Newsletter from the Sierra Madre #60

December, 2007

PROJIMO Community Based Rehabilitation Program
run by and for disabled villagers in western Mexico (Coyotitan)

HEALTHWRIGHTS
Workgroup for People's Health and Rights

PROJIMO Skills Training and Work Program
run by disabled youth in rural Mexico (Duranguito)

In December 2006 in Morelia, the state capital of Michoacán, Mexico, David Werner was a keynote speaker at an international Congress on Education and Culture on "Educational Reform." He shared experiences using a "Child-to-Child" approach both to facilitate the inclusion of children with special needs, and to make schooling more enabling for all children. This stimulated so much debate that Professor Juan Hurtado, Director of the Technical Educational Consultancy (CEE) for the State Dept. of Education, asked David to lead a workshop in March (2007) on "ways to make education more inclusive, relevant, and fun." The aim was to train a core team of teachers and educators as "multipliers" who could adapt the Child-to-Child methodology to local needs and then progressively scale up the process across the state. In this newsletter, David describes the workshop, its evaluation by those who participated in it, and prospects for implementing these ideas on a larger scale. We also include an update on PROJIMO (see insert).

"Child-to-Child" with Disabled and Non-disabled Children in Michoacán, Mexico:

An effort to make schooling more inclusive and empowering

Child-to-Child is an innovative educational process in which school-aged children learn ways to protect the health and well-being of other children, especially those who are younger, more vulnerable, or have special needs.

Child-to-Child was launched during the International Year of the Child, in 1979. The approach is now used in more than 70 countries. Many early Child-to-Child activities were developed and tested in Project Piaxtla, in Sinaloa, Mexico, the villager-run community health program which gave birth to the books *Where There is No Doctor* and *Helping Health Workers Learn*. Later, PROJIMO—the villager-run community rehabilitation program that grew out of Piaxtla—adapted the Child-to-Child methodology to help schoolchildren and teachers be more welcoming and inclusive of children with disabilities.

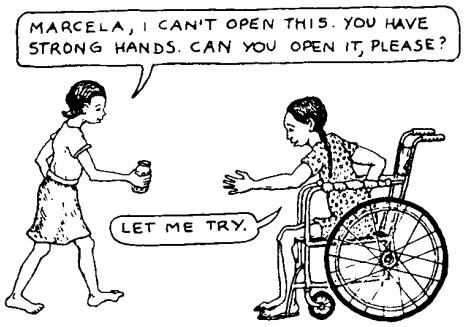
Many of the early Child-to-Child activities focused on helping children learn simple but effective measures to help their younger brothers and sisters with common health problems such as diarrhea, respiratory infections, and poor nutrition. At times these interventions can be life saving. More recently the methodology has been expanded. Programs have been developed that target such diverse areas as environmental protection, tree planting and recycling of garbage.

These boys are learning how to teach using the gourd baby. The gourd baby illustrates how liquid is lost when a child has diarrhea, and how much needs to be put back in to prevent severe dehydration.

In Latin America the Child-to-Child approach is valued not only as a way of imparting useful, health-protecting information to children, but also as a way of introducing a more liberating approach to learning into the school system. It is an approach that helps children learn to think for themselves, make their own observations and draw their own conclusions, and then take collective action for the common good. For this reason it uses "discovery-based learning" methods where—in keeping with Paulo Freire's *Pedagogy of the Oppressed*—the teachers or facilitators draw ideas out of the learners rather then pushing them in. The goal is to transform the educational system from its conventional function as an instrument of social control, into one that fosters critical thinking and helps students learn to become agents of change in the construction of a fairer, more inclusive society, with equal opportunities for all.

The building of a more inclusive society requires an "awareness raising" that facilitates an increased consciousness in schoolchildren of the need to welcome and involve children who are "different," be it for reasons of race, religion, poverty, disability, orientation or any other condition or situation that might be feared or misunderstood. Therefore, when developing Child-to-Child workshops with groups of teachers and schoolchildren, it is important to include disabled children, street children, and other children who are often marginalized or excluded.

We hope that the example of this Child-to-Child Workshop in Morelia—where "normal" children and disabled children learned to interact and appreciate each other's needs and abilities—will serve as an example of the way schoolchildren can play a exciting role in the mainstreaming and successful inclusion of children who are different.



Role-play to help schoolchildren learn to "Look at the strengths, not the weaknesses" of those who are different.

Before describing the Morelia Workshop, it may help to look briefly at the present socio-political situation in the state, the complexity of which provides both the opportunities and obstacles for introducing the potentially liberating pedagogy of Child-to-Child into the state public school system. (For additional discussion on "The Paradoxes of Educational Reform in Michoacán," see *Newsletter from the Sierra Madre* #58 at www.healthwrights.org/Newsletters/NL58.pdf.)

Background situation in Michoacán

In keeping with the goal of educational reform, the purpose of the workshop was to explore possibilities for collectively responding to a number of urgent interrelated needs in the state. Even more than most other states of Mexico (except for Oaxaca and Chiapas), Michoacán is in a protracted state of crisis. Historically it has long been one of the nation's poorest states, with a large socio-economically marginalized indigenous population. In recent years, like much of Mexico, its population has become increasingly polarized due to a combination of local, national, and global factors:

1. The North American Free Trade Agreement, through lifting of protective tariffs on imported surplus produce from the United States, has bankrupted millions of Mexican farmers. This has led to a mass exodus of rural families. Some have become squatters in nearby cities, and others undocumented workers to the US. Most villages have shrunk in size, with half or more of their residents now living and working in El Norte. Many who remain in Mexico receive money periodically from relatives in the US. I was told that in Michoacán some 60% of the income of rural families comes from relatives in the North. But this income is divisive. While some families receive generous assistance, others receive little or none. This polarizes the community further, and leads to a subclass of destitute people, with growing rates of crime, drug use and trafficking, and social unrest.

