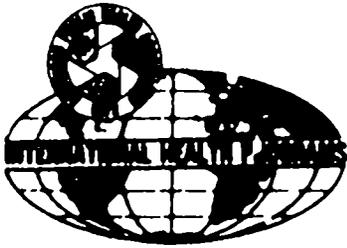


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**DESCRIPTION AND ANALYSIS  
OF THE IEC DELIVERY SYSTEM  
GOVERNMENT OF INDIA  
FAMILY WELFARE PROGRAM**

**A REPORT PREPARED BY:**  
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## EXECUTIVE SUMMARY

India, the first country in the world to establish a national family planning program, has been eminently successful in creating awareness of the concept of limiting family size. The widely held opinion that over 90 percent of India's population is aware of the government's program is probably accurate. The GOI has effectively utilized the resources of the Ministry of Information and Broadcasting to disseminate publicity-oriented messages in support of the goals of the Ministry of Health and Family Welfare. Therein, however, lies the problem. The Ministry of Information and Broadcasting and, in particular, the Directorate of Advertising and Visual Publicity are best equipped to deliver information designed to create awareness. They are less effective in generating interest, evaluation, trial, and adoption of innovations.

An equally significant factor which must be carefully considered when evaluating the delivery of population information, education, and communication (IEC) in India is the medical domination of the government program. Except at the center medical doctors are in charge at every level. They not only supervise and evaluate IEC staff but oversee the planning of IEC activities within their jurisdictions. An inevitable consequence of this pervasive influence is the biasing of IEC efforts toward sterilization, thus effectively eliminating from the potential user group those with less than two children, younger couples, and others interested in spacing and delaying the arrival of the first child.

This problem reached a zenith during the 1976 emergency period when overzealous workers sought to reach government-imposed targets for sterilization by sometimes coercive methods. Thus a major obstacle to effective IEC service delivery is the lingering apprehensions and doubts of the Indian Population held over from the emergency period.

The current administration, however, is committed to broadening the base of its communication with the people regarding family welfare. The Sixth Plan, 1980 to 1985, includes a "Model Plan" for making family welfare a "People's Programme." In brief, the new plan calls for Primary Health Centers (PHC) for an average of 100,000 population (eventually for 30,000) and subcenters for an average of 10,000 population (eventually 5,000). Some 280,000 multipurpose workers, both male and female, are based at the subcenters. Starting in 1977 the government began recruiting and training community health workers, now called community health guides (CHG). The CHGs are selected by the village panchayats and given 3 months of training to enable them to perform basic health services and provide family planning information and assistance. The Model Plan calls for one CHG per village by 1985 or, in larger

villages, one per 1,000 population. Rounding out this corps of workers serving at the village level are 300,000 trained dais or traditional midwives.

The significance of this massive recruitment, placement, and training effort to an analysis of IEC delivery is that India has in place a veritable army of frontline communicators. Unfortunately, the necessary professional IEC staff needed to catalyze the communication potential of these workers is largely lacking.

It is apparent at all levels of the Indian bureaucracy that confidence in the bilateral and, specifically, U.S. assistance is growing. The collegial approach to the discussion of India's population-related problems is yielding good results and should continue. It is heartening that India has now given priority importance to demand creation in its family welfare efforts and is committed to a broad program of behavioral change. AID, through its own resources and in collaboration with U.S. and Asian regional institutions, is in a position to make significant contributions to a revitalized population IEC effort in India.

The following recommendations, presented in summary form, recognize that financial resources have not in the past been a major deterrent to progress in India's Family Welfare Program. Unfortunately, in proportion to the overall budget, the IEC allocation has been consistently low--representing only 5 percent in the Sixth Plan. Even so, the focus of international assistance in IEC should emphasize key entry points where external contributions can facilitate innovation.

Crucial to the success of the following recommendations is a decision by the GOI to correct some very serious structural and organizational flaws existing in the IEC delivery system. The first recommendation speaks to this issue:

1. AID should encourage and support an improved system of IEC strategy development in India.

This implies a system, the apex of which is at the Center serving to channel feedback from the periphery reflecting the status of thinking, feeling, and action within the target audiences. The heart of this system should be an institution with relative autonomy, staffed by qualified IEC research and evaluation specialists capable of processing their findings into forms readily understandable by MOHFW decision makers.

2. AID should support the development of a principal resource institution for population IEC development.

This Center, preferably located in New Delhi, should be seen as the keystone in a network of institutions, each with a specific and well defined set of responsibilities based on its unique

capabilities. The key Center should be the lead institution in terms of IEC training and professional development; the principal organizer of national IEC conferences, high-level consultations, specialized seminars, and train-the-trainer activities; and the catalyst for enhanced IEC research and evaluation efforts.

3. The central training institutes (CTIs) should be strengthened in their capacity to undertake communication training and program evaluation.

The CTIs represent the second level in the pyramid of training professional development and program evaluation resources. Those with the most potential for contributing to more effective IEC delivery are the Family Welfare Training and Research Center, Bombay; the Gandhigram Institute of Rural Health and Family Welfare; the All India Institute of Hygiene and Public Health, Calcutta; and the Central Health Education Bureau, New Delhi. To this group should be added the Indian Institute of Mass Communication and the National Design Institute of Ahmadabad, both of which have made contributions to the area programs supported by other international agencies.

4. The health and family welfare training centers (HFWTCs) should be strengthened as a principal resource for IEC training of block level staff.

Approximately 12 HFWTCs selected for geographic location and potential for development as broad-based IEC training facilities, should receive inputs of professional development, supplies, and equipment. These institutions should form the base of the institutional pyramid and should be considered the frontline training resource for block level IEC staff.

5. AID should support the institutional and professional development initiatives described in the foregoing recommendations by providing consultant and advisory services.

The first step in activating the train-the-trainer process necessary to rejuvenate the institutions constituting the network for training state-, district-, and block-level media and extension officers is the provision of fellowships for external study. Both internal and external intensive workshops emphasizing IEC evaluation, train-the-trainer methods, and development of training materials should be initiated.

A long-term consultant should be provided to the National Institute of Health and Family Welfare, assuming it is selected as the apex IEC institution. The NIHF and the key central training institutes should be provided with the services of short-term consultants in all priority IEC subject areas. AID should take

advantage of the favorable relationships thus far developed between the GOI and the Hawaiian-based institutions, namely the University of Hawaii and the East-West Center. However, in considering a contracting arrangement for backstopping the IEC program in India, the capabilities of the Asian and Pacific Programme for Development Training and Communication Planning in Bangkok and the Institution of Mass Communication, University of the Philippines, Quezon City, should be included.

6. AID should support the development and expansion of GOI efforts to inform policymakers and opinion leaders on broad policy issues as well as the provision of family welfare staff with program relevant information.

With modest inputs, AID could greatly increase the efficiency of the MOHFW mass mailing unit. Relatively low-cost microcomputer equipment and consultant assistance could make it possible to bulk ship such external publications as those of the Population Council, PIACT, IPPF, PRB, and the Population Information Program. The savings could largely offset any expense involved.

The documentation unit of the NIHFW has the potential to be of valuable assistance to family welfare program staff at all levels by identifying, retrieving, abstracting, and distributing results of research generated in India and providing bibliographic data on both Indian and Asian regional publications and materials. Here, again, microcomputer equipment and short-term consultancies are recommended. The existing mailing lists for relevant external publications should be reviewed, purged, coordinated and expanded. Special attention should also be given to the preparation and distribution of publications especially directed to policymakers and opinion leaders (including nongovernment doctors).

