# RAPID ORGANIZATIONAL NEEDS ASSESSMENT

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MINISTRY *of* HEALTH & FAMILY WELFARE
GOVERNMENT *of* INDIA | IEC DIVISION

USAID | INDIA
FROM THE AMERICAN PEOPLE

ihbp IMPROVING HEALTHY BEHAVIORS PROGRAM

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**Conducted by**
Improving Healthy Behaviors
Program (IHBP) of FHI 360

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## ABBREVIATIONS

| | |
|---|---|
| **ACP** | Assured career promotion |
| **AED** | Academy for Education and Development |
| **AIR** | All India Radio |
| **AMIC** | Asia Media Information Communication Centre |
| **ANC** | Antenatal care |
| **ARSH** | Adolescent, Reproductive, and Sexual Health |
| **AS** | Additional Secretary |
| **ASHA** | Accredited social health activist |
| **AV** | Audio visual |
| **AVMO** | Audio-Video Media Officer |
| **AYUSH** | Ayurveda, Yoga, Unani, Siddha, and Homeopathy |
| **BCC** | Behavior change communication |
| **CAG** | Communication Advisory Group |
| **CRM** | Common Review Mission |
| **CTD** | Central TB Division |
| **DAVP** | Department of Audio Visual Production |
| **DFID** | Department for International Development (U.K.) |
| **DFP** | Department of Field Publicity |
| **DHAP** | District Health Action Plan |
| **DOHFW** | Department of Health and Family Welfare |
| **DP** | Development partner |
| **EAG** | Empowered Action Group |
| **EE** | Entertainment-education |
| **FP** | Family planning |
| **GOI** | Government of India |
| **HMIS** | Health management information system |
| **HR** | Human resources |
| **I&B** | Information and broadcasting |
| **IAS** | Indian Administrative Services |
| **IEC** | Information, education, and communication |
| **IES** | Indian Economics Services |
| **IHBP** | Improving Healthy Behaviors Program |
| **IHFW** | Institute of Health and Welfare |
| **IIMC** | Indian Institute of Mass Communication |
| **IIS** | Indian Information Services |
| **IMR** | Infant mortality rate |
| **IMPCC** | Inter-Media Publicity and Coordination Committee |
| **IPC** | Interpersonal communication |
| **JD** | Job description |
| **JRM** | Joint Review Mission |
| **JS** | Joint Secretary |
| **JSY** | Janani Suraksha Yojana |
| **MD** | Mission Director |
| **M&E** | Monitoring and evaluation |
| **MH** | Maternal health |
| **MMU** | Mass Mailing Unit |
| **MMR** | Maternal mortality rate |
| **MOHFW** | Ministry of Health and Family Welfare |
| **MOIB** | Ministry of Information and Broadcasting |
| **MOWCD** | Ministry of Women and Child Development |
| **MTR** | Mid-term review |
| **NACP** | National AIDS Control Program |
| **NFDC** | National Film Development Corporation |
| **NHSRC** | National Health Systems Resource Centre |
| **NIHFW** | National Institute of Health and Family Welfare |
| **NIPCCD** | National Institute of Public Cooperation and Child Development |
| **NPIP** | National Program Implementation Plan |
| **NRHM** | National Rural Health Mission |
| **NVBDCP** | National Vector Borne Disease Control Programme |
| **ONA** | Organizational needs assessment |
| **PIB** | Press Information Bureau |
| **PIP** | Program implementation plan |
| **PMU** | Program management unit |
| **PNDT** | Pre-natal diagonostic techniques |
| **RCH** | Reproductive and child health |
| **RCH II** | Reproductive and Child Health Programme II |
| **RNTCP** | Revised National Tuberculosis Control Programme |
| **SBCC** | Social and behavior change communication |
| **SIFPSA** | State Innovations in Family Planning Services Project Agency |
| **SIHFW** | State Institute of Health and Family Welfare |
| **TA** | Technical assistance |
| **TB** | Tuberculosis |
| **TFR** | Total fertility rate |
| **TMST-DFID** | Technical Management Support Team - DFID |
| **TNA** | Training needs assessment |
| **TOR** | Terms of reference |
| **TWG** | Technical Working Group |
| **UNFPA** | United Nations Population Fund |
| **UNICEF** | United Nations Children's Fund |
| **U.S.** | United States |
| **USAID** | United States Agency for International Development |

# EXECUTIVE SUMMARY

This executive summary presents findings from an organizational needs assessment (ONA) of the IEC Division, the nodal agency for communication in the Ministry of Health and Family Welfare (MOHFW), Government of India (GOI). The assessment was undertaken by the Improving Healthy Behaviors Program (IHBP), funded by the U.S. Agency for International Development (USAID). Conducted in response to a request from MOHFW, the ONA was undertaken during May–June 2012. The ONA involved a review of institutional structures and human resources (HR) for planning, designing, implementing, and evaluating behavior change communication (BCC) activities and assessed progress against recommendations made by previous assessments and studies.

## 1. BACKGROUND AND PURPOSE

The IEC Division of MOHFW has contributed significantly to India's achievements in the health arena. However, in recent years a number of factors, internal and external, have affected its functioning. The media and communication environment worldwide has changed dramatically, as it has in India, resulting in a multiplicity of media channels, fierce competition for fragmented audiences, and increased sophistication in communication approaches. The complex web of multiple challenges has presented the IEC Division with an opportunity to revamp its functioning and restructure its communication programs.

MOHFW has previously examined the challenges and opportunities confronting its BCC programs through both internally and externally aided assessments and reviews. These include an institutional review of the IEC Division (Report on Enhanced Capacity of Government Partners for BCC, 2008);[1] a mid-term review (MTR) of BCC under RCH II; and annual program reviews, such as the Joint Review Mission (JRM) and the Common Review Mission (CRM), which included BCC as one of the key functions for achieving health outcomes. Most of these reviews identified key institutional and capacity challenges that hinder the design and execution of effective BCC programs and provided specific recommendations.

The present study sought to validate and update the earlier findings and recommendations of the independent program studies and reviews. The main questions the ONA aimed to address were:

1. What are the institutional and capacity requirements for BCC in MOHFW?
2. How closely does the BCC program development and implementation follow the six basic steps of the BCC cycle? What are the barriers/challenges in this regard?
3. What key findings and recommendations emerged from other program and BCC reviews? Which of the recommendations were taken forward and to what effect? What successes and challenges were encountered in translating these recommendations into action?

## 2. METHODOLOGY

The study involved a three-step process:

1. **Desk review of key documents related to MOHFW,** such as the National Rural Health Mission (NRHM) Mission Document, reports of CRMs and JRMs, MTR reports, reports of IEC/BCC workshops conducted by/for NRHM in the previous two years, reports on the existing IEC/BCC strategy (if any), and relevant government orders
2. **Semi-structured discussions with key stakeholders at the national level,** including senior and mid-level officials within IEC and program divisions, as well as

*1. UNICEF. MSG Private Consulting Services Ltd. 2008.*

related departments, such as the Joint Secretary (JS–IEC), Director–IEC, Chief Media Officer, Program Officer–Audio Visual, Editor–English, Commissioner–Maternal Health (MH), Deputy Commissioner–Family Planning (FP), Additional Deputy Director General–TB Division, Deputy Director–Field Publicity (Information and Broadcasting [I&B]), and other officials of MOHFW

3. **Semi-structured discussions with senior and mid-level NRHM and health department officials in the states of Uttar Pradesh, Odisha, and Rajasthan,** along with one district visit and interviews with key district- and block-level staff engaged in IEC in each of the three states

The study findings were analyzed and organized under four key information categories:

1. The overall **enabling environment** required for BCC to play an optimal role in health programs, including factors relevant to the effective functioning of the IEC Division, such as policies and program frameworks, funding, and leadership, as well as overall positive perceptions and understanding of BCC by stakeholders (within and outside MOHFW) as a strategic component that requires specialized skills and experience

2. **Structure and HR in the IEC Division,** such as staffing, qualifications, job descriptions (JDs), reporting and supervision systems, on-the-job trainings, and other capacity-building measures

3. **Horizontal and vertical synergies, integration, and coordination** at the national level between the IEC Division and other program divisions, as well as with media departments in the Ministry of Information and Broadcasting (MOIB) and with counterparts at state, district, and sub-district levels

4. The BCC program as it operates in MOHFW and its adherence to the **six fundamental BCC steps** recommended in the National Program Implementation Plan (NPIP) for the Reproductive and Child Health Programme II (RCH II) (2005–2012): situation analysis, strategy development, content and materials development through pretesting, management and implementation, M&E, and planning for sustainability

The main limitation of this study was completing field reviews within one month. Also, the study team had limited access to some of the documents mentioned in the report.

## 3. KEY FINDINGS

As in previous independent studies, the ONA pointed to some issues impeding the ministry's present BCC apparatus, ranging from organizational focus and processes, budgeting and planning, design, human resource capacities, and coordination mechanisms to evaluation. Key findings of the study are presented below in four information categories.

### Enabling Environment

- **Supportive policies and frameworks notwithstanding, there is lack of a strong vision for BCC.** Although salient program documents show the right intent to shift from sporadic, short-term IEC to systematically planned, evidence-based BCC, it continues to occupy a somewhat low status in the hierarchy of overall programs. Perceptions about the role of BCC differ widely within the ministry and outside. Sporadic advocacy efforts within MOHFW to increase the salience of BCC have failed to bring results as most these limited initiatives have not been institutionalized.

- **The IEC Division does not have full-time leadership.** Since its establishment, the IEC Division in MOHFW has functioned without full-time leadership, often under a JS who holds additional responsibilities outside the IEC Division. The current JS holds five portfolios, including IEC. Lack of full-time, long-term leadership demonstrates the low priority accorded to BCC in the current set up. Till recently, many senior officials managing IEC functions did not have past experience in communications.

- **Budgeting and utilization issues stymie BCC thrust.** Although separate budget allocations for BCC are made by program divisions, the IEC Division's total budget allocation is short of that recommended by the NRHM Working Group for the 12th Five Year Plan. Lack of planning and

oversight has also led to inefficient utilization of funds—overemphasis on mass media (and neglect of interpersonal communication [IPC]), disregard of market norms and best practices, and inattention to human resource augmentation and capacity building, among others.

- **Fragmentation of BCC within MOHFW is impeding strategic focus.** Although the IEC Division has been designated the nodal agency for communication (especially for RCH and NRHM), some program divisions (CTD, MH, FP) plan and develop their own BCC programs and materials. They argue that the IEC Division lacks technical expertise and program understanding, while field experience has lent their own program staff better knowledge to develop and execute BCC programs with greater creativity, efficiency, and impact. This trend has reduced the IEC Division's role to a unit implementing media placements and mass production of print materials.

### Structure and HR in the IEC Division

- **The IEC Division faces structural and staffing challenges.** Several studies have recommended the need for restructuring to make the IEC Division responsible for managing BCC strategy, planning, and M&E; these recommendations have not yet been implemented. In the current organogram, there is a clear predominance of media production (mass media and print) roles and skills, to the complete exclusion of other human resources and skill sets critical for a cohesive 360-degree BCC approach. There are no designated staff members for the four key areas of BCC: research, monitoring, and evaluation; strategy development and planning; capacity building; and IPC and social mobilization.

- **The division is grossly understaffed,** having only 4 staff members with experience in media planning and management, down from 15 in 2008. Although MOHFW has developed and implemented a good practice of **hiring consultants** directly or through development partners (DPs) to provide technical assistance for BCC processes, these resources need to be more optimally used by being assigned work based on their competency stated in the terms of reference (TOR).

- **Job descriptions (JDs), where available, are outdated and reporting lines are unclear.** Work allocation is done from time to time through government orders. JDs shared at the time of appointment have not subsequently been reviewed, assessed, or updated, thereby reducing their relevance. The recommendation to develop clear and updated JDs linked with performance indicators has not moved forward. Lack of promotional avenues and career progression is inhibiting performance by impacting the **morale and motivation** of the division staff. Further, reporting and supervision systems are ambiguous, so the different levels of staff all claim to directly report to the JS.

- **There is no mechanism for capacity building of IEC and program staff on BCC.** Most staff report that their formal training in BCC dates back to over 20 years, even as the competitive media/communication environment today demands updated skill sets. The IEC Division currently does not have a mechanism for regular BCC capacity building of its staff. The National Institute of Health and Family Welfare (NIHFW), which organizes trainings for state IEC officials, has a program for quarterly training in BCC but resource shortage is hindering it from organizing regular trainings as planned. Further, there is no system for induction training.

### Horizontal and Vertical Coordination Synergies

- **Poor coordination impedes collaboration within the IEC Division.** There are no regular weekly or monthly meetings to discuss plans and progress. Lack of coordination

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The complex web of multiple challenges has presented the IEC Division with an opportunity to revamp its functioning and restructure its communication programs.

between the different units—for example, AV and print—results in inconsistent program messages, timings and guidelines.

- **Inadequate coordination between program divisions hampers BCC.** Joint planning meetings and consultations between the IEC Division and other MOHFW program divisions are neither regular nor consistent. Some program divisions now independently conduct BCC, without involving the IEC Division. They also play a limited role in providing any guidance to the IEC Division on media planning and placement of BCC products. Interviews with key respondents also indicated that the IEC Division's role is perceived to be one of reproduction of print materials and oversight of mass media placements.

- **The IEC Division's coordination with MOIB is in need of improvement.** Linkages are poor despite the fact that MOHFW is the largest client ministry for many media departments. The IEC Division's interaction with the media departments of MOIB, which execute BCC programs on the ground, is weak, especially in the area of monitoring and feedback. The discussions revealed that interactions currently focus on the sanctioned budget and the overall plan.

- **There is inadequate coordination with state IEC bureaus/cells.** Although MOHFW has implemented some recommendations from previous studies to enhance the quality of coordination with state IEC bureaus/cells—such as the IEC Coordination Committee and biannual meetings—these mechanisms need to be made more regular and institutionalized. Coordination with the state IEC apparatus is critical for joint planning and oversight on budget and planning. State IEC bureaus and cells have also expressed need for a more consultative and inclusive "bottom-up" approach, primarily for eliciting feedback from states.

