



Mexico experience in the inter-sectorial and community participatory mapping of a public health program at territorial level

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Dean, ESPM/INSP on behalf of Dr. Leith León, Dr. Urinda Alamo and Dr. Tonatiuh Barrientos

Introduction

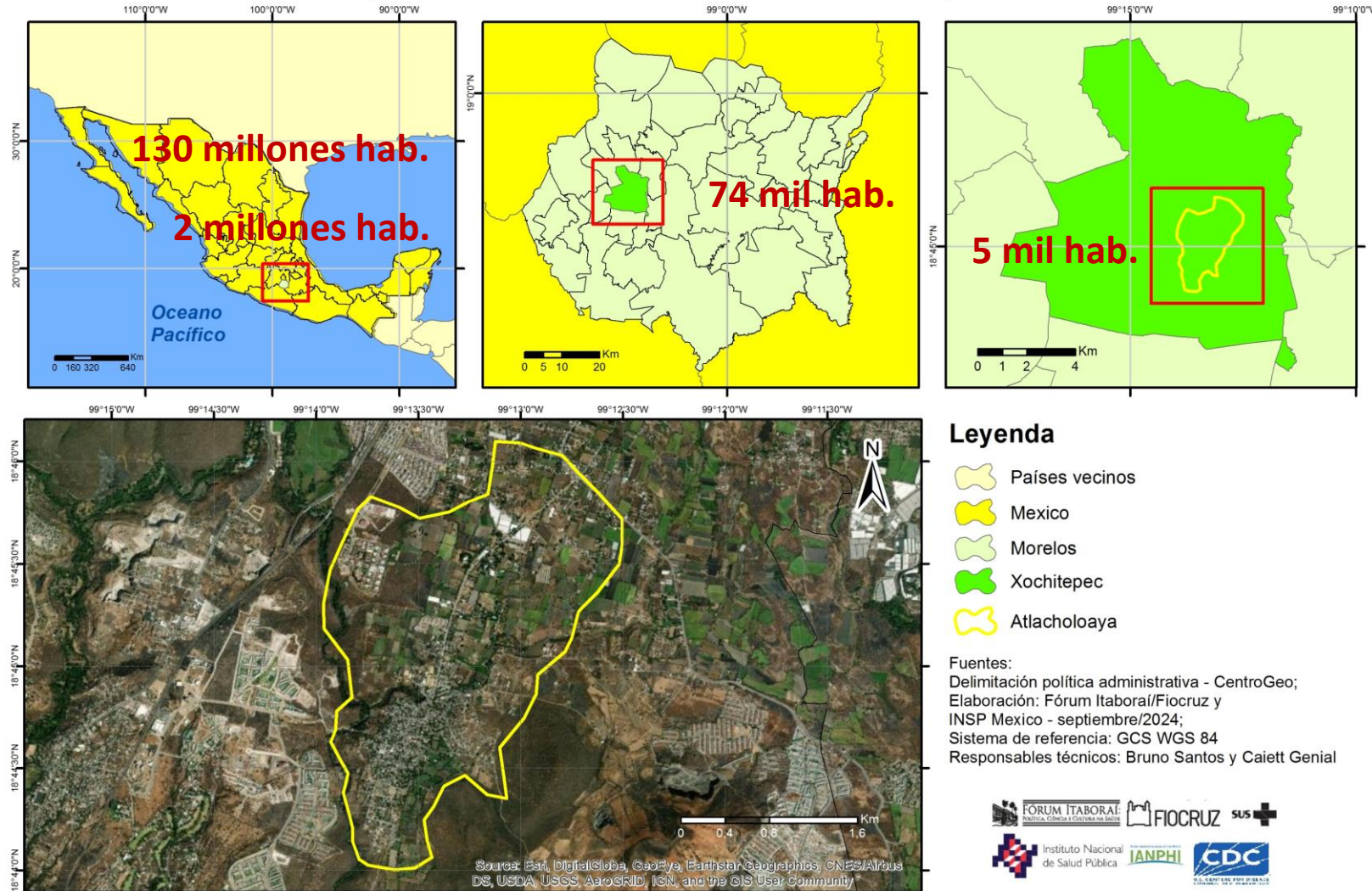
- Need to develop tools and methods to assess health, social and living conditions in community settings and promote community organization
- Social technology: Cognitive platform that encourages the development of community organization and social transformation in vulnerable populations
 - Uses technologies to recover community knowledge and to understand local reality
 - It is implemented through participative methodologies to encourage the population participation

