

PD HAI-856

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PREPARING FOR A NEEDS ASSESSMENT
IN THE INTEGRATED RURAL HEALTH
AND POPULATION PROJECT.

A report on Information, Education, Communications
in Support of the Health and Family Welfare Program
of the Government of India
at District and Block Levels.

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October, 1981

Draft 1

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ISN 1453

PD-AAI-856

Defines the areas that should be covered in a needs assessment for a communications project -- Rural Health and Population Project (IP) that was designed to support the Indian government in implementing its model plan for basic health and family welfare services. This plan stresses access to services that are supportive of fertility and mortality reduction.

The project is scheduled for 13 districts of 5 states. 12 problem areas, and 12 areas of concern are the principle issues to be confronted at the village and block level: communicable diseases, environmental sanitation, family planning, immunization, malaria, mental health, maternal and child health, medical termination of pregnancy, nutrition, primary medical care, smallpox, and vital events. Key goals include--in addition to improvements associated with the above -- mortality and fertility reduction.

Five areas of communications improvements are necessary so the village and block level worker might perform better: (1) training to improve skills of service workers in interpersonal communications; (2) village leader training to promote community

involvement; (3) training field workers of various governmental departments in family planning; (4) training of district level staff in order to decentralize communication; (5) increasing staffs at district and block levels to upgrade training capability.

The needs assessment should determine the adequacy of the plans support for effective fertility and child mortality reduction. It should focus on the block and district, and: examine how the Dai are educating her clientele; the educational content of the Dai's training program; and the Dai's teaching materials. The assessment should perform job analyses, clarify responsibilities, and design training programs for village health workers and their assistants; also, volunteers, medical officers, block extension educators, district extension, media officers, mass media and education officers.

/*Family Planning/*Health extension/ /*Health educ/ / Mass media/
/Hlth extn trng/ /Family plan IEC/ /*India/

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References.

Introduction. AID has created a project to assist the Government of India (GOI) in implementing its Model Plan for basic health and family welfare services. AID's Integrated Rural Health and Population Project, (hereinafter IP), will assist the implementation of the Model Plan in 13 Districts of 5 States. (1)

The purposes of the grant are to:

- improve access to health and family planning services that promote fertility and mortality reduction.
- improve and expand the services and support systems of the GOI's Model Health Plan.

To accomplish the purposes of the grant, one of the project objectives is to improve and expand communications, which is one of the support systems.

The AID Project Paper identifies 5 main areas for improvement or expansion of communications activities:

- 1) to improve the communications knowledge and skills of service workers particularly in the area of interpersonal communications.

To accomplish this, training programs and materials will be developed for inclusion in yearly refresher training of existing workers and in basic training courses.

- 2) to promote community involvement, particularly in the family planning program, existing orientation training camps for village

(1)- Gujarat State: Bharuch and Panch Mahals Districts. Haryana: Bhiwani, Mohendergarh and Sirsa. Himachal Pradesh: Hamirpur, Kangra and Sirmur. Maharashtra: Parbhani and Osmanbad. Punjab: Bhatinda, Faridkot, and Sangrur.

leaders will be intensified so that, in every village, these community leaders communicate positive beliefs about the small family norm and about the benefits of child spacing.

- 3) to improve cooperation and coordination with other departments of the government, field workers from other departments will be trained in family planning motivation and education using district specific training content and materials.
- 4) to improve the management of communications efforts through decentralization of responsibility to the district level and improve skills in communications management, district and block extension educators will be trained in planning, operations management, and evaluation. If necessary, the staffs of the district office will be increased.
- 5) to improve the communications training capability at the district and block levels, the staffs will be increased and their training skills improved.

Detailed plans for communications are to be made by the States and Districts participating in the IP, after a communications needs assessment is done. The purpose of this report is to identify issues for the needs assessment.

As the principal purpose of the grant is to improve rural services that promote fertility and mortality reduction, this report focuses on rural services-- for the couple, the community, and in the Primary Health Center in the block. The report concentrates on the IFC needs to support services delivery. The

report:

- reviews educational responsibilities of the health and family welfare workers active at the block level, the IEC components of the training curricula for the health staff, the job responsibilities of the IEC professional staff, and the management of IEC in support of block level health activities.
- suggests areas where there may be an opportunity or a problem and proposes a point, or issue, for assessment.
- reviews briefly the need for small qualitative studies to do some of the assessing.
- suggests what kinds of expertise might be needed for the assessment.

Definition of the Health Problems. At present the GOI identifies 12 areas and (2) problems as the principal concerns of the Health and Family Welfare Program. They are: Communicable Diseases, Environmental Sanitation, Family Planning, Immunization, Malaria, Maternal and Child Health, Medical Termination of Pregnancy, Mental Health, Nutrition, Primary Medical Care, Smallpox, and Vital Events.

The IP key problems, also totaling 12, fit under 5 of the GOI categories: Family Planning, Immunization, Malaria, Maternal and Child Health, and Nutrition. Further the IP groups the key problems in 3 categories: Fertility Reduction, Mortality Reduction(0-5 months age group), and Mortality Reduction(6-36 months). Attachment A compares the GOI list and the IP key problems. In sum, the IP

(2) The GOI problems are defined from a review of the job descriptions and training curricula issued by the MOHFW in 1980.

is a fertility reduction and child mortality program, with extensions to maternal health as it affects child mortality. This is the substantive context in which the communications needs assessment should take place.

In Attachment B the key problems of the IP are compared with the GOI problems and the assignment of responsibilities to workers. This was done to learn what the current situation is, at least according to job descriptions, in terms of assigned work and educational responsibilities. For example, according to the IP, early age of first pregnancy is a problem of fertility reduction. The GOI defines the problem as an activity, family planning; no worker has any training or job assignment specifically related to first pregnancy. On the other hand, the IP problem of neonatal tetanus is recognized by the GOI under MCH; at least 3 categories of workers have some kind of training and job or educational responsibilities.

The comparison in attachment B shows that many of the IP key problems are recognized by the GOI and some kind of job or educational responsibility assigned to workers. Therefore, the needs assessment should not assume that the IP is proposing a new set of activities for which work remains to be assigned but rather that workers already have responsibilities for many of the IP key problems.

The needs assessment should determine how adequate the IEC support is for effective fertility and child mortality reduction (FCMR) in project assisted districts. A communications needs assessment is part of a systematic approach to the continual improvement of the communications process in support of services rendered under the Model Plan scheme. The purpose

of communications is to see that the desired targets for key FCMR services are met and that use of the services increases. If the Model Plan scheme can achieve an adequate quantity of high quality FCMR services focused on people in need, then there is a good chance that the rural population will begin to change those behaviors that are now keeping fertility and mortality higher than is desirable.

Educational Responsibilities of Health and Family Welfare Workers. A point of beginning to assess the IEC needs for the IP is to review the current duties of the health workers, identifying the educational and communications tasks. They are described for each rural health worker in Attachment C.

It is recognized that job descriptions and assignments may differ from the reality of the work being done. However, these descriptions are, or should be, the basis for evaluating worker performance. If the responsibilities can be turned into measurable work objectives, and the workers measured and managed by the objectives, then the ideal which is largely on paper can become a reality.

The chart which follows gives an overview of job and educational responsibilities.

Comparison of Job responsibilities and Educational responsibilities by type of health problem for 6 kinds of primary health workers.

The scope of the responsibility differs very often according to the job.