2. The escalation of drug trafficking has also contributed to social division and dysfunction. Currently in Mexico the drug trade is said to generate more money than oil—which is renowned as the country's most lucrative industry. Michoacán is now on a par with Sinaloa (where I have worked in the mountain villages for 40 years) in its dependence on el narcotráfico. This brings some money to the area, but at a great social cost. In the last few years in Michoacán there has been a pandemic of violence and corruption, with a plethora of killings and recently even beheadings.

3. The migration pattern has complicated an escalating drug problem. Farmers have long grown opium poppy and marijuana as cash crops. But with the movement of so many people to and from the US, many young persons pick up drug habits (and HIV) while in the States and bring them back to Mexico. Today the former habit of glue sniffing has largely been replaced by such drugs as cocaine, crack, and amphetamines. Such habits are costly, especially for unemployed or underpaid youth, and hence lead to delinquency, gangs, and violence. Moreover, drug use is now spreading to younger children, in some areas even to kids in primary school.

Socioeconomic polarization led to an increase in poverty, which in turn has generated two forms of poor nutrition. Some suffer from not getting enough to eat, and fall prey more easily to acute infectious diseases such diarrhea and pneumonia. Others suffer from eating too much, especially junk foods and sugared drinks that lead to chronic conditions such as obesity, diabetes, hypertension, heart disease, and stroke. A large number of children are either too thin or overweight. Ironically, the more seriously affected children in both these categories mostly come from the poorest and poorer families, respectively. Reportedly, with the substantial amount of money being sent to poor families from the US, the incidence of severe under-nutrition in young children has dropped. But the incidence of chronic problems due to unhealthy diets has increased.

One of the challenges of education, both for children and adults, is to help them analyze and learn to cope with this combination of problems, and then to work together to improve their situation. This is one of the reasons that in our Child-to-Child workshop—first with the teachers and then with the children—we began with collective "Community Diagnosis."

Structure and itinerary of the Workshop:

Each of the 3 days of the workshop was quite different:

- *The first day* was for adults only, who learned and practiced different Child-to-Child activities with the idea of facilitating them the next day with a group of children.

- *The second day* was for children (non-disabled and disabled) and adults. The adults facilitated, using the activities they had learned and practiced the day before based on the "discovery-based" enabling methodology. Then the children demonstrated the activities to the entire group (teachers, parents, children), pretending they were teaching a classroom of children, and using the same discovery-based, participatory methodology.

- *The third day* was an evaluation, involving both children and adults from the previous days. It included a discussion of ideas for "scaling up" the process so that the activities they had learned could be introduced throughout the school system.

A more detailed description of the three days is as follows:

DAY 1. Exploration and practice of methodology with adult facilitators

Participants: A group of 40+ capable adults were selected by the organizers to be the future "multipliers" of the methodology. These included schoolteachers, special education teachers, skilled educators, family members, and key persons from various ministries and programs involved in children's development, learning, health and well-being.

Activities:

- Discussion of the contrasting roles of schooling: the typical authoritarian approach which functions as an instrument of social control, and a participatory, problem-solving approach designed to help children think for themselves and work together as agents of change.
- Role-plays to explore the differences between authoritarian bossy teachers, and teachers who relate to students in a friendly, empowering way.

Digital slide presentations of key Child-to-Child activities, from our experience in Sinaloa, Nicaragua and elsewhere, with emphasis on:

- Simple, graphic, inclusive approaches to community diagnosis of important health-related problems;
- Activities exploring common health problems of young children, and important health-protective skills that school-aged children can learn;
- Awareness raising games and activities to encourage acceptance and inclusion of children who are disabled or in other ways different.
- Hands-on practice of some of the above activities, with discussion and plans for how the participants in this Day 1 Workshop would facilitate similar activities with groups of school children, including some disabled children, the following day (Day 2).

Goals of the Morelia Child-to-Child Workshop

The purposes of the workshop emerged from an underlying vision that focused on both educational reform and social change. Its goals were:

1. To consider the role that teachers and children can play in helping to build a fairer, more inclusive society.

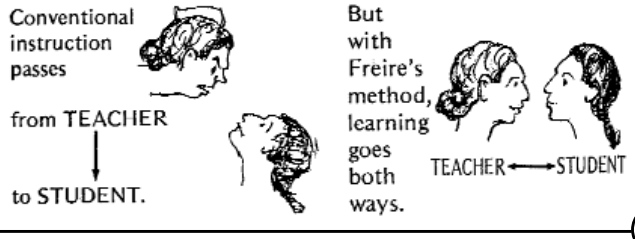
2. To explore practical, hands-on group methods, that encourage children to:
   - Think for themselves
   - Develop a capacity for critical analysis
   - Make their own observations, reach their own conclusions, and take practical action for collectively improving their situation
   - Learn to cooperate more and compete less
   - Include and assist children who are disabled or marginalized
   - Resolve common problems in creative, innovative ways
   - Prepare for becoming "agents of change" in building a fairer, more inclusive society.