Background

- Collaboration between Fundación Oswaldo Cruz (FIOCRUZ) y el INSP-Mexico
- Training on Rapid Participative Diagnostic (RPD) and Participative Cartography (PC) in the Itaboraí Fórum, June 2024
- Working plan to implement these activities as part of the Health Diagnostic conducted by Masters in Public Health (MPH) students at the School of Public Health of Mexico
 - Enriching experience for MPH students
 - Possible contribution for the new health care model that is being implemented in Mexico

Background: Project setting

Proyecto Multicéntrico - ubicación de Atlacholoaya



Community of Atlacholoaya, one of 24 communities in the municipality of Xochitepec, state of Morelos, Mexico

Atlacholoaya: “place where the water springs”

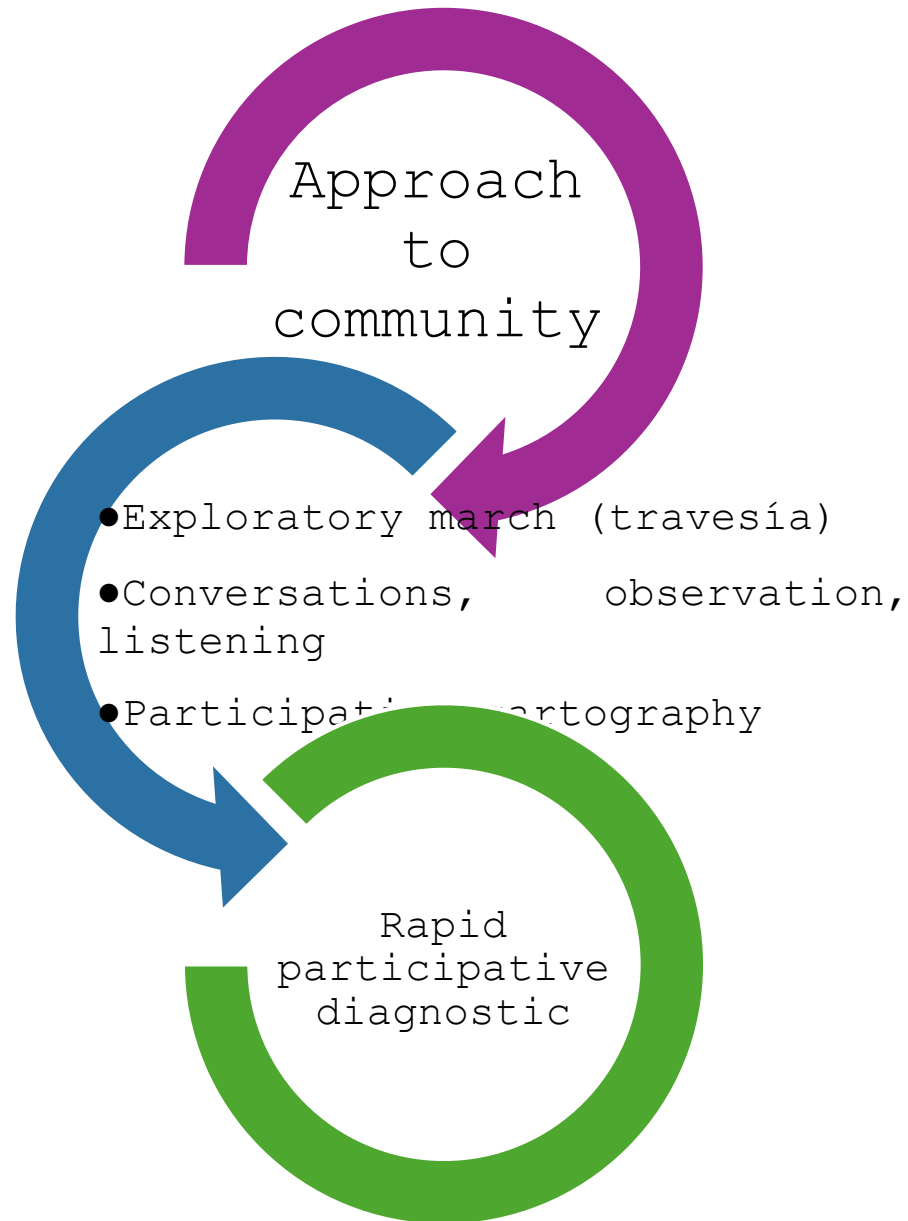
Background on Atlacholoaya

- Rural community dedicated mostly to agriculture (sugar cane and onion)
- Considered an indigenous community
- A penitentiary is located in the municipality
- Health services:
 - One health center (very basic)
- Top causes of morbidity: respiratory and gastrointestinal infections
- Top causes of mortality: diabetes, AMI, violence

Objective

- To conduct an assessment of health, social and living conditions of a community using a social technology tool in Atlacholoaya, Morelos, Mexico
- To understand barriers, advantages and lessons learned in order to provide information for future similar experiences

Methods



Project approved by INSP IRB

Cross-sectional design with qualitative and participative approach

Conducted over July 2024

Participants: Atlacholoaya, Mor dwellers

Key stakeholders: community leaders, teachers, participants in community councils, health center staff, city hall staff, community residents.

Data collection

Source of information	Primary	Primary	Primary	Primary	Secondary
Technique	Ethnography (observation)	Individual or group dialogues	Exploratory walk (observation and listening)	Participative cartography	Census Surveys
Instruments/tools	Field record	Dialogue guide	Field record, photographs, SW maps software	Guide	--
Informants	Key stakeholders and population	Key stakeholders and population	Female local leaders and health promoter	Local leaders (all genders)	INEGI, CONAPO, Ministry of Health, INSP, Municipality