## ABBREVIATIONS

AID	Agency for International Development
AIIPH	All-India Institute for Hygiene and Public Health
APPDTC	Asian and Pacific Programme for Development Training and Communication Planning
AP	Andhra Pradesh
BEE	Block Extension Educator
CHEB	Central Health Education Bureau
CHG	Community Health Guide
CTI	Central Training Institute
DEE	District Extension Educator
DEMO	District Education and Media Officer
DAVP	Directorate of Advertising and Visual Publicity
DRACAC	Demographic Research and Communication Action Center
ESCAP	Economic and Social Commission for Asia and the Pacific
EWC	East-West Center
EWCI	East-West Communications Institute
FWTRC	Family Welfare Training and Research Center
GOI	Government of India
HFWTC	Health and Family Welfare Training Centers
I and B	Information and Broadcasting (Ministry)
IEC	Information, Education and Communication
IFRP	International Fertility Research Program
IIMC	India Institute of Mass Communication
IPPF	International Planned Parenthood Federation
IPP-1	India Population Program-1
IRHPP	Integrated Rural Health and Population Program
KAP	Knowledge, Attitude, Practice
LDC	Less Developed Country
MEM	Mass Education and Media
MOHFW	Ministry of Health and Family Welfare
MMU	Mass Mailing Unit
MP	Madhya Pradesh
NID	National Institute of Design
NIHFW	National Institute of Health and Family Welfare
OTC	Orientation Training Camp
PHC	Primary Health Center
PIACT	Program for Introduction and Adaptation of Contraceptive Technology
PRB	Population Reference Bureau
RHTC	Rural Health Training Center
SAC	Space Application Center
SITE	Satellite Instruction Technology Experiment
TV	Television
UNFPA	United Nations Fund for Population Activities
UP	Uttar Pradesh
USAID	U.S. Agency for International Development

## INTRODUCTION AND BACKGROUND

The purpose of the assignment was to describe and analyze the Indian IEC delivery system and prepare a set of recommendations for its improvement as input to the project paper, "Social Marketing/Communications."

The consultant's workscope defined a range of responsibilities designed to strengthen and expand GOI and private sector family planning information and education programs in support of the small-family norm and for greater use of family planning methods, with concentration on the high-fertility status of North India.

The subpurpose was to strengthen and expand the MOHFW's central mass education and media division, state mass education and media offices, and district- and block-level infrastructure.

The workscope required the consultant to describe and analyze both the strengths and weaknesses of the current GOI system for planning, implementation, and evaluating the delivery of information, education, and communication (IEC) to (1) the public through mass media; (2) government doctors, administrators, nurses, and paramedicals, through technical literature and training; (3) policymakers and leaders in government; and (4) the private sector, e.g., allopathic and traditional medical practitioners.

The description and analysis includes center, state, and local staff sizes; job types, skills, and selection criteria; materials production; training, supervisory and pay systems, interministerial coordination; estimates of funding requirements for staff, materials, and media use; experience in and capabilities for outside contracting; and monitoring, evaluation, and research capabilities and constraints.

The assignment required the consultant to analyze plans for expanding communication activities as described in the Report of the Task Force on Communication for Health and Family Welfare based on travel and study in Thailand, Indonesia, and Hawaii January 10-26, 1982.

The consultant was also required to analyze the Task Force and MOHFW plan for utilizing resources of the East-West Center and University of Hawaii for technical consultants, training, identification of other resources, clearinghouse services, and resident advisers on IEC training and planning.

Finally, the consultant was required to review and propose methods for expanding AID-supported publications in the family

welfare field, such as those of the Population Council, IPPF, PIACT, East-West Center, IFRP, and the Population Reference Bureau. Specifically, this responsibility included:

- Identification of the most relevant publications.
- Preparation of a master list using existing lists.
- Development of publication-specific sublists.
- Evaluation of the establishment of a population and development journal and/or other new publications for leaders and opinion makers.

The following report responds to all aspects of the workscope. However, the final phase involving the development of a master list for publication distribution is incomplete. Discussions with relevant mission staff were held to define the remaining work necessary to complete that task.

#### Itinerary

October 31	En route Washington D.C., to Honolulu
November 1-3	Honolulu
November 3-4	En route to Bangkok from Honolulu
November 4-6	Bangkok
November 6- December 3	New Delhi
(November 16-17	Bombay)
(November 18-19	Ahmadabad)
December 2	En route New Delhi to London
December 3	London
December 3	En route London to Washington, D.C.

## OBSERVATIONS AND FINDINGS

### The Communication Process

The first step in this analysis is to review the elements in the communication process to develop a frame of reference for assessing the system by which the Government of India seeks to change the behavior of its various publics regarding family welfare. Such a framework is necessary to describe the relationship between the health and medical staff in the Family Welfare Program and the infinitely smaller number of workers who can by any stretch of the imagination be called professional family welfare communicators. It is also necessary to describe the relationship between these two groups with the Government and with their varied audiences. Finally, this frame of reference is useful in assessing the relationships which exist between Government and other groups with which it wishes to communicate, e.g., policymakers, media representatives, the professional health/medical infrastructure, and opinion makers both within and outside the Government. The communication process consists of the following elements:

#### The Source

The ultimate policy-determining body from which the purposes of any change-oriented program derive. In this context the source is the Government of India, made up of institutions and agencies at all levels.

#### The Message

The purposes of the source interpreted in actionable terms. The accomplishment of any major purpose requires that the message be subdivided into many component messages, each of which calls for specific behavior change within individuals or groups of individuals.

#### The Channel

The means of delivering the message(s) to the intended receiver(s), including the full range of possibilities from face-to-face interaction to fully mediated methods, such as radio and television.

#### The Receiver

The individual, individuals within a group, or individuals within a mass population to whom messages are directed. The measurement of behavior change resulting from message

delivery can be accomplished only by eventually focusing on individual receivers.

A fully developed description of the communication process must also include the feedback loop in which the Source remains informed of the impact of Messages on the Receiver. Other factors such as the influence of treatment (design) of the Message on its impact are important but not essential to this analysis.

The discussion of the Source will be made following that of Message, Channel, and Receiver so that recommendations of structural and organizational changes included in the report reflect the existing system of planning, implementing, and evaluating the IEC delivery system in India.

### Family Welfare Message Delivery

It must be said at the outset that India has been eminently successful in delivering the messages necessary to create awareness of family planning. The generally held view that 90 percent of the population is aware of family planning is probably accurate. However, it must be asked "aware of what?"

There are several possible levels of their awareness, the following being the most likely in terms of increasing impact on behavior change:

- Awareness that the GOI is interested in family planning.
- Awareness that the GOI offers family planning services.
- Awareness of how and where to obtain GOI family planning services.

Creating awareness lends itself well to the channels of mass media. The red triangle, the four faces poster, plus a great variety of other highly imaginative applications created awareness for some receivers at all three of the levels listed above. However, the internalization of the message and its potential effect on behavior change is generally thought to involve the additional stages of interest, evaluation, trial, and adoption. Even more fundamental is the fact that the messages which have characterized the Indian program are largely nonrational as perceived by the intended audience (receivers). To contend that a small family is a happy family lacks logic in terms of a rural couple concerned about hands to accomplish agricultural work or children to provide security in their old age. Furthermore, such messages reduce the credibility of the source since the intent of the message is seen as inimical to the perceived best interest of the receiver. In sum, the messages which have characterized the Indian program have been propagandistic and confined to the information component of the

communication process, largely omitting education and communication.

The credibility of the source (GOI) was damaged substantially during the emergency by a narrow appeal to behavior change through family planning and, more specifically, sterilization. Currently there is greater emphasis on voluntarism, far greater stress on extension methods, and a sincere effort to cater to the self-interest of receivers by providing family planning services in the context of primary health care. In designing messages, attention is now being given to a wider range of health-related problems, such as early age of first pregnancy, short interbirth interval, large completed family size, low birth weight, high incidence of birth injury and asphyxia, neonatal tetanus, septicemia, malnutrition, diarrhea, respiratory infections, immunizable diseases, and malaria. Working from these problems, staff of the Integrated Health and Family Welfare Project are developing specific actionable messages which have the potential of helping solve these problems. Examples include:

- Delay marital fertility.
- Prolong contraceptive use following childbirth, irrespective of the sex of the child.
- Improve diet during pregnancy.
- Decrease heavy physical work during pregnancy.
- Take iron and folic acid supplements during pregnancy.
- Report problems early during pregnancy.
- Seek trained obstetrical care for deliveries.
- Keep newborn lying on side to prevent aspiration.
- Seek care from health center at the earliest sign of tetanus.
- Start breastfeeding within 1 or 2 hours of delivery.
- Start supplementary feeding of infants at approximately 6 months.

Emphasis here has been given to the messages intended for the general public, the ultimate users of family welfare services. Obviously a different set of messages is necessary when dealing with other groups of receivers, such as policymakers, for example. This detail in discussing message delivery to the ultimate user audience is justifiable since the present approach of the Government has most drastically adjusted

this category of messages. Other receiver groups are discussed later in this report.