3. To learn about the Child-to-Child methodology, and put into practice several key activities that would help the teachers to learn how to facilitate the activities with children, and the children to learn how to carry out the activities and teach other children to do the same.

4. To help children learn in innovative "discovery-based" ways how to protect the health of their baby brothers and sisters, and of more vulnerable children in their community.

5. To increase awareness of teachers and pupils of the importance and joy of including children with special needs, and of helping them to learn, play and participate with the rest as fully as possible.

6. To evaluate the different activities explored during the workshop, and consider ways to introduce the new, more enabling and inclusive methodology into the school system on a trial basis—and then how to scale it up.



DAY 2. Hands-on practice of Child-to-Child activities with a group of school children together with disabled children— facilitated by the adult participants from the Day 1 Workshop.

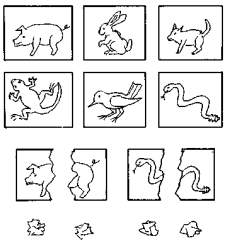
Participants included the adult participants (multipliers) from Day 1, plus a group of 25+ children, mostly 10 to 12 years old. A majority were non-disabled schoolchildren. Ten were disabled. Of these, four had physical disabilities (three of whom were in wheelchairs), two were blind, three had intellectual disabilities or combined disabilities, and one was a 7-year-old with behavioral problems. Two of the children couldn't speak. (We had planned also to include deaf children and street children, but that didn't work out.) The parents of some of the disabled children were present, and also participated. In all we comprised a group of about 80 persons!

Activities:*

*Note: Most of the Child-to-Child activities facilitated in the workshop are described in sections of 3 of David Werner's books: *Helping Health Workers Learn, Disabled Village Children,* and *Nothing About Us Without Us.* For this reason we do not describe the full details of the activities here. All these books are available in English and Spanish through HealthWrights and are fully accessible online at www.healthwrights.org. Also, the Child-to-Child material from these 3 books (in Spanish) was assembled as a booklet and given to workshop participants. This booklet is accessible on our website at www.healthwrights.org/spanish.

- **Explanations.** Day 2 began with a brief discussion of the purposes of the workshop. We emphasized that one big challenge for the day was to make new friends and that everyone should look for ways to include, as fully as possible, those children who were "differently-abled." We said that, if the children liked today's activities, we hoped they and their teachers might help to introduce these and similar activities to classmates in their schools. They might also put some of the health-promoting activities into practice in their homes and communities. That way the children in this workshop could become teachers and junior health promoters themselves. They could become "agents of change" in building a healthier, friendlier community. We asked the children whether they would like that. Those who were listening sat up straighter and a bit nervously, said, "Yes!"

- **Breaking the ice.** For this we used a playful introductory activity to help everyone, large and small, relax and get to know each other. Participants made simple drawings (of birds, plants, animals, faces), tore the pictures in half, folded them up, and put them into a box.



Then everyone, children and adults, picked a folded half-picture out of the box and hunted for his or her "other half." To actively include the blind children, in addition to drawings, objects such as pencils and plastic cups were also broken in half and included in the box—so the blind children could identify these objects by touch. When each person had found their "other half," they spent a few minutes getting to know each other. Then each introduced his or her "new friend" to the group, stating—very briefly, because there were so many participants—the person's name and what he or she liked most and liked least.

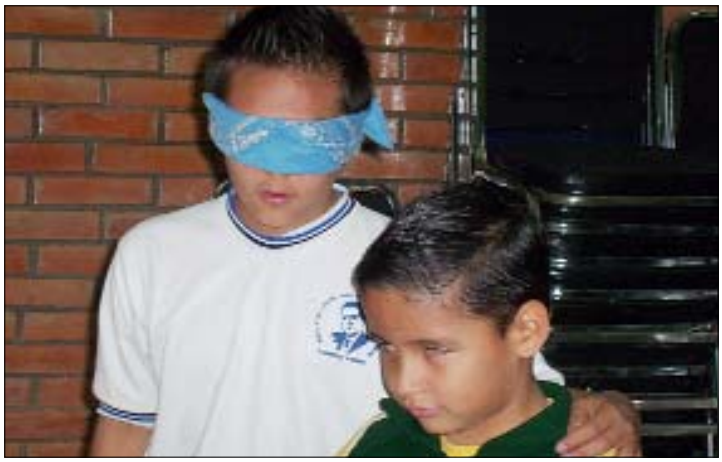
Simple ice-breaking games such as this one can help people get more comfortable interacting.

- **Simulation games**
  "Let's pretend we have a disability." To help the non-disabled children taste what it's like to have an impairment, volunteers were called for, to be given a "temporary disability." (We found the children much more eager to volunteer than the adults.) Some of the volunteers were blindfolded; others plugged their ears; others tied one foot to their backsides so they had to use crutches or a wheelchair.

- Then games were played and races run. The results were eye opening. One boy who was truly blind helped to guide and orient a child whose eyes were temporarily covered and was at a total loss (the blind leading the blindfolded).

By pretending to have a disability, children are better able to understand and relate to their disabled classmates.

These girls enjoyed being blindfolded, but also experienced some of the challenges of blindness.