### BCC Program: Adherence to Six Fundamental BCC Steps

- The IEC Division and program divisions plan BCC campaigns based on their experience, and **many do not involve formative research and communication needs assessments** that should be undertaken from time to time.

- **The "Stages of Behavior Change" theoretical concept is often not used in developing BCC strategies.** The strategy is currently represented by a standardized, annual, two-page "action plan" that states budget allocations for different media channels. At both national and state levels, the overall communication plan is **biased toward mass media,** which receives more than half of the total budgetary allocation. This reliance on stand-alone mass media advertising comes at the cost of synergistic multimedia efforts focusing on, among others, IPC and mid-media, capacity building of frontline workers, and development of IPC tools and job aids.

- **There is an overwhelming focus on materials development and little attention is given to pretesting and evidence-based messaging.** The review found that some of the new BCC products developed by the IEC Division and program divisions were neither pretested nor their messages supported by evidence. BCC materials are generally designed on an ad hoc, "one size fits all" basis, with little attention to the nature of usage or dissemination.

- **Ineffective planning and buying of media for mass media campaigns reflect weakness in management and implementation.** The channels, slots, and rates offered to the IEC Division by the Department of Audio Visual Production (DAVP) are, in many cases, more expensive and less flexible (when compared to the reach of messages to target audience) than those offered by private media buying firms. Poor coordination with the state BCC apparatus further impacts implementation. The IEC Division has **limited scope to provide oversight to states on budgets and spending.** State IEC bureaus and cells also contribute little to national-level planning and management of BCC campaigns.

- **There is inadequate M&E of campaigns,** pointing to the need for strengthening and integrating it into all BCC plans and management efforts. This component is critical to ensure that BCC programs reach the target audience as intended and have the desired impact. It

has been recommended that monitoring be conducted through an appropriate combination of consultants, communication agencies, and by establishing an expert advisory committee.

- **There is little evidence of effective use of M&E results, a critical requirement for planning for sustainability.** In a few cases where monitoring was done and evaluation conducted, the review could not find information on how the findings were used to strengthen the BCC program. In cases where monitoring formats were developed (for example, in the case of the Song and Drama Division), it is unclear whether the monitoring forms were shared with the IEC Division for use and, if used, how useful the IEC Division found them.

## 4. KEY RECOMMENDATIONS

The review pointed to the continuing relevance of earlier recommendations and identified new strategies for strengthening BCC in MOHFW. IHBP has identified critical, sustainable changes that it can influence at national and state levels that will strengthen planning, design, implementation, and evaluation of social and behavior change communication (SBCC).

- **Strengthen structural and coordination mechanisms.** Lack of a shared vision and strategic thrust for BCC within MOHFW emerged as a key finding of the study. Making BCC a priority within MOHFW requires the ministry's different divisions, as well its state counterparts, to work synergistically and collaboratively. A high-level group can be constituted at the national level to provide strategic direction and support in governance and management of the ministry's BCC capacities.

  IHBP proposes:

  » Set up a Technical Working Group (TWG), chaired by AS/MD NRHM and include the heads of all program divisions, the IEC Division and a DAVP representative. TWG members should meet at least twice a year to provide strategic direction and support for strengthening BCC efforts.

  » The TWG would also organize and host two meetings annually with MD NRHMs from states and state IEC Officers to encourage joint planning and provide oversight on budgets and spending.

  » As an interim measure, IHBP recommends that consultants be placed within program divisions to ensure coordination, adequate pretesting and adherence to recommended SBCC processes and approaches.

- **Improve budgetary planning and management.** Management and oversight of budget allocations is critical to ensure that funds allocated for BCC are spent effectively. Inadequacies in budget planning and oversight have led to overemphasis on mass media, disregard of market norms and best practices, and inattention to human resource augmentation and capacity building. The IEC Division has also not been able to monitor and control state IEC budgets and spending.

  IHBP proposes:

  » IHBP can work with MOHFW to revise the IEC/BCC section of the program implementation plan (PIP) format so that the budget requested for mass media, mid-media, and IPC is described in detail per campaign, with reference to the number of districts to be covered and targeted reach.

  » Budget for human resources and capacity building will also be part of the revised format.

  This will improve BCC planning at the state level and permit tracking expenditures, compared to the current practice of many states simply asking for a lump sum to be spent on family planning or maternal health, which can result in no money being requested or available for critical activities.

- **Bolster SBCC capacity at all levels.** Designing and successfully implementing SBCC campaigns requires capacities that go far beyond the traditional IEC activities. There is currently a clear predominance of media production (mass media and print) roles and skills, to the complete exclusion of other human resources and skill sets critical for a cohesive 360-degree BCC approach. Overemphasis on materials development has come at the cost of capacity building and usage.

IHBP proposes:

» At the national level, IHBP proposes working with the National Health Systems Resource Centre (NHSRC) to set up a BCC cell that supports MOHFW in designing campaigns.

» At the state level, strengthening of SBCC can be achieved through:

i. Building capacity of state IEC Officers and BCC consultants through National Institute of Health and Family Welfare (NIHFW) and State Institutes of Health and Family Welfare (SIHFWs) in its focus states.

ii. Capacity building for SBCC can also be explored through public-private partnerships.

iii. Consultants trained and supported by IHBP can be placed in state IEC cells in focus states.

- **Strengthen implementation and tracking.**
Absence of an optimal media plan has resulted in inefficient media planning and buying for mass media campaigns. There is a clear need to ensure that media plans, at both national and state levels, leverage the best value for money. Periodic evaluation of campaigns is critical to track impact and ensure efficient utilization of funds.

IHBP proposes:

» At the national level, working through TWG, media buying can be better coordinated between DAVP and the IEC Division to ensure implementation of professionally developed media plans that achieve maximum reach and frequency with cost effectiveness while minimizing spillover and gaining optimum visibility.

» At the state level, tracking expenditures against allocation will be done in focus states to ensure that budget does not lapse, a 360-degree approach is adopted, and no ad hoc spending of unspent amounts is undertaken at the close of the financial year.

» Monitoring formats will be provided to improve tracking of BCC activities and attempts will be made to introduce state-level reporting on a quarterly basis for the analyzed monitoring data for some, if not all, communication activities.

- **Augment evaluation of BCC campaigns.**
The study has found that in general M&E is not an established practice integrated into the program. Monitoring and evaluating BCC processes, outputs, and outcomes is critical to increase the reach and effectiveness of programs. This component requires significant strengthening.

IHBP proposes:

» Working with NHSRC, IHBP will propose health management information system (HMIS) indicators for BCC.

» A format for tracking state performance on BCC will be proposed for use by the Common Review Mission.

## GOING FORWARD

The rapid assessment of BCC in MOHFW reiterates the findings of previous studies and points to the urgent need for strengthening the ministry's BCC apparatus. To implement the recommendations listed above, a policy decision will be required to constitute a high-level advisory group to support it in functioning as a more strategic and systematic communication unit. In immediate terms, strategic and implementation support at the national and state levels, as also budget approvals for states, for MH and FP BCC campaigns are critical to enhance the impact and coverage of the programs.

# INTRODUCTION TO THE STUDY

A rapid organizational needs assessment (ONA) of existing institutional capacity human resources, and processes used for developing and implementing behavior change communication (BCC) programs in the Ministry of Health and Family Welfare (MOHFW), Government of India (GOI) was undertaken in response to a request from Mr. S. K. Rao, Joint Secretary–Information, Education, and Communication (IEC) Division. The ONA was conducted during May–June 2012. Primary stakeholders for the study included the IEC Division and relevant program divisions of MOHFW, such as maternal health (MH), family planning (FP), and the Central TB Division (CTD). The study also covered capacity building in BCC by the National Institute of Health and Family Welfare (NIHFW), the nodal institution for capacity building within the ministry.

The assessment was undertaken by the Improving Healthy Behaviors Program (IHBP), which is funded by the U.S. Agency for International Development (USAID). Managed by the U.S. non-profit agency FHI 360, IHBP is a four-year project to encourage healthy behaviors through strategic and evidence-based BCC.

BCC is considered an integral part of the National Rural Health Mission (NRHM), a flagship program of MOHFW. The NRHM considers BCC vital for persuading a range of stakeholders to change their attitudes and behaviors, thus contributing to increased demand for services as well as improved quality of care. Although a number of salient campaigns have been launched under NRHM, evidence suggests that several internal and external factors have stymied BCC programs within the ministry.

Most independent studies of the ministry's BCC capacities, as well as regular program reviews and mid-term reviews, have observed that BCC in government health programs requires more evidence-based planning and design, community mobilization and advocacy components, use of innovative communication channels, and systematic evaluation of communication initiatives. These reviews have also indicated need for strengthening the human resource (HR) capacities and organizational processes that guide the functioning of IEC cells at the national level and in states. The aforesaid studies include the following:

- Report on Enhanced Capacity of Government Partners for BCC (UNICEF-MSG, May 2008)[2]
- RCH Phase II, mid-term review, Thematic Report on Behavior Change Communication: Progress (2005–2008); Key Issues and Way Forward (Donor Coordination Division, MOHFW, March 2009)
- Annual reports of the Joint Review Mission (JRM) 2008–2010 and the Common Review Mission (CRM) 2009–2011

## 1. PURPOSE OF THE STUDY

Given that the IEC Division and the BCC apparatus of MOHFW have already been assessed through independent studies and regular program reviews, the present study sought to validate and update the earlier findings and recommendations and build on them. The key questions the ONA aimed to answer were:

1. What are the institutional and capacity requirements for BCC in MOHFW?
2. How closely does the BCC program development and implementation follow the six basic steps of the BCC cycle as outlined in the National Program Implementation Plan (NPIP)?[3] What are the barriers/challenges in this regard?
3. What key findings and recommendations emerged from other program and BCC reviews? Which of the recommendations were taken forward and to what effect? What successes and challenges were

*2. Referred to as the UNICEF-MSG report*

*3. The six BCC cycle steps as outlined in the NPIP include: 1) understanding the situation/formative analysis, 2) designing the BCC strategy and media plan, 3) creating materials/pretesting and finalizing, 4) managing and implementing, 5) monitoring and evaluation, and 6) sustaining impact.*

encountered in translating these recommendations into action?

## 2. BACKGROUND – BCC WITHIN MOHFW

Over many decades, communication has played a powerful role in advancing the health mandate and programs in India. Increased immunization rates, contraceptive prevalence, and HIV-prevention behaviors are strong testimony to the power of communication. The IEC Division of MOHFW is mandated to act as a nodal institution to design and conduct communication activities, popularly known as IEC,[4] for government health programs. The IEC Division has launched and managed several national communication campaigns, including highly successful campaigns for NRHM in recent years. Its campaigns have helped establish a clear brand visibility for the program (refer to Box 1 for highlights of NRHM's BCC initiatives). Data indicate that NRHM communication campaigns were the most visible of all government campaigns, earning 17 percent brand share.

However, a number of complex internal and external factors have stymied the IEC Division, undermining the effectiveness of its own functioning as well as its communication programs. Globally and in India there has been a paradigm shift from ad hoc awareness raising IEC approaches to strategic, evidence-based BCC. For a number of reasons, the IEC Division has not been able to fully keep pace with these developments. Among these reasons is the fact that the media and communication environment has changed dramatically, resulting in a multiplicity of media channels and fierce competition for fragmented audiences. There has also been an increased understanding of the art and science of communication, and the complex factors involved in changing individual and social behaviors.

### The IEC Division Today

Although the IEC Division is the nodal agency mandated to manage BCC for national health programs, its primary responsibility is toward RCH II and NRHM (part A and B of the NRHM framework), with the NRHM Mission Director (MD), an Additional Secretary (AS), who provides direct oversight for RCH II/NRHM and immunization. The IEC Division also runs thematic campaigns on routine immunization (part C) and *Pulse Polio*. The National Disease Control Programs (part D) are under the purview of a different AS.[5]

Other vertical programs (part D), such as the National AIDS Control Program (NACP), the Revised National Tuberculosis Control Programme (RNTCP), Blindness Control, and the National Vector Borne Disease Control Programme (NVBDCP), have their own arrangements for BCC—including staff/consultants, strategies, and interventions—with minimal interaction with the IEC Division.

The IEC Division today has been significantly downsized to about four professionals (excluding the JS and the administrative/support staff). The Director (IEC) may be drawn from the Indian Administrative Services (IAS), Indian Information Services (IIS), or other cadres such as Indian Economics Services (IES), if they are on deputation. Other staff may have professional qualifications in media production (instead of BCC specifically), though often these are dated to over 20 years ago.

### Program Division Partners

In designing and executing BCC programs, the IEC Division coordinates, to some degree, with program divisions (MH, FP, and TB) within the MOHFW, especially for reviewing and vetting the technical accuracy of BCC materials, such as TV and radio scripts and flipcharts.

### Partner Media Departments of the Ministry of Information and Broadcasting

Although the IEC Division designs BCC strategies at the national level, media departments[6] of MOIB execute some of the field-level implementation. These departments are briefly described below.

- The **Directorate of Field Publicity (DFP)** has 207 field units and 22 regional offices within the country. The DFP conducts field-level mobilization and awareness building, primarily through "video vans" that screen socially relevant program films for community groups.
- The **Song and Drama Division** works through thousands of local folk media troupes across the country harnessing the entertainment–education (EE) strategy to promote government programs.

4. *The nomenclature within the government continues to be IEC, which is often used interchangeably with BCC. This document, in keeping with current theory and practice, uses the term BCC.*

5. *The NRHM framework has five components: part A (RCH), part B (NRHM), part C (Immunization), part D (National Disease Control Programs), and part E (inter-sectoral convergence).*

6. *It might be relevant to note here that the departments under MOIB, as a result of various recommendations for downsizing and restructuring, have been significantly depleted of staff at all levels, from national to sub-district levels.*

## BOX 1: IEC DIVISION INITIATIVES

**Branding of the NRHM program has been a key component of the IEC Division's work in recent years,** with huge volumes of materials produced and significant visibility through multimedia campaigns. Executed through technical assistance (TA) from various development partners (DPs), branding initiatives have included messaging through mass media, postal and official stationery, health *melas,* and outdoor campaigns like exhibitions and wall calendars.

