monitoring
3. Overall campaign planning and integration
4. Radio program development and production

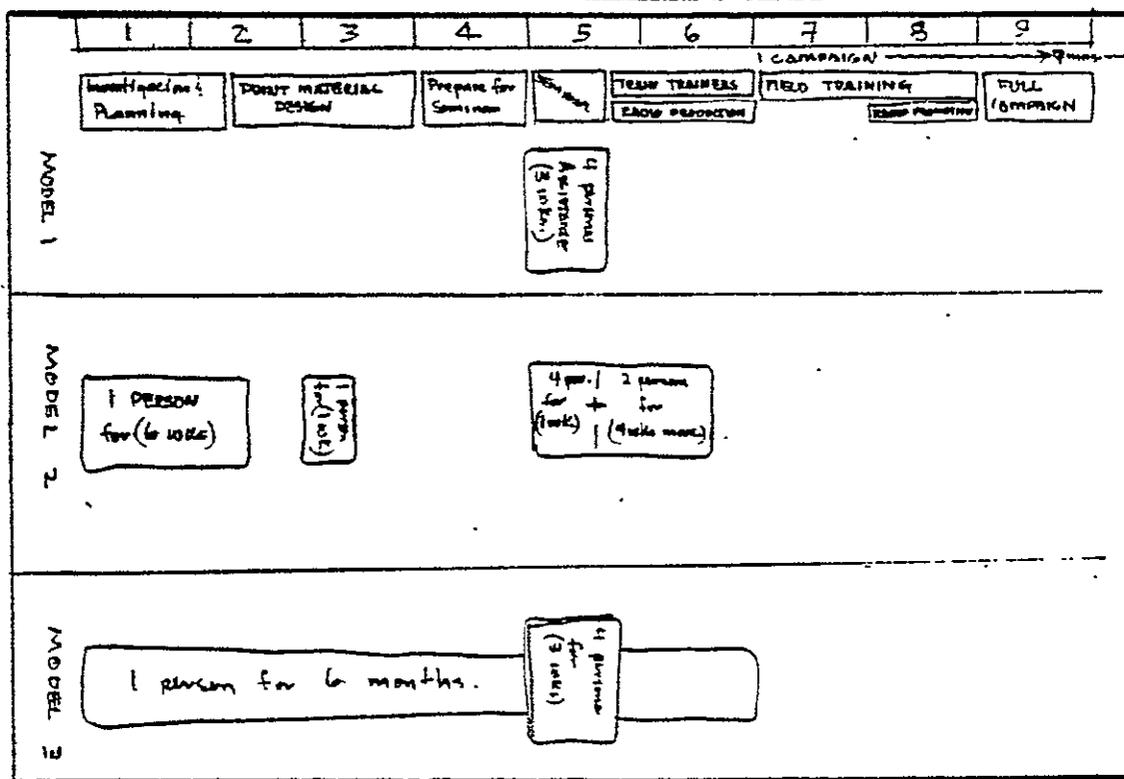
G. This assistance can be provided in a variety of ways. Three models are suggested below.

Model 1: Intensive Seminar. A single, intensive seminar bringing several consultants together at a single time to focus on one or two areas of importance. The advantage here is cost.

Model 2: Phased Assistance. A series of consultants providing short-term assistance in specific areas during the course of the program. The advantage of this model is that broader expertise is provided at low cost.

Model 3: Resident Advisor. A single individual for a period of six to twelve months to provide regular assistance in each of the four areas. The advantage of this model is that regular, on-going supervision of the program is maintained and maximum assistance is provided at lowest possible costs.

The three models are summarized in the following chart.



In determining what a program of this nature might cost and how it might be financed, the program is divided into three elements:

- Cost of short-term technical assistance covered by DRI resources;
- Cost of local production, including training seminar, radio programs, and print material; and
- Cost of technical assistance that might be covered by central contract (1473) funds, outside of existing DRI resources.

The following budget summary represents a rough draft estimate of the possible costs of each model.