The blindfolded boy was led around by the blind boy, who had a much easier time navigating.

- The two truly blind boys ran in a race—finding their way by a voice calling from the finish line—and came in ahead of some kids with make-believe impairments. Children who were experienced wheelchair riders came in ahead of the novices. Rather than feel sorry for the disabled children, everyone marveled at their abilities. It was great fun for all—though at times a bit chaotic. The energy level was high.

- **Community diagnosis.** For this activity three groups were formed: two made up of children (with 3 adult facilitators); the third formed of adults only.

The first children's group conducted a diagnosis of common health-related problems using a large flannel-graph (a blanket spread across 2 tables stood vertically). On the flannel-graph they placed a series of small pictures, drawn on bits of cloth, representing different health problems and their causes. Then they placed next to these drawings different small cloth symbols to indicated how common, how dangerous, how contagious, and how long-lasting the different problems are. Then they stretched ribbons between different problems to show which ones (like poverty) lead to others (like hunger). Finally they discussed things they could do, individually and collectively, to help prevent or resolve some of the problems.

This flannel board invites participation in the process, and illustrates each group's community diagnosis.

The second children's group made two sets of pictures on two giant sheets of poster paper. On one sheet they drew things in their communities that cause sickness or injury or made them unhappy. On the other sheet they drew things that protect health and make them feel good.

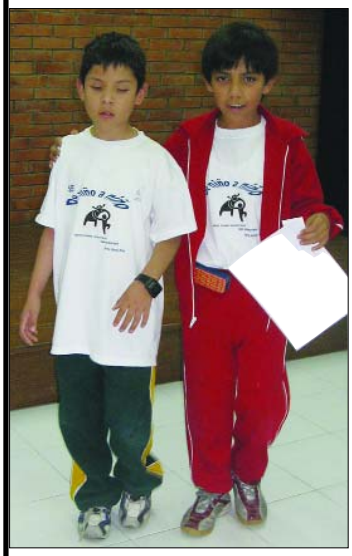
The third (adults only) group was asked to make a poster diagramming important health-related problems in Michoacán, and their root causes. They drew a tree showing the problems as leaves on the branches and the causes as the roots. What they produced was clear and carefully done though perhaps not as colorful or imaginative as what the children came up with.

Finally, each group presented their "diagnosis" to the plenary (larger group). By this time most of the children had gained more confidence, spoke out loudly and clearly, and made a point of including disabled children among the presenters.

- **Hands-on Child-to-Child activities.** For these activities the children divided into 4 groups, each with 3 adult facilitators. Two groups were involved in activities related to the health of young children. The other 2 groups were involved in activities related to including and assisting disabled children.

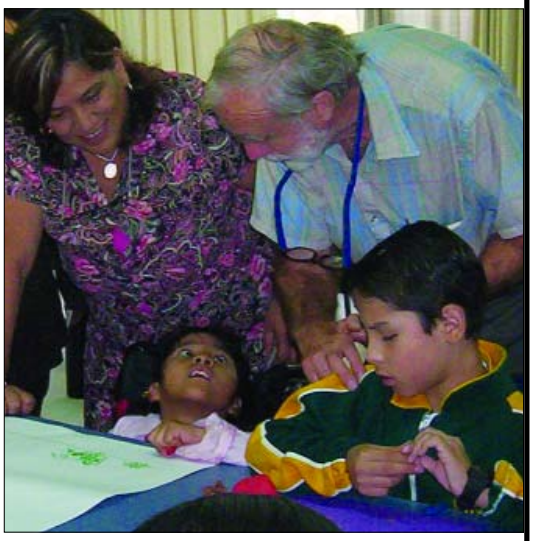
Group 1. Child-to-Child Activity: Diarrhea: "Discovering what to do when your baby brother or sister has diarrhea." This activity involves the famous "gourd baby" in which the children actively discover the different signs of dehydration, the dangers involved, and how to combat dehydration by giving the sick children lots of liquid. It is a messy hands-on undertaking involving pulling plugs to have the gourd baby pee, poop and vomit. The children of course love it and learn a lot (see front page photo). They learn not only how to recognize the signs of dehydration, but by measuring how much liquid comes out and goes in, how much fluid they need to give to keep the signs of dehydration from developing. If school-aged children put what they learn to practice in their homes and communities, and help teach others, they can make a real difference in the health and even the survival of babies and young children in their communities, and their own health as well.

Discovering innovative ways to include disabled children: “Community diagnosis”



One of the most heart-warming aspects of these activities was the way the group of children looked for and figured out ways to include their disabled peers.

For example, in the group of children making drawings of the different causes of good health and poor health, one member of the group was Yonathan, who is blind. The group members were concerned that Yonathan could not see or make the drawings. So they asked for some clay. One of the healthy activities they had drawn was sports. So on their drawing of people playing basketball, they had Yonathan make a small round ball of clay, and helped him press it onto the drawing, near the net.