Health Problem	Health Assistant (Male)		Health Assistant (Female)		Health Worker (Male)		Health Worker (Female)		CHV	Dai		
Communicable Diseases	1	2	-	-	1	2	1	2	1	2	-	-
Environmental Sanitation	1	2	-	-	1	2	-	2	1	2	-	-
Family Planning	-----		-----		ALL		-----		-----		-----	
Immunization	-----		-----		ALL		-----		-----		-----	
Malaria	1	-	-	-	1	2	-	-	1	2	-	-
MCH	-	2	1	2	-	-	1	2	1	2	1	2
Medical Termination of Pregnancy	-	-	1	2	1	2	1	2	-	2	-	-
Mental Health	-	-	-	-	-	-	-	-	1	2	-	-
Nutrition	1	2	1	2	1	2	1	2	1	2	1	-
Primary Medical Care	1	-	1	-	1	-	1	2	1	-	-	-
Smallpox	-	-	-	-	1	2	-	-	1	2	-	-
Vital Events	1	2	-	-	1	2	1	-	1	2	1	-

1= Job Responsibility

2= Educational Responsibility

The Dai. She works in 3 well defined areas: MCH, immunization and family planning. The dai is assigned 5 educational tasks: 3 are ante-natal, one is concerned with infant immunization and 1 with "motivating couples in her area to use a contraceptive method or to undergo sterilization". Her educational work is all interpersonal, and primarily with women.

The dai's job and her educational responsibilities are well defined and integrated, except for the family planning education. Because the dai has considerable experience with young women and low birthweight babies she could easily understand the health problem and therefore take on the educational task of informing about the health advantages of delaying the birth of the first child. Also the spacing message might be spelled out more fully as an educational job for the dai. Once again she can easily be brought to an understanding of the health problems associated with close pregnancies.

A needs assessment should look at the adequacy of the content of the dai's educational work and check to see if she is carrying out her educational duties. The assessment might also determine if she could use, and will use, any kind of client or teaching materials. Given literacy levels for the dai and her clientele, the material should probably be without words.

Community Health Volunteer. As the preceding chart shows the CHV has more job responsibilities than any other worker. The CHV has tasks in 11 of the 12 categories. This seems a heavy burden for any worker, and particularly so for a volunteer.

In terms of education the CHV has a total of 23 assignments. Three of them are concerned with fertility reduction and 5 with mortality reduction, the not necessarily with infant/child mortality. The balance, 10, range from educating about the problems of mental health to control of stray dogs. None

of the assignments are very specific as to the content.

The CHV's work is primarily interpersonal, similar to that of the dai.

On the face of it, the CHV has too many educational tasks in too many substantive areas. A needs assessment could determine where the information used for the teaching is coming from, what the CHV is teaching, how effective the teaching is, and whether or not fewer educational assignments will make the CHV more effective. However, common sense suggests that first the tasks be reviewed, tightened in terms of content, and those dropped that can be better done by others, or by other communications means. Some sort of division of educational responsibility with the dai could be worked out. As the dai concentrates on ante-natal and immediate post-partum work, the CHV could concentrate on mortality reduction (6-36 months) and on fertility reduction.

For purposes of the IP it may be best to concentrate the CHV's educational work on fertility and mortality reduction.

Health Worker (Female). The primary job of the FHW is to provide services at the sub-center. Although her duties cover 8 areas, she concentrates on MCH. She has some responsibility for educating in 8 subject areas, but the emphasis is family planning, nutrition, and MCH.

The FHW has both interpersonal and group educational responsibilities, and she is expected to do some community organizing for health, particularly with women's groups.

A needs assessment of the FHW could look at the following:

- How effectively does she educate in the sub-center?
- What, if any, materials does she need to educate?

-How effectively does she carry out the community organization work? Does it integrate with her other activities? Does she see it as a significant part of her job?

From an IP point of view this is an important worker as she deals with MCH at the sub-center and has educational responsibilities for MCH, nutrition and family planning. She also has direct contact with the dais in her area. Assessing her work, her links to dais, and her educational capabilities, whether inter-personal, group, or community, is important to the success of the IP.

Health Worker (Male). The MHW has duties in 10 areas but the emphasis is in malaria, communicable diseases, and environmental sanitation. He also has significant responsibilities in immunization and family planning. He has educational responsibilities in 9 areas with the emphasis the same as above. He has both interpersonal and group educational responsibilities, and is also expected to do some community organizing for family welfare. In doing a needs assessment for the IP the following might be examined:

- What role the MHW could play in fertility control, whether delay of first child, spacing, or completing family size, in contacting other men? Could a male oriented program be organized by the MHW?
- Should the MHW do any immunizational and nutritional work given the general character of his duties and the lack of MCH responsibilities? Should these duties be restricted to adults?

From the viewpoint of the IP this worker may have an important role in

male responsibility for fertility control issues. As the MHW has no responsibilities for MCH he is not a particularly important worker for infant/child mortality problems. Given the duties he already has there seems little reason to add new ones in the IP areas of concern.

Health Assistant (Female). A Female Health Assistant is expected to cover a population of 20,000 in which there are 4 health sub-centers. The focus of the FHA's work is supervision and guidance of the field staff, particularly the Female Health Workers in the sub-centers. Her duties cover 6 subject areas, with a concentration on MCH, nutrition and family planning. The FHA's duties correspond in subject area to those of the FHW. (However, the latter has additional duties in communicable diseases and vital events.)

The FHA has 5 educational tasks: 2 are for family planning, one is a general education duty for the subject areas for which she is responsible, and 2 are concerned with community organization and contact, particularly with women's groups.

The FHA has interpersonal, group and community organizational responsibilities in education.

A needs assessment could look at the following:

- On the face of the job descriptions the FHA and the FHW have similar educational tasks, although one is the supervisor of the other. Is a better division of educational responsibility possible? For example, both have community organization tasks. Would this kind of work be better done by the FHA who, in her supervisory role, has more prestige and could be able to speak for the PHC?

From an IP point of view this is an important worker. She is well trained in

health and midwifery and is a senior part of the link from the PHIC to the community, (via the FIHW and the dai), for problems of reduction of fertility and infant/child mortality.

Health Assistant (Male). A Male Health Assistant is expected to cover a population of 20,000 in which there are 4 health sub-centers. His major role is supervision and guidance of the fieldstaff, particularly the Male Health Workers. He has responsibility in 8 health areas, with concentration on malaria, communicable diseases, and environmental sanitation. He has no MCH responsibilities but does have responsibility for the immunization of children from 1-5 years. (The FHA has the responsibility for 0-1 year.) He also has some responsibility for family planning.

The MHA has 3 educational responsibilities: one is for resistant family planning cases, one is a general duty for the subject areas in which he is responsible, and one is working with community leaders.

For education, the MHA has interpersonal, group, and community organizational responsibilities.

A needs assessment might consider the following issues:

- Should the duties of immunization of infants and children continue to be divided between the MHA and the FHA? From an educational point of view it would seem better for one worker to be dealing with mothers on all immunizations. The FHA's broad portfolio for MCH could include all infant/child immunization.
- Should the MHA, with the MIHW, have the primary responsibility for community organization for health matters? (Releasing the

female workers for other duties.) Reasons to support this division of responsibility include:

- Given the communal nature of their work in environmental sanitation and communicable diseases it is logical and compatible for them to organize community activities. (Of course they could call on the female worker to assist with women's group activities.)
- As much of the village administration and leadership is male, it seems appropriate for the male worker to have the major role in community organization.
- From an educational point of view, consolidating this work with one group of workers will make it easier to provide materials, supervision, and guidance for community level activities.
- Finally, the male worker may be particularly effective in addressing issues of family size and norm in the context of community work with men.

Medical Officer. Careful consideration was given to whether or not the MO should be included in this section because he is not so much a health worker as an administrator and an officer in charge. However, the MO is assigned specific educational responsibilities and they warrant inclusion and comment in this section. As would be expected from the nature of the job, the MO has educational duties in the community and the block, with the schools and the village councils. He is also the liason to promote health with other agencies working at the block level.

From an educational point of view what is expected of the MO seems appropriate

and there is nothing much to recommend for a needs assessment.

Under the IP the MO would continue to do the sorts of activities which are assigned to him now. However, the MO might emphasize the key health problems as set forth in the IP.

(1)

Training of the Health Staff: the IEC components of the Curriculum. The purpose of this section is not to lay a framework for the assessment of training but rather to look at the curricula, identify the IEC content, (See Attachment D for this information), and compare content with the educational tasks with which a worker is charged.