### Channels Available for Family Welfare Messages

The major analysis of the structure of the Government's family welfare message delivery system is reserved for the section dealing with the source, since the recommendations accompanying this report relate closely to structural and organizational issues. However, any discussion of channels necessarily must take cognizance of the mechanisms involved in message delivery. The IEC component of the Central Ministry of Health and Family Welfare is strongly oriented to mass media, as implied by the title of the relevant unit, Mass Education and Media. Routinely, the senior officer of the unit is deputed from the Ministry of Information and Broadcasting (I and B), usually the Division of Advertising and Visual Publicity. In terms of mass media, essentially all channels available in India are under the control of I and B.

While MOHFW makes the decisions of what channels to employ as well as family welfare policy, with which messages must be consistent. The Ministry of Information and Broadcasting processes those messages for use in the various channels. A detailed discussion of I and B ministry activities in family welfare is contained in the "Indian Report of Mission on Needs Assessment for Population Assistance" by UNFPA, February 1979. In summary, the channels available are:

- All India Radio  
MOHFW supports family welfare cells in 36 of 84 AIR Stations.
- Films Division  
MOHFW supports the production of family welfare films on subjects of its choosing. Although a decision was made to establish a film production unit within the MEM division, this has not been implemented. Of significance, the Sixth Five-Year Plan document calls for a shift away from film production for the All India Circuit in 16 languages to decentralized production in support of extension activity.
- Television  
Seven urban transmitters have been established and five others were available during the SITE experiment. With the advent of the planned Indian satellite, the SITE program will be reactivated.
- Directorate of Field Publicity

The directorate operates 221 mobile units, 30 of which have specific responsibility for family welfare. The staff of these units organizes film shows, exhibitions, and entertainment.

- Directorate of Advertising and Visual Publicity

At the center level this directorate produces a variety of printed materials in 13 major languages but stresses English and Hindi. At the state level the directorate is also responsible for hoardings and advertisements.

- Song and Drama Division

The division operates 16 offices within the country. There is substantial evidence that state-level MEM officers utilize the services of the division for the integration of family welfare messages into traditional media.

At the center level both campaign and printed materials intended for a variety of opinion leader audiences and for the family welfare staff at lower echelons are produced and mailed. In addition to the campaign, publication and audio-visual media officers of the program wing, the mass mailing unit (MMU) employs editors, graphic artists, and press operators. The MMU has over 1 million addresses in 84 receiver categories, ranging from members of Parliament to panchayat leaders. The ultimate decision as to what will be printed and to what categories it will be mailed is that of the Additional Secretary, MOHFW.

The major change in the utilization of channels from the early days of the Indian program is in interpersonal and group methods. These methods are used within the framework of the block and depend to a great extent on the Government's frontline health workers supported by the block extension educator. The orientation training camp (OTC) is a current priority method of reaching people individually and in small groups at village level. Although OTCs are conducted for a variety of audiences, emphasis is placed on village opinion leaders so that they, in turn, will support family welfare objectives. The GOI goal is to reach 1.68 million opinion leaders each in 42,000 camps, resulting in four trained opinion leaders each in 75 percent of the nation's villages by the end of the Sixth Plan.

#### Potential Receivers of Family Welfare Messages

The needs assessment report of the UNFPA cited above defined five major receiver (audience) groups, as follows:

- National leaders, politicians, and other decisionmakers.
- Health and family welfare program planners and their counterparts in related sectors.

- The official service delivery system, made up of doctors, multipurpose workers, and parallel MEM specialists and their counterparts in related sectors.
- Unofficial community leaders, including contact farmers, Gram Sevikas, women leaders, panchayat leaders, community health workers, ayurveds, business leaders, etc.
- Actual and potential acceptors, segmented by age, sex, marital status, acceptor status, present and previous family welfare program exposure and response, media exposure and preference, language, religion, educational and economic status, and geographical location (rural, urban, tribal).

To this list could be added a substantial group of opinion makers, including media representatives, private voluntary organization leaders, and business and professional leaders. Until recently, the Government was not well equipped to reach at least two of these audiences--community leaders and actual and potential acceptors-- through interpersonal or extension methods. The decision to train multipurpose workers and recruit and train village-level volunteers significantly enhances the opportunity to impact these groups. Since those included in the service delivery system and Health and Family Welfare Program planners are generally able to benefit from printed materials, the Government has been able to utilize these channels of communication. The national leader/decision maker and opinion leader groups also represent a significant opportunity to promote the objectives of the Family Welfare Program with sensitively produced materials carefully designed to meet the needs of those important audiences.

#### The Source of Family Welfare Messages

The source, in terms of both the content and intent of message delivery, is the Government of India. The GOI enunciates its policy for development through Five Year Plan documents and delegates to a great extent the responsibility for translating the broad goals of the development plans into more specific population-related objectives to the Ministry of Health and Family Welfare. Within the MOHFW these objectives are translated into policies which form the basis for developing messages intended for receivers or groups of receivers deemed to have a role in accomplishing the Government's goals. The responsibility for designing specific and directly actionable messages is passed down the hierarchy to state, district, block, and village levels. This, however, represents an idealized view of the process which, as the following analysis will reveal, functions imperfectly.

The responsible unit for IEC activities within the MOHFW at center level is the Division of Mass Education and Media which is, in turn, divided into two wings: (1) program, consisting of publications, audio-visual media officers, extension educators, a researcher, and a photographer; and (2) the mass mailing unit, consisting of editors, graphic artists, press operators, and handling and mailing staff. Since a large part of the message design and channel selection process is delegated to the Ministry of Information and Broadcasting, it must be considered as integral to the source. The mechanism for development of a coordinated and coherent family welfare communication strategy is largely missing in the Indian situation and is the subject for further discussion later in this report.

To adequately describe the GOI as the source of family welfare messages, it is necessary to provide some detail of the model plan for creation of facilities and provision of services under area programs established in 1979. The model plan is comprehensive and some of its provisions are not directly applicable to an analysis of family welfare IEC. Of special relevance, however, is the Government's plan to intensify efforts at the local level by adding personnel and facilities.

The new plan involves establishing primary health centers (PHCs) for an average 100,000 population (eventually for 30,000) and subcenters for an average of 10,000 population (eventually 5,000). Some 280,000 multipurpose workers, male and female, operate out of the subcenters. Starting in 1977, the Government began the recruitment and training of community health workers, first called community health volunteers, now more commonly called community health guides (CHGs). The CHGs are selected by the village panchayats and given 3 months of training to enable them to perform basic health services and provide family planning information and assistance. The model plan calls for one trained CHG per village by 1983 or, in larger villages, one per 1,000 average population. Also located at the village level are trained dais, who provide maternal health care and family planning services.

At this time, some 200,000 CHGs and 300,000 dais have been trained. The significance of this massive recruitment, placement, and training effort to an analysis of delivery of IEC lies in the fact that India has in place a veritable army of frontline communicators. It is an accepted principle of communication that the impact of messages varies in direct proportion to the perception of the receiver of his self interest in the content of the message. It follows, therefore, that the model program has in it the potential for effective behavior change, since those who convey the Government's basic family welfare messages also provide the Government's basic family welfare services.

## Strengths and Weaknesses in the IEC Delivery System

### Existing Efforts to Identify IEC Needs

The analyses of strengths and weaknesses in the GOI system of planning, implementing, and evaluating the delivery of IEC must first recognize the many thoughtful efforts that have been made since 1977 to define and clarify the problems inherent in this complex component of the health and family welfare program. Among the externally sponsored efforts have been the needs assessment for population assistance by the UNFPA in 1979, the analyses of population policies and programs by the Population Council in 1982, the report of the annual review of the integrated rural health and population Project by USAID/India in 1982 (in particular the communication needs assessment by Dr. Michael O'Byrne), the report by William O. Sweeney on preparations for a needs assessment in the IRHFW Project in 1981, and the many insightful contributions by Geoffrey Salkeld, both in this official capacity with the UNFPA and as a keen observer and advocate for IEC.