Results

Information from exploratory walks

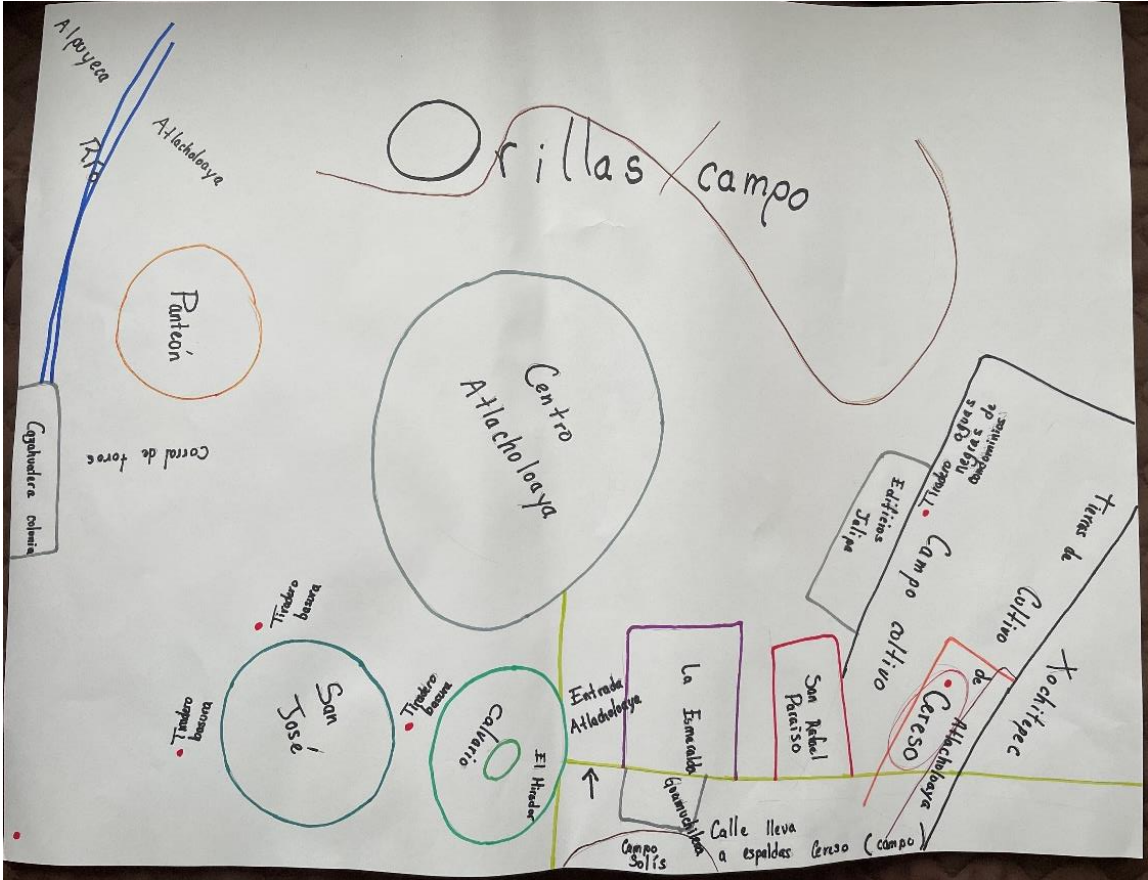
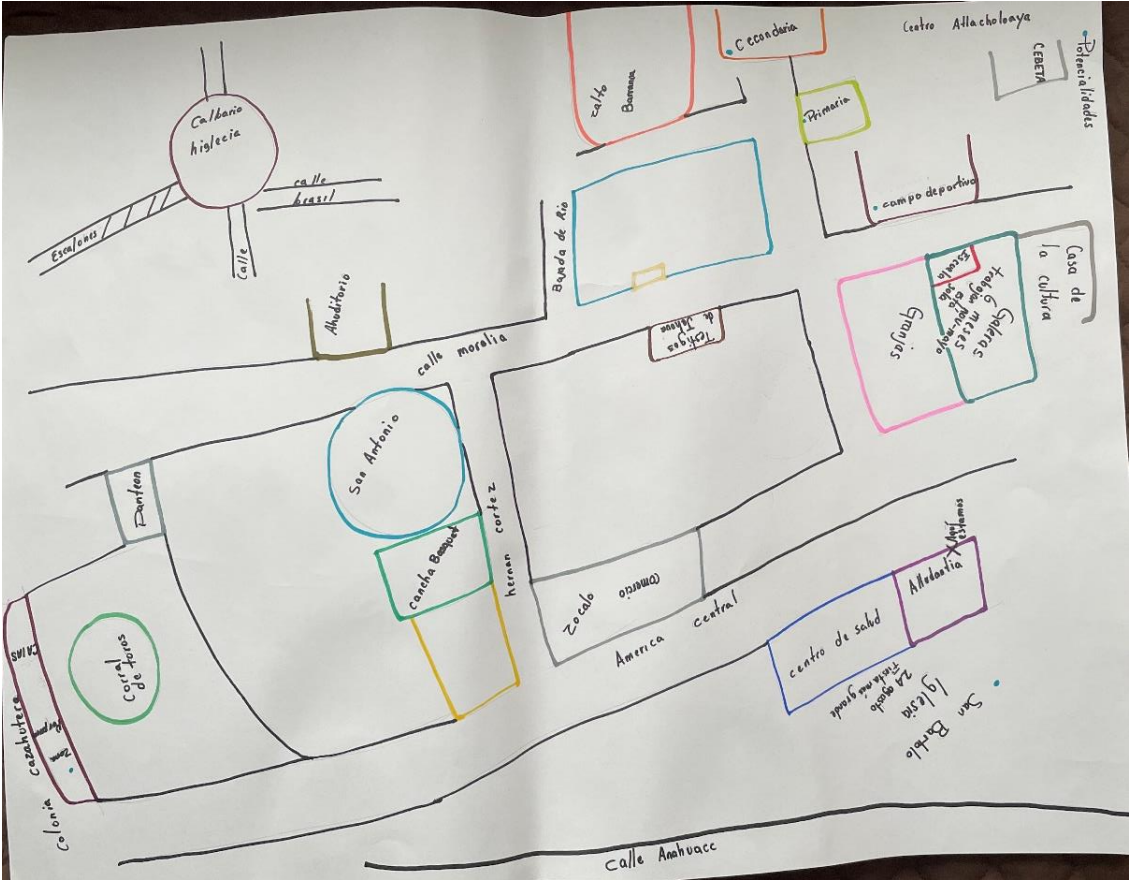
- Population consider themselves as indigenous, but many do not speak indigenous languages anymore
- Clean community, but polluted river (Apatlaco river)
- Barracks/temporary accommodations for sugar cane workers
- New housing settlements and some big weekend houses not perceived as part of the community
- Only elementary and middle school
- Penitentiary changed the life of the community 20 years ago