The outlines of the IEC training curricula in Attachment D are the recommended, the ideal. Actuality may be far different. However, the curricula are the measure by which training in IEC has to be judged. A principal assessment issue is to what extent the workers are receiving the quantity and the quality of training set forth in the GOI guidelines.

The Dai. Training for education is minimal for her and limited to broad charges re child immunization and family planning. Yet, the dai is a primary source of MCH information for village women. It is desirable to make the dai a source of solid, correct information which enriches the dai's clients and, most important, gives the dai greater status with her clientele. The curriculum as it stands misses this opportunity.

In terms of the IP the dai could be trained in the 3 key problems of fertility

1. Some of the information in this section comes from Primary Health Center Training Guide, 4 volumes, Ministry of Health and Family Welfare, New Delhi, 1980-81.

reduction and be a useful point of reference for community discussion, particularly the women.

The training for the dais should be assessed to see how best the education component could be strengthened. The dai could be given more opportunity to see herself as an educator, to have emphasized the role and place of accurate information, and have a chance to "role-play" and observe others in educational situations relevant to her work.

Community Health Volunteer. In 17 hours, of a 200 hour curriculum, the CHV is to learn all about communications. The CHV learns about inter-personal and group communications and mass meetings, about how to use visual aids, how to educate for 9 health topics, and how to deal with rumors and misconceptions. (The curriculum outline is D-2.) After training the CHV is expected to undertake 23 educational tasks.

In the previous section it was suggested that the CHV "has too many educational tasks in too many subject areas". When you match the number of tasks with the brief period allotted for communications training the problem is magnified. However, the issue is not one of training but rather scope of educational responsibilities. Therefore there are no suggestions here for an assessment of the training of CHVs.

Health Worker (Female and Male) and Health Assistants (Female and Male).

The same curriculum is used for the basic training of each of these 4 categories of worker. All take a basic communications course of 14 hours. (See D-4 for details.) In addition, the Health Assistants take a supervisory course of 72 hours, with 8 hours for communications. Course segments on various health problems also provide content for health education.

The basic course's communications component should be longer and provide more opportunity to deal with how to inform the person and the couple. However in the context of the 200+ hours allotted for the entire course, and considering the large amount of course material that has to be covered, the amount of time is probably the best that could be hoped for.

Training the 4 categories of workers in the same way seems appropriate. All 4 have similar kinds of jobs and educational responsibilities. Of course, the health problems that the men deal with are often different from those of the women, but the communicative techniques should not differ much.

The additional 8 hours in the supervisory course are generous, in the context of a 72 hour course. Six of the hours deal with group and mass activities, which are properly the concern of a Health Assistant. One 2 hour segment deals with rumors and misconceptions. There is no section on this topic in the general course and, therefore, the Health Workers do not have an opportunity to learn about these problems. It would seem appropriate for all 4 groups to have some education in rumors and misconceptions and how to deal with them.

A needs assessment might:

- Discuss with current workers the adequacy of their training in IEC.
- Visit a few of the training institutions and observe how they are educating. The pattern set by the training will have effect on the way the trained provide information to others.

Medical Officer. A total of 6 hours is provided in the curriculum for communi-

ications theory, extension and community approaches, and the place of communications in management. Then a total of 24 hours is allocated to "Planning, implementing and evaluating an educational programme for health and family planning in the community." No other information is provided on this field work activity.

A needs assessment could look at the field work to determine what the impact is on the MO's training. This would include determining what is actually done for the exercise.

The Professional IEC Staff and Job Responsibilities. As in previous sections of this report, the focus is on the community and the block. The work, job descriptions, and training of three groups of IEC workers are examined and comments made about any needs that might be assessed. Two of the groups work above the block level but their work has, or does not have, direct impact on block IEC.

Block Extension Educator. The BEE is the lowest level of IEC worker in the national program. He works at the block level and has primary responsibility for IEC. He has duties in 5 areas: IEC, planning, information and reporting, training, and supervision. (See Attachment E-3:4.)

His principal duties are in IEC and include:

Interpersonal

To help win over resistant cases for family planning; to try and involve prominent villagers in promoting health and family welfare.

INSERT

on page 16 as marked.

Training. The 450 hour course provides 72 hours of basic health information. The balance of the curriculum takes up each of the areas of work assignment as curriculum topics. On the face of the materials, (See E-5 for an outline.), the curriculum looks better than average.

- Are communications being adequately planned at the block level?
- Do the professional communications staff adequately back up the IEC work of the PHC and Field staffs?
- Do the communications staff pay sufficient attention to the inter-personal and group communications work needed in the block?
- In considering whether the BEEs are performing adequately, the activities of a selected group might be reviewed to determine:
 - where the BEEs put emphasis;
 - what is not emphasized;
 - the reasons for both of the above;
 - based on the above, whether the scope of work should be changed.
- Does the training of the BEE conform to the specifications of the curriculum?
- How are the BEEs currently evaluated in their performance? Should there be more explicit objectives by which they can be measured?
- Do the communications staff have the materials required to do the needed district and block communications work? Is there adequate production at the district and block levels?

District Extension and Media Officer (DEMO). The DEMO has 4 communications responsibilities. Two are concerned with mass activities in the district and one with public relations, specifically providing background program information to the local press and radio. He also is charged with guiding the work of the BEEs in the district.

Training. A review of the currently available literature, and training materials, has not turned up a training curriculum for this group of worker. A UNFPA Needs Assessment in 1978 (See Background Paper, Vol. 1, p. 156) reported:

"Most of them have attended a 15-day training course at the Central Health Education Bureau or the National Institute of Health and Family Welfare. During the last two years, a few 60-day long courses were organized. At the time of recruitment these officers were drawn either from Information/Public Relations Department or Community Development/Social Education fields. It is recognized that those with the background of information/publicity often lack an appreciation for extension education and its skills, while others are somewhat deficient in mass media skills."

The job specifications, the brief, seem very appropriate for the district communications officer. A needs assessment might consider:

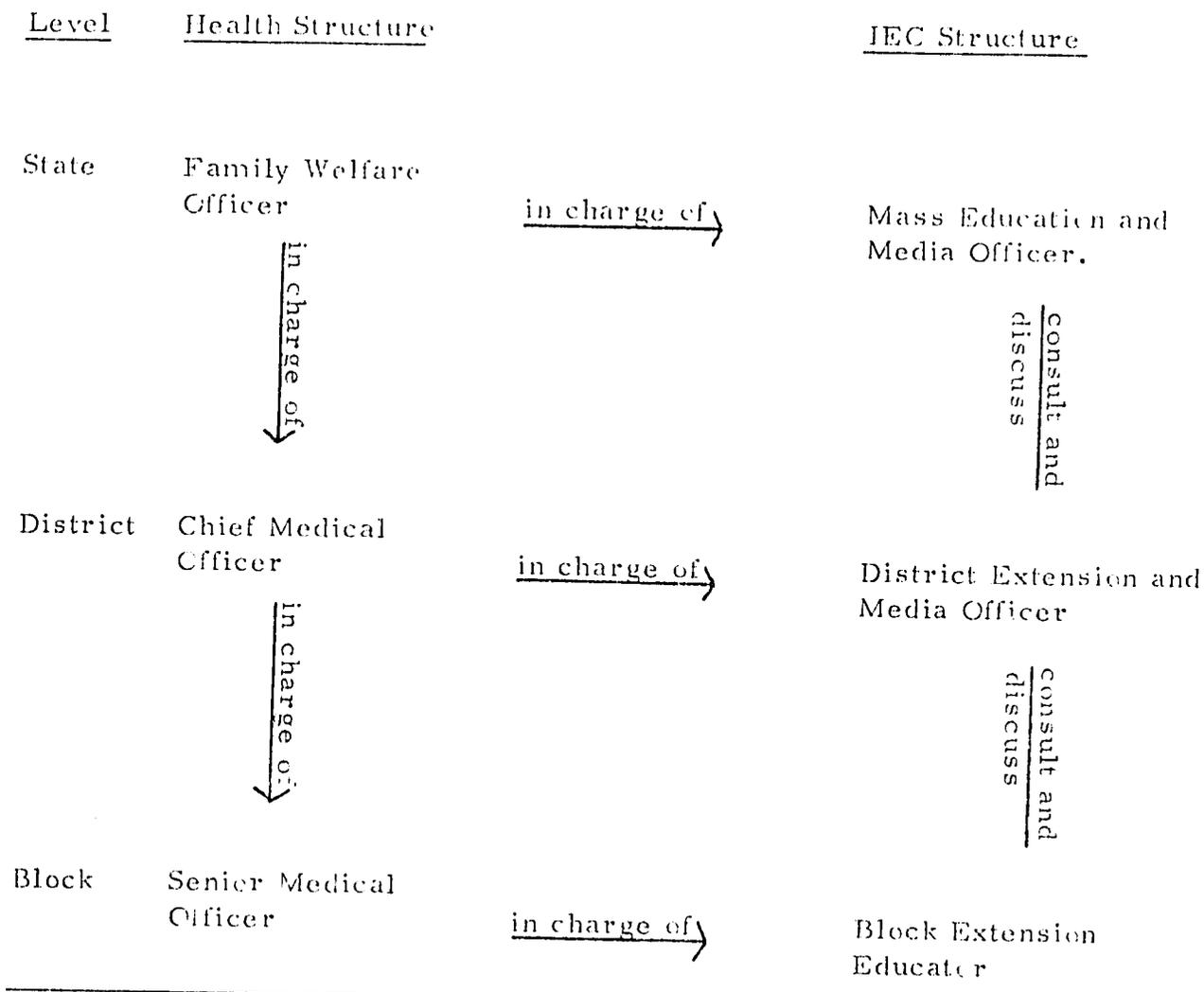
- Specifically how does the DEMO back up the work of the BEE?
How does the backup work strengthen the block health communications?
- Does the DEMO plan the mass activities to support the block work or are they planned separately?
- How are the DEMOs trained in terms of course content?
Does the training take into consideration the diverse backgrounds described in the above quote. If yes, how?

Mass Media and Education Officer. The MEMO is the State level officer for health and family welfare communications. Most of these officers are quite senior and have been in their posts for years. (UNFPA 1978) The job is a mass media post. The MEMOs are expected to direct mass education at the State and District levels, to produce and distribute education materials for large scale use, to do public relations work with the media, and to supervise outdoor publicity. They also guide the DEMOs.

No specific inservice program has ever been organized for these officers. (UNFPA 1978)

A needs assessment should look at the links between the 3 groups of communications staff and ascertain if the division of responsibilities are appropriate. On the face of the available materials, the division seems organizationally sound. The media and materials production work is done to a great extent by the MEMO. The DEMO has a similar set of duties at a lower level. The BEE has a mixed set of duties with emphasis on interpersonal, group and community. Together the work combines the education needed at the block level with support activities, including mass media, at the district and state levels. A needs assessment should examine this linkage for effectiveness.

Managing Communications in Support of Block Health Activities. The diagram which follows shows the relationships between the professional communicators and also the management and authority structure:



The relationships between the communications staff are informal: to consult and discuss, to guide and assist. There are no decision making powers in this structure.

Authority for IEC vests in the Health Line, in the medical officers in charge. This is most explicit in the job description of the Medical Officer at the PHC level:

"The MO is responsible for the direction and guidance of all health activities radiating from the PHC."

and

"He will organize camps, meetings, health education talks, and demonstrations, display of posters, exhibitions and films with the assistance of the Block Extension Educator..." (See C-9.)

The communications officers report to, and are responsible to, the medical officers at their level. To assure control the medical officer has the authority and responsibility for evaluating the communications officer in an Annual Confidential Report. A few years ago the Central Government recommended that, at least, the communications officer at the next level up add his appraisal; there is little indication that this is being done.

Budgets and Funds. In states where all or most of the money comes from the Central Government, it establishes the line items and the amounts of money to be spent. In states where the state governments put in some of their own funds, (Maharashtra and Punjab are examples), the decisions are more flexible. It seems probable that the MEMC has some voice in how the funds are spent. Some IEC funds are allocated for expenditure at the district level; there are indications that these funds are tightly earmarked and there is little opportunity to do new things, or to allow the DEMC to tailor a program for the district. Typically, the PHC receives no IEC funds, just materials.

Materials. The Central Government produces a considerable amount of materials which move down the system to the block and the community. The states also produce materials. It appears that not a great deal of preparation and production is done in the district, and virtually none in the block. Materials do reach the block but usually the BEE does not know what or when. He gets posters, some client materials, tinplates for rickshaws and materials for fieldworkers. The materials are said to be general, and not specific to audience, or health problem and solution. One reported exception is the campaign in support of the camps for opinion leaders where there was some overall planning, with

materials created for specific purposes.

Resources. It is reported that the creative and production resources in the rural districts are thin in the ground. The towns may have a printer, a photographer or both. It has been suggested that there are many "semi-pros" who can write songs suitable for the local community, create puppet shows, do wall paintings and prepare similar types of materials.

In sum, the communications system looks to be passive. The lower levels accept what comes from above. The notion of the block and district levels initiating activities, or even ordering materials from above seems foreign.

A needs assessment should:

- Review the management of IEC from the community to the state, which is presently controlled through the health structure rather than in a direct line. It looks to be a system that discourages initiative from the lower levels of the program, the levels where communications must be as appropriate to community comprehension and needs as possible.
- Consider whether the IEC staff should be managed as a professional group with its own interior cohesiveness, and a promotion structure for the workers.
- Determine whether or not the IEC staff have sufficient financial and materials resources, and the necessary authority, to carry out programs appropriate for the community and the block. Should more resources be made available to the district with less constraints on how the funds are to be spent?
- Consider whether the correct materials are being produced. Should more materials be created at the district and block level? In the IP districts are the necessary production resources available?

- Examine how materials flow in the system from the district down. Is there an organized system? Are workers assisted in understanding the materials they have and how to use them?

In conclusion, all of the needs assessment issues suggest the possibility of decentralization for IEC, which in turn would require appropriate changes in management and a significant additional investment in training.

Some Additional Considerations.

Orientation camps for leaders are significant because fertility and mortality concepts, norms, and values can be discussed and reviewed with rural community leaders. There is indication that the camps are being fairly well planned, that educational materials are available, and relevant, and that the camps are viewed as successful. The entire scheme should be reviewed and assessed.

Community beliefs and perceptions of health are modified when people and communities perceive a valid reason to do so. Therefore it is important to learn how a community perceives and treats health problems. Valid beliefs and practices can be reinforced and erroneous ones corrected. Small scale assessments might be done of village level beliefs, attitudes and practices for the key health problems.

Methodological Considerations for the Assessment. A quantitative survey is planned for the IP. It is to be conducted at the district level. A survey instrument will be used that is more or less the same for all the Family Welfare Area Projects in the GOI's Model Plan.

For IEC purposes, and as a compliment to the survey, consideration should be given to special studies of a qualitative nature. The objective of the special studies is to provide program useable information for planning, implementation and evaluation. The methods should vary according to the problem being examined. These studies should be precisely defined in terms of objectives and as simply executed as possible. For

example, observation and interview might be the techniques used in a study of the effectiveness of a training course. In-depth interviews of a small sample of recent trainees, coupled with direct observation of training, might be a very effective way to judge the adequacy of a training course. Or, to determine what changes in health practices are acceptable, and therefore feasible in a given area, a study might assemble small groups of villagers to discuss a problem and potential changes to improve health.

In sum, the special studies can include simple observation, the use of small groups, and such techniques as content analysis of printed materials for purposes of reviewing comprehension. The assessment should match the IEC problem and given a choice the simple research technique be chosen rather than the complex.