On the Indian side, the preparations for the 1981 National Workshop on the Role of Communication for Health and Family Welfare Program entailed a thorough examination of strengths and weaknesses in the system. It is important to note that this was an Indian initiative characterized by close collaboration between the MOHFW and a prestigious center institution, the National Institute of Health and Family Welfare (NIHFW). The national workshop was followed up by an exercise to assess the training needs and infrastructure requirements to meet those needs. Late in August 1981, Joint Secretary R. Natarajan convened a meeting of MOHFW officials, representatives of UNFPA, USAID, the East-West Center, and the University of Hawaii. From this a working group was formed to consider collaborative activities with the center and university. Three recommendations were made by the committee:

- That a task force on IEC be formed to make observational visits to relevant institutions in India and other countries, including those in Hawaii.
- That preparation of field manuals for communicators be initiated.
- That specialized training in communication be provided to key personnel.

The task force was formed late in 1981 and, in January 1982, made a travel/study tour to Thailand, Indonesia, and Hawaii. Discussions in Honolulu focused on collaborative efforts to identify appropriate resources to backstop the GOI Family Welfare Program, stressing training, research, and evaluation.

The next and most recent step in the process of identifying priority IEC needs in India and planning necessary to meet them was a second national workshop, again organized by the NIHFW in collaboration with MOHFW. While national in the sense of the participating institutions, the focus of attention for implementation of recommendations was the five states in which USAID supports the IRHPP. The Workshop made recommendations for implementation of the communications (including IEC training) needs assessment and identified the priority subjects in which the preparation of training materials should be initiated.

The recommendations accompanying this report reflect the consultant's assessment of this impressive variety of reports and papers plus impressions gathered through extensive interviews during the TDY.

### IEC Problems at Center, State, District and Block Levels

The following appear to be the most urgent population IEC problems which currently exist at the several levels of the Indian bureaucracy.

#### Center Level

##### Planning

- IEC decisions are not being made by IEC specialists.
- IEC staff are publicity oriented. There is overemphasis on drives and special events.
- There is no systematic participation of lower level (state, district, block) IEC staff in IEC strategy development.
- IEC staff are often assigned to the ministry on a temporary basis and thus do not benefit for career advancement on the basis of their performance.
- There is little emphasis on overall strategic IEC planning.
- With the exception of Information and Broadcasting, there is little evidence of collaborative planning with other sectors as called for in the Sixth Plan.
- There is inadequate attention to audiences other than potential acceptors, i.e., doctors and other opinion leaders, political leaders, and staff of the program.

##### Management

- The level of IEC positions in the MOHFW fails to reflect the importance of IEC in the Family Welfare Program.

- There is no scope for advancement by state IEC officers to center positions.
- State, district, and block IEC officers are not adequately informed about the schedule of distribution of IEC materials by the Center.
- There is insufficient delegation of campaign materials development (accompanied by funds) to the states, districts, and blocks.
- IEC planning fails to take into account private sector resources.
- The tradition of producing prototypes for reproduction by states is ineffective.

#### Monitoring and Evaluation

- There is no systematic way to feed research results into strategy development.
- No systematic way exists to obtain feedback from the intended audiences.
- There is insufficient pretesting of materials and messages with intended audiences.

#### Training and Continuing Education

- There is no well defined plan for involving the Central Training Institutes in communication training.
- The relationship between the Central Training Institutes and the Health and Family Welfare Training Centers is ill defined.
- There is no systematic procedure for translating and communicating MOHFW policy regarding IEC to the training institutions.
- There are no professional development opportunities, e.g., external studies provided by the Center to state and district IEC staff.
- There are no training materials especially designed for IEC staff.

#### State Level

##### Planning

- Many MEM officers lack background and experience in communication or have a narrow orientation to the field.

- IEC officers lack the authority and resources to develop an overall IEC strategy for the state.
- State-level initiated IEC activities reflect a publicity bias.
- Except for Information and Broadcasting, there is little evidence of intersectoral IEC planning.
- Due to heavy time commitments, the MEM officer rarely gets to the field to observe at first hand extension educational efforts as an input to planning.
- Materials and messages emanating from the state level reflect a bias toward family planning and, more specifically, toward terminal methods.

### Management

- The development of IEC strategy is overly influenced by medical doctors.
- IEC officers have insufficient authority to make spending decisions.
- Family welfare education and health education are separately operated (in some states).
- IEC officers typically have insufficient support staff.
- Administrative responsibilities preclude regular interaction between state and district level officers.
- The position level of IEC officers fails to reflect the importance of communication in the Family Welfare Program.
- There is little opportunity within the family welfare structure for promotion.
- The MEM officer is insufficiently involved, in an advisory sense, in Center-level decisions involving his work.
- There is little recognition of the potential contribution of private sector resources.
- The MEM officer has an insufficient role in the evaluation of the IEC staff at lower levels in the hierarchy.

- There are no field manuals which define the tasks of IEC staff at district and block levels reflecting the objectives of the model plan.
- Delays in the sanction and disbursement of funds for IEC activities hamper their implementation (reflecting lack of understanding and/or appreciation of the purpose of IEC).

#### Training and Continuing Education

- There is little opportunity for professional development through study and training.
- There is little opportunity for professional development through interaction with peers, i.e., IEC officers in other states, at the Center, and in relevant institutions outside the state.
- There is need for greater participation by MEM officers in the planning and implementation of IEC training at the Health and Family Welfare Training Center (HFWTC).
- MEM officers are not actively involved in helping design IEC training in the Central Training Institutes located in their states.

#### Monitoring and Evaluation

- IEC officers are not trained in evaluation techniques.
- There is little interaction between IEC officers and demographic and communication research centers in terms of operational IEC research.
- MEM officers lack the resources to obtain adequate feedback from IEC activities under their direction and to use the results in adjusting IEC strategy.

#### District Level

##### Planning

- The policy of placing responsibility for mass education and media on the district education and media officer (DEMO) and extension education on the district extension educator (DEE) hampers the implementation of an overall IEC strategy.
- There is little systematic advanced planning between district IEC staff and block IEC staff in terms of an overall IEC strategy.

- There is often no advance information on shipments of printed material from the Center and no obvious relationship of these materials to a comprehensive strategy.
- Materials in support of special campaigns, e.g., Family Welfare Month, are shipped to district IEC officers without their adequate involvement in planning.
- District IEC officers are often uninformed in advance of messages to be delivered to those in their area by mass media, e.g., All India Radio.

### Management

- There is subtle pressure on district IEC officers to bias their activities toward family planning and specifically toward terminal methods.
- The evaluation of performance of district IEC officers is made by non-IEC staff.
- There is no clear path for promotion within the IEC structure.
- The great majority of district IEC officers are male, while a significant responsibility of the IEC effort is to reach women.
- District level support of the work of block level officers is hampered by lack of mobility.
- IEC equipment and supplies are often inadequate, out of order, or missing.
- Insufficient funds are available to the district IEC officers for local production of materials and media input.
- Vehicles provided for IEC purposes are frequently put to other uses.
- The use of traditional media such as song, dance, and drama is hampered by delays in budget sanctions and low levels of payment.
- Lack of basic equipment precludes access to potentially effective channels; e.g., tape recorders and cassettes can be used on radio as well as in orientation training camps and in interpersonal communication.

- Films used by the Directorate of Field Publicity are often inappropriate and should be supplemented by locally produced films.
- Much of the material intended for local audiences relies too much on the printed word instead of graphic presentation.
- Insufficient means of maintaining transportation, audio-visual, and other equipment exists at district level.

#### Training and Continuing Education

- District IEC officers are inadequately trained in the concepts of the model program.
- District IEC officers are not adequately trained in basic communication theory and concepts.
- District IEC officers typically have little opportunity for refresher training.
- District IEC officers are inadequately involved in the planning and conduct of the work of the BEEs in their area and thus play no training role.
- District IEC officers are not systematically involved in the IEC training activities of the HFWTCs.
- District IEC officers have little opportunity to interact with their peers-- e.g., other district IEC officers both within the state and in other states-- through visits to relevant institutions outside the state and through external travel and study.

#### Monitoring and Evaluation

- The concept of pretesting media messages and materials is largely undeveloped.
- District IEC officers are unfamiliar with techniques of assembling and evaluating feedback from their audiences.
- Block extension educators (BEEs) are inadequately used to provide feedback on specific IEC activities for the purpose of adjusting IEC strategy.
- District IEC officers do not have access to the results of the evaluation of efforts similar to theirs.