**Theme-based campaigns on immunization, breast-feeding, and institutional delivery** include those on sex-selective feticide *(Save the Girl Child),* iodized salt, and Janani Suraksha Yojana (JSY) for institutional delivery. These campaigns used mass media spots and programs (TV, radio, print), executed through the media units of MOIB. The outdoor campaigns have included kiosks, hoardings, bus back panels, and wall paintings.

Partnerships with the MOIB media units have resulted in social mobilization, advocacy, and awareness building activities through the **Directorate of Field Publicity (DFP);** puppet shows, dance sequences, and dramas and folk performances through the **Song and Drama Division;** theme-based films, programs, and spots on All India Radio and Doordarshan through the **National Film Development Corporation (NFDC);** and news media coverage through the **Press Information Bureau (PIB).**

### INITIATIVES ON RADIO

- *Khushiyon Bhara Angan* on all issues covered by NRHM, including immunization, birth spacing, girl child, JSY, and accredited social health activists (ASHAs). The dialogue- and drama-based 30-minute program is broadcast in 19 languages in all states.
- *Lok Jhankar,* also on NRHM issues, is based on folk songs and broadcast in all Empowered Action Group (EAG) states.
- *Sur Bahar,* a popular film song based program, targets the 18 high-focus states on NRHM themes.
- *Don't Worry Be Happy* is a program on adolescent health. It is aired on FM channels and targets the young urban audience.
- A radio program on JSY for all India broadcast.
- Radio spots and jingles on NRHM themes.

### INITIATIVES ON TELEVISION

- *Swasthya Bharat* is a program for branding centrally sponsored health schemes.
- *Kalyani I,* a weekly program managed by Prasar Bharti, focuses on all health issues, such as, RCH, malaria, TB, and leprosy, and is supported by budget allocations from all program divisions, including those under Part D of the NRHM framework. The concerned program division vets the scripts.
- *Kalyani II* is dedicated to RCH II and NRHM issues in the eight EAG states and Assam. The issues include age at marriage, care during pregnancy, antenatal care (ANC) check-ups, pre-natal diagnostic techniques (PNDT), institutional delivery, newborn care, exclusive breastfeeding, immunization, HIV/AIDS, and family planning.
- Spots on NRHM issues feature on Doordarshan and satellite channels, as do health scrolls and sponsorships in news and entertainment segments.

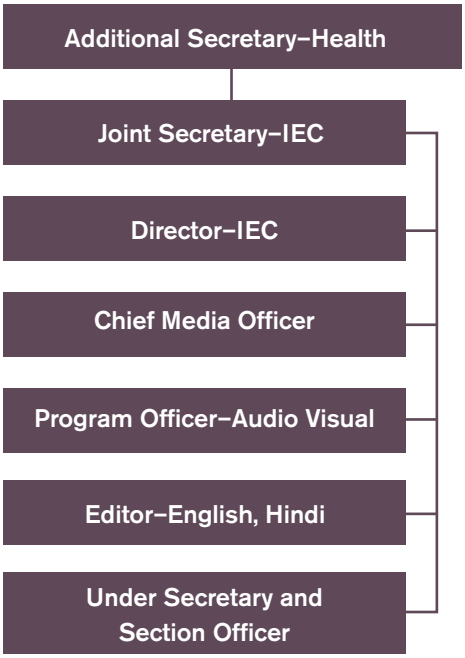
- The **Department of Audio Visual Publicity (DAVP)** manages media planning and buying across multiple media to place program advertisements.

## Systems and Structures at State and District Levels

The IEC Division's state-level counterparts are the IEC bureaus, which have been restructured in some states, based on recommendations from various assessments. For example, Jharkhand has a BCC Cell supported entirely by UNICEF; in Orissa, the Department for International Development (DFID) Technical Management Support Team (TMST) has created a "Centre of Excellence" within the State Institute of Health and Family Welfare (SIHFW) to act as a single-window unit, catering to BCC needs of all government programs.

As illustrated in Figure 2, although there is inter-dependence between the IEC Division and its partners at national and state levels, there is little evidence of effective collaboration at any stage of the BCC process. For example, the IEC Division plans and allocates funds for specific programs to the DFP and the Song and Drama Division; however, there is no concerted or constructive system for feedback, monitoring, and evaluation.

**FIGURE 1: ORGANOGRAM OF MOHFW AND THE ROLES AND RESPONSIBILITES OF THE IEC DIVISION STAFF**




| | |
|---|---|
| **DIRECTOR (IEC)** | Provides management oversight for the planning, budgeting, implementation, and monitoring of all BCC activities; also reviews the produced content and facilitates coordination with partners within the ministry |
| **CHIEF MEDIA OFFICER** | Coordinates with and monitors activities undertaken through DAVP, DFP, and the Song and Drama Division; media plans |
| **PROGRAM OFFICER (AUDIO VISUAL)** | Responsible for the *Pulse Polio* campaign, *Kalyani* program, and NRHM mass media advertising campaign; also undertakes periodic field visits for program monitoring and assessment |
| **EDITOR (ENGLISH, HINDI)** | Undertakes content development, design, and materials development for the print media; supported by the Assistant Editor |
| **UNDER SECRETARY AND SECTION OFFICER** | Oversees administrative matters with the support of a Section Officer |

**FIGURE 2: INDICATIVE WORK FLOWS FOR BCC AT NATIONAL AND STATE LEVELS**

| IEC DIVISION MAKES ANNUAL PLANS, BUDGET ALLOCATIONS, AND CONCEPTS/CONTENT FOR COMMUNICATION MATERIALS | | |
|---|---|---|
| Program divisions co-fund some BCC initiatives, such as *Kalyani,* but also conduct their own BCC programs; vet content of communication materials for technical accuracy; and occasionally arrange for media placement through DAVP. | MOIB<br><br>DAVP develops and executes media plans, and sometimes produces mass media content through empanelled agencies.<br><br>DFP conducts field-level mobilization and awareness-building activities at state and sub-district levels.<br><br>Song and Drama Division mobilizes and trains folk media troupes for the field. | State IEC bureaus, funded through NRHM, develop annual plans and produce communication materials developed at the national level. |

**BOX 2: *KALYANI:* A SUCCESS STORY FOR MOHFW**

*Kalyani,* a joint initiative of Doordarshan and MOHFW, is recognized as one of the most innovative TV-based development communication programs running continuously for almost 10 years in the nine most populous states of the country.

Launched on May 30, 2002, *Kalyani* began as a weekly program focusing on tobacco. It slowly expanded in focus to include various issues like malaria, TB, iodine deficiency, leprosy, blindness control, cancer, HIV/AIDS, and waterborne diseases. Conceptualized as an EE and need-based initiative, the program gained immense popularity over the years, receiving numerous prestigious awards, including from the Asia Media Information Communication Centre (AMIC), Singapore, and the Commonwealth Broadcasting Association. The success of *Kalyani* led to the launch of the *Kalyani II* series, with focus only on RCH issues. The development communication wing of Doordarshan produced the program for the Ministry of Health.

One of the reasons for *Kalyani*'s success was the innovative approach adopted in its production. Dedicated teams were constituted at different levels of the program to concentrate on issues and messages. Apart from a central team, regional groups were constituted at Doordarshan Kendras of each state to produce the program. The central team ensured that the program had a uniform structure, format, treatment, and presentation style, while the regional teams ensured that the episodes had regional touch and flavor to woo local audiences. Special sets were created in all the nine states to produce the program with regional anchors. Steps were also taken to make the program interactive in nature by including talks by doctors and health specialists, facility for phone-ins from viewers, and quizzes.

The IEC Division of MOHFW played an important role and was involved in identifying key issues, giving technical information on health issues, selecting messages for dissemination, overseeing creative briefs, finalizing details, and approving the generic structure that was restructured at the state level to address local needs.

## 3. PREVIOUS REVIEWS OF BCC IN MOHFW

As mentioned earlier, MOHFW's BCC apparatus has been reviewed in several studies. Box 3 presents a summary of the key findings and recommendations.

The following sections provide details of these findings and assess progress against the recommendations by drawing from semi-structured interviews with key stakeholders.

**BOX 3: KEY FINDINGS AND RECOMMENDATIONS FROM PREVIOUS STUDIES**

| Study # | Areas of concern | Recommendations | Source |
|---|---|---|---|
| **Enabling environment** | | | |
| 1 | | Make INR 4,450 crore budget allocation for 2012–2017, based on the existing norm of INR 10/capita; this amount is to be equally divided among national, state, and district levels | Report of the Working Group on NRHM for XII Five Year Plan |
| 2 | Program frameworks, PIPs | Focus on a "common approach to IEC for health," instead of compartmentalized IEC for every scheme | RCH II, NPIP; NRHM Framework |
| **Structure and HR** | | | |
| 3 | Large number of vacancies at state, district, and sub-district levels | Fill the vacancies, with 5 percent of the IEC Division at the national level | RCH II, MTR, 2009 |
| 4 | Inadequate capacity, insufficient training and capacity building | Restructure and establish a BCC unit within the IEC Division, with dedicated staff for strategy development, media planning and operations, research and analysis, and internal communication management | UNICEF-MSG report, 2008; RCH II, MTR, 2009<br><br>JRM (7th), 2011, also set time-bound benchmarks for restructuring the IEC Division |
| 5 | In-house materials development and ad hoc activity focus | Strengthen the Division through consultants and empanelled agencies; the core function of the Division should be management oversight | RCH II, MTR, 2009 |
| 6 | Insufficient clarity on roles and responsibilities, poor access to communication equipment, inadequate attention to training and capacity building, sub-optimal reporting systems | Update JDs, include performance indicators, and link incentives to higher performance | UNICEF–MSG report, 2008; RCH II, MTR, 2009 |

**BOX 3: KEY FINDINGS AND RECOMMENDATIONS FROM PREVIOUS STUDIES (CONT'D)**

| Study # | Areas of concern | Recommendations | Source |
|---|---|---|---|
| **Coordination and horizontal and vertical synergies** | | | |
| 7 | Overall fragmentation of BCC; program divisions undertake their own BCC, with minimal consultation with the IEC Division, which in turn contacts the program divisions only to vet scripts/content of communication materials; no dedicated budgets for travel or coordination with states | Coordinate with state IEC bureaus on different steps in the BCC cycle; conduct bi-annual workshops/ meetings to facilitate coordination and link BCC with services | RCH II, MTR, 2009; JRM (7th), 2011 |
| 8 | | Establish IEC Coordination Committee with external experts to provide inputs to the BCC program; constitute an IEC Management Board | RCH II, MTR, 2009 |
| **BCC program: Adherence to six fundamental steps** | | | |
| 9 | Limited capacity at national and state levels | Prepare an integrated BCC strategy and plan with support of DPs | UNICEF-MSG Report, 2008 |
| 10 | BCC program too widespread; too much emphasis on materials development, with little attention to building capacity and usage | Focus on key priority behaviors, linkage with clinical services, and coordination with specific program divisions; conduct audit of existing materials | RCH II, MTR, 2009 |
| 11 | No system for M&E | Develop a BCC M&E framework at national and state levels; strengthen monitoring of activities and documentation of innovations | RCH II, MTR, 2009 |
| 12 | Media plan not optimal | Ensure that the media plan leverages the best value for money; conduct analysis of media preferences against levels of message exposure/recall and frequency of release; analyze spots for appeal and intention to act; undertake periodic evaluation of campaigns to track impact and value for money | MCH-Star Concurrent Evaluation, 2009 |

# STUDY DESIGN AND METHODOLOGY

Seeking to answer the above-mentioned questions, the study used two methods—**desk review and in-depth interviews**—in a three-step process detailed below.

1. Desk review of the existing documentation within MOHFW, including:
   - » Program frameworks and Project Implementation Plans (PIPs) for RCH II and NRHM
   - » Discrete BCC studies, such as that by UNICEF-MSG
   - » Regular program reports, such as from JRM and CRM, which include BCC as one of the key functions for achieving health outcomes
   - » Documents from specific steps in the communication cycle, such as communication needs assessments, strategies, annual action plans, and evaluations/ impact assessments
2. In-depth interviews and semi-structured discussions with key stakeholders at the national level, including from:
   - » The IEC Division of MOHFW
   - » Program divisions within MOHFW, such as FP, MH, CTD, as well as the NIHFW
   - » Media departments within the MOIB, such as the Song and Drama Division, DFP, and the DAVP, which execute BCC strategies for client ministries
   - » Senior representatives of USAID, UNICEF, and other agencies providing technical assistance (TA) to the IEC Division
3. Interviews and semi-structured discussions with stakeholders at the state and district levels, including:
   - » Senior and mid-level NRHM and health department officials in the states of Uttar Pradesh, Odisha, and Rajasthan
   - » One district visit and interviews with key district- and block-level staff engaged in IEC in each of the three states

The data were analyzed for **four key categories of information** (refer to Figure 1 for a visual representation of data categories).