Preparation for special studies should take into consideration existing projects and reports and where possible use them in the assessment. For example, a project in Ludhiana, Punjab has been experimenting with the best ways to improve infant weight through better feeding practices. The project recognized the difficulties that poor families have in buying special food for underweight babies and the reluctance of already overworked women to prepare special dishes. Therefore, to improve feeding practices, only a very few changes were proposed, such as crumbling a chappatty, which is readily available in the household, into tea with milk and sugar for supplementary feeding of 5-6 month old infants. This type of suggestion, in this case proven in its effectiveness, is arresting in its simplicity and significant in a communications analysis as it offers immediate possibilities for a change in infant feeding habits, in areas of the country where the chappatty is a staple of the diet. A simple study could confirm its effectiveness for other areas. This intervention, and others like it, could be turned into the substance of a communications and training program for field workers with a minimum of adaptation and perhaps a high degree of effectiveness.

Staffing the Assessment. To the extent that the suggestions made in this report are relevant, and the needs to be assessed are similar to those identified in the report, the following kinds of competence may be needed in some combination:

1. A specialist in IEC program planning.
2. A specialist in interpersonal and group communications.
3. A media specialist who can deal with the range of activities needing support, from printed materials to radio programs. This specialist should be able to deal with simple program materials.
4. A trainer with experience in IEC training.
5. A community health specialist to put the IEC needs in appropriate health context.
6. A specialist in simple, qualitative research techniques who can make suggestions during the assessment on how to do simple studies of a particular IEC problem which lead to operational answers and program implementation.
7. A management specialist to advise on how to better organize district and block IEC activities.

Summary of Assessment Needs And Conclusions

1. The AID supported Integrated Rural Health and Family Welfare Project (IP) is a fertility reduction and infant/child mortality reduction program, with extensions to maternal health as it affects child mortality. This is the substantive context in which the project will operate in 13 Districts in 5 States. A major component of the project will be health IEC. This document has assessed job responsibilities, training, and management and made recommendations on what IEC issues might be assessed prior to project implementation.
2. The assessment should focus on the block and the district as this is the geographical framework for project implementation. However, state IEC activities are reviewed as appropriate because a district functions within a state government, which has responsibility for the health and family welfare of its population.
3. The needs assessment should determine how adequate the IEC support is for effective fertility and child mortality reduction (FCMR) in project assisted districts. The purpose of communications is to see that the desired targets for key FCMR services are met and that use of the services increases. If the Model Plan scheme can achieve an adequate quantity of high quality FCMR services focused on people in need, then there is a good chance that the rural population will begin to change those behaviors that are now keeping fertility and mortality higher than is desirable.
4. Educational Responsibilities of Health & Family Welfare Workers.
 - A. The Dai. A needs assessment should examine how the dai is educating her clientele, and whether the current level of activity is adequate. The assessment should also look at the educational content of the dai's training

in terms of the key health problems of the IP. The dai might assume additional responsibilities for the fertility control problems concerned with birth of first child, and spacing of births. Finally, an assessment might determine what client and teaching materials a dai could, and would use.

B. Community Health Volunteer. A needs assessment should determine what the CHV is teaching, how effective the teaching is, and whether or not fewer educational responsibilities will make the CHV more effective as a source of information.

C. Female Health Worker. Issues for a needs assessment:

- How effectively does she educate in the sub-center?
- What materials does she need to educate?
- How effectively does she carry out the community organizational work expected of her? Does it integrate with her other activities? Does she see it as a significant part of her job?

D. Male Health Worker. The following might be examined:

- What role could the MHW play in fertility control, (delay of first child, spacing, or completing family size), in contacting other men?
- Should the MHW do any immunizational or nutritional work, given the lack of MCH responsibilities and the general character of his duties?

E. Female Health Assistant. On the face of the job descriptions the FHA and FHW have similar educational tasks, although one is the supervisor of the other. Is a better division of educational responsibility possible? For example, both have community organization tasks. Would this kind of work be

better done by the FHA who, in her supervisory role, has more prestige and could be able to speak for the PHC?

F. Male Health Assistant. The following might be assessed:

- Should the duties of immunization of infants and children continue to be divided between the MHA and the FHA? From an educational point of view, it would be better for women to have one worker educate them on all immunizations.

The FHA's portfolio for MCH could include all infant/child immunization.

- Should the MHA have the primary responsibility for community organization for health matters? Reasons for this might include:
 - The communal nature of work in environmental sanitation and communicable diseases seem to fit compatibly with organizing community activities.
 - It seems appropriate for the male worker to have the major role in community organization, as much of the village administration and leadership is male.
 - From an educational point of view, consolidating this work with one group of workers will make it easier to provide materials, supervision and guidance for these activities.
 - The male worker may be particularly effective in addressing issues of family size and norm in the context of community work with men.

5. The link from the Medical Officer to the Female Health Assistant down to the Female Health Worker and then to the Dai looks most significant for the delivery of services and education concerned with infant/child mortality and fertility reduction. The IP might put primary emphasis on this structure for communications, training in IEC, and support materials for workers.

6. Training of the Health Staff: the IEC Components of the Curriculum. This is not a report on a training needs assessment. Consequently, the recommendations concerning training are limited to those having to do with IEC.

The training for the dais should be assessed to see how best the educational component could be strengthened. The dai could be given more opportunity to see herself as an educator, to have a chance to "role-play", and to observe others in educational situations similar to the work expected of her.

One basic training curriculum is used for the Health Assistants and the Health Workers. A needs assessment of this training might include:

- Discussion with current workers in each category about the adequacy of their training in IEC.
- A site visit to a few of the training institutions to observe the processes they use to educate. The patterns set by the training will have effect on the way the trained provide information to others.

A needs assessment should look at the rather substantial segment for field work included in the training curriculum for Medical Officers. As the MO is the major managerial figure at the block level it is important that he have as much practical field experience in IEC as possible, including the implementation of a project. Does the training provide this opportunity and does the MO take advantage of it?

7. The Professional IEC Staff and Job Responsibilities.

A needs assessment should look at the links between the 3 groups of communications staff and ascertain if the division of responsibilities is appropriate. The materials production and media work are done to a great extent by the MEMC. The DEMO has a similar set of duties at a lower level. The BEE has a mixed set of duties with emphasis on interpersonal, group, and community activities. Together

the work combines the education needed at the block level with support activities, including mass media, at the district and state levels. A needs assessment should examine this linkage for effectiveness. Some of the issues:

- Do the communications staff have the materials required to do the needed district and block communications work?
- Are communications being adequately planned at the block level?
- Do the communications field staff adequately back up the IEC work of the PHC and the field staff?
- Do the communications staff pay sufficient attention to the interpersonal and group communications needed in the block?

A. Block Extension Educator. In considering whether the BEEs are performing adequately, the activities of a selected group of BEEs might be reviewed to determine:

- What aspects of the work are emphasized, what is de-emphasized and the reasons for both. Findings could suggest a change in job description.
- Whether the training of the BEE conforms to the specifications of the curriculum.
- How the BEEs are currently evaluated by the Senior Medical Officer of the PHC. What criteria are use? Does the MO use the job description? Are the work objectives sufficiently explicit for the BEE to be properly and objectively measured?

B. District Extension and Media Officer. A needs assessment might consider:

- Specifically, how does the DEMO back up the work of the BEE?
- Does the DEMO plan district level mass activities to support the block work or are the two planned separately?

- What is the course content of the DEMO's training in IEC? Is it adequate for the job as described?
8. Managing Communications in Support of Block Health Activities. A needs assessment should:
- Review the management structure for communications at the state level and below. Control is presently through the health chain rather than in a direct line between communications staff.
 - Consider whether the IEC staff should be managed as a professional group with its own interior cohesiveness, and promotion structure.
 - Determine whether or not the IEC staff have sufficient financial and materials resources, and the necessary authority, to carry out programs appropriate for the community, block and district.
 - Consider whether the correct materials are being produced at the appropriate program level.
 - Examine the system for the distribution of materials particularly from the district town.
9. The Orientation camps for leaders seem to have been successful and might continue to be useful for health and family planning. The entire scheme should be assessed.
10. Small scale, qualitative assessments might be done of village level beliefs, attitudes and practices for the key health problems.
11. The needs assessment should consider the possibilities of special studies being done for IEC that are qualitative and simple in nature and have the objective of providing program useful information for planning, implementation and evaluation.