## Block Level

### Planning

- There is little evidence that the BEE plays a leadership role for peripheral health workers in accomplishing IEC tasks.
- BEEs are rarely involved by district IEC officers in communication planning and are therefore relatively unaware of any comprehensive IEC strategy.

### Management

- Administrative duties assigned by the medical officer interfere with the priority work of the BEE.
- Medical officers lack understanding of the purpose and importance of IEC.
- The BEE usually has no independent means of transportation and therefore tends to follow the pattern of the medical officer, which is not to travel.
- The BEE typically has little if any IEC equipment at his disposal, such as tape recorders, battery operated slide projectors, etc.
- The BEE usually has little if any materials from which to produce or encourage others to produce low-cost educational tools, such as paper, pens, glue, etc.
- Given the status of the medical officer and his influence on the BEE plus the nature of current target setting, the IEC activities at the block level reflect a bias toward sterilization.
- The typical lack of supplies for nonterminal methods at PHC and subcenters reinforces the bias toward sterilization.
- BEEs are exclusively male while a significant proportion of the audience is female and a need exists to promote more female methods.
- Entry level requirements for BEEs vary widely and incumbents range from matriculates to graduates.
- The promotion system in many states precludes recruitment of the most appropriate candidates (those with communication qualifications) and direct recruitment is not permitted. (In at least one state,

the BEE position is reserved as a promotion channel for health supervisors.)

- Printed materials are in short supply at PHCs and rarely available at subcenters and, of those available, many are in English, having been supplied by DAVP/New Delhi. Few of the materials available adequately use graphic representation.
- The BEEs perception of the importance of his work suffers by his knowledge that the medical officer with less seniority is systematically paid at a higher rate.
- The BEE, by virtue of long tenure in the block, sometimes becomes overly identified with certain individuals and groups in the population, potentially rendering him less effective overall. In extreme instances he has become involved in political activity.
- Failure to fill vacant BEE positions promptly is widespread and adversely affects the program.
- BEE positions are often filled from surplus personnel from other Government departments which have little relevance to the work.

#### Monitoring and Evaluation

- BEEs have little familiarity with or training in obtaining and assessing feedback from their IEC activities.
- The pressure on BEEs to maintain a high level of IEC activities involving a large population and wide geographic area inhibits his chances of undertaking any substantial program evaluation activity.
- BEEs have no training in proper methods of selecting a representative sample of village leaders and opinion makers for participation on advisory committees and in orientation training camps.

#### Training and Continuing Education

- BEEs typically, although in place for a number of years, receive no systematic refresher training.
- Entry level requirements reflect a lack of understanding and appreciation of communication as a requisite for the BEE's work.

- The training and reorientation of block level staff has not resulted in adequate recognition of or commitment to the current objectives of family welfare.
- The typical HFWTC lacks the skills and resources to provide effective communication training to block level staff.
- BEEs have little or no opportunity to observe the work of counterparts in other blocks, districts, or states.

### Communication Planning and Strategy Development

It is beyond the scope of this report to offer recommendations dealing with all the preceding problems or with even a substantial proportion of them. Instead, the consultant's scope of work provides for recommendations to AID actions that have promise of alleviating some of the more important problems. However, before such recommendations can be made, it is necessary to describe the policies, procedures, systems, and, to an extent, the stages through which India has passed in building the communication component into family welfare. It is hoped that this analysis in itself will be of use in suggesting new procedures and approaches. This analysis uses the same categories as was used in the foregoing list of problems:

- Communication planning
- Communication management
- Monitoring and evaluation
- Training and continuing education

### Communication Planning

Communication (IEC) policy emanates from the enunciation of goals by the Government. India's broad goals for economic and social development are expressed in five Five-Year Plan documents issued by the Planning Commission. The health and family planning goals contained in the Sixth Five-Year Plan from which communication policy can be derived are, in brief, as follows:

- Shift emphasis from city-based curative services to a rural-based preventive system.
- Provide primary health centers for 30,000, subcenters for 5,000, and a trained volunteer for each 1,000 of population.

- Provide a community health center and 30-bed hospital at block level for 100,000 of population.
- Involve all development departments as appropriate in problems of water supply, education, sanitation, control of communicable diseases, family planning, maternal and child health, nutrition, and school health.
- Train adequate medical and paramedical manpower with suitable orientation to rural health care.
- Reduce average family size from 4.2 to 2.3 children.
- Reduce birth rate to 21 per 1,000.
- Reduce death rate to 9 per 1,000 and infant mortality rate to 60 or less.
- Raise the level of protected couples from 22 to 60 percent (the last four items are to be accomplished by the year 2000).

#### Translating Policy into Communication Strategy

The Sixth Plan document includes several important implications for the development of communication policy, based on an underlying assumption that India cannot wait for economic and social development to bring about a change in attitudes about family limitation. The following policies are particularly relevant to communication planning:

- Emphasize the education and employment of women.
- Enlist the appropriate staff and resources of all departments in the family planning effort.
- Introduce health and reproductive biology in high school curricula as well as those of technical education, professional education, adult education, worker's education, and farmer's education.
- In addition, enlist the participation of youth organizations, mahila mandals, and voluntary organizations.
- Fully utilize community health volunteers, village opinion leaders, and dais.
- Use the communication potential of panchayat raj, cooperatives, and other local organizations.

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- Fully utilize community health volunteers, village opinion leaders, and dais.
- Use the communication potential of panchayat raj, cooperatives, and other local organizations.

- Decisions with crucial implications for IEC strategy are made by non-IEC specialists.
- There is no adequate mechanism to accommodate the monitoring and evaluation of IEC activities and feed the results into strategy development.

The highest ranking IEC professional, the chief of Mass Education and Media, is perhaps three grades lower than the officer (additional secretary) who makes the key IEC decisions. Further, he is typically deputed from the ministry of I and B Division of Advertising and Visual Publicity and lacks practical experience in working through an extension network.

Although evaluation cells exist, at least in All India Radio and Television, they have no capability to monitor or assess the impact of extension communication activities. This is not to suggest that the MOHFW discontinue pursuing its purposes through collaboration with other ministries, particularly I and B, or that all specific message design be developed at the Center. Rather, what is suggested is a research-based mechanism within the ministry whereby the broad policies defined by the Planning Commission can be redefined in terms of health and family planning policies, subdivided into components from which actionable messages can be designed and broad decisions made about resource allocations among the available channels. In considering such a mechanism, thought should be given to the ways in which private sector commercial organizations organize their consumer research and communication strategy development.

#### Center Support for Implementation of Strategy

There is very little scope for collaborative planning of IEC strategy between Center, state, and district staff. This is not surprising, given the understaffing in IEC positions at each level plus the logistics problems involved in convening such groups. The National Workshop on the Role of Communication for Health and Family Welfare in 1981 and the 1982 National Workshop to consider the assessment of communication needs and areas of training for district and block IEC officers were notable for the involvement of key IEC staff at all levels. However, the primary organizing unit for both these workshops was the National Institute of Health and Family Welfare, which has no continuing mandate to play such a role.

In the absence of systematic direct interaction between Center, state, and district IEC planners, IEC strategy is communicated through directives and to a great extent influenced by the distribution of printed materials. Ten million rupees per year, for example, are transferred to the DAVP for the production of pamphlets, posters, press releases, and such staff-directed publications as orientation training camp manuals. These are

produced in regional languages, Hindi, and English, the largest runs being in Hindi. The English versions are largely intended to serve as prototypes for adaptation by the states. The print runs of publications intended for potential users are usually inadequate. It has been estimated that to reach 10 percent of all couples with copies of a particular leaflet would require over 4 million copies in Hindi alone. GOI policy is to increase the proportion of funds available for such purposes directly to the lower echelons; however, lack of contact between Center and states and particularly Center and districts concerning their production capability results in considerable skepticism at the Center about delegating responsibility for materials production to these levels.

Recognition of the need to provide a central service to such specialized audiences as doctors, national and state leaders, opinion leaders, and program staff resulted in the establishment of the mass mailing unit in the late 1960s. Two newsletters, Center Calling and Hamare Ghar (our house), are the only continuing series of publications currently being mailed. Center Calling, which is especially appropriate for program staff, is produced in 40,000 copies, both in Hindi and English. Hamare Ghar, designed for lay audiences, is produced in Hindi in 70,000 copies, obviously an inadequate number.