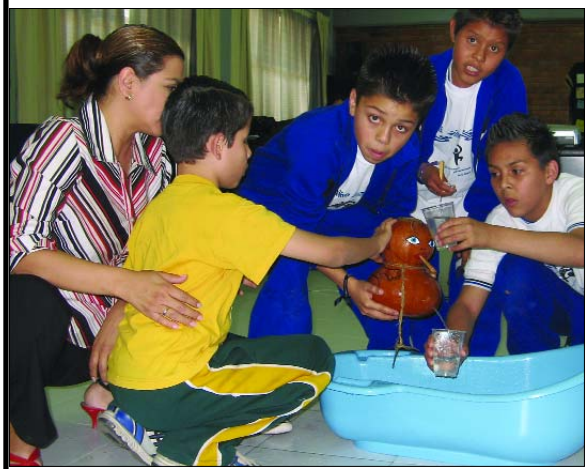


Yonathan (right) creates a ball of clay.

Then they asked Yonathan what he thought was a serious problem affecting health in his community. Yonathan said, “Drunkenness and drugs.” They asked him if he could make something out of clay to show the dangers of drunkenness. Yonathan began to model a train. One of the sighted children helped him select the colors and Yonathon modeled a locomotive and couple of cars, which he placed on long, worm-like clay tracks. Then he and the sighted boy together modeled a small clay figure of a drunk man, and sat him down asleep on the tracks, in front of the train.

When the time came for the group of children to present their “community diagnosis,” they took turns explaining the different causes of healthy and unhealthy events. Yonathan took an active part, fingering the train and the drunk man, and explaining how the accident would be a disaster not only for the man but for children that needed him to provide for them. Yonathan, who was still rather timid, spoke softly, but expressed his concerns clearly and passionately. And the group of children glowed with pride at the way they had found to include him.

Here Yonathan has created a train to show the dangers of drunkenness.



With the “gourd baby” the children discovered the signs of dehydration. They made sure that the children who couldn’t see had a chance to handle the gourd, pull the plugs, and feel the water running out.

In the other “community diagnosis” group using the flannel-graph, the children also made sure the children in wheelchairs helped to pick the health problems they considered important, and place the pictures of them on the display. It was clear they took pride in making sure every child took part.

Group 2. <u>Nutrition of young children.</u> "Which young children in the community are too thin and need more food?" In this activity the children learn to measure the upper arm circumference of children between 1 and 5 years old, to see which children are OK, which are at risk, and which are "too thin." To do this, the children first make their own simple measuring tapes, coloring them with a green zone (OK), a yellow zone (at risk), and a red zone (too thin). They practice by measuring the upper arms of life-size cardboard dolls (one plump, the other skinny). Next they pretend to conduct a community survey of children under five, by measuring a batch of tubes and bits of branches of different widths. Then they create a "graph" of their results by stacking up small matchboxes—each box with the name written on it of a different imaginary child they tested, and colored green, yellow, or red to show which children fall into which category. Finally, when they have discovered and recorded in this way which young children are at risk or too thin, they learn what they can do to help these children to get more and better food to eat.

These children are making important diagnostic tools from plain paper.

The purpose of this activity is to prepare a group of school-aged children to actually carry out a process of "participatory epidemiology," in which they go into their community after school and measure the arms of all the children aged 1 to 5, recording graphically their results.

Then, having identified those small children who are at risk or too thin, each schoolchild can become a "food helper" for one of those undernourished children, trying to see that he or she gets something to eat more frequently, mixing a bit of vegetable oil in the baby-food, and so on. Finally, after 2 or 3 months of such action, the class of schoolchildren can repeat their survey and see what results they've achieved.

The children in the workshop carried out this activity enthusiastically, and seemed to gain a clear understanding of what it involved and why it was important. They were eager to carry out a real study in their communities, and see if they could actually improve the health of younger children.

Group 3. <u>Difficulties with Seeing and Hearing</u>

"What can we do to understand and help children who can't see or hear as well as most of us?" In this activity a group of children, with the help of their facilitators, devised simple ways to test the hearing and vision of younger children just beginning school. To test vision they made and used an "eye chart" by pasting different sized black letters on a poster paper. To test hearing they had part of the group pretend to be younger children. Each young child paired up with an older child with a notebook. Then one child, standing at a distance, spoke a list of words, beginning quite loud and then softer and softer. When the younger children heard a word, they whispered it into the ear of their older partner, who wrote it down. At the end of the "test" the word lists of different children were compared. Any child with a shorter list was likely to have a hearing problem.

To make this activity more real, some of the children tested were given a temporary visual or hearing impairments, by covering their eyes with a thin cloth that blurred their vision, or by plugging their ears.

Finally, the group of children tried to think of ways they could help those with problems seeing or hearing to take full part in the classroom and learn as well as the rest of the children despite their disabilities. The children thought of all kinds of simple solutions, such as making sure the child with the difficulty sat in front of the class so he or she could hear and see better. They also thought of a "buddy system" where a normal child would sit next to the child with the difficulty, and one way or another make sure that child understood what was said or written.

Hand-made eye charts work well and encourage creativity.

The aim in all these activities was to get the children thinking and discovering solutions for themselves.

Group 4. <u>Including Children with Disabilities.</u> "What can we do to make people realize the strengths of persons with disabilities, and look for ways to include them?" This group had a number of children with disabilities, including some children who were physically and/or intellectually disabled. Together they looked for games they could play and things they could do in which the disabled children could take part. The feeling that they were a part of the action seem to help some of these disabled children open up and seem happier. This was especially evident in an older boy with Down Syndrome, who at the beginning of the workshop was very withdrawn and negative, and who refused to take part in anything. During this "including" activity the boy suddenly began to relax, smile, and participate. In this process one of the special education teachers, who had enormous patience and understanding, was a great help, as well as a good role model for all the children and teachers.