		Short-term TA	DRI Diarrhea Education and Training Costs	Central Contract (1473)
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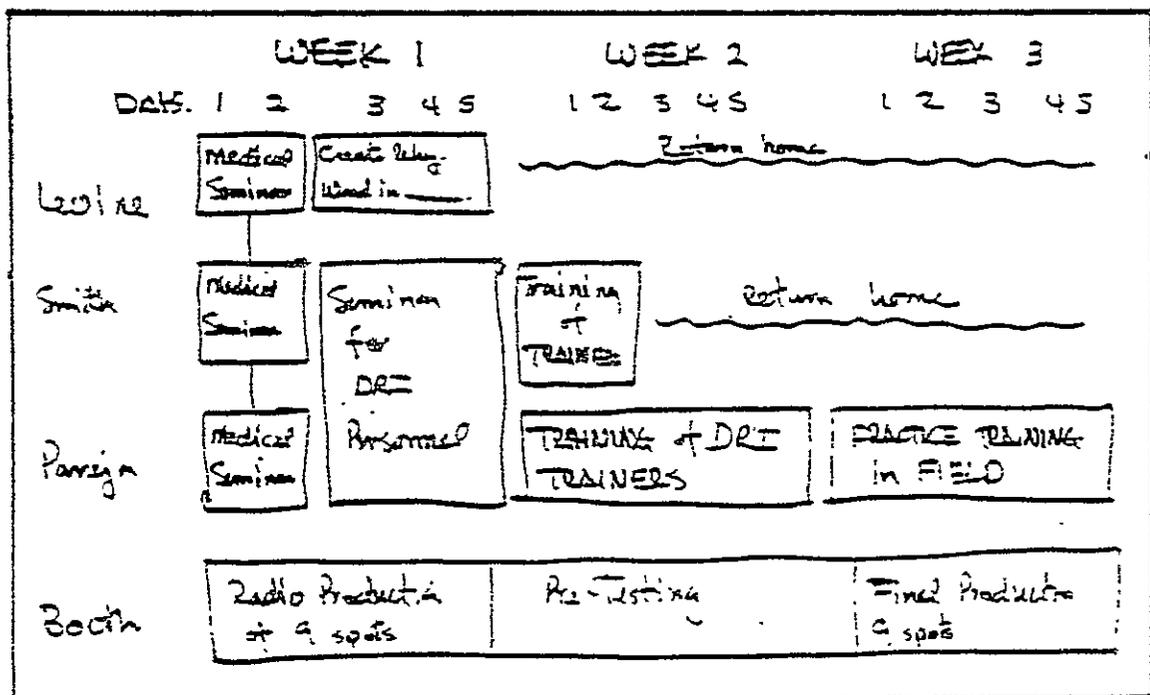
materials needed to support local campaign

H. DETAILS OF EACH PROPOSED MODEL

Model 1: Intensive Seminar. The proposed seminar would include four basic activities.

- A two day workshop for DRI personnel and leading medical figures on the latest developments in diarrhea disease control. Topics would include latest research on ORT, Ecuador's diarrheal program, and the role of public education in diarrhea disease control.
- A three-day workshop for DRI personnel on details of ORT, including practical sessions on rehydration, training needs and the use of educational materials in diarrhea disease control.
- A two-week workshop for the training of trainers in diarrheal disease control methodologies. Trainers would learn how to teach rural leaders and medical personnel about ORT, including how to mix and administer the salts and how to orient rural mothers. The second week of the workshop would include field training of health workers with consultant supervision.
- A three-week workshop for the development of nine radio spots (three for each region), including script writing, draft production, pre-testing, revision and final production.

Four consultants, Dr. Myron Levine, Dr. Reynaldo Pareja, Dr. William Smith and Ms. Elizabeth Booth, would participate in different phases of the workshop. The three weeks would be scheduled as indicated below:



Model 2: Phased Assistance. Model 2 adds to Model 1 early specialized technical assistance in the development and execution of a tailored investigation of rural behavior critical for project design. In addition it provides assistance in the overall development of a phased campaign plan.

Model 2 provides the following assistance:

Dr. Pareja

- Ten days for the development of instruments for:
 - Focus Group Interviewing (three groups of eight in each province)
 - Observation & Mixing Trials (three homes in each province)
 - Tailored Questionnaire (50 respondents in each province)
 - Training of Interviewers in the above three techniques
- Eleven days for the investigation itself
- Seven days to analyze the data

Drs. Smith and Pareja

- Seven days to develop a campaign plan
- Seven days to design print material

Model 3: Resident Advisor. Model 3 provides a full-time advisor knowledgeable in all areas of program design and development during the first six months of project activity. In addition, it provides the same intensive seminar training as Model 1.

1. USAID should give serious consideration to an expanded program of assistance to the national diarrheal disease program. If the proposed DRI program proves effective then expansion to national level will require significant additional assistance. The diarrheal program, more than some others, deserves this attention because

- It holds great promise for significantly reducing infant mortality;
- The MOH has demonstrated its commitment to diarrheal disease control for over three years now;
- It is consistent with a major world health priority and serves the rural poor in the most direct way possible;
- It holds great promise for private sector involvement including support through commercial production of O.P.T. salts; and
- It represents an opportunity to strengthen the overall health education capacity of the MOH by providing assistance in critical areas now missing.

It is estimated that an investment of \$300-500,000, depending on the number of provinces included in the program, would achieve a great deal.