Special interest pamphlets, for example, on dealing with the oral pill were mailed during the past year to 50,000 doctors. One hundred thousand copies of a recent statement by the Prime Minister discussing Family Planning Month were distributed by the MMU. Most print runs fall between 50,000 and 100,000 copies. The unit is capable of very large mailings, however; for example, 700,000 UNICEF kits were mailed over a 3-month period during 1982. Research results appearing in the press are sometimes compiled and mailed in special "Dear Doctor" letters. Consideration is being given to reestablishing the Population Research Bulletin last issued in September 1979. If so, care should be taken to ensure that the contents are kept up to date. Although there are over 1 million names in 84 categories included in the MMU, there is no computerization of the lists, and it is assumed many of the addresses are inactive.

The outcome of the foregoing complex of publication and distribution activities and the related media efforts of the Ministry of Information and Broadcasting is a series of tactics which are relatively unrelated to any coherent overall strategy.

### Analysis of Communication Management

#### Center, State, District and Block Levels of IEC Responsibilities

The functions of the mass education and media division at the Center have been defined as follows:\*

- To design the basic strategy of the program, draft the plans and work schedules, and estimate the mass education needs of the program in consultation with the concerned Center and state agencies.
- To stimulate and guide the states and other concerned organizations in the implementation of the program.
- Help in creating and sustaining awareness and interest in the program on a national level through mass media.
- Initiate and develop favorable attitudes among top opinion leaders, political and social leaders, administrators, doctors, lawyers, teachers, parliamentarians, and nonofficials agencies and enlist their support and involvement in promoting the program.
- Plan, organize, and coordinate intensive national campaigns.
- Develop and distribute prototype materials and media for local adaptation and general use.
- Collaborate with international organizations in mutually developed communication and educational activities.
- Plan and organize high-level orientation and training of key communication and mass education personnel.

State-level functions are similar, except that they are based on interpretations of Center policies and adapted to the needs at that level. The state Family Welfare Bureau Mass Education and Media Division plans the IEC activities to be carried out at lower levels and supervises their implementation. Staff training and evaluation of activities are also included in their responsibility.

At the district level, the communication staff is principally involved in motivational activities and less responsibility is assigned for training and evaluation. The district mass education and media officer has technical supervision of the block extension educator, but his direct supervision is the responsibility of the medical officer of the Primary Health Center. District officers are expected to maintain liaison with counterparts in other development ministries as well as enlist cooperation from all relevant organizations and agencies, both public and private. District IEC officers often are provided with audio-visual vans and other resources, with which they are expected to organize film showings, make exhibitions, develop hoardings and wall paintings, distribute printed materials, and involve local talent in song, dance, and drama.

At the block level, the key functionary is the block extension educator, who is expected to organize on the local level most of the same kind of activities listed above in cooperation with district officers and involving as appropriate the peripheral health workers. The BEE has the responsibility of identifying local opinion leaders and enlisting their help in supporting the program. This phase of this responsibility involves organizing orientation training camps as well as making personal contacts. The BEE is also expected to play a role in providing follow-up services and convincing those who resist the idea of family planning.

### Roles and Relationships

Many of the deficiencies in IEC management stem from a lack of understanding of the role and importance of the communication component of the Family Welfare Program and an accompanying lack of professionalism within the IEC staff. At the Center, the IEC staff is thin and the level of positions is not sufficient to command the attention or provide the authority required by the size and complexity of the task. Authority to commit funds is limited and adequate support staff is lacking.

On the other hand, the medical staff is recognized as highly professional and the IEC staff is responsible at all levels below the Center to medical officers. There is good and sufficient reason for medical personnel to hold key positions in a program which is health oriented; however, from a management perspective, a number of problems exist, not the least of which is the subtle yet inevitable pressure on the IEC delivery system to emphasize terminal methods. The ultimate example is at the block level where the evaluation of the BEE strongly rests on the number of sterilizations performed. Granted, this provides a specific measure of accomplishment, but more sophisticated techniques of IEC evaluation make it possible to assess behavior change in terms of increased knowledge and more favorable attitudes rather than adoption only.

Other important factors in developing professional status for IEC staff are involvement in the evaluation of lower echelon staff, the opportunity to advance through the IEC ranks from block to district to state and to Center, and participation by lower echelon officers in the strategic planning of the next higher level. Entry-level requirements of all levels fail to adequately recognize communication qualifications.

The lack of systematic communication needs assessment results in a corresponding lack of clear definition of duties among much of the IEC staff. The needs assessment is especially crucial in a period when such a major shift in emphasis is being made as that represented by the model program. In this connection, the point should be made that practically all IEC

workers are male, whereas women are prominently represented in the target audiences. Some states are now planning to make the second district extension educator a woman, and it must be said that among the peripheral workers, women are well represented.

Uniformly, but particularly at district and block level, IEC staff are hampered by lack of resources. District level staff often are without transport either because vehicles are being used for non-IEC purposes or they are out of order. Where audio-visual equipment has been supplied, it is often improperly maintained and inoperative, and supplies to encourage local production of informational materials are generally lacking.

Greater understanding of good management practices is needed by those responsible for the IEC program. This need has increased with the advent of the model program and is especially true in the area programs where increased resources are being made available for communication, e.g., audio-visual equipment and responsibility for local media production. The decision to add positions at HFWTCs in management and communication is to be commended, and it is hoped that specific management of the communication component will be included in the training offered in the future by these centers. Currently the Institute of Management at Ahmadabad devotes 2 days to IEC management during its course for PHC doctors. Such training on a broader scale could greatly facilitate more effective working relations between medical/health and IEC staffs.

## Monitoring and Evaluation

### Indian Experience in IEC Research

Some of the most significant evaluations of IEC efforts in the world have been in India. The community experiments in Meerut District of U.P. in 1966 sought to evaluate whether a low-keyed family planning campaign could raise the level of knowledge of potential users about family planning practices and services. The 4-month campaign included printed materials, cinema slides, newspaper inserts, and point of sale materials for retail outlets selling condoms. The results showed that "a relatively modest amount spent for publicity purposes can have a sizable effect on public knowledge about family planning."<sup>2</sup>

Another 1966 study in Hooghly District of West Bengal evaluated an urban campaign using cinema slides, radio, exhibitions, posters, advertisements and articles in newspapers, and printed materials. This campaign also resulted in significant increases in knowledge about family planning methods.<sup>3</sup>

During 1970 to 1972 the vasectomy camps in the state of Gujarat were evaluated in terms of their IEC components, which included loudspeaker announcements, parades, and an intensive

interpersonal communication. The 2-year campaign was found to reach 11 percent of the eligible couples.<sup>4</sup>

Beginning in 1968 the Nirodh commercial sale and distribution of condoms featured widespread use of mass media and point of sale materials. From the pre-Nirodh period, annual distribution was 7 million pieces. By 1973-74, the number increased to 116 million.

Other important evaluations, such as the experiment to test incentives in the tea estates in South India and a well publicized study in a Punjab village, have been conducted. Unfortunately, these studies were often initiated by international agencies and the results have not found their way into the Indian system of IEC strategy development. As pointed out earlier, there is no mechanism at any level of the family welfare structure to assemble such results and feed them into strategy development. Recognizing this lacuna, the National Institute of Health and Family Welfare gave substantial attention to the problem at the national workshop in 1981.

The workshop report observes, "Communication planning as well as monitoring is defective due to lack of feedback. Information and data on effectiveness of communication and the reach of media activities are not available. The credibility of messages and the impact of media such as radio, mailers, and leaflets must be investigated. The nature and activity of health workers and their credibility with the people require investigation. Outmoded media materials should be weeded out from time to time."<sup>5</sup>

The report recommended the establishment of communication management information, monitoring, and research cell, headed by an expert in research and evaluation and staffed by qualified investigators and analysts. The suggested functions were:

- Monitoring of communication activities.
- Development of management system.
- Development of community profile and action plan.
- Conduct of media and communication studies.
- Collection of data and interpretation of feedback.
- Coordination between state and central media agencies.<sup>6</sup>

The importance of keeping consumer needs and interests uppermost in evaluation efforts is summarized by Geoffrey Salkeld in a recent issue of the India International Center Quarterly.

