



MAY 1988

## The Return of Liquid Lost

This is a letter to ask your assistance in gathering information to help evolve a more integrated decentralized, effective, 'people-centred' approach to oral rehydration therapy (ORT).

As you know, in the last five years there has been massive international promotion of ORT. Indeed UNICEF and USAID now consider ORT and immunization to be the twin engines of the "Child Survival Revolution." But whereas immunization has met with modest success in many countries, there is a general consensus (by WHO, UNICEF and others) that the impact of large scale ORT interventions (with a few notable exceptions) has been disappointing.

Serious re-evaluation of ORT strategy is needed. It is important that non-governmental groups, popular organisations and the ultimate users of ORT be key participants in this re-evaluation process.

ORT, like other health and development technologies, has far reaching political implications. Any such technology can be promoted in ways that are either "people empowering" or "people debilitating" in terms of helping to overcome or perpetuate the underlying social causes of poor health.

The "Child Survival Revolution," has often been compared to the "Green Revolution." In retrospect, the Green Revolution, although *technologically sound* insofar as it increased total food production, in many countries proved to be *socio-politically impoverishing* since it was implemented in ways that widened the gap between rich and poor and left more landless powerless hungry families

Than ever before. It would be tragic if the "Child Survival Revolution:" for failure to confront the crucial conflicts of interest that we all know exist, were also to further entrench the social injustices and inequities that perpetuate poverty and poor health.

Most agree that oral rehydration is an extremely important part of primary health care. But people disagree about how ORT should be promoted and implemented. While the issues debated often seem to be technical or logistic, they often have serious political implications. Some of the issues in the debate are listed below, (in a highly polarized form) according to their main proponents.

### **Need for wider participation in ORT evaluation and decision making**

Most of the formal studies, publications, high-level promotion, and international conferences on ORT have been conducted by large international and national agencies, whose experience and basis tend to favour the, strategies in the "top down" column of Chart.

However, there are many small non-governmental and community directed programs that have long term experience in ORT. The experience and biases of these 'grass roots' and 'people-centered' programme tends to favour the 'bottom up' approach. Also, there is mounting evidence that many 'folk remedies' and traditional forms of diarrhea management may work as well or better (at least in certain circumstances) than the ORS formulas most promoted by the health establishment.

## CHART 1 TWO STRATEGIES FOR ORT PROGRAMMES

*Strategy of health ministries and big international agencies (TOP DOWN)*

*Strategy of non-governmental field programs, popular organizations and community-based programs (BOTTOM UP)*

**Programming :**

Implemented as a separate program, or as part of 'selective primary health care'

integrated into *comprehensive primary health care* (includes the social causes of poor health)

Main **type** of ORT promoted:

—*packets of ORS salts* (glucose based)

—standardized formula

—*home mix* (sugar or cereal based)

—formula adapted to local resources, conditions and beliefs

**Main focus** and investment:

—on *products*, (manufacture and distribution) -social marketing

—social mobilization (getting politicians and celebrities to promote it)

—on *education* (through many channels: health posts, schools, etc)

—awareness raising

—community participation (mothers, popular organizations, healers, teachers, children)

**Management :**

—centralized

—controlled by health sector

—decentralized

—collaboration from other sectors: health, education, communication, popular organizations

**Main implementing body :**

Health ministry, health posts, health workers

Multisectorial : school system, health system, women's organizations

**How it is presented:**

As a medicine (to facilitate acceptance and use)

As a food or drink (to demystify and promote understanding of concept)

**Annual cost:**

—increases every year due to growing demand (for packets)

—or transferred to consumers through commercial sale of packets

fairly constant for first few years, then rapidly declines as educational investment "pays off" and sound ORT practices become "common knowledge"

**Evaluation**

—safety of ORS method based mainly on content of formula and accuracy of preparing solution

—safety of methods based more on social factors: availability and constraints of supply, peoples habits and attitudes

Indicators of success:

- number of packets distributed
- number of people who know how to mix ORS correctly
- reduction in child mortality
- reliance on hard data, statistics, controlled studies

Indicators of success:

- how many people understand concept and process
- how many people use ORT in a way that seems to work
- impact on children's, families' and community's well-being.
- reliance on people's impressions and observations.

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Main **goal** emphasized:

—Child survival

—improved quality of life

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**Political Strategy** : *win government support* by using methods that strengthen and legitimize government and make people dependent on its provisions (government empowering).