1. **Enabling environment:** An overall enabling environment for change is required for BCC strategies to be effective in health programs. This category of data included analysis of factors related to policies and program frameworks that clearly define and support the role of BCC; full-time leadership; autonomy and decision-making powers; availability of sufficient funding; positive perceptions; and understanding of BCC as a strategic, specialized program component.
2. **Structure and human resources:** The success of BCC programs significantly depends on organizational structure and human resources, covering organogram(s), number of sanctioned and vacant positions, availability and use of job descriptions (JDs), reporting and supervision systems, academic/ professional qualifications, trainings, and consultants.
3. **Horizontal and vertical synergies, integration, and coordination:** These factors are important as BCC is a cross-cutting program component. Horizontal (cross-departmental, with program divisions within MOHFW itself as well as with MOIB) and vertical (national–state–district–sub-district) synergies are crucial, as are coordination committees and platforms.
4. **The BCC program and its adherence to the six fundamental BCC cycle steps:** Adherence to a communication planning process as outlined in the NPIP of RCH II is

important to ensure the development of evidence-based BCC programs. The steps of the NPIP process include:

- Understanding the situation/ formative analysis
- Designing the BCC strategy and media plan
- Creating materials/pretesting and finalizing
- Managing and implementing
- Monitoring and evaluation
- Sustaining impact

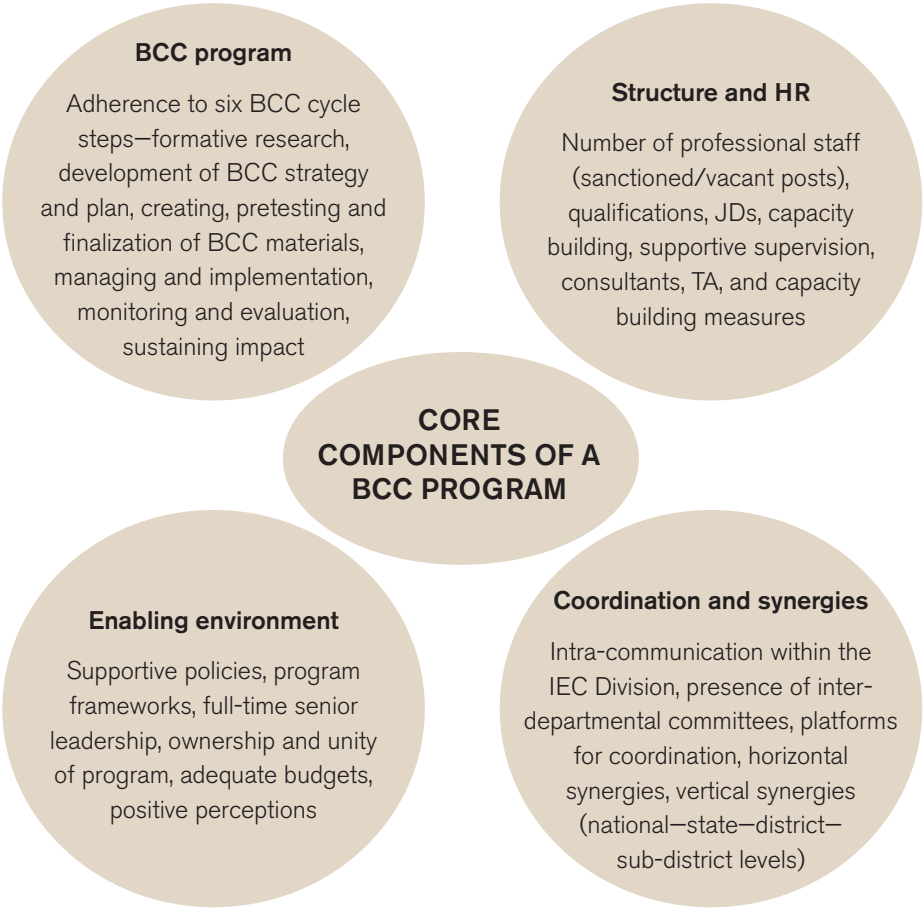
Adherence also includes TA from DPs at specific stages of the BCC cycle.

### Limitations and Challenges

1. The study was conducted within a tight and challenging timeframe of one month.

2. Understandably, access to interviews and official documentation such as JDs was difficult. Some of the key documents/information requested and not received included JDs, sanctioned and filled positions, and annual action plans. (Refer to Annex C for a list of the interviewed stakeholders and Annex D for a list of referenced documents.)

**FIGURE 3: CORE COMPONENTS OF AN EFFECTIVE BCC PROGRAM**



# KEY FINDINGS

This section synthesizes key findings from the ONA, which used a desk review and in-depth interviews, to study the role assigned to BCC in key national programs such as RCH II and NRHM. The findings have been categorized under four broad heads (refer to Figure 3 for a visual representation of data categories).

## 1. ENABLING ENVIRONMENT

Enabling environment is critical for BCC to play its optimal role within health programs. Such an environment is characterized by dedicated senior leadership, ownership of the program at the highest level, supportive policies and frameworks for BCC, and necessary financial resources. In addition, autonomy and decision making, positive perceptions, and supportive partners are critical to enhance understanding and appreciation of BCC.

- **Supportive policies and frameworks**
  The paradigm shift from ad hoc IEC to strategic, evidence-based BCC is clearly reflected in salient program documents, such as the NPIP for RCH II (2005–2012) and the NRHM framework (2005–2012). This positive intent is clearly reflected as below:
  - The NPIP for RCH II provides a robust framework and direction for a **cohesive, synergistic, and evidence-based approach to BCC**—a clear departure from traditional IEC.
  - The NPIP also highlights the importance of **"Stages of Change"** theory in underpinning BCC, spelling out the six critical steps in the BCC cycle, and the need for evidence-based, segmented approaches.
  - The NRHM framework clearly advocates for a **cogent communication strategy for preventive and curative health,** as opposed to vertical, "compartmentalized IEC for every scheme."
  - A glaring omission is that the TOR for the Working Group, 12th Planning Commission, did not include a BCC component; also, BCC never featured as an issue in any parliamentary session.

Despite the supportive frameworks, barring a few departures, BCC has occupied a somewhat low status in the hierarchy of overall programs. In contrast to the undisputed role of, for example, medical services, which have a clear mandate and expertise domain, the role of what has traditionally been referred to as "IEC" has been inadequately defined, understood, and appreciated within the broader health program.

These frameworks and PIPs have nonetheless played a crucial role in setting the stage for **concerted advocacy for BCC**. Between 2006 and 2009, the IEC Division actively advocated for BCC. For example, on its initiative, the Health Minister and the Health Secretary sent out six-monthly communiqués to their state counterparts, **advocating for strengthening the role of BCC in health programs.** The IEC Division actively solicited TA from DPs during this time, resulting in heightened momentum and mainstreaming of BCC as an integral part of health programs. However, **these efforts were not institutionalized.**

- **Lack of full-time leadership**
  Lack of full-time, long-term leadership indicates the low priority given to BCC in the current set up. Since January 2009, the IEC Division has functioned with four Joint Secretaries (JSs), all of whom worked part-time as they were assigned other portfolios in addition to

IEC. The current JS has a total of five portfolios including IEC.

- **Issues in budgets/funding**
  - » Budget allocations to the national IEC Division stood at INR 240 crore (2012–2013), about INR 50 crore short of the funding recommended by the NRHM Working Group for the 12th Five Year Plan (2012–2017).[7]
  - » The IEC Division's budget is augmented by BCC funding through program divisions—INR 80 crore (NACP II), INR 32 crore (tobacco control), and INR 28 crore (communicable diseases), to cite a few.[8]
  - » The NRHM PIP recommends a 2 percent allocation of the total NRHM budget toward BCC at the state level; however, in reality, it ranges between 1–1.5 percent, with an average annual increase of about 10 percent. Further, a recommendation that 5 percent of the central BCC budget be used for filling up vacancies at state, district, and block levels has not moved forward.
  - » Utilization of funds could benefit from more strategic thinking and adherence to market practices. For example, a review of 2011–2012 budgetary allocations reveals that 60 percent was allocated for audio visual (AV), 8 percent for broadcast, 15 percent for newspaper ads, 7 percent for print publicity, and 10 percent for outdoor publicity.[9] The overemphasis on mass media and neglect of interpersonal communication (IPC) has also been identified as a constraint by previous studies and reviews. Further, allocations for media production and programming (60 percent) and airtime (8 percent) completely contradict accepted norms and best practice in the industry, which follow a 1:4 ratio, respectively.

- **Overall fragmentation of BCC within MOHFW**
  **Perceptions about the role of BCC differ widely** within the ministry and outside. The IEC Division is, on paper, the nodal agency for communication, especially for RCH and NRHM. In reality, **some program divisions plan their own BCC programs and develop materials,** even as some other stakeholders emphasize the need for a strategic BCC approach that is fully integrated with the program. Some program divisions note that due to their field experience, their own program staff has better knowledge of BCC and has developed and executed several BCC programs with greater creativity, efficiency, and impact. This trend started with CTD, followed soon by MH and FP program divisions. Their staff indicated that the IEC Division lacks the technical expertise and understanding of the program, autonomy, and decision-making powers. This fragmentation has limited the role of the IEC Division, being seen merely as a unit implementing media placements and mass production of print materials.

## 2. STRUCTURE, HR, AND CAPACITY

This section covers issues such as sanctioned versus filled posts, presence of JDs, role clarity, reporting and supervision systems, avenues for growth, promotion, performance-based incentives, induction training, capacity building, and TA measures like placement of consultants and workshops.

- **Need for restructuring the IEC Division**
  Issues of **staffing, HR, and capacity** have been recognized among the fundamental challenges faced by the IEC Division. As early as 2005, the RCH II PIP recommended restructuring and recasting the role of the IEC Division, renaming it the BCC Division and making the Director responsible for managing the BCC strategy. The Division's primary role was proposed as providing management oversight for BCC; outsourcing specific activities such as material development to external, private sector agencies; developing briefs; and ensuring effective M&E.

  In the current organogram, there is a clear predominance of media production (mass media and print) roles and skills, to the complete

7. *The Working Group had recommended that BCC budgeting should be calculated at the rate of INR 10/per capita, and that the five-year budget of INR 4,450 crore should be divided equally at central, state, and district levels.*

8. *IEC Division–A Roadmap for the Future, ppt presentation by Joint Secretary Mr S. K. Rao*

9. *Ibid.*

exclusion of other human resources and skill sets critical for a cohesive 360-degree BCC approach. There are **no designated staff members for the four key areas of BCC program design, implementation, and evaluation** including: research, monitoring, and evaluation; strategy development and planning; capacity building; and interpersonal communication (IPC) and social mobilization.

The recommendation for restructuring was reinforced by RCH II MTR and the UNICEF-MSG study, with the latter proposing a 19-member team for the division. To date, restructuring has not been initiated in MOHFW, though progress has been made in some states. For example, with UNICEF's support a BCC Cell was created in Jharkhand; in Orissa the "Centre of Excellence", reconstituted by the DFID-supported TMST, functions as a single-window BCC cell to cater to the needs of all government departments and programs.

- **Shortage of staff**
  The IEC Division had about 15 filled positions in 2008;[10] today it has only 5. The downsizing of the department is partly because the staff occupying these positions retired, and the positions were never filled. Various studies and reviews[11] have recommended that staff strength be increased—with at least four contractual staff with multidisciplinary and complementary skills relevant to the Division's ability to carry out essential communication steps recommended by the NPIP referenced previously, such as communication strategy development, media planning and operations, research and analysis, and internal communication management. Recommendations have also called for another four staff to manage field-level and non-mass media operations. The UNICEF-MSG study had even recommended a revised structure with 18 staff members. These recommendations have not been acted upon to date.

  DPs have attempted to provide TA for specific steps in the BCC cycle (material development, evaluations, etc.). DPs have also provided the division with consultants, who have, however, been assigned ad hoc, routine tasks such as writing speeches and press releases rather than providing high-quality TA for strategic planning and management. Given the pressure to deliver materials for event-specific activities, innovation and creativity take a backseat. Further, the DPs funding consultant positions are not allowed to provide any support or guidance to them. Some of the interviewees felt that in this situation additional consultants should be provided to the division so that some of them can undertake routine work while others provide the much-needed TA and add value.

- **Poor role clarity and outdated job descriptions**
  There is a general lack of clarity about the role of the IEC Division as a whole as well as about specific responsibilities. JDs shared at the time of appointment have not been subsequently reviewed, assessed, or updated, thereby reducing their relevance (attempts to access JDs from respondents were unsuccessful). There is also discrepancy between JDs and actual work. In program divisions like the MH, FP, and CTD, staff with medico-technical expertise, as opposed to health communication expertise, lead BCC planning and implementation as additional responsibility. This has resulted in increased dependence on DPs for producing BCC products and limited the role of IEC Division staff. The recommendation to develop clear and updated JDs linked with performance indicators[12] has not moved forward.

- **Unclear reporting systems and lack of promotional avenues**
  Lack of proper systems is illustrated by the example of the Program Officer (AV) and the Editor, who, on paper, should report to the Chief Media, who, in turn, should report to the Director. However, as the interviews have shown, in reality everyone claims to report directly to the JS.

  Another major concern is about the **low morale** of staff, many of whom have been in their positions for 10–20 years. Promotional avenues are few, inhibiting work performance. The Assured Career Promotion (ACP) rule does provide financial benefit in relation to the number of service years, but the amount is too small and

10. *RCH II PIP, 2005; RCH II MTR, March 2009; Report on Enhanced Capacity of Government Partners for BCC, UNICEF-MSG, May 2009*

11. *Ibid.*

12. *RCH II MTR; UNICEF-MSG report*

insufficient to motivate. As one staff member pointed out: *"Professional growth and stimulation should also be taken into consideration."*

- **Issues in capacity building**
  Sustaining BCC capacity requires regular and systematic capacity building and in-service training of either IEC or program staff. Firstly, there is no system for induction training. Most staff report that their formal training in BCC dates back to over 20 years, while the competitive media/communication environment today demands updated skill sets. There is no systematic capacity building initiative for the national staff, neither by NIHFW nor by the Indian Institute of Mass Communication (IIMC), a nodal institution under MOIB for capacity building in media/communication. The review found need for improved coordination between the IEC Division and NIHFW for longer, sustainable, and more responsive capacity building in BCC.

  NIHFW is mandated with capacity building, but trainings mostly involve the IEC Division staff giving BCC presentations to participants, most of whom are from state and district levels. Bi-annual capacity building workshops for state IEC Officers were conducted regularly during 2006–2009 but were not institutionalized, and have hence discontinued. The IEC officials working at Nirman Bhawan, New Delhi, stated that they have themselves not undergone any training in BCC in the previous 2–3 years. Some IEC Division staff had availed themselves of international capacity building opportunities through DPs, such as the Johns Hopkins Center for Communication Programs, but were unable to translate their learning into action within the IEC Division due to multiple reasons.