He suggests that greater attention be given to identifying communication needs and lists three approaches:

- "Encouraging (through training and supervision) the field staff to be more observant - to use their ears and eyes more and their mouths less.
- "At the official level, being more receptive to feedback from the field and more analytical about the identification of specific issues on which scarce communication resources should be expended....
- "Much greater investment in field surveys, the object not being to find 'consensus' but to identify the diversity in people's perceptions and needs across the country.

"Having established the principle of not speaking before listening and observing," Salkeld says, "the next step is the development of needs-based appeals, both persuasive and informational, which address themselves to the actual problems of the audience. Concentrate on removing specific barriers to the use of particular methods of family planning. Deal with 'the next pregnancy' rather than the 'small-family norm.'"7

#### Government Initiatives in Evaluation and Research

Reference was made in the discussion of communication strategy development to the absence of effective monitoring and feedback mechanisms at Center level, focusing on communication-relevant data, i.e., existing attitudes, behavior, and levels of knowledge about family welfare. This is not to imply, however, that the Government has not seriously considered the need for this kind of research or that no action has been taken.

In the 1960s the concept of Demographic Research and Communication Action Centers was developed, and key institutions in most states were so designated. The centers were expected to conduct demographic research and, based on the interpretation of results, suggests communication approaches designed to counteract trends of excessive growth. For various reasons, not the least of which was the absence of qualified communication specialists, the DRACACS were incapable of making the transition from demographic data to message design. There are several centers, however, in which both useful demographic and communication research is being done. They include the International Institute of Population Studies, Bombay; the Gokhale Institute of Economic Growth, Pune; and the Population Centers at Lucknow and Bangalore established under the World Bank-assisted IPP-1 area program.

The Government also enlists private sector agencies in research and evaluation studies. The Operational Research Group

of New Delhi and Baroda, recently completed a study which includes important implications relevant to communication, but the results are not officially available at this time. Another source of valuable information on population communication is the SITE (Satellite Instructional Television Experiment) project of the Space Applications Center of the Indian Space Research Organization, Ahmadabad. During this experiment, which lasted from August 1, 1975 to July 31, 1976, family planning along with health, hygiene, and agriculture constituted the subject matter broadcast to 2,330 villages scattered in 20 districts in six states. In addition to the evaluation conducted by SAC, separate studies were made by the National Center for Educational Research and Training, the Planning Commission, the National Agricultural Research Institute, All-India Radio-Television/UNESCO, and the Journalism Department of Bangalore University. The SITE experiment will be resumed in July 1983 with programs similar to those of the earlier experiment providing further excellent opportunities for innovative research and evaluation.

### Initiatives Growing Out of the Area Programs

The report of the annual review of the Integrated Rural Health and Population Project recognizes the importance of audience research by requiring a communication needs assessment as the basis for (1) improving the communication knowledge and skills of service workers, particularly in the area of interpersonal communications; (2) promoting community involvement; (3) improving cooperation and coordination with other departments of the Government; and (4) improving the management of communication efforts through decentralization of responsibility to district level and improved skills in planning, operations management, and evaluation.

Communication needs assessment was emphasized at the National Workshop on Training in Communication organized by the NIHFW from August 2 to 7, 1982. This phase of the discussions involved the following:

- Assessment of skills and knowledge of block and district communication workers.
- Assessment of knowledge, attitudes, and practices with regard to fertility and mortality problem/services among the general community and key groups as a basis for communication planning.

One initiative resulting from the workshop was a mini-survey instrument designed to enable the BEE in cooperation with the block level health workers to assess the levels of thinking, feeling, and action of village people toward family welfare issues. The mini-survey is proposed to be conducted regularly on a 6-month basis in the IRHPP, with some changes in the questions

from time to time. Dr. James Palmore of the East-West Population Institute is collaborating in the design of the instrument.

Each of the five area project states is committed to undertaking a needs assessment. Gujarat has solicited a project proposal from the Vikram A Sarabhai Community Science Center, and Punjab from Vidya Bhavan. It is expected that the three other states in which AID is cooperating will develop definite plans for the needs assessment in the near future. Such an assessment if done on a continuing basis can provide information essential to effective IEC delivery in the same sense that the MIES provides useful data on acceptance and use of family planning methods.

## Training and Continuing Education

### Identification of Training Needs

Strengthening the training system for IEC personnel at all levels in the Family Welfare Program offers the greatest promise of alleviating many of the communications-related problems cited throughout this report. However, an improved system of communication training is not sufficient by itself to affect the needed changes in the areas of planning, management, monitoring, and evaluation identified earlier. These kinds of changes involve basic policy and administrative decisions on the part of the Government. It should be emphasized, however, that in committing itself to the model program, the Government has expressed its commitment to innovative approaches in the delivery of IEC services. In the area programs, for example, covering 45 districts in 12 states, a variety of approaches are being taken to the priority problems of population communication and a body of new knowledge is rapidly building.

The Government has also initiated some very thoroughgoing explorations of the infrastructure for IEC training, evaluation, and delivery systems over the last 2 years. In preparation for the national workshop in 1981, the MOHFW commissioned the NIHF to conduct a study in six states considered to have good, average, and poor performance in terms of family welfare goals. It was decided that Maharashtra, Madhya Pradesh, Bihar, Tamilnadu, Punjab, and Himachal Pradesh would constitute a representative sample of the India-wide status of IEC delivery. The extensive report, which served as a background paper for the national conference, was organized under the following subjects:

- Communication program planning.
- Infrastructure and organization.
- Implementation and management of communication activities.

- Mass communication activities.
- Extension education activities.
- Training needs in communication.

An important step in preparation for the workshop was a task force of existing training institutions serving the Family Welfare Program. The report of this task force describes six Central Training Institutes, their communication-relevant staff, and the categories of personnel trained. It also describes the content of existing IEC training curricula available to district staff and makes suggestions for strengthening IEC training through enhancing the communication knowledge of MOHFW, CTI, and HFWTC staff. The report of the workshop contains 20 pages of suggestions for improvement in the training of communicators. Following the workshop the then joint secretary convened a group representing the MOHFW, AID, UNFPA, and the State of Hawaii to consider possible collaboration between the MOHFW and the University of Hawaii/East-West Center in communication training.

#### Universe for IEC Training

The numbers of staff directly or indirectly involved in the IEC component of the Family Welfare Program and therefore eligible for training is very great. The scope of this report, however, is largely limited to those whose specific responsibilities are IEC. It includes consideration of medical officers to the extent that their knowledge and appreciation of the role of IEC critically impinges on the effectiveness of IEC workers.

The India-wide number of staff directly involved in IEC work is approximately as follows:

State mass education and media officers	26
District Extension Educators	641
District mass education and media officers	351
Urban extension educators	609
Block extension educators	5,226

In addition to these, of course, are the mass education and media staff of the MOHFW and media staff in the various divisions of the I and B ministry as well as support staff at all levels, e.g., artists, projectionists, photographers.

To cope with the large numbers of IEC staff involved, it will be essential to emphasize training of trainers. Thus, the relevant staff of the Central Training Institutes and the Health and Family Welfare Training Institutes and the Health and Family Welfare Training Centers must be added to this list.

The task force report on communication training identifies the following staff of the Central Training Institutes as the most likely candidates for training as trainers in communication.

<u>Institution</u>	<u>Staff Category</u>	<u>Number</u>	
The Family Welfare Training and Research Center, Bombay	Social Science instructors	4	
Gandhigram Institute of Rural Health	Professor health education	1	
	Rural health educator	1	
	Lecturers, field work	2	
	Audio-visual officer	1	
	Social science instructor	1	
	Total		6
All India Institute of Hygiene and Public Health, Calcutta	Professor of preventive medicine	1	
	Asst. professor, health education	1	
	Audio-visual media officer	1	
	Total		3
Central Health Education Bureau, New Delhi	Deputy director, training	1	
	Deputy asst. director general, health ed.	1	
	Deputy asst. director general, field area	1	
	Deputy asst. director general, exhibitions	1	
	Senior editor	1	
	Health education officer	1	
	Total		6
	National Institute of Health and Family Welfare, New Delhi	Asst. professor communication	1
Asst. professor, media		1	
Asst. professor, information		1	
Asst. professor, Hindi		1	
Total			4

In addition to the officially designated CTIs, there are several other institutions which have either been involved in communication support of state family welfare programs or, by virtue of their programs and services, should be considered as resource centers. The report of the national workshop lists the following:

- Communications departments at the Universities of Bangalore, Bombay, Ahmadabad, Calcutta, Varanasi, and Hyderabad.
- The Institute of Mass Communication, New Delhi
- The National Institute of Rural Development, Hyderabad
- The Indian Space Research Organization, Ahmadabad
- Agricultural Extension Institutes at Nilokhiri, Anand, and Rajinder Nager
- National Institute of Design, Ahmadabad
- Association of Advertising Agencies of India Institute, Bombay
- Institute of Management, Ahmadabad
- All-India Film Institute, Pune
- Special Projects at Jamked, Silur, Filonia, Vellore, Nadia.