Key Health Problems (1)
 As defined by the Government of India
 And compared with the Integrated Rural
 Health and Family Welfare Project.

<u>GOI definition of the Problem.</u>	<u>Integrated Project definition.</u>
Communicable Diseases.	-----
Environmental Sanitation	-----
Family Planning	Fertility Reduction Early Age of First Pregnancy Large completed family size Short birth interval
Immunization	Mortality Reduction (6-36 months) Immunizable diseases.
Malaria	Mortality Reduction (6-36 months) Malaria.
Maternal and Child Health	Mortality Reduction (0-5 months) High incidence of birth injury and asphyxia Septicemia Neonatal tetanus
	Mortality Reduction (6-36 months) Diarrhea Respiratory Infections
Medical Termination of Pregnancy	-----
Mental Health	-----
Nutrition	Mortality Reduction (0-5 months) Low birthweight
	Mortality Reduction (6-36 months) Malnutrition

The GOI problems are defined from a review of the job descriptions and training curricula issued by the MOHFW in 1980.

Key Health Problems as defined by the Government of India and compared with the Integrated Rural Health and Family Welfare Project .

Primary Medical Care

Smallpox

Vital Events

Key Health Problems

As Defined by the Integrated Rural Health and Family Welfare Project
 And Compared with the GOI Priorities, with work assignments.

Category of Health Problem
 defined by the AID project.

GOI definition of the
 problem and work
 assignments.

Fertility Reduction

Early age of first pregnancy
 Short-birth interval

Large completed family size

Family Planning

Dai training includes
 motivating eligible couples
 to space.

CHV given task to educate
 couples about the desirability
 of the "small family norm".
 Training also includes infor-
 mation on the advantages of
 the small family.

Dai training includes motivating
 eligible couples to limit
 family size.

Mortality Reduction (0-5 months age group)

Low birth weight

Maternal & Child Health

Medical Officer of the PHC
 in the training unit for nu-
 trition is provided infor-
 mation on maternal nutrition
 and birthweights. The topic
 is taken up again in the prac-
 tical training for pediatric
 care.

All the Health Assistants and
 Workers have a section in
 their MCH training concerned
 with care of low birth weight
 infants.

The GOI problems are defined from a review of the job descriptions and
 training curricula issued by the MOHFW in 1980.

Key Health Problems as defined by the Integrated Rural Health and Family Welfare Project and compared with the GOI priorities, and work assignments.

Mortality Reduction (0-5 months) cont.

High incidence of birth injury and asphyxia

The MO in a practical training unit on obstetrics has an opportunity to review and discuss problems of birth injury and the management of asphyxia neonatorum.

The training of the Health Assistants and Workers has a section on obstetric emergencies.

The guidelines and the training for dais deal with intranatal care.

Neonatal tetanus

In MO training mentioned under management of neonatal period, as part of a long list of problems.

It is mentioned as a problem in the CHV training curriculum under maternal and child health care.

In the guidelines for dais she is expected to inform the Health Worker (Female) or refer the mother and child to the PHC if there are any complications, "e. g. cord infection or jaundice."

Septicemia

No specific mentions the infections and respiratory problems are mentioned in the training of the MOs and the Health Assistants and Workers.

Key Health Problems as defined by the Integrated Rural Health and Family Welfare Project and compared with the GOI priorities, and work assignments.

Mortality Reduction (6-36 months)

Malnutrition

Malnutrition. The duties and the training for all the health workers is concerned with the nutrition of infants and children.

Diarrhea

Diarrhea. The training of all the health workers, except the dais, includes problems of diarrhea and the preparation of oral rehydration fluid.

Respiratory Infections

Respiratory Infections. The training of all health workers, but the dais, has some material on respiratory infections.

Immunizable diseases.

Immunizable diseases. The job responsibility of all categories of health workers; most also have educational responsibilities.

Malaria.

Malaria. A job responsibility of the MO, the male Health Assistants and Workers and the CHV. For the MO it is specifically identified as a pediatric ailment. In no other instance is it specifically referred to in the context of child health.

(1)

Educational Activities of the Dais.

The Dai works in a single village, generally. Self-employed she volunteers to work with the Government program and receive modern training. She is expected to serve as a link between the village and the Health Worker-Female.

The GOI guidelines for Dais include the following educational activities:

- She should try to ensure that every pregnant woman in her area attends the prenatal clinic at least 3 times, i. e. after the 3rd month to confirm pregnancy, during the 7th month and the 9th month.
- She should try to ensure that every pregnant woman is immunized against tetanus.
- She should try to ensure that every woman takes iron and folic acid tablets as prescribed.
- She should try to ensure that all infants in her area are immunized with BCG, smallpox, DPT and poliomyelitis vaccine.
- She should motivate couples in her area to use a contraceptive method or to undergo sterilization.

1. Extracted from the Curricula for Training of Staff of the Primary Health Center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

(1)

Educational Activities of the Community Health Volunteer.

A Community Health Volunteer will be expected to cover the population of a village or, if the village is a large one, a population of 1000. The CHV will receive technical guidance from the Health Worker.

The CHV is expected to carry out activities in 12 areas:

- Malaria
- Smallpox
- Communicable diseases
- Environmental sanitation and personal hygiene
- Immunization
- Family Planning
- Maternal and Child Care
- Nutrition
- Vital events
- First aid in emergencies
- Treatment of minor ailments
- Mental health.

The CHV is expected to carry out the following IEC activities:

- Educate the community on how to prevent malaria.
- Educate the community about the importance of primary vaccination for smallpox.
- Educate the community about the prevention and control of communicable diseases.
- Educate the community about the following:
 - Safe drinking water
 - Hygienic methods of disposal of liquid waste
 - Hygienic methods of disposal of solid waste
 - Home sanitation
 - Kitchen Gardens
 - Advantages and uses of sanitary latrines.
 - Advantages of smokeless chulas
 - Food hygiene
 - Control of insects, rodents and stray dogs
- Educate the community about the importance of personal hygiene.
- Educate the community about the importance of immunization against

1. -Extracted from the curricula for training of staff of the primary health center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

- diphtheria,whooping cough,tetanus, smallpox,tuberculosis, poliomyelitis, cholera and typhoid.
- Spread the message of family planning to the couples in the CHV's area and educate them about the desirability of the small family norm.
- Educate the people about the methods of family planning which are available.
- Educate the community about the availability of services for medical termination of pregnancy. (MTP)
- Educate the community about the availability of maternal and child care services and encourage them to use the facilities.
- Educate the community about how to keep mothers and children healthy.
- Teach families about the importance of breastfeeding and the introduction of supplementary weaning foods.
- Educate the community about nutritious diets for mothers and children.
- Educate the community about the importance of registering all births and deaths.
- Educate the community about mental illness.

(1)

Educational Activities of the Health Worker (Female).

A Health Worker (Female) is expected to cover a population of 5000. She works in a Sub-Center of the Primary Health Center. She is expected to work in the Sub-Center and also to make community and home visits.

She is expected to perform duties in the following areas:

- Maternal and Child Health
- Family Planning
- Medical Termination of Pregnancy
- Nutrition
- Communicable Diseases
- Immunization
- Vital Events
- Primary Medical Care

She is also expected to help with the training of dais, to keep records, and work with other health staff as a team.

The Health Worker (Female) is expected to carry out the following IEC activities:

- Educate mothers individually and in groups in better family health, including MCH, family planning, nutrition, immunization, control of communicable diseases, personal and environmental hygiene and care of minor ailments.
- Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- Build rapport with acceptors, village leaders, dais and others and utilize them for promoting family welfare programs.
- Identify women leaders and help the Health Assistant(Female) to train them.
- Participate in mahila mandal meetings, and use such gatherings for educating women in family welfare programs.
- Educate the community on the availability of services for medical termination of pregnancy.
- Educate the community about nutritious diet for mothers and children.