One of the most inspiring examples that emerged in this group was a partnership formed by two of the disabled children, one

of whom was blind and one of whom had spastic cerebral palsy and could not move her wheelchair by herself. Together the two of them discovered that by helping each other they could get around and do things neither could do alone. The blind boy pushed the girl's wheelchair, and despite her trouble speaking, she was able to tell the boy which way to go. When in the plenary they demonstrated this to the whole group, everyone was impressed.

These children, by combining their abilities, are able to move about much more easily than either can alone.

The 4 groups spent an hour or so developing these different activities independently. Then each group of children, with little or no guidance from any adults, presented their activity to the larger audience, pretending that they were demonstrating it to an assembly of youngsters in their school.

The children helped the blind boy, Melchor, measure the arm thickness of a cardboard child. Since he can't see, instead of a colored measuring strip, he uses a string with knots to mark when a child is OK, at risk, or too thin. By feeling the knots, Melchor was able to tell which children were malnourished.

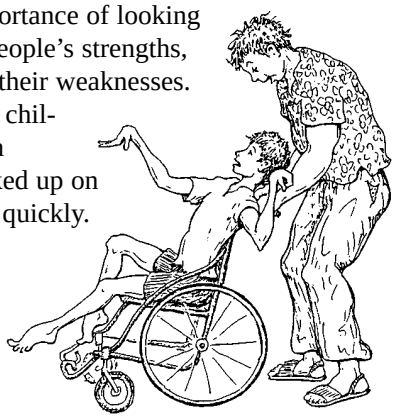
What was most enlightening throughout these diverse events was the imagination and enthusiasm with which the schoolchildren explored ways to include the disabled children in the activities, combined with the creativity and eagerness to participate demonstrated by many of the disabled children themselves.

Both the disabled and non-disabled children seemed thrilled by their discovery of how well they could communicate and work together. Even Jason, the large boy with Down syndrome who had started off scowling and resistant, began to join in with the others with a smile.

- **<u>Slide shows of street theater and of disabled children helping one another</u>**
  To add variety to the workshop and give the children a chance to consider new possibilities, after the busy Child-to-Child activities everyone sat down to watch a couple of short digital slide shows, from Sinaloa and Nicaragua, respectively:

The Story of Manolo, Jorge and Luis.
I decided, at the last minute, to present this slide show because the "hero" in the show, Manolo, so much resembles Jason, the big youth with Down syndrome in our workshop, who at first was so insecure and uncooperative. The slide show—a true story—depicts how Manolo, when he first came to PROJIMO (the Community Based Rehabilitation Program in Sinaloa), was so angry that he said no to everything. But some of the other disabled children succeeded in befriending him. Eventually Manolo found happiness providing assistance to children with severe physical disabilities. In a program run by physically disabled villagers, Manolo's strength was very much appreciated. He found meaning and pride in being able to help others.

This slide show led to a discussion on the importance of looking at people's strengths, not their weaknesses. The children picked up on this quickly.



"The Measles Monster"
This colorful slide show presents a street theater skit in Nicaragua, performed by children and health workers in Ciudad Sandino, Nicaragua, to educate people about the importance of immunization. (See *Disabled Village Children,* p 455.) In the skit a giant, fearsome Measles Monster with horns and huge claws chases after children who have not been vaccinated. In the end, after all the children are vaccinated, they overcome the Monster. This skit was presented to the teachers and children to give them ideas on how they could use community theater to communicate the importance of healthy practices and greater inclusion.

During this activity, one small, very wild boy with some cognitive impairment, fascinated by the ferocious Measles Monster on my computer screen, ran up and began poking the keys on my computer—which at once went blank. I tried to ward off the boy with one hand while resetting the computer with the other, but with little success. People in the hall asked the teacher who had brought this wild little boy, why he didn't intervene to help me. With a good-natured smile, the teacher replied, "Because I want him to realize what I have to go through every day!" Everyone laughed. At that point the boy, who was frantically trying to get past my arm to reach the computer, bit my bare forearm. But at once his mouth filled with hairs (my arms are very hairy) and the boy backed off, spitting and clawing at his mouth. After that he left me in peace.

- **End of the Workshop: Conclusions** "What did we learn and how did it change us?" This was a brief closing session where first the children and then the adults commented on how they felt about the workshop, what they had learned, and how they might put into action or share with others some of the activities and approaches to learning and inclusion that they had engaged in during the workshop.

Because this closing session was a preliminary to the more extensive Evaluation and Planning process the following day, the participants' various responses will be covered there. Over all they were very encouraging.

Day 3. Evaluation and future possibilities

The initial proposal for this evaluation and planning session was to include a relatively small group of key persons, including selected participants from the workshops who represented the Education Department and other institutions involved in community organization and in the children's education, health,and welfare.

However the decision was made—in the spirit of inclusiveness—to invite ALL the participants from the previous 2 days of workshops. To my amazement, nearly everyone showed up, including the schoolchildren, disabled children with their parents, schoolteachers, special education teachers, representatives from a wide variety of relevant government programs, and spokesperson from the teachers union—nearly 80 people.