  Media departments such as DFP in MOIB have received training from IIMC. However, their staff reported that the week-long trainings were not very useful, as they were neither based on any training needs assessment (TNA) nor catered to the differing needs of various cadres.

## 3. COORDINATION AND HORIZONTAL AND VERTICAL SYNERGIES

- **Weak coordination within the IEC Division**
  There are no regular weekly or monthly meetings to discuss plans and progress. Inconsistency is apparent in program messages, timings, and guidelines across print and AV formats. Collaborative and joint message development by print, AV, and technical program divisions has been recommended but not moved forward. Unlike in the MOIB, where the Inter-Media Publicity and Coordination Committee (IMPCC) acts as a common platform for facilitating synergy within MOIB, there is **no similar platform for BCC coordination** within MOHFW.

As a critical, cross-cutting program component, BCC should be integrated and embedded within the program. Coordination is required at many levels:

- With **program divisions within MOHFW** to ensure that BCC supports the overall program thrust
- With **media departments of MOIB** to facilitate effective execution and delivery of BCC activities; coordination with DFP, DAVP, and the Song and Drama Division
- With **state- and district-level counterparts** to ensure that national BCC program guidelines, strategies, plans, and materials are adapted to local context and used by states, and to also ensure that ground realities of states and districts are reflected in national strategies and plans

The RCH II PIP provides broad guidelines for an **"intra-communication package"** for horizontal and cross-departmental coordination at the national level and vertical synergy across levels (national—state—district). This has been piloted in some states such as Maharashtra.[13] It was redressed somewhat between 2006 and 2009, when, acting on the recommendations and using the intra-communication guidelines, six-monthly meetings, annual workshops, and regional meetings were conducted involving the states. However, these initiatives have now ceased.

- **Inadequate coordination with program divisions**
  Planning meetings and consultations between the IEC Division and other MOHFW program divisions do not take place regularly or consistently. When they do, the interactions are limited to vetting of message content by program divisions for the campaigns developed by the IEC Division. Although it is mandated to be the nodal institution for all health programs, the IEC Division in reality focuses mostly on RCH II and NRHM. For a number of reasons, MOHFW's other program divisions now independently conduct BCC without involving the IEC Division, which is seen to be primarily concerned with media placements and mass production of print materials. Program divisions independently mobilize, when required, external support through DPs, creative agencies, and media firms. With World Bank's support, some divisions have contracted a media agency and believe their BCC work to be highly visible and effective.

  There is, however, some degree of financial coordination in a few cases, for example, in the case of *Kalyani*. Of the 52 program weeks annually, about 12 days are allocated to TB for which CTD contributed INR 5 crore. The CTD expressed reluctance to share the complete details of its BCC budget with the IEC Division, due to the feeling that the latter would then go ahead and commit funds without any consultation or knowledge of the program's priorities. The CTD also manages its state-level BCC directly by giving prototypes—CDs with TV spots, radio jingles (18 languages), and print materials—and some basic guidelines on usage with flexibility to adapt. The CTD's website also has an IEC center. The CTD staff stated their openness to working with the IEC Division, but asked for its technical capacity to be improved, especially with regard to media planning. Based on internal calculations, the CTD estimates that media planning/buying through DAVP is 1.3 times more expensive than other media firms.

  A somewhat similar view was presented by another division, which considers BCC an added responsibility that takes away from its technical focus. It does not work closely with the IEC Division and does not have its own BCC funds as well. Hence, based on need, it gets TA from partners like UNFPA. Once partners develop prototypes, it prints the material and disseminates to states. The Division staff indicated that the only time the IEC Division or DAVP get in touch with them is when they need vetting of scripts/messages for BCC activities. One program division also noted that prototypes are finalized and sent to the states without sharing copies with program divisions.

  It was expressed that joint planning between the IEC Division and program divisions could make institutional mechanisms more effective and dynamic and increase their collective bargaining power for media buying. Recommendations for cross-orientation (of the IEC Division on program technicalities and BCC orientation for program divisions) and collaborative development of a BCC strategy and plan need to be prioritized.

- **Poor linkages with media departments of MOIB**
  Media units of MOIB constitute the "arms and limbs" of the IEC Division. Some of the field-level activities of the ministry's IEC Division are executed through MOIB's Directorate of Field Publicity (DFP), Song and Drama Division, and the Department of Advertising and Visual Publicity (DAVP). However, linkages are poor despite the fact that MOHFW is the largest client ministry for many media departments.

  No mechanism ostensibly exists to ensure that media plans shared by the IEC Division with DAVP are adhered to or that the IEC Division is kept in

13. *RCH II, MTR, March 2009*

the loop on dates of airing or changes to the shared media plan. An MOIB official cited an example of their 17 meetings with the IEC Division for an NRHM program with a budgetary allocation of INR 5 crore; finally nothing came of it. In his words: *"We need more participation and ownership from the IEC Division, and they should also involve us."*

- **Weak coordination between the IEC Division and the state IEC bureaus** MOHFW has implemented some recommendations from previous studies to enhance the quality of coordination with state IEC bureaus and cells. Such mechanisms as the IEC Coordinating Committee and biannual meetings with state IEC bureaus and cells have been set up and were used intermittently during 2006–2008, and there is a clear need to institutionalize these mechanisms. There is currently no budget for travel to states and districts to review BCC activities, quite unlike the situation in MOIB, where staff from DFP and the Song and Drama Division travel to the field twice or thrice monthly to review activities and provide TA. However, some staff members do participate in JRMs. Disconnect between the center and states increases further if the state government belongs to an opposition party.

An IEC Division staff also indicated that there is lesser involvement with state-level BCC work because it is conducted through NRHM funds. To facilitate synergy, it has been recommended that regular annual review meetings be reinstated between MOHFW and states to coordinate state- and district-level activities and share good practices.[14]

## 4. BCC PROGRAM: ADHERENCE TO SIX FUNDAMENTAL STEPS IN THE NPIP RECOMMENDED BCC CYCLE

This section looks at how the BCC program is developed and executed, adherence to the six critical steps in the BCC cycle as recommended by NPIP, challenges in such processes, and the management oversight recommended by earlier reviews. NPIP recommended a six-step BCC cycle process, including:

1. Formative analysis
2. Strategy and media plan development
3. Development, pretesting, and finalization of BCC materials
4. Management and implementation
5. Monitoring and evaluation
6. Sustainability

It has long been recognized that coordination and synergy are missing. A few of the key recommendations to facilitate horizontal and cross-departmental coordination and synergy include:

- **Creation of a central IEC Coordinating Committee,** involving experts to provide technical inputs on strategy and management.[15] This recommendation was taken forward in 2008 through a committee that included DP representatives. However, government requirements, such as a three-week notice for scheduled meetings, absence of senior officials at the last minute, and other such issues rendered the committee less than effective, resulting in its informal discontinuation.

- **Constitution of a BCC Management Board** with five representatives of DPs to provide technical inputs on communication strategy and management (NPIP RCH II). There has been no movement on this recommendation.

The Aide Memoire, Joint Review Mission, January 14, 2011, indicates some progress: six thematic groups were constituted with TOR for strategic planning and execution of BCC and a framework developed for strategic planning and capacity building. A Technical Resource Group with six external experts was constituted to consolidate the BCC function of MOHFW. However, change in leadership and absence of institutionalization resulted in these positive steps being discontinued.

14. *Ibid.*

15. *RCH II, NPIP, 2005; RCH II MTR, March 2009*

Some of the IEC Division's initiatives have undoubtedly been noteworthy successes. For example, national level advocacy, visibility, and media coverage have contributed to a strong NRHM brand, with data pointing to NRHM as the most visible brand[16] (17 percent brand share) in government communication. In addition, there have been several other thematic initiatives conducted across multiple media. However, there are issues that undermine the design, development, and execution of BCC programs.

Operationalizing the full six-step BCC process at national and state levels remains a challenge.

Despite recommendations that the IEC Division be mandated with overall management oversight for BCC, the staff members, pending restructuring, continue with their tasks as before. A number of time-bound performance benchmarks, such as conducting national and state-level BCC workshops and contracting a creative firm for developing communication prototypes,[17] are still pending. Although program divisions have empanelled agencies for creative and media planning/buying, the IEC Division feels forced to continue its reliance on DAVP and produce materials in-house.

- **Inadequate attention to formative research**
  Overall, there is insufficient emphasis on formative research and situation analysis. The desk review and interviews did not indicate any work on this crucial first step for BCC.

- **Absence of a robust BCC strategy**
  Strategies are represented by a **standardized annual two-page "action plan,"** which reflects budgetary allocations for different media channels. The entire approach is focused on ad hoc awareness raising rather than strategic BCC based on a "stages of behavior change" concept, which was emphasized strongly in the RCH II PIP. Although Uttar Pradesh developed a comprehensive BCC strategy for NRHM, there has been no effort to develop a national BCC strategy along similar lines. However, there have been some examples of thematic campaigns unified by an overarching concept, recommended by the RCH II PIP as well as by MCH Star Concurrent Evaluation (2009), such as that for adolescent, reproductive, and sexual health (ARSH).

The overall bias, at national and state levels, is toward mass media, which receives more than 50 percent of the total budget. The **reliance on stand-alone mass media advertising** comes at the cost of synergistic multimedia efforts. Recommendations suggest that states should focus on IPC and mid-media (folk performances and street theatre) and capacity building of ASHAs, counseling skills, and the development of appropriate IPC tools and job aids (RCH II MTR).

However, budget allocations and action plan for 2011–2012 reflect little change: 60 percent toward mass media, 8 percent for broadcast (extremely low, and in complete contrast to the 1:4 production versus airtime ratio that defines successful mass media campaigns), 15 percent for newspaper ads, 7 percent for print publicity, and 10 percent for outdoor publicity.[18]

- **Singular focus on material development**
  Little attention is paid to pretesting and evidence-based messaging, and there is almost complete neglect of the other steps preceding and following material development. The pretesting of select NRHM spots (aired between May 2006–October 2007) is a rare exception to this general norm. BCC materials are generally designed on an ad hoc, "one size fits all" basis, with little attention to the nature of usage or dissemination.[19]

Development partners have provided TA on thematic campaigns; for example, between 2006–2009 Futures (USAID-funded) staff worked closely with the IEC Division, developing strategies, media plans, and, more specifically, communication materials for NRHM. Similarly, MCH Star conducted an impact evaluation of the NRHM campaign in 2009. Overall, at the national level, even though at different junctures **DPs have provided TA, it appears to be focused more on content/material/program development** (in the case of mass media) rather than on formative research, strategy development, and regular M&E.

The recommendation for an audit of communication materials, from the

16. *RCH II MTR, 2009*
17. *Aide Memoire (7th), Joint Review Mission, January 2011*
18. *IEC Division, A Roadmap for the Future, ppt presentation, JS Mr S. K. Rao, 2012*
19. *Concurrent Evaluation of Phase II of the NRHM BCC Campaign. Population Foundation of India, MCH Star, USAID; September 2009*

national through the district levels, to examine the appropriateness of materials in relation to current strategies and programs has not yet moved forward.

- **Inefficiencies in implementation Media planning and buying for mass media campaigns is perceived to be an extremely weak component** of the BCC program, with the DAVP rates working out to be more expensive and offering lesser reach than those offered by private media buying firms. The MCH Star evaluation recommends a specific media plan with instructions on frequencies of each particular spot to track the actual release and impact of spots.

Poor coordination with the state BCC apparatus further impacts program management. **Budget allocations and utilization of state IEC bureaus are not monitored.** Discussions suggest that the IEC Division does not have any control on state budgets and spending. *"State IEC budgets are in the flexi pool so we're not aware of how it is disbursed,"* said an interviewed official. Unutilized funds are returned every year. However, some degree of coordination is reflected in budgets. For example, in the case of *Kalyani*, program divisions contributed financially; similarly, for the *Swasthya Bharat* program Prasar Bharti asked all programs to contribute cash and in-kind.

In order to **strengthen implementation,** it has been recommended that a broad framework be prepared for the development of District Health Action Plans (DHAPs) as well as district BCC plans for all NRHM components (A–E).[20] BCC is envisaged as an integral component of the state and district PIPs; this is reiterated in the manuals for preparation of state and district plans.

- **Inadequate M&E of campaigns** In general **M&E is not an established practice** integrated into the program. Exceptions include an impact assessment of the NRHM mass media advertising campaign,[21] undertaken through DP support, and an impact assessment of outdoor media campaign involving metros and bus stops through tickets and hoardings on 18–20 thematic issues, undertaken through IIMC (the report is yet to be submitted even a year after study completion). This component requires significant strengthening. It has been recommended that monitoring be conducted through an appropriate combination of consultants, communication agencies, and by establishing an expert advisory committee.[22] A framework should be developed at national and state levels to track BCC outcomes, document innovations, and support periodic evaluations.[23]

Monitoring is not a strong feature of the IEC Division's partners in MOIB either. Funds are released annually to the DFP, Song and Drama Division, and the DAVP to execute field-level awareness and mobilization activities, conduct folk media and street theater performances, and place media campaigns on air, respectively. Although no utilization certificate is forthcoming from the DAVP, the Song and Drama division uses a standardized format (shared for the present study) to report on performance and capture feedback from two audience members.

- **Insufficient focus on strengthening program Planning for sustainability is a critical step in BCC process.** In the few cases where M&E was conducted, it is not known how effectively the findings were used to strengthen the BCC program. Where M&E formats have been developed (for example, in the case of the Song and Drama Division), it is debatable if the completed monitoring forms were shared with the IEC Division, how useful they proved in reality, and whether the feedback was used for mid-course correction. The IEC Division denies receiving any kind of feedback from its partners. In 2011, IIMC conducted an impact evaluation of DFP's BCC activities for NRHM, funded by the IEC Division. The report is still awaited.

The **role that TA from DPs can play in strengthening the IEC Division** has been emphasized through various documents[24] especially for formative assessments, strategy development, prototype material development, designing community-based activities, documentation, and evaluations.