1. Extracted from the Curricula for Training of Staff of the Primary Health Center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

(1)

Educational Activities of the Health Worker(Male).

A Health Worker(Male) is expected to cover a population of 5000. He works in a Sub-Center of the Primary Health Center. He is expected to work in the Sub-Center and also to visit each family in his area once a month.

He is expected to perform duties in the following areas:

- Malaria
- Smallpox
- Communicable Diseases
- Environmental Sanitation
- Immunization
- Family Planning
- Medical Termination of Pregnancy
- Nutrition
- Vital Events
- Primary Medical Care

He is also expected to keep records and work with other health staff as a team.

The Health Worker(Male) is expected to carry out the following IEC activities:

- Educate the community on the importance of blood film examination for fever cases, treatment of fever cases, insecticidal spraying of houses, larviciding measures, and other measures to control the spread of malaria.
- Educate the community on the importance of smallpox vaccination, care to be taken in case of an outbreak of small pox, the reporting of all cases of fever with rash, and the reward available for reporting a case of smallpox.
- Educate the community about the importance of control and preventive measures for communicable diseases, including tuberculosis.
- Educate the community on (a) the method of disposal of liquid wastes; (b) the method of disposal of solid wastes; (c) home sanitation; (d) advantages and use of sanitary types of latrines; (e) construction and use of smokeless chulhas.
- Educate the people in the community about the importance of immunization against the various communicable diseases.
- Spread the message of family planning to the couples in his area and motivate them for family planning individually and in groups.

1. Extracted from the Curricula for Training of Staff of the Primary Health Center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

Health Worker(Male) Educational Activities

- Build rapport with satisfied acceptors, village teachers and others and use them for promoting family welfare programs.
- Assist the Health Assistant(Male) in training the leaders of the community and in educating and involving the community in family welfare programs.
- Educate the community on the availability of services for medical termination of pregnancy.
- Educate the community about nutritious diets for mothers and children.
- Educate the community on the importance and significance of registration of births and deaths and the method of registration.

(1)

Educational Activities of the Health Assistant(Female).

A Health Assistant(Female) is expected to cover a population of 20,000 in which there are 4 Sub-Centers. The Health Assistant is based in the Primary Health Center.

She is expected to provide supervision and guidance to fieldstaff, particularly the Health Worker(Female). She is expected also to encourage team work, and assist in the supervision of records, supplies and equipment.

In addition to the managerial and supervisory duties she is expected to perform duties in the following health areas:

MCH
 Family Planning
 Medical Termination of Pregnancy
 Nutrition
 Immunization
 Primary Medical Care

The Health Assistant(Female) has the following IEC duties:

- Personally motivate resistant cases for family planning.
- Provide information on the availability of services for medical termination of pregnancy.
- Carry out educational activities for MCH, family planning, nutrition and immunization with the assistance of the Health worker(Female).
- Arrange group meetings with leaders and involve them in spreading the message for various health programs.
- Organize and use mahila mandals, teachers and other women in the community in the family welfare programs.

1. Extracted from the Curricula for Training of Staff of the Primary Health Center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

(1)

Educational Activities of the Health Assistant (Male).

A Health Assistant(Male) is expected to cover a population of 20,000 in which there are 4 Sub-Centers. The Health Assistant is based in the Primary Health Center.

He is expected to provide supervision and guidance to fieldstaff, particularly the Health Worker(Male). He is also expected to encourage team work, and supervise record keeping and supplies and equipment.

In addition to his managerial and supervisory tasks he is expected to perform duties in the following health areas:

Malaria
 Communicable Diseases
 Environmental Sanitation
 Immunization
 Family Planning
 Nutrition
 Vital Events
 Primary Medical Care

The Health Assistant(Male) has specific IEC duties:

- Personally motivate resistant cases for family planning.
- Carry out educational activities for control of communicable diseases, environmental sanitation, MCH, family planning, nutrition, immunization, and the need for registration of vital events.
- Arrange group meetings with leaders and involve them in spreading the message for various health programs.

1. Extracted from the Curricula for Training of Staff of the Primary Health Center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

(1)

Educational Responsibilities of the Medical Officer.

The Medical Officer (MO) is based in a Primary Health Center. The PHC serves a population of 80,000 to 120,000.

The MO is responsible for the direction and guidance of all health activities radiating from the PHC.

His education responsibilities include:

- During field visits the MO will provide technical guidance to CHVs and encourage them to participate in promotive health activities.
- He will visit schools in his jurisdiction at least once a year and, among other things, promote health education.
- He will organize/participate in Village Health Committee/Village Panchayat meetings to discuss health programs with the public and enlist their co-operation.
- He will keep close liason with the Block Development Officer and his staff, community leaders, and various social welfare agencies in his area and involve them in the promotion of health programs in the area.
- He will organize camps, meetings, health education talks, and demonstrations, display of posters, exhibitions, and films with the assistance of the Block Extension Educator, Health Assistants, and Health Workers.

1. Extracted from the Curricula for Training of Staff of the Primary Health Center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

(1)

Training of the Dai; the educational components of the Curriculum.

Training of the Dais lasts for 210 hours over a 5 weeks period. It takes place in the Primary Health Center, a Sub-Center or an MCH Center.

There is no specific component of the training concerned with communications. The Curriculum outline mentions educational training twice:

- How to motivate mothers to bring their children for immunization.
- Motivation eligible couples for spacing or limiting their families.

The curriculum also provides considerable time for practice in making home visits.

1. Extracted from the Curricula for Training of Staff of the Primary Health Center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

Training of the Community Health Volunteer; the Educational Components of the Curriculum.

Training for the CHV lasts for 200 hours over a 3 months period. It is done in the Primary Health Center or a Sub-Center.

One component of the curriculum is concerned with communication and a total of 17 hours is allotted to it. The outline of the content is as follows:

- Working with people-barriers in communication, opportunities for health education.
- Working with community leaders, using community resources.
- Individual and group approach, conducting a group meeting.
- Health education for malaria, smallpox, MCH, immunization, family planning and MFP, nutrition, environmental education and personal hygiene.
- Role of CHV in mass meetings, film shows, exhibitions, camps and campaigns.
- Types of teaching aids, selection and use of aids in health education.
- Rumors, doubts and misconceptions regarding health and family welfare and how to deal with them.

In other components there is some provision for training in education:

Component-Control of Communicable Diseases

- Topic-Malaria and Filariasis
health education
- Topic-Smallpox and Chickenpox
health education
- Topic-Diarrhoea, Vomiting, Jaundice and Worms
health education
- Topic-Fever
health education
- Topic-Cough and Cold
health education
- Topic-Eye infection
health education
- Topic-Discoloration of skin
health education
- Topic-Sore on genitals
Health education
- Topic-Stiffness of neck
health education
- Topic-Lockjaw
health education
- Topic-Paralysis
health education

CHV Training: the Education Components

Component-Environmental Sanitation and Personal Hygiene

Topic-Water

health education

Topic-Personal Hygiene

health education

Component-Family Welfare

Topic-MCH

health education

Topic-Immunization

health education

Topic-Family Planning

education for family planning and MTP

Topic-Nutrition

nutrition education

Component-Mental Health

educating the community

This material extracted from the curricula for training of staff of the primary health center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

Training of the Health Assistants (Male & Female) and the Health Workers(Male & Female); the Educational Components of the Curriculum.

The basic training for both these kinds of workers is the same. The training for the men is 288 hours over an 8 weeks period. The course for the women is 216 hours during 6 weeks. All the basic training is done at the Primary Health Center.

An additional 2 weeks of training in supervision is provided to the Health Assistants. The training is held in a Health and Family Welfare Center.