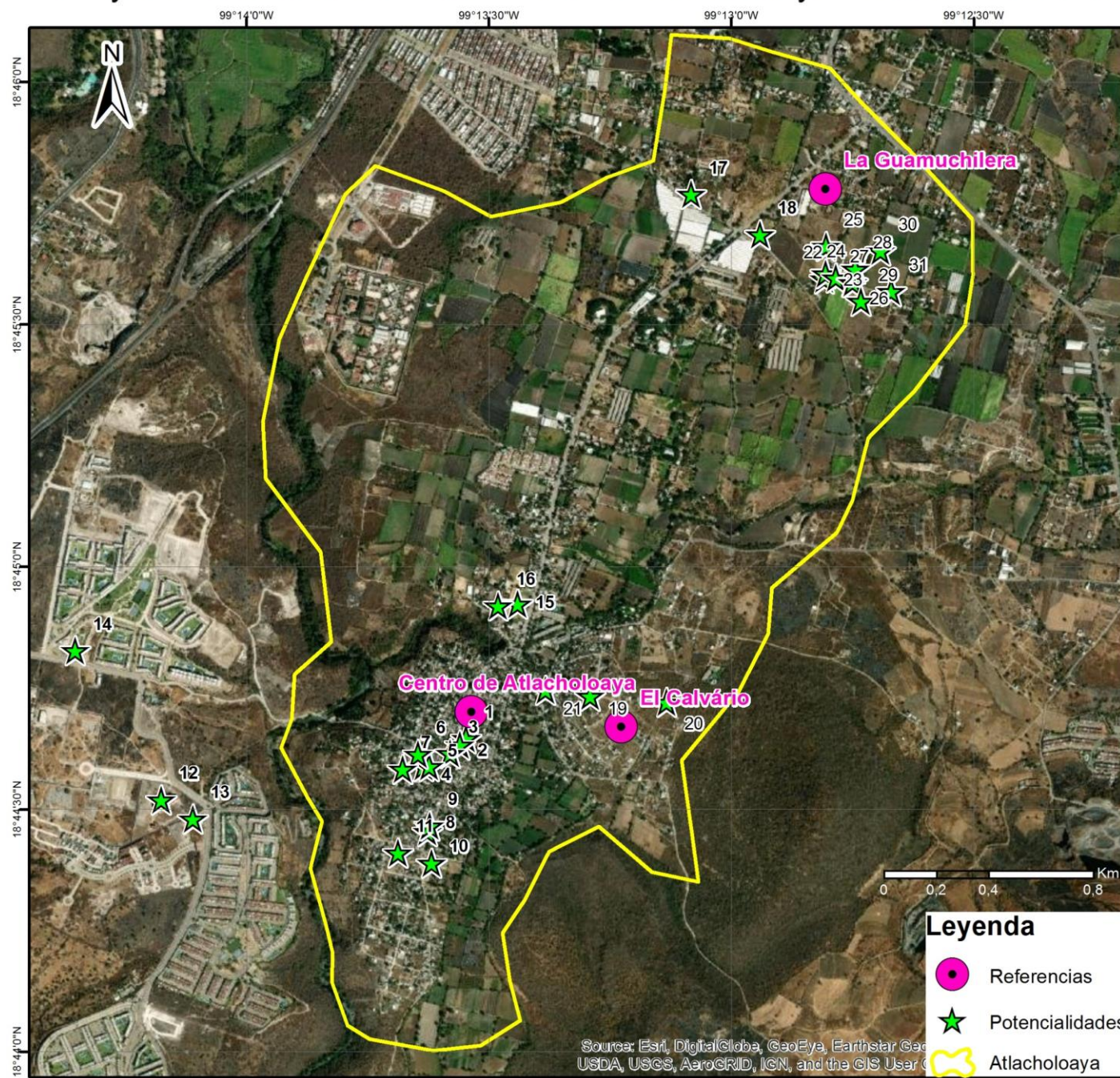
Participative cartography



Positive and vulnerable points



Proyecto Multicéntrico - ubicación de Atlacholoaya - Identificación de potencial em base a recorridos



Punto	Potencialidades
1	Escuela inicial Cuauhtémoc
2	Centro de salud
3	Leche liconsa
4	Iglesia antigua de San Antónío
5	Cancha deportiva
6	Gym Kongs
7	Auditorio Municipal
8	Taller de costura
9	Funeraria
10	Corral de torros
11	Panteón
12	Centro de Investigación en Ciencia Aplicada y Tecnología Avanzada
13	FUCAM
14	Punto colindante
15	Cancha deportiva
16	Escuela matutina Barnabe Bravo
17	Escuela agropecuaria
18	Casa de la cultura
19	El mirador
20	El cerro
21	Altar de virgen de Guadalupe
22	Tienda
23	Punto de referencia
24	Tienda de abarrotes
25	Capilla
26	Molino de maíz
27	Tienda de abarrotes
28	Casita de salud
29	Construcción de vivero
30	Vivero de jitomate
31	Espacio de ocio

Fuentes:

Delimitación política administrativa - CentroGeo;

Datos primarios cualitativos:

Jessica Estudillo Alquisira

y Joel Díaz Quinto

Elaboración: Fórum Itaboraí/Fiocruz y

INSP Mexico - septiembre/2024;