The Evaluation was facilitated largely by Professor Juan Hurtado, Director of the State Technical Council on Education (CETE), the moving force behind the Workshop. In the spirit of the child-centered approach we had been using, the first persons he asked to state their impressions of the workshop and what they had learned were the children. The children, who had been rather timid when they began the day before, fearlessly began to speak out. The following are some of their recorded comments:

Girl: "I felt very happy to share with the other children."
Boy: "I learned that being disabled doesn't mean to lose hope. Different children can help each other."
Blind boy: "I liked to work with the other children and touch things."
Boy: "I learned from Yonathan (a blind boy) how to make things with clay."
Boy: "Disabled people can teach us lots of things."
Girl: "They can do some things better than we can."
Boy: "I liked working with other children on caring for people with diarrhea and malnutrition"
Boy: "I liked working with Melchor and Yonathan (two visually impaired boys) on nutrition."

The teachers and educators also had many positive responses, among them:
"The activities we explored were very simple but illustrated more constructive methods. I hope to incorporate these approaches into my teaching."
"I liked the way we learned to teach about loss and replacement of liquids in children with diarrhea, and the possibilities of incorporating these methods into our curriculum."
"It's important that we teachers act as facilitators."
"When we use discovery-based learning techniques, the students learn to reflect for themselves and their learning is more significant."
"We saw examples of how disabled children can help each other."
"Today I felt a real warming of my soul. The reason: the children."
"What was important in these activities is that they sensitized us to respect, support, and care for disabled persons. We saw that the children without disabilities took pride in interacting with those with disabilities."
"The workshop allowed me to observe the whole process of teamwork and to learn about the organization and development of the Child-to-Child activities. But it also made me more aware of the commitment and support of parents—their love for their children—as well as the affection and abilities of the special educators."
"All the participants had a very positive attitude, and took part in the different activities with expressions of interest, confidence, and pleasure."

One mother of a little girl with cerebral palsy begged to have a group of the children conduct a disability-oriented Child-to-Child activity in her daughter's classroom, feeling that it would help both her classmates and the teacher be more understanding and welcoming.

The children were excited about the idea of sharing what they learned with other children in their schools. They were especially eager to carry out Child-to-Child activities that could help protect the health of pre-school children in the community, such as the nutrition project, and management of diarrhea (oral rehydration). The children's teachers said they would gladly work with them to carry out these activities and teach others. The teacher who had brought most of the children seemed especially eager.

Prospects of introducing the Child-to-Child process and discovery-based learning methods into the school system.

Most people agreed that the pragmatic, inclusive, empowering, and socially relevant approaches to teaching explored in the workshop were consistent with the overall goal of "culturally appropriate educational reform" promoted by the current Michoacán Department of Education. But everyone realized that the obstacles to introducing such potentially liberating changes are substantial.

As Professor Hurtado repeatedly emphasized, "We will have to move fast." A big problem in Mexican politics is that a totally new government administration comes to power every 6 years, with completely new leadership, since re-election is not permitted. The entire bureaucratic hierarchy is replaced, including the directors and top personnel of all ministries and programs. New cronies and political colleagues are appointed. Hence many transformative initiatives in progress are abandoned and lost. Unfortunately, in the state of Michoacán, the current, relatively progressive government of the PRD (Party of the Democratic Revolution) is currently in the last of its 6 years in power (2001-2007). Because of a plethora of unresolved problems in Michoacán, with the next elections a more conservative party is likely to replace the PRD. If the proposed educational reforms—including those advocated in our workshops—are to be introduced into the school system, they must be developed, tested, and legislatively built into the school curriculum while the PRD is still in charge. Once they become part of the approved curriculum, these are far more likely to survive the upcoming change in government. Indeed, the bureaucratic inertia of the new establishment may impede the undoing of the progressive agenda of a "pedagogy of liberation" designed to build a fairer, more egalitarian social order.

Students and teachers work together to illustrate health issues.

The progressive educators spearheading these pedagogic reforms, although hopeful, are nonetheless realistic. The obstacles to humanizing bureaucratic institutions are enormous. As Juan Hurtado admitted, "It will be wonderful if we can build some of this methodology into the state-wide school system. But in truth, it is more likely to infiltrate the system little by little. With these workshops, we've sown seeds in the minds of some of our most committed teachers, who will work to introduce the methods in their schools and among their colleagues. Good ideas are contagious!"

Inclusion from the bottom up: The example of Dolores Vicencio

Fortunately, Dr. Dolores Vicencio, who runs a Community Based Rehabilitation Program in the Pátzcuaro area of Michoacán, was present during the evaluation of the Morelia Workshop. While the debate on mainstreaming disabled children in the state has been going on with little official progress, Dolores has quietly but successfully been working to include individual disabled children into specific schools. She has won the cooperation of teachers, involved local villagers to help build ramps for easier access, and engaged schoolchildren in awareness-raising Child-to-Child activities. (See Newsletter from the Sierra Madre # 58). Dolores provides an inspiring example of how committed persons can forge ahead with inclusive action despite bureaucratic obstacles.

After the Workshop, Dolores and I, with Juan Hurtado of CEE, had productive meetings both with the Minister of Education and with key persons in the Ministry of Social Development (SEDESOL). In the future they will be looking to Dolores as a resource, both for mainstreaming disabled children in a sensitive manner, and for designing more appropriate training for Community Health Promoters, which urgently needs to be done. This inter-bureaucratic collaboration and involvement of Dolores, alone, made the Workshop more than worthwhile.