20. *NRHM PIP document, RCH II NPIP, RCH MTR*
21. *Concurrent Evaluation of Phase II of the NRHM BCC Campaign, MCH Star, PFI, USAID. 2009.*
22. *RCH II, MTR, March 2009*
23. *RCH II MTR, MCH-Star Concurrent Evaluation*
24. *Report on Enhanced Capacity of Government Partners for BCC, UNICEF. MSG Consulting. May 2008; Concurrent Evaluation by MCH Star; and the RCH II NPIP*

# KEY RECOMMENDATIONS

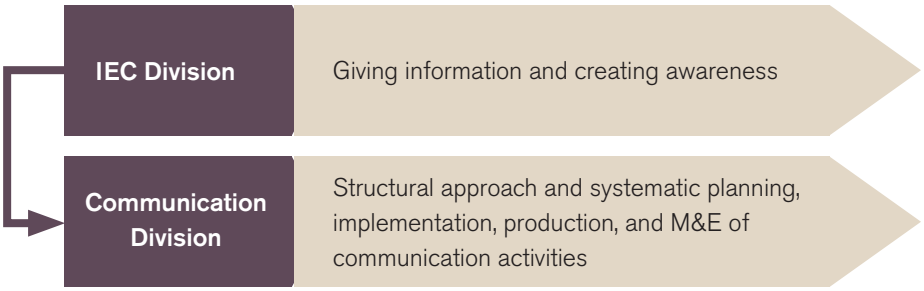
An overwhelming result of the present study was the commonality and recurrence of key findings and recommendations from previous reviews—the need for restructuring and strengthening the IEC Division, for mechanisms and platforms to facilitate coordination, and to professionalize the development and execution of

| ATTRIBUTES | SPECIFIC RECOMMENDATIONS |
|---|---|
| Enabling environment | • Make BCC a priority in MOHFW<br>• Rename IEC Division as Communication Division<br>• Constitute a high-level Communication Advisory Group<br>• Ensure the Communication Division is the nodal point for all MOHFW communication needs<br>• Revisit the RCH and NRHM BCC policies and frameworks |
| Structure and staffing | • Ensure dedicated senior leadership<br>• Recast the functional structure of the Communication Division<br>» Set up a BCC Technical Unit, with communication professionals for planning, capacity building, coordination, monitoring, and evaluation<br>» Identify nodal organization to support the BCC unit in planning, implementation, coordination, monitoring, and evaluation of BCC activities<br>» Set up a Communication Materials Design Unit<br>» Set up a Communication Procurement and Finance Unit<br>» Contract agencies for prototype and materials production<br>• Define JDs and reporting structure |
| Coordination and synergies | • Set up a mechanism for coordination with MOIB<br>• Revitalize the intra-communication package with states<br>• Establish a system for capacity building of health functionaries on communication, done through NIHFW |
| BCC program | • Conduct a communication needs assessment for key thematic areas<br>• Develop national BCC strategy, with a 3–5 year vision<br>• Revisit budget allocations to ensure alignment with strategy and market norms<br>• Focus on IPC and mid-media, while de-emphasizing materials development and mass media<br>• Strengthen implementation through DHAPs, regular field visits, bi-annual workshops for capacity building, and monitoring<br>• Develop and operationalize monitoring framework and formats, ensuring that data and feedback are integrated into the BCC program on a timely basis to support mid-course correction |
| Procurement of services and contracts | • Streamline procurement guidelines |

BCC program, to state a few. While previous studies had presented these findings and recommendations, the present study has benefited from the interim years, from experience in operationalizing the recommendations.

The **key recommendations** are discussed below in greater detail.

**FIGURE 4: PROPOSED RECASTING OF THE IEC DIVISION**




## 1. ENABLING ENVIRONMENT

- **Increase the priority accorded to BCC**
  The **role of BCC in health programs** is not fully recognized or appreciated, evident from the fact that the TOR of the recent 12th Planning Commission Working Group did not include a BCC component. Further, the position of JS–IEC has always been as an additional portfolio rather than a full-time responsibility. When there has been a dedicated and convinced leadership, changes have taken place to re-energize the IEC Division and translate recommendations into action to ensure an effective role for BCC in health programs. It is strongly recommended that concerted advocacy for BCC be launched to increase its visibility and salience and facilitate its mainstreaming into key national programs.

- **Rename the IEC Division as the Communication Division**
  The paradigm shift from IEC to BCC paves the way for renaming the IEC Division and revising its TOR. The division, which has traditionally functioned to provide information and create awareness, could be renamed the Communication Division, with revised functional responsibilities covering a structural approach and systematic planning, implementation, production, and monitoring and evaluation of communication activities.

- **Constitute a high-level Communication Advisory Group**
  A high-level Communication Advisory Group (CAG) needs to be constituted at the national level to provide overall strategic direction and support the governance and management of the Communication Division. The CAG may be chaired by Secretary (Health) and co-chaired by AS and MD of NRHM. All the Joint Secretaries of MOHFW and DPs like USAID and UN bodies may be members of the CAG.

  The CAG would look into areas of institutional strengthening, partnerships, alliances and affiliations, proposals, and thematic program-wise coordination with the Communication Division.

- **Ensure the Communication Division is the nodal point for all MOHFW communication needs**
  Currently the MOHFW program divisions act individually to meet their communication needs. It is recommended that there be one nodal point for all communication activities to synergize budget and human resources. This change needs to be brought about in a phased manner.

  1. For the initial year or two, the Communication Division may completely handle the communication needs of only the MCH Division and the FP Division.
  2. In another two to three years, the Communication Division may begin to manage the Non-Communicable Disease Program's communication needs.
  3. In four to five years, the Communicable Disease Program's communication needs may be managed.

- **Revisit the BCC policies and frameworks of RCH II and NRHM**
  The program policies and frameworks of RCH II and NRHM provided a robust direction for BCC, resulting, for some years, in better management oversight. However, in the absence of institutionalization these successes were short-lived. It is strongly

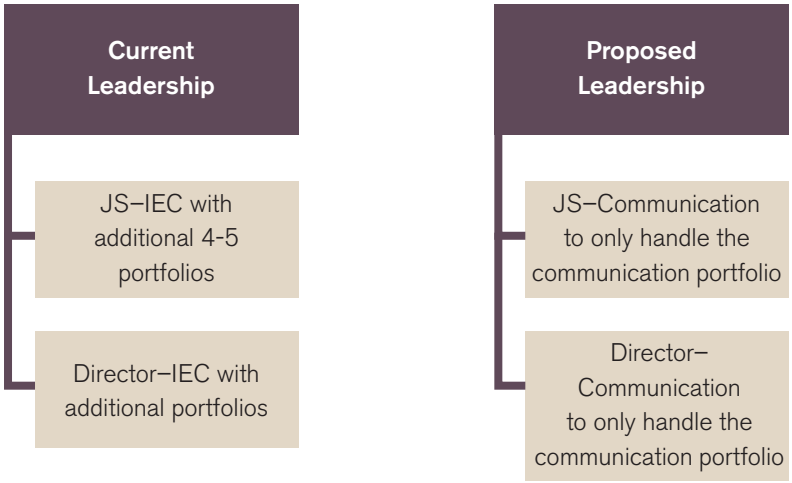
recommended that the IEC Division revisit prescribed practices and tools such as the intra-communication package, the IEC Coordinating Committee, and thematic groups to enhance the overall quality of the BCC program.

## 2. STRUCTURE AND STAFFING OF THE COMMUNICATION DIVISION

- **Ensure a dedicated, long-term leadership**
  Currently, the JS and the Director for IEC are responsible for an additional four to five portfolios. The current need is to have a dedicated JS and a Director to manage communication activities within MOHFW.

- **Recast the functional structure of the Communication Division**
  The IEC Division today technically consists of the Chief Media Officer, Editor–English, Program Officer–AV, and Under Secretary, supported by Section Officer and support staff. The communication needs of various program divisions of MOHFW have increased manifold, and making the Communication Division the nodal point for BCC activities under NRHM would necessitate a new structure, as recommended below.

**FIGURE 5: RECOMMENDATIONS TO STRENGTHEN BCC LEADERSHIP**




1. Establish a **BCC Technical Unit,** comprising communication professionals to prepare annual plans, develop communication strategies, implement communication activities, coordinate with program divisions and state IEC bureaus, train and carry out capacity building, undertake research and documentation, and monitor and evaluate communication activities. This BCC unit may be technically supported by an identified nodal agency with inbuilt capacity for planning, implementation, communication training and capacity building, and monitoring and evaluation of communication activities. The proposed unit could be headed by the National Health Communication Manager and supported by communication professionals.

2. Establish a **Communication Materials and Design Unit,** accountable for the design and development of various communication materials and prototypes for AV and print, media plans, and digital services. This unit is proposed to consist of Communication Media and PR Division, Audio Visual Division, Print Division, and Digital and IT Division, supported by qualified empanelled agencies for production of prototypes and materials.

3. Establish a **Communication Finance and Procurement Unit,** consisting of three units, namely, procurement, mailing, and finance, which would be accountable for the procurement of services and contracts, vendor management, distribution and mailing, and financial support for communication activities.

The proposed structure is illustrated in figures 6, 7, 8, and 9.

- **Ensure well-defined JDs and reporting structure**
  Revisit and revise work allocations for the existing IEC Division staff and develop TORs for professional consultants in a way that synergizes individual roles and skills and maximizes the effectiveness of the IEC Division as a whole. This measure will also address the current lack of clarity on individual roles and reporting and supervision systems.

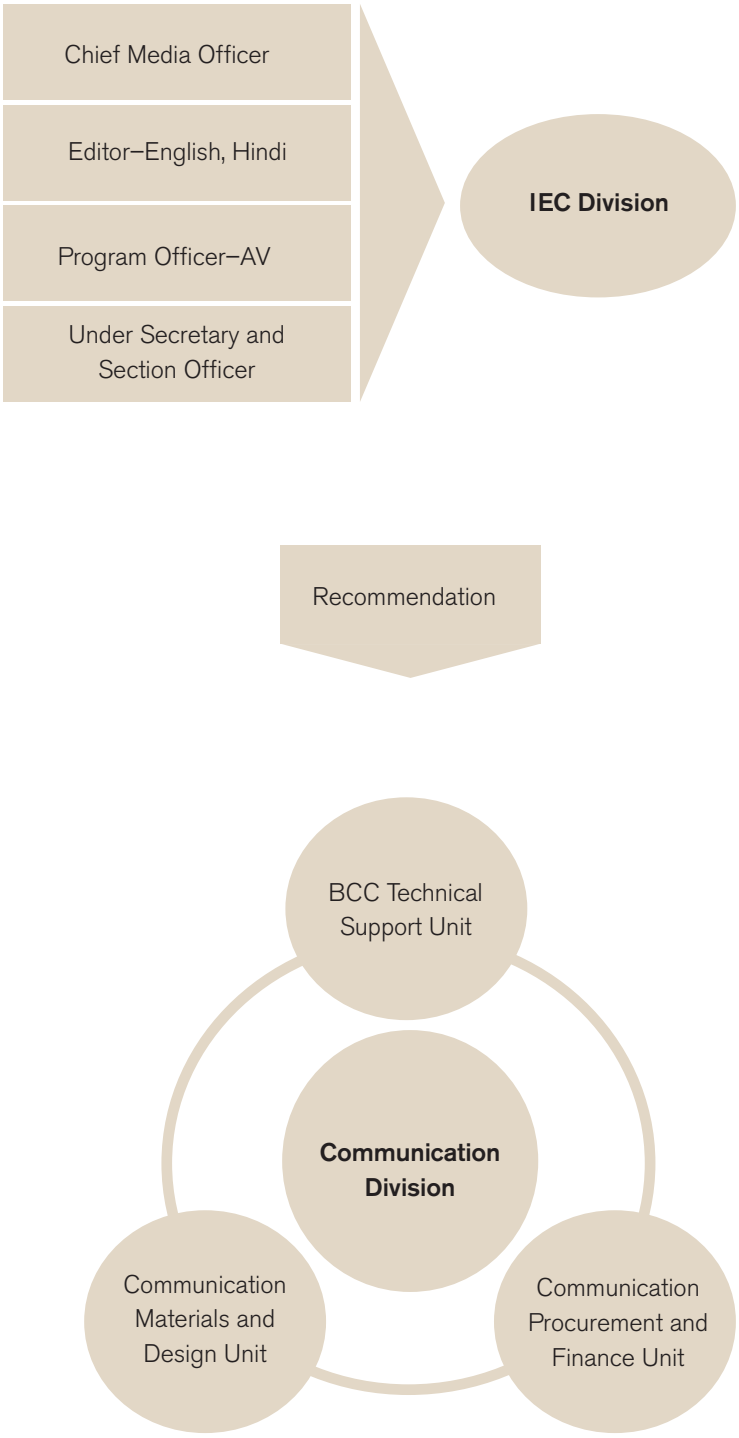
The functions, roles, and structure of the proposed units are illustrated in the figures on the next few pages.

## 3. COORDINATION AND HORIZONTAL AND VERTICAL SYNERGIES

- **Set up mechanism for coordination with MOIB**
  Coordination within MOHFW and with departments of MOIB, NIHFW, and state IEC bureaus needs to be strengthened through such mechanisms and platforms as the IEC Coordination Committee. This could comprise representatives from program divisions, external experts, and partner departments from MOIB. BCC focal points within MOHFW need a platform for coordination similar to the existing IMPCC within MOIB.

- **Revitalize the intra-communication package with states**
  Coordination with state IEC bureaus must be bolstered through bi-annual national workshops, budgetary allocations, training and capacity building support, and mandatory field visits by the national staff every quarter to monitor field-level activities.