Sistema de referencia: GCS WGS 84

Responsables técnicos: Bruno Santos y Caiett Genial

Leyenda

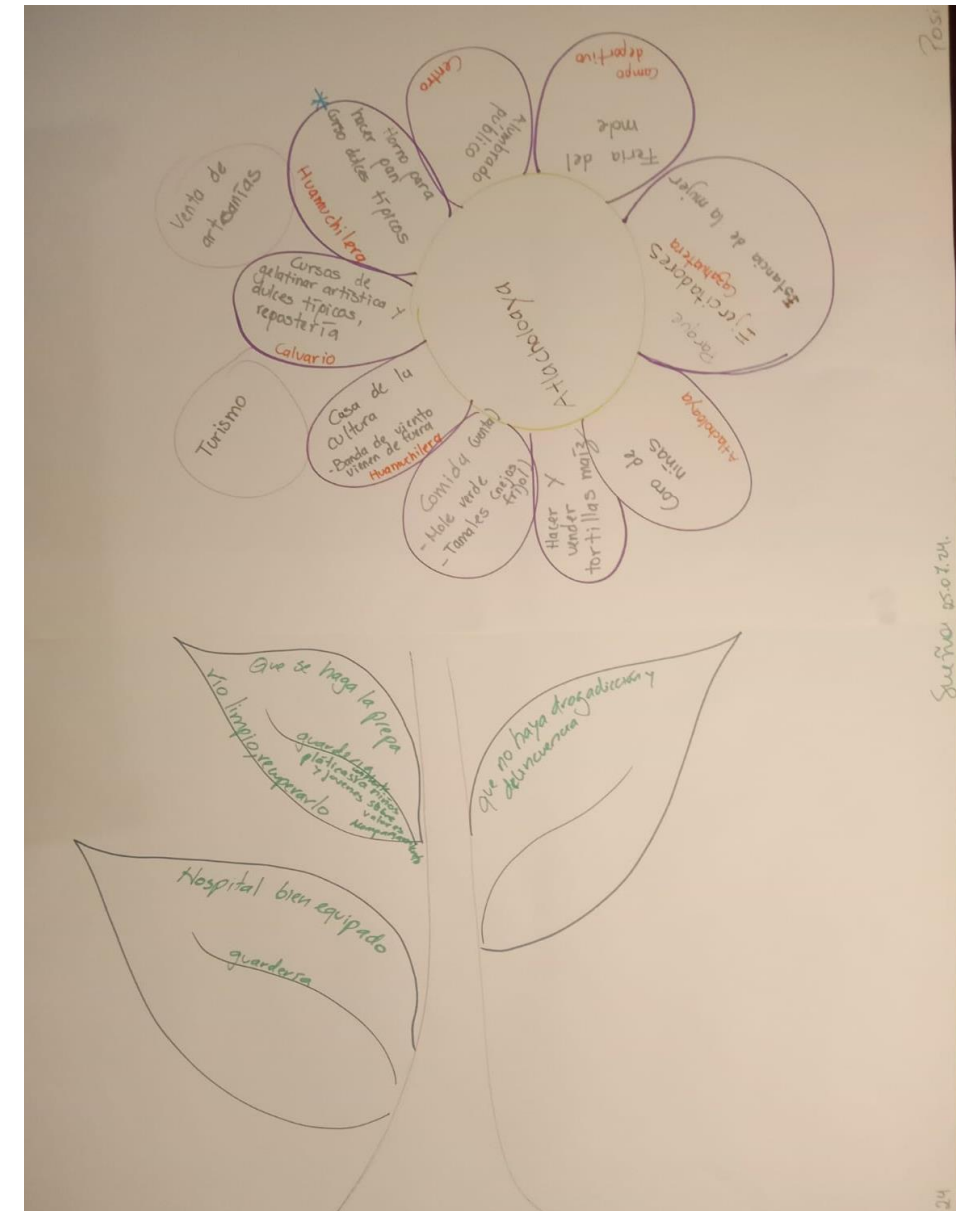
- Referencias
- ★ Potencialidades
- ⬭ Atlacholoaya



- Community members draw flowers where petals are positive, negative points and wishes



Petal diagrams



Examples positive points

- ▶ Girls choir
- ▶ Park to exercise
- ▶ Places for women
- ▶ Public lighting
- ▶ Community band
- ▶ Tourism
- ▶ Sale of handcrafts

Examples negative points

- ▶ Children undernutrition
- ▶ Violence
- ▶ Child abuse
- ▶ Child work

Examples wishes/dreams

- ▶ No drugs and violence
- ▶ High school
- ▶ Nursery
- ▶ Orientation for youth
- ▶ Well-equipped hospital



Explorato
ry march

Participato
ry mapping

Conversation

Population

Municipal
authoriti
es

Health
authoriti
es

Main health problems perceived

Women's cancer (breast cancer and cervical cancer)

Dengue

Diabetes

Scorpion sting

Teenage pregnancy

Gender violence (child sexual abuse, economic violence)

River pollution

Lack of infrastructure in schools (lack of water)

Mistreatment by physicians

Alcoholism

Gender violence

Drug addiction

Child labor

Child malnutrition

Lack of physician

Lack of Hospital

Advantages and barriers

- **Advantages:** quick method, involves community members, participants like it and get involved
- **Barriers:** requires good approach and participation from the community

Lessons learned

- **Potential to integrate social technology into student training programs**, and future Public Health leaders in Mexico and Latin America, as a tool for social transformation in the territories.
- **Potential to provide technical and methodological support and capacity building** to guide the transformation process in territories and new health care model

Gracias



Obrigado