*win popular support* using methods that organize and empower people, and helping them to become less dependent, more self-reliant.

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It is time to recognise the credibility of the experience and perspectives of these non-governments, people-centered and traditional approaches of the management of children's diarrhea. There are many reports of dramatic reduction in child mortality using home mix ORT sensitively adapted to or building on people's traditions, local resources and constraints. Too often these successful grass roots approaches are not seriously considered by scientists and policy makers because those most intimately involved in community work do not have all the 'baseline data' and, scientifically controlled studies to validate their findings. Yet, the cumulative findings, "impressions" and success of many community-based endeavours may have greater validity (especially in terms of long range social goals) than the expensive carefully controlled (but no less biased and perhaps no more accurate) studies by the experts.

It is time that those 'on the bottom' be listened to more carefully and that new 'people-centered' models of research be encouraged and recognized for their pragmatic validity.

The controversial and polarized issues of ORT strategy, as they relate both to technical issues of implementation and to societal issues of poverty and power, seem a good place to begin..

We need the help of those of you who represent, work closely with, or feel accountable to the poor majority.

Please send us any reports, information, experiences, anecdotes, program plans, teaching materials and names of other people we should write that you can that could help us document and formulate alternative "people-centered" approaches to ORT. Please also let us know of the problems and obstacles you have encountered, with whatever approaches to ORT you have used or observed.

Areas in which we are Especially Interested in Learning from you about include:

1. Comparison of different approaches: ORS, formula, home mix, and cereal based ORT (including soured porridges), etc. (including social, political, economic issues).
2. factors affecting safety (social, logistic, technical and chemical).
3. Traditional forms of diarrhea control (e.g. using traditional weaning food as supplementary nutrition during diarrhea episode) how well they work, and why.
4. Obstacles, problems, conflicts of interest, and reasons for success or failure (opposition from doctors, local authorities, traditional healers, etc.-and ways of overcoming it),
5. Effect of ORT strategy on overall health and social goals.

6. Relative advantages and disadvantages of promoting ORT as 'medicine' or as food, ways this is done and results.
7. Educational methods and materials and comparative results (including experiences in using school teachers, children, women's organization, political groups, nutrition workers, agriculture extension workers, etc. in promotion and implementation).
8. Ways to stress importance of adequate fluid intake during and after diarrhea.
9. pros and cons of new development strategies applied to ORT-eg, 'social marketing', 'social mobilization', 'technological fixes', commercialization as compared to more people-centered strategies focusing on participation, cooperative action, awareness raising, and popular organization.
10. Implications, successes, hardships that have arisen through the commercialization of ORS products (specific examples)
11. Examples of 'participatory research'.
12. Examples of misleading data, statistics or reports.
13. ORT as applies to other illnesses than diarrhea (e.g. measles).
14. Ideas and suggestions for more effective approaches to ORT (especially in the context of primary health care and social change).

#### **What we hope to do with the information gathered.**

We hope to write a booklet to be titled something like: *The Return of Liquid Lost :putting oral rehydration therapy in the people's hands.* The booklet will be in two parts.

Part A *helping people learn about ORT.* Emphasis will be on non-formal education and communication methods that adapt to and build on people local traditions and beliefs.

Examples will be included (with your help) from many community programs in different parts of the world.

Part B *The Politics of Oral Rehydration Therapy.* This part will focus on ORT in the larger context of primary health care, and the root causes of poverty, poor health and death from diarrhea. It will explore conflicts of interest and try to give voice to those who are least heard.

This book will be presented in clear, simple language with many examples and illustrations so that field workers, community health workers, and persons with limited formal education can understand underlying issues and the politics of health interventions, so that they can begin to participate in deciding about methods and strategies.

#### **Timeline for your input**

I would appreciate your response as soon as possible. Please do keep sending me your observations and ideas throughout the next year, as the proposed book will be an ongoing learning process.

The information we are asking you to send us need not be well organized or studiously presented. Even casual observations can be very helpful.

Please help us in helping to formulate and educate the health establishment about more truly "people-centered" approaches to ORT and to promote primary health care as a part of a worldwide struggle for social justice.

We eagerly await your response. As thanks for your help, we will be pleased to send you a complementary copy of 'The Return of Liquid Lost' when it is published. Thank you.

—David Werner

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