**FIGURE 6: PROPOSAL FOR RECASTING THE DIVISION'S FUNCTIONAL STRUCTURE**



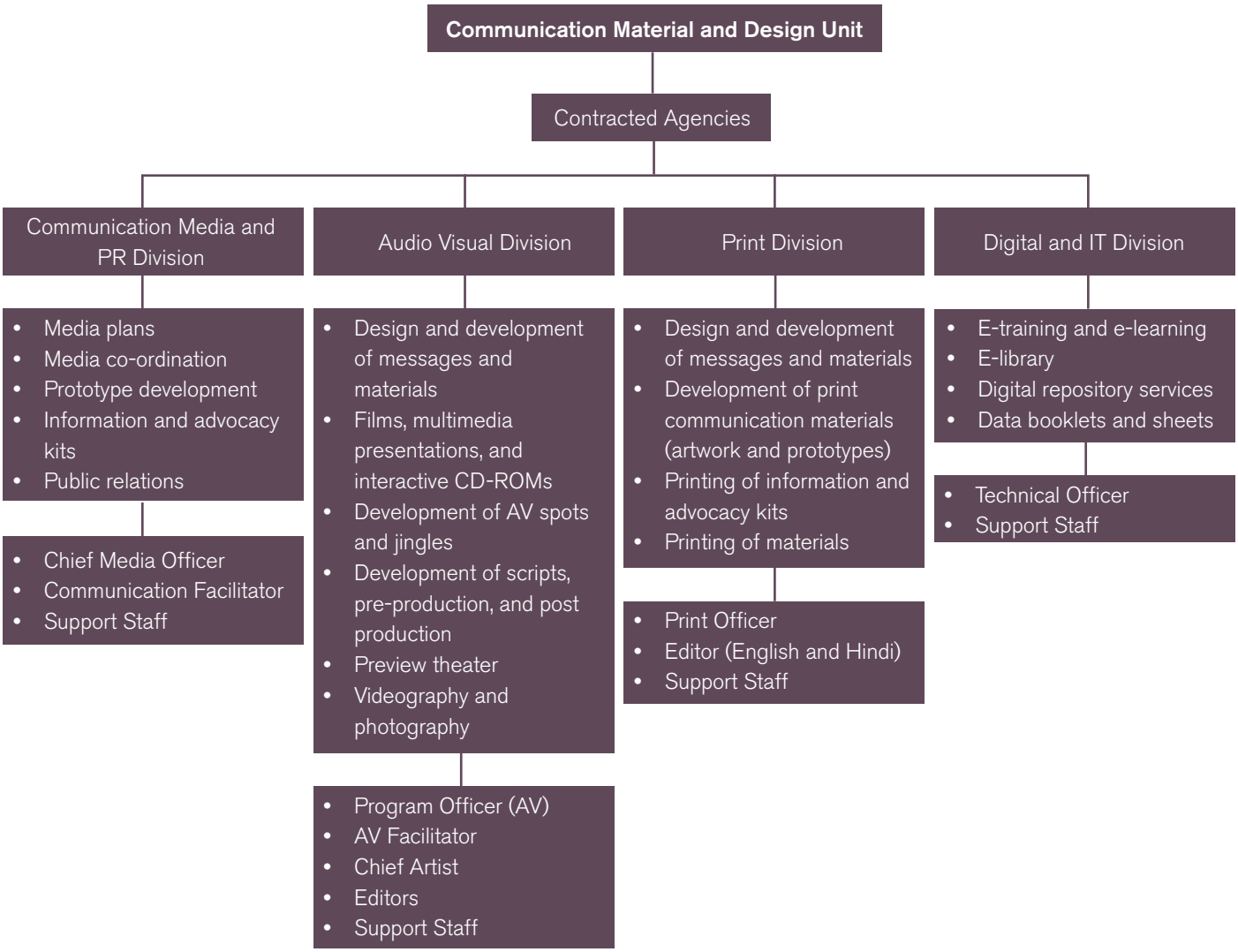
## BCC TECHNICAL SUPPORT UNIT

**FIGURE 7: FUNCTIONS AND STRUCTURE OF THE PROPOSED BCC TECHNICAL SUPPORT UNIT**

| | |
|---|---|
| **FUNCTIONS** | • Design and development of communication action plan and strategies<br>• Management and implementation of communication activities<br>• Coordination with program divisions<br>• Coordination with state IEC bureaus<br>• Training and capacity building activities related to communication<br>• Monitoring and evaluation of communication activities<br>• Research and documentation of communication activities |
| **STRUCTURE** | • National Health Communication Manager for managing the unit, developing annual action and communication strategies, overall coordination with other units<br>• Specified communication professionals for capacity building, monitoring and evaluation, research and documentation of communication activities<br>• Thematic technical-cum-communication coordinators for coordinating with NRHM program divisions like MCH, FP, NCD, and CD to plan, implement, and monitor activities |
| **SUPPORT** | • Identify nodal technical agency to provide strategic inputs and support in developing annual action plans, communication strategies, monitoring and evaluation, research, and documentation<br>• Support in capacity building and training<br>• Support in situation analysis and media analysis<br>• Support in conducting monitoring and evaluation and documentation of communication activities |

## COMMUNICATION MATERIAL AND DESIGN UNIT

**FIGURE 8: FUNCTIONS AND STRUCTURE OF THE PROPOSED COMMUNICATION MATERIAL AND DESIGN UNIT**



## COMMUNICATION FINANCE AND PROCUREMENT UNIT

**FIGURE 9: FUNCTIONS AND STRUCTURE OF THE PROPOSED COMMUNICATION FINANCE AND PROCUREMENT UNIT**

**COMMUNICATION, FINANCE, AND PROCUREMENT UNIT**

- Procurement Unit
- Mailing Unit
- Finance Unit

| COMMUNICATION FINANCE AND PROCUREMENT UNIT | PROCUREMENT UNIT | MAILING UNIT | FINANCE UNIT |
|---|---|---|---|
| Functions | Procurement of services and contracts<br>Vendor management | Warehousing of IEC materials<br>Distribution and mailing | Financial management<br>Managing accounts<br>Internal audit and monitoring |
| Structure | Under Secretary<br>Section Officer<br>Procurement Officer<br>Support Staff | Under Secretary<br>Section Officer<br>Distribution Officer<br>Support staff | Under Secretary<br>Section Officer<br>Finance Officer<br>Accounts Personnel<br>Support Staff |

- **Establish a system for capacity building of health functionaries on communication, done through NIHFW**
  NIHFW, the key training and capacity building institute for MOHFW, should be engaged in planning training and capacity building for communication; a training calendar with earmarked budgets should be prepared with NIHFW.

## 4. BCC PROGRAM

The main recommendations for strengthening the BCC process are as follows:

- **Conduct communication needs assessment** for key thematic areas; formative research is an important but unaddressed area that requires TA from DPs.
- **Develop a national BCC strategy** with a three–five year vision; this strategy must progress over five years with annual, time-bound strategies and targets.
- **Revisit budget allocations** to ensure alignment with the overall strategy and market norms; burn rates for fund utilization must be monitored on a quarterly basis to prevent ad hoc, last-minute expenditure.
- **Focus on IPC and mid-media activities,** while de-emphasizing materials development and mass media, which have so far been the primary areas of focus.
- **Strengthen implementation through DHAPs,** regular field visits, bi-annual workshops for capacity building, and monitoring.
- **Develop and operationalize monitoring framework and formats,** and ensure that data and feedback are integrated into the BCC program in a timely manner to support mid-course correction.

## 5. PROCUREMENT OF SERVICES AND CONTRACTS

- **Streamline procurement guidelines**
  World Bank-supported programs like the National AIDS Control Program (NACP) and RNTCP have performed remarkably well, as these programs follow World Bank's guidelines for procuring services and contracts. MOHFW's procurement guidelines may be streamlined along the lines of World Bank guidelines for better procurement of services.

# IHBP'S PROPOSALS

IHBP has identified critical, sustainable changes that it can influence at national and state levels that will strengthen planning, design, implementation, and evaluation of SBCC within the MOHFW.

- **Strengthen structural and co-ordination mechanisms.**
  Lack of a shared vision and strategic thrust for BCC within MOHFW emerged as a key finding of the study. Making BCC a priority within MOHFW requires the ministry's different divisions, as well its state counterparts, to work synergistically and collaboratively. A high-level group can be constituted at the national level to provide strategic direction and support in governance and management of the ministry's BCC capacities.

  IHBP proposes:

  » Set up a Technical Working Group (TWG), chaired by AS/MD NRHM and include the heads of all the program divisions, the IEC Division and a DAVP representative. TWG members should meet at least twice a year to provide strategic direction and support for strengthening BCC efforts.

  » Organize and host two TWG meetings annually with MD NRHMs from states and state IEC Officers to encourage joint planning and provide oversight on budgets and spending.

  » As an interim measure, place consultants within program divisions to ensure coordination, adequate pretesting and adherence to recommended SBCC processes and approaches.

- **Improve budgetary planning and management.**
  Management and oversight of budgetary allocations are critical to ensure that funds allocated for BCC are spent effectively. Inadequacies in budgetary planning and oversight have led to overemphasis on mass media, disregard of market norms and best practices, and inattention to human resource augmentation and capacity building. The IEC Division has also not been able to monitor and control state IEC budgets and spending.

  IHBP proposes:

  » Revise the IEC/BCC section of the PIP format so that the budget requested for mass media, mid-media, and IPC is described in detail per campaign, with reference to the number of districts to be covered and targeted reach. This is an area where IHBP can provide technical assistance to the MOHFW.

  » Budget for HR and capacity building will also be part of the revised format.

  This will improve BCC planning at the state level and permit tracking of spends, compared to the current practice of many states simply asking for a lump sum to be spent on family planning or maternal health, which can result in no money being requested or available for critical activities.

- **Bolster SBCC capacity at all levels.**
  Designing and successfully implementing SBCC campaigns requires capacities that go far beyond the traditional IEC activities. There

is currently a clear predominance of media production (mass media and print) roles and skills, to the complete exclusion of other human resources and skill sets critical for a cohesive 360-degree BCC approach. Overemphasis on material development has come at the cost of capacity building and usage.

IHBP proposes:

» Nationally, work with the National Health Systems Resource Centre (NHSRC) to set up a BCC cell that supports MOHFW in designing campaigns.

» At the state level, strengthening of SBCC can be achieved through:

  i. Capacity building of state IEC Officers and BCC consultants through NIHFW and IHFWs in its focus states.

  ii. Capacity building for SBCC should also be explored through public-private partnerships.

  iii. Place IHBP trained and supported consultants in state IEC cells in focus states.

- **Strengthen implementation and tracking.**
  Absence of an optimal media plan has resulted in inefficient media planning and buying for mass media campaigns. There is a clear need to ensure that media plans, at both national and state levels, leverage the best value for money. Periodic evaluation of campaigns is critical to track impact and ensure efficient utilization of funds.

IHBP proposes:

» At the national level, work with TWG to better coordinate media buying between DAVP and the IEC Division to ensure implementation of professionally developed media plans that achieve maximum reach and frequency cost effectivenely while minimizing spillover and gaining optimum visibility.

» At the state level, track expenditures against allocation in focus states to ensure that budget does not lapse, a 360-degree approach is adopted, and no ad hoc spending of unspent amounts is undertaken at the close of the financial year.

» Improve tracking of BCC activities through use of monitoring formats and attempt to introduce state-level reporting on a quarterly basis for the analyzed monitoring data for some, if not all, communication activities.

- **Augment evaluation of BCC campaigns.**
  The study has found that in general M&E is not an established practice integrated into the program. M&E BCC processes, outputs, and outcomes is critical to increase the reach and effectiveness of programs. This component requires significant strengthening.

IHBP proposes:

» Working with NHSRC, IHBP will propose HMIS indicators for BCC.

» A format for tracking state performance on BCC will be proposed for use by the Common Review Mission.

# ANNEXURES

# ANNEX A: TERMS OF REFERENCE FOR THE STUDY

## 1. INTRODUCTION TO THE IMPROVING HEALTHY BEHAVIORS PROGRAM

The Improving Healthy Behaviors Program (IHBP), managed by the U.S. nonprofit agency FHI 360 (earlier known as AED), is a three-year project (with additional optional two years) to improve the adoption of positive healthy behaviors through institutional and human resource capacity building of national and state-level institutions working with the Ministry of Health and Family Welfare (MOHFW), including National AIDS Control Organisation (NACO), and the Ministry of Women and Child Development (MOWCD), Government of India (GOI). The project provides technical assistance for strengthening information, education, and communication/behavior change communication (IEC/BCC) institutional capacity and social mobilization related community platforms, by supporting initiatives that directly impact the knowledge, attitudes, and practices of individuals, families, and communities and by facilitating interventions that address vulnerable communities. IHBP's technical assistance is envisioned to:

- Increase knowledge and change attitudes of individuals, families, communities, and health providers about health
- Promote an environment where communities and key influencers support positive health behaviors
- Reduce barriers of vulnerable populations (e.g., women, people living with HIV, TB patients) to demand and access health services

IHBP focuses on four program areas—HIV/AIDS, family planning/reproductive health (FP/RH), tuberculosis (TB), and maternal and child health (MCH). The project works in close coordination with MOHFW and MOWCD and their agencies, like NACO, National Institute of Health and Family Welfare (NIHFW), National Health Systems Resource Center (NHSRC), National Institute of Public Cooperation and Child Development (NIPCCD), and their counterparts at state and district levels in selected NRHM priority states.

## 2. BACKGROUND SUMMARY

An integrated BCC strategy that is evidence based, client centered, professionally developed, multi-channel, service linked, and efficiently monitored is envisaged to play a critical role in achieving the objectives of the National Rural Health Mission (NRHM). This is reflected in various policy documents, including the Reproductive and Child Health (RCH) II, National Program Implementation Plan (NPIP), NRHM implementation framework, and guidelines on District Health Action Plan (DHAP) preparation. BCC is envisaged to be an integral component of state and district PIPs; this is reiterated in the manuals for preparation of state and district plans. The objectives of IEC/BCC initiatives under NRHM are as follows:

1. Communicate issues, activities, and schemes under NRHM to various stakeholders, especially rural communities
2. Focus on RCH issues
3. Create demand for utilization of public health services
4. Create awareness on population stabilization and gender issues
5. Revitalize local health traditions/ promote healthy lifestyle

The new communication framework requires changes in the roles played by the center, states, and districts in the planning, implementation, and monitoring and evaluation of BCC interventions. There is thus a need for augmenting capacities of the IEC Division in MOHFW and the state IEC bureaus, i.e., the key government institutions responsible for the IEC/BCC function at central and state levels, respectively.