One component of the curriculum is concerned with communication and a total of 17 hours is allotted to it. The following are contained in the outline of the content:

- Communication in health work: what is communication; education, information and propaganda; how information spreads; opportunities for health education.
- Motivation: Adoption and rejection of health practices; steps in motivation.
- Working with the community: leadership; steps in carrying out a health education program.
- Individual, group, and mass approach; orientation camps for leaders; camps and campaigns for health and family planning.
- Audio-visual aids: types of aids; selection and use; preparation.

In other components of the course there is provision for training in education, as follows:

Component-Environmental Sanitation and Personal Hygiene.

- Topic-Water and disposal of liquid waste
health education
- Topic-Excreta disposal
health education
- Topic-Disposal of refuse
health education
- Topic-Control of insects, rodents, and stray dogs
health education
- Topic-Personal hygiene
health education

Component- National Health Programs

- Topic-Malaria
health education
- Topic-Filariasis
health education

Health Assistants and Workers Training

- Topic-Tuberculosis
health education
- Topic-Smallpox, chickenpox, and measles
health education
- Topic-Diphtheria, Whooping cough, tetanus, and polio.
health education
- Topic-Diarrhoeal diseases and intestinal worms
health education
- Topic-Leprosy
health education
- Topic-Trachoma
health education
- Topic-Sexually transmitted diseases
health education

Component-Family Welfare

- Topic-Maternal and child health care
health education re child care
health teaching of mothers with children who
have special problems, such as low birthweight.
- Topic-Family Planning
education and motivation
- Topic-Nutrition
nutrition education

Component-Mental Health

- Topic-Human behavior and mental health
education

Component-First Aid in Accidents

- Topic-Introduction to First Aid
education regarding prevention of home accidents.

The Supervisory Course. The Health Assistants are provided an additional 2 weeks of training. The following are included in that 72 hour curriculum:

- Identifying and Working with
Community Leaders 4 hours
- Planning and organizing camps and campaigns 2 hours
- Counteracting rumors and misconceptions 2 hours.

Training of the Medical Officer; the IEC Components of the Curriculum.

The training for Medical Officers to man PHCs includes 324 hours of activities over a 9 week period. Five weeks is at the Health and Family Welfare Training Center and the balance at a District or Medical College Hospital.

There is a specific component for Health Education and Communication which is 30 hours in the curriculum. The majority of this time, 24 hours, is spent planning, implementing and evaluating a program in the community, according to the curriculum. The first 6 hours examine:

- factors influencing communication
- role of communication in management
- role of communication in extension education.
- family and community approaches
- the role of health education, including media.

In other units of the course there is provision for training in education as follows:

- Malaria. Understand the health education concepts and be able to elicit community participation in the program.
- Filariasis. Understand the health education concepts and be able to elicit community participation.
- Family Planning. Ensure the Community's participation in the program. Plan educational programs which include the following: educational diagnosis, individual contact, group contact, community organization and mass media activity.
- MCH. During school health services provide health education for students and teachers.
- Nutrition. Impart knowledge and skills to the community for the promotion and maintenance of health through proper nutrition, particularly among mothers and children.

Job Responsibilities of the State Mass Education
and Media Officer. (1)

- To coordinate the family planning mass education program in the State / District with the help of all concerned organizations.
- To plan for the production and distribution of family planning mass education materials in the State, and running of offset press.
- To maintain effective liason with the press, radio and field organizations doing publicity, and provide necessary background material to them.
- To guide the District Extension and Media Officers in their work.
- To look after the outdoor publicity program.
- To coordinate and assist with the implementation of extension work.

N. B. - These guidelines were written at a time when emphasis was on family planning. The scope has been broadened to family welfare. It is assumed that the scope of work has not changed significantly.

Source: UNFPA. Background Paper for Population Needs Assessment Mission, Volume II, p.277. 1978.

Job Responsibilities of the District Extension
and Media Officer. (1)

- To coordinate the family planning mass education program in the District, with the help of all concerned organizations.
- To plan for the organization of film shows, exhibitions, putting up of boardings, posters etc. in the District.
- To feed background materials about activities in the District to the press and radio.
- To guide and supervise the work of Block Extension Educators.

N. B. - These guidelines were written at a time when emphasis was on family planning. The scope has been broadened to family welfare. While the content has changes it is assumed that the range of activities has not changed significantly.

Source: UNEPA. Background Paper for Population Assistance Needs Assessment Mission, Volume II, p. 277, 1978.

(1)

Job Responsibilities of the Block Extension Educator.

The Block Extension Educator is based in a Primary Health Center, which serves a population of 100,000 to 120,000. He is responsible for providing IEC support to all health and family welfare programs in the block.

His job responsibilities include:

Information, Education, Communications.

- He will establish a working relationship with the Block Development Officer and will enlist his and his staff's cooperation in the implementation of health and family welfare programs.
- He will be a member of the local block level health and family welfare committee and will act as a resource person.
- He will organize the celebration of Health Days, and Weeks, and publicity programs at local fairs, on market days, etc.
- He will assist in organizing mass communications programs, like film shows, exhibitions, lectures and dramas with the help of the District Extension and Media Officer (DEMO) and his staff.
- He will supply educational material on health and family welfare to health workers in the block.
- He will help field workers in winning **over resistant cases** and drop-outs in the health and family welfare program.
- He will maintain a complete set of educational aids on health and family welfare for his own use and for training purposes.
- He will organize population and health education sessions in schools and for out-of-school youth.
- He will maintain a list of prominent acceptors of family planning methods and opinion leaders by village and will try to involve them in the promotion of health and family welfare programs.

Planning.

- He will use all information relevant to development activities in the block for program planning.
- He will develop his work plan in consultation with the Medical Officer of his PHC and the Deputy District Extension and Media Officer.
- He will collect, analyze, and interpret the data for the extension work in the block.

Information and Reporting.

- He will maintain all information relevant to development activities in the block.

1. Extracted from the Curricula for Training of Staff of the Primary Health Center. Rural Health Division, Ministry of Health and Family Welfare, Government of India, 1980.

Job responsibilities of the BEE.

Information and Reporting (cont.)

- He will ensure the preparation and display of relevant maps and charts in the PHC.
- He will prepare a monthly report on the progress of educational activities in the block and send it to the District Extension and Media Officer.

Training.

- He will assist the Medical Officer of the PHC in conducting the training of health workers.
- He will organize orientation training for health and family welfare workers, opinion leaders, local medical practitioners, school teachers, dais and others involved in health and family welfare work.

Supervision.

- He will supervise the work of fieldworkers in the area of education and motivation
- He will tour for a minimum of 15 days a month with a minimum of one day in every fieldworker's area.
- While on tour he will verify entries in the Eligible Couple Register for every village and do random checking of family welfare acceptors.
- While on tour he will check the available stock of conventional contraceptives with the depot holders and the kits with the Health Workers and the CHVs.

Training of the Block Extension Educator.

The training of the Block Extension Educator(BEE) concentrates on the IEC aspects of the job. During 75 working days a total of 450 hours is spent in the training. It is all done in a Health and Family Welfare Training Center.

Structure of the Curriculum.

<u>Topic.</u>	<u>Hours.</u>
Health and Family Welfare	72
Planning	174
Training	37
Coordination	20
Supervision	55
Records and Reports	10
Graphics for vital statistics	10
Field Project	<u>72</u>
Total	450

Health and Family Welfare. Content includes organization of services, statistics, family planning, MCH, family welfare, communicable diseases, and environmental sanitation.

Planning. Nearly 40% of the course hours are concerned with this topic. Content includes information collection, steps in organization and planning, review of various IEC approaches, working with the media, in schools, and with out-of-school youth. One segment of 29 hours deals with evaluation.

Training. Deals with methodologies, process, organization and evaluation.

Coordination. How to work with other development programs in the block and who to work with.

Supervision. Content includes the supervisory process and also the availability of educational materials and teaching aids and how to distribute and use in the block. Content also includes record verification for eligible couple register, and the motivation of hard to motivate couples.

Field Project. The trainee is expected to organize a field project covering health and family welfare extension education and motivation and follow-up.

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