A proposed collaborative plan for a pilot project

1. The need for greater cooperation between similar government programs. One of the positive outcomes of the Child-to-Child workshop was that it brought persons together from different ministries and departments working on child education, health, welfare, and social development. In the past, a big problem has been the almost total lack of coordination or communication between these different initiatives. In Michoacán at least 3 government programs concerned with child health exist at the community level. The Department of Health (SSA) has trained about 1200 Community Health Promoters, and the Ministry of Social Development (SEDESOL) has trained about 900 Community Health Promoters. Yet there is little interaction between these two groups, which in some ways promote procedures that are incompatible. Both do some constructive work in terms of preventive measures and health education. But while the SSA *promotores* are involved in allopathic medical campaigns (such as immunization), the SEDESOL *promotores* promote a variety of alternative interventions ranging from

herbal medicine, to homeopathy, to "micro-doses of modern medicines," to cleansing massage, to yoga, to "diagnostic mapping" of the feet and ears. Many of these health promoters from both agencies are respected members of their communities who genuinely want to protect and improve the health of their neighbors, especially children. It is a shame there isn't more coordination between the two groups, so that everyone can learn to combine the best of both modern and traditional health practices, while rejecting that which is ineffective or even harmful.

Apart from these two genres of *promotores*, there is a third government program promoting child health at the community level. This is CRECER: Program for Child Nutrition for the State of Michoacán, initiated during the six-year reign of President Fox. CRECER (the Spanish word "to grow") is a growth monitoring and nutritional program for pre-school children. It involves teaching mothers to periodically measure the upper arm circumference of children under 3 years old, and to provide better nutrition to those at risk. The methodology is very similar to the one we introduced in the Child-to-Child workshop, except that we have school children do the measuring rather than mothers. The Director of CRECER in Michoacán, Dr. Armando Aguirre, only happened to learn about our Child-to-Child workshop by chance the night before it began, and because he was familiar with my books, decided to attend. Dr. Aguirre was very excited about the idea of including schoolchildren as "promoters of good nutrition," and is eager to work more closely with the schools' Child-to-Child initiative.

2. A cooperative plan: the first phase. The Educational Commission (CEE) headed by Juan Hurtado is now trying to formulate a strategy to move toward integrating the Child-to-Child approach into the standard school system. One of the ideas for a first phase of the process is to start with a pilot program in the town of Huaniqueo (an hour from Morelia), where the CEE has already been coordinating measures of educational reform with projects for community health and development. I had a chance to visit a community action in Huaniqueo on the day before our workshop began, and the level of enthusiasm was high.

A tentative plan for the pilot Child-to-Child program will involve close cooperation between three separate programs:

- SEDESOL, with its community health promoters as "itinerant Child-to-Child facilitators"
- the Department of Education, with its primary school teachers and pupils, with the CEE in a coordinating role
- and, if possible, CRECER, the federal child nutrition initiative

The plan will be to train a carefully selected group of community health promoters in the skills of facilitating a few of the most basic Child-to-Child activities using a discovery-based, hands-on methodology. Then the promotores would function as "itinerant Child-to-Child facilitators," visiting different schools and introducing these Child-to-Child ideas and practices in the classroom, while at the same time helping the teachers to understand the process.

With the help of SEDESOL and the CEE, this pilot project would be monitored, documented and further adapted to the local situation. When feedback is analyzed and some of the wrinkles have been worked out, a scaling- up process will begin and the Child-to- Child initiative will hopefully be integrated into to the statewide school curriculum.

The possibility of a real impact on child health—as well as educational reform

Three of the biggest causes of poor health and death in pre-school children are malnutrition, diarrhea, and pneumonia. In each of the areas, school-aged children can learn simple techniques of early detection and timely action that can make a real difference in the health, development and survival of younger children in their most vulnerable years.

In addition, by conducting their own very basic surveys on the health status of preschool children in their communities,

Local health promotores practice "diagnostic mapping" of the feet and ears.

they can provide an "evidence based" determination of the results. Not only does this make their schooling more relevant to the pupils' health and lives, but it can potentially have a significant impact on community health-at many levels.

Dr. Armando Aguirre, head of CRECER in Michoacán, told me that a recent study on the impact of their nutrition program had proved discouraging. There was no demonstrable difference between the families included in the nutrition program and those who were not. This is one of the reasons why Dr. Aguirre is so interested in trying a new approach, mobilizing schoolchildren in the monitoring and improvement of young children's nutrition. If the empowering, discovery-based, everyone-help-each-other methodology is used, I think the chances are great that significant health improvements can be demonstrated.

As the group of child actors cried out at the end of "The Measles Monster" street theater skit in Nicaragua, "¡LOS NIÑOS UNIDOS JAMÁS SERAN VENCIDOS!" (THE CHILDREN UNITED WILL NEVER BE DEFEATED!)

The prospects are as enormous as the obstacles.

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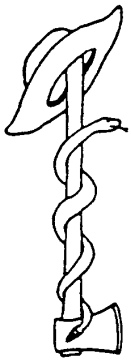

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At the PROJIMO Durangito wheelchair shop, with her father's help, Raymundo makes final adjustments to a chair tailor made for this girl. Please see the enclosed insert for an update on Project PROJIMO.

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This issue of
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"A nation that continues year after year to spend more money on military defense than on programs for social uplift is approaching spiritual death."

—Martin Luther King, April, 1967