In 2008, UNICEF conducted a study to assess the structural, institutional, and financial barriers hampering the effective functioning of the IEC Division at the center and IEC bureaus in seven states, namely, Orissa, Jharkhand, Bihar, Uttar

Pradesh, Madhya Pradesh, Rajasthan, and Chhattisgarh. The study proposed certain recommendations to improve the functioning of the IEC Division and state IEC bureaus.

The seventh Joint Review Mission (JRM), GOI, in August 2010, clearly emphasized the need for enhancing the internal capacities for IEC/BCC. The JRM recommended that the IEC Division revisit and finalize the proposed structure/staffing/TORs for the BCC unit at the national level and recruit additional personnel as required on priority. The JRM also proposed that the IEC Division develop and disseminate specific guidelines for building BCC capacity at state, district, and sub-district levels and that all states include a BCC capacity building plan in their 2011–2012 PIPs. It also recommended that the IEC Division develop an M&E framework and BCC thematic plan for the national level.

IHBP is currently providing technical assistance to the IEC Division and program divisions at MOHFW for developing sustainable, strategic, evidence-based BCC programs at national and state levels. An important part of IHBP's technical assistance is the support it provides MOHFW for strengthening organizational structure, management systems and processes, and human resources for BCC in relevant departments and NIHFW.

In this context, with agreement from MOHFW, IHBP plans to undertake rapid needs assessments of the ministry's divisions—IEC, FP, MH, CTD—as well as NIHFW. The assessments aim to build on the findings of the UNICEF review (2008) and the seventh JRM, gather information on initiatives and actions to upgrade institutional capacities in the period since 2008, and update needs assessments with focus on human resource capacity for BCC. In addition to the national level, the assessments will cover the three states of Rajasthan, Uttar Pradesh, and Maharashtra and one district each from at least two of the states.

## 3. KEY OBJECTIVES

The key objectives of the rapid organizational needs assessment are:

1. Contribute unbiased, independent input to MOHFW's efforts for strengthening its internal capacities at all levels to plan, implement, monitor, and evaluate effective BCC interventions

2. Gather information on the existing institutional structures and human resources for planning, implementing, monitoring, and evaluating BCC activities and validate previous findings

3. Gather input on and analyze various options to build on existing capacities and address identified gaps

4. Identify areas where IHBP can provide technical assistance to MOHFW for strengthening BCC planning, implementation, and monitoring and evaluation

## 4. TERMS OF REFERENCE

- Conduct a desk review and consolidate findings of key documents related to MOHFW, like the NRHM Mission Document, reports of CRMs and JRMs, MTR reports, and reports from agencies like the National Health Systems Resource Center (NHSRC), NRHM Project Implementation Plan guidelines, reports of IEC/BCC workshops conducted by/for NRHM in the last two years, reports on the existing IEC/BCC strategy (if any), and relevant government orders (GOs); also refer to available and relevant recent review/evaluation reports from DPs and donor.

  The specific areas to be reviewed at the state level include:

  1. Review of any BCC strategies developed by a state, their appropriateness and effectiveness; refer to assessment or evaluation reports, if any, in this regard

  2. Quality of BCC sections in the state and district PIP document, and the extent to which evidence-based BCC has been planned or is being implemented

  3. Monitoring and tracking system at state and district levels

- Document the current structure, organogram, and BCC processes within MOHFW. In the selected three states, study staffing patterns, available JDs vs. actual responsibilities, major IEC/BCC activities conducted in the past two years (since JRM 2010), including internal design, implementation, and monitoring processes, funding or resources available, and information flow patterns within the system.

- Gather and present information about the current practices in planning,

implementation, and monitoring and evaluation of IEC/BCC activities by the IEC Division, including coordination with other program departments at national, state, and district levels.

- Document the IEC/BCC planning process for FP/RH, MCH, and TB in the relevant national-level program divisions, answering questions such as which positions in these program divisions are responsible for IEC/BCC, who are involved in IEC/BCC, how is the planning process implemented, and what are the lines of communication and coordination between the relevant national-level program divisions and between the IEC Division and its counterparts at the state level.
- Document key implementation challenges and bottlenecks in IEC/BCC at national, state, district, and field levels.
- Present an analysis of how recommendations from previous reviews, like JRM, JMM, and CRM, have been addressed so far.
- Identify strengths that can be built on and, in consultation with IHBP, draft recommendations to enhance the IEC Division's capacity, focusing mainly on human resources, structural and organizational improvements, use of technology, etc. Recommendations may, though not necessarily, include suggestions for improving coordination between the IEC Division and program divisions; adding IEC staff positions in relevant divisions; revising JDs and recruitment processes; strengthening reporting and supervision; strengthening pre- and in-service training; outsourcing specific tasks or functions; and strengthening planning, implementation, and monitoring and evaluation, including media planning and coordination with states for implementing BCC activities.
- Prepare a draft report and a PowerPoint presentation, which will include findings and recommendations for review by IHBP and presentation to USAID and MOHFW.
- Finalize the draft report based on inputs from IHBP, USAID, and MOHFW.

## 5. METHODOLOGY

- Desk review of relevant documents at the national level and for three states—Rajasthan, Uttar Pradesh, and Maharashtra
- Primary data collection through discussions and semi-structured interviews at national and state levels. These interviews will cover the following areas: (1) skill and function mapping; (2) process of planning and design of BCC activities; (3) implementing BCC and monitoring for change; (4) evaluation and re-planning; (5) fund allocation and utilization on IEC/BCC; and (6) the overall infrastructure available for BCC. The tools will be adopted from the existing C-Change SBCC assessment tool.

List of officials to be interviewed at the national level (during May 28–June 8, 2012) is as follows:

1. Mr S. K. Rao, JS (IEC)
2. Mr Ashok Parmar, Director (IEC)
3. Mr R. N. Mishra, Chief Media
4. Mr Raman Prasad, Program Officer (AV)
5. Mr R. K. Sarkar, Editor (English)
6. Mr R. S. Meena Kalky, Editor (Hindi)
7. Under Secretary (IEC)
8. Distribution Officer
9. DAVP official
10. Dr Bushan, Deputy Commissioner, MH Division
11. Dr Sikdar, Deputy Commissioner, FP Division
12. Dr Suresh Mohammad, Director RCH
13. Dr Ashok Kumar, DDG, CTD Division
14. Dr Sachdeva, Additional DDG, CTD Division
15. NIHFW–Communication Department (3–4 interviews)
16. Officials from Central Board for Health Education (CBHE) and NHSRC

State and district level officials from the three states who will be interviewed (during June 18–29, 2012) are as follows:

1. State RCH Director
2. State IEC Director
3. State IEC Officer and or TB Consultant
4. Chief Medical and Health Officer of selected district
5. District IEC Coordinator/Consultant of selected district

In addition, a small sample of ASHAs and program beneficiaries are to be randomly selected and interviewed.

## 6. DRAFT REPORT

Information compilation, analysis, and recommendations (July 15, 2012)

The information obtained through individual discussions and desk review will be collated and analyzed using the SBCC parameters, and recommendations would be drafted. The draft report would comprise the following components:

- Current structure and organogram of the IEC Division in MOHFW at the national level and in selected states, in terms of staffing, job responsibilities of each technical staff (directors, officers, and consultants only), skill sets and BCC expertise existing within the IEC Division and/or program units, IEC/BCC activities conducted in the past two years, funding or resources available, and information flow patterns
- Current practices in planning, implementation, and monitoring and evaluation of IEC/BCC activities by the IEC Division, including coordination with other program divisions at the national level and with selected sample states
- IEC/BCC planning process for FP/RH, MCH, and TB in the relevant national level program divisions, asking such questions as which positions in the program divisions are responsible for IEC/BCC, who are involved in IEC/BCC, how is the planning process implemented, what are the lines of communication and coordination between the relevant national level program divisions and the IEC Division and between the national and state levels, what feedback mechanisms exist from the district level up to the national level, and what opportunities and bottlenecks are faced in the implementation and monitoring of IEC/BCC programs
- Recommendations for specific actions to improve coordination between the IEC Division and program divisions; additional human resources (as consultants or staff) in relevant divisions; strengthening reporting and supervision; strengthening pre- and in-service training; outsourcing specific tasks or functions; strengthening planning, implementation, and monitoring and evaluation, including media planning; and coordination with states

## 7. FINAL REPORT

Executive summary and final report on rapid organizational needs assessment of IEC/BCC within MOHFW, based on the feedback from MOHFW and USAID. The report will be submitted within a fortnight after receipt of feedback.

- Deliverables and time-lines

| S.No. | Deliverables | Time-line |
|---|---|---|
| 1. | Desk review focusing on the national level and the three states of Rajasthan, Uttar Pradesh, and Maharashtra | June 15, 2012 |
| 2. | Final tools/ instruments for data collection | May 25, 2012 |
| 3. | Primary data collection at the national level | May 28–June 8, 2012 |
| 4. | Primary data collection at the state level | June 18–29, 2012 |
| 5. | Draft report—information compilation, analysis, and recommendations | July 15, 2012 |

# ANNEX B: BCC HIGHLIGHTS IN RCH II PIP

Highlighting some success stories—such as *Goli ki Hamjoli*, GOI's polio eradication campaign, PSI's *Balbir Pasha*—the framework makes emphatic a strategic approach to BCC, as opposed to generic and ad hoc IEC. "BCC as a strategy will be positioned to encourage behaviors that are doable in the context in which people live and are also amenable to change."

The framework **highlights the criticality of understanding the "stages of change"** that underpin effective BCC, spelling out the stages, and thus the **need for a segmented approach** for different groups based on where they are on a continuum of change: pre-knowledgeable–knowledgeable–approving of the desired action–intending to personally take desired action–practicing desired behaviors–advocating desired behaviors to others.

The basic framework for RCH II **emphasized the key steps of the BCC cycle:** analysis of barriers; development of a communication strategy with clear objectives, audience segments, and channel selection; development of pretested content; management and implementation; monitoring and evaluation; and planning for continuity and sustainability.

The framework also emphasized the need for focusing attention and resources on specific issues/themes within RCH—maternal mortality rate (MMR), total fertility rate (TFR), and infant mortality rate (IMR).

Its **geographical areas of focus** were the EAG states, north-eastern states and Assam, and urban slums facing inward migration.

The **priority target groups** comprised service providers in public and private sectors, panchayats, religious and other village leaders, mother-in-law, adolescents, and couples with one or more children. Secondary target groups were identified as key functionaries and stakeholders in related departments, district level functionaries, media, and urban corporations.

There was **clear delineation of roles,** right from the national level to the sub-district level.

## Restructuring of the IEC Division

The division will be named the BCC Division, and Director (IEC) will be responsible for the program management unit and BCC strategy.

The unit will have eight staff members, four of whom would be responsible for non-mass media and field level operations, and one each would be made responsible for strategy development, media planning and operations, research and analysis, and internal communication management and logistics.

A working group for restructuring the BCC division has been constituted under the direction of Secretary (Family Welfare). States must implement the recommendations of the working group, headed by Deputy Secretary (BCC) of DOHFW.

To ensure that the strategy benefits from external experts, it is proposed that **a BCC Management Board** be constituted to provide technical inputs on communication strategy and management and support Director (BCC Division) in executing his/her responsibility to the PMU. Representatives of UNICEF, SIFPSA, and other NGOs/DPs would constitute this five-member board.

The **roles of center, state, district, and sub-district are clearly spelt out through guidelines for the intra-communication package.**

# ANNEX C: LIST OF INTERVIEWED STAKEHOLDERS

1. Mr S. K. Rao, Joint Secretary (IEC), MOHFW, New Delhi
2. Mr R. Mishra, Chief Media Officer, IEC Division, MOHFW, New Delhi
3. Mr Raman Prasad, Program Officer (AV), IEC Division, MOHFW, New Delhi
4. Mr R. K. Sarkar, Editor (English), IEC Division, MOHFW, New Delhi
5. Dr Himanshu Bhusan, Assistant Commissioner MH, MOHFW, New Delhi
6. Dr S. K. Sikdar, Assistant Commissioner FP, MOHFW, New Delhi
7. Dr K. S. Sachdeva, Additional DDG, CTD, MOHFW, New Delhi
8. Mr Naveen Joshi, Deputy Director, Directorate of Field Publicity, MOIB
9. Mr Chaitanya Prasad, former IEC Director, IEC Division, and now Officer on Special Duty, MOIB
10. Mr Dhruv Awasthi, Deputy Director, Division of Song and Drama, MOIB
11. Ms Mattoo J.P. Singh, Director, Campaigns, DAVP, MOIB
12. Mr P. K. Mittal, Undersecretary, IEC Division, MOHFW, New Delhi
13. Mr Kan Singh Rathore, Director IEC, Rajasthan
14. Dr Pradeep Kumar Sarda, Director RCH II, Rajasthan
15. Dr O. P. Thakur, CMHO, Jaipur I Rajasthan
16. Ms Poonam Bhargava, State IEC Consultant, Rajasthan
17. Mr Jitendra Dwivedi, District IEC Coordinator, Jaipur II Rajasthan
18. Mr Amit Kumar, District IEC Coordinator, Jaipur I, Rajasthan
19. Professor (Dr) Bijayeeni Mohapatra, Director, SIHFW
20. Mr Devjeet Mitra, Head, Health and Nutrition Communication DFID Orissa
21. Mr Chandrashekhar Sahur, State IEC Consultant
22. State IEC Communication Official of IEC Bureau
23. Ms Pushpalata Zena, District Public Health Communication Officer (DPCHO)
24. Mr Alok Kukar, Assistant DPCHO

# ANNEX D: REFERENCES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