The pattern of staffing in the 46 existing NFWTCs is established by Government and is uniform throughout the country. The current plan is to supplement the staff with both a communication and a management specialist. However, at present the staff includes:

Health education officer	1
Health education instructors	4
Social science instructor	1
Total Available for Training (6 x 46)	46

#### Content of IEC Training

The training curricula for CTI staff and in particular the staff of the NIIFW, if it is to be designated as an apex institution for IEC training and research, should be expected to include communication theory, including widely accepted approaches to promoting behavior change. Stress with this group of trainers should be on technology transfer, group dynamics,

psychology of learning, use of media, and communication planning and evaluation techniques. Emphasis at the HFWTC level where state, district, and block-level staff are trained should be on the following:

- Studying the community:
- Identifying specific local needs, identifying local resources for communication, planning communication activities.
- Extension techniques:  
Identifying opinion leaders, collaborating with other development leaders, organizing opinion leader camps, organizing advisory committees, and building community support.
- Using media at local level:  
Producing simple printed materials, using audio-visual equipment, extending the effectiveness of radio, producing simple teaching aids, planning.
- Improving entrepreneurial communications:  
Helping field workers plan their work, supervision and support, counseling techniques, and organizing PHC-level retraining courses for field workers.
- Management aspects of family welfare staff work:  
Planning, organizing, and supervising; appreciation of the roles of family welfare managers and field workers; and training skills.

#### Area Program Training Initiatives

Considerable momentum has already been established in relation to IEC training in the AID area projects which has direct bearing on planning support for such training on a broader scale. The national workshop in August 1982 organized by the NIHPW and MOHPW with participation by experts from the University of Hawaii and the East-West Center focused on three purposes for the communications needs assessment, two of which stress training:

- By identifying the job functions of block and district communication as a means of clarifying their training needs.

- By developing the mini-KAP survey as a technique to obtain feedback on local attitudes and knowledge beyond that about sterilization which may have been implanted by GOI workers.
- By identifying the topics on which modular training materials should be developed.

The following projected schedule both for the communication needs assessment in the area project districts and for module development by CTIs has been suggested:

#### Communication Needs Assessment

- |  |                   |
|--|-------------------|
| ● Completion of mini-survey instrument   | October 31, 1982  |
| ● Collection of mini-survey data in at least two states                              | December 31, 1982 |
| ● Analyses of knowledge and skill data on BEEs and DEMO's, including recommendations | January 31, 1983  |
| ● Course on IEC survey methods, techniques and analysis                              | January 1983      |
| ● Complete first mini-surveys in all 13 project districts                            | March 31, 1983    |
| ● Complete analyses of all survey data   | April 31, 1983    |
| ● Report and recommendations   | May 31, 1983      |

#### Module Materials Development

- |   |                |
|---|----------------|
| ● Detailed outlines, assign to CTIs               | December 1982  |
| ● Complete first drafts                           | June 1983      |
| ● Train trainers at CTIs                          | September 1983 |
| ● Complete and distribute modules                 | December 1983  |
| ● Module-based training and on the job evaluation | March 1984     |

#### External Resources for IEC Training Support

Following is an incomplete list of institutions and agencies which offer communication training opportunities:

- The Asian and Pacific Program for Development Training and Communication Planning, Bangkok
- The East-West Center, Honolulu, Hawaii
- The Institute of Mass Communications, University of the Philippines, Quezon City
- ESCAP, Bangkok (documentation)
- Press Foundation of Asia, Manila
- Cornell University, International Population Program (graduate study)

- Florida State University, Center for the Study of Population, Gainesville (population education)
- International Institute of Rural Reconstruction, Silang, Cavite, Philippines
- Johns Hopkins University, Population Information Program, Baltimore
- Population Reference Bureau, Washington, D.C.
- Program for Introduction and Adaptation of Contraceptive Technology, Seattle
- University of Chicago, Community and Family Study Center, Chicago
- University of Michigan, Center for Population Planning
- University of Indiana, Department of Audio-Visual Education, Bloomington

## RECOMMENDATIONS

It is apparent at all levels in the Indian bureaucracy that confidence in bilateral and specifically U.S. assistance is growing. The collegial approach to the discussion of India's population related problems is yielding good results and should continue. It is heartening that India has fully recognized the importance of demand creation in its family welfare efforts and is committed to a comprehensive program designed to induce behavioral change. AID through its own resources and in collaboration with U.S. and Asian regional institutions is in a position to make significant contributions to a revitalized population information, education, and communication effort in India.

The recommendations that follow recognize that financial resources have not in the past been a major deterrent to progress in India's Family Welfare Program. Unfortunately, in proportion to the overall budget, the IEC allocation has been consistently low--representing only 3 percent in the Sixth Plan. Even so, the focus of international assistance in the IEC area should be on the points of entry where key contributions can facilitate innovation. It cannot be stressed too strongly that some very serious structural and organizational flaws exist in the India IEC delivery system which require some bold decisions if fundamental improvement in performance is expected.

### 1. AID Should Encourage and Support an Improved System of IEC Strategy Development in India

This does not mean centralization of planning; indeed, the need is for far greater delegation of communication responsibilities to the lower echelons. It does, however, imply a system, the apex of which is at the center designed to channel feedback from the periphery reflecting behavioral changes in thinking, feeling, and action.

At the center, preferably in a carefully selected institution outside the MOHFW, there should be established a unit headed by a qualified specialist in IEC research and evaluation and adequately staffed by communication-trained analysts and interpreters.

The responsibility of this unit should be to assemble, analyze, and interpret feedback from the field and process it into formats readily understood by policymakers. These analyses should be presented on a systematic basis to relevant officials in the ministry and to the Communication Board, which coordinates interministerial planning. Another important responsibility of the unit would be to systematically collect from the demographic research and communication action centers, population centers, and other sources of relevant research the results of current studies and give them appropriate attention in the continuing analyses.

An advisory group representing key communication teaching, research, and action agencies; private sector advertising agencies; and nongovernment voluntary agencies involved in family welfare-related activities should regularly interact with the staff of the unit.

Two initiatives in the area programs are of special relevance to the development of this system of feedback and evaluation. First, the communication needs assessment, which is in part designed to reveal local attitudes towards family welfare messages. This essential exercise should be extended to additional districts as rapidly as is feasible. Second, the mini-survey, which is a tool of the needs assessment designed to involve the block extension educator in collaboration with the peripheral health workers in a continuing process of assessing the status of behavioral change at village level. This procedure should become a basic element of the overall system.

## 2. AID Should Support the Development of a Principal Resource Institution for Population IEC

Given the intention of the Government to amplify the IEC component of the Family Welfare Program, there is an urgent need for a key center located in Delhi to serve the needs of the national program. This center should be seen as the keystone in a network of institutions, each with a specific and well defined set of responsibilities emanating from its unique capabilities. The key center would be the lead institution in terms of population IEC training and professional development and thereby responsible for national conferences, high-level consultations, specialized seminars, and train-the-trainers activities. It should advise and participate in decisions concerning professional development of Government IEC staff, including decisions affecting external study.

The key center should be the focal point for channeling the results of research into policymaking and strategy development. The communication staff of the key center should be qualified to conduct research in support of its training objectives, as well as to assess current IEC research in process elsewhere in terms of its relevance to training and strategy development. The key center should serve as a focal point for participation by other sectors in the training process, and it should actively involve institutions which deal with specific aspects and applications of communication and education.

The key center should be considered the apex of a network that also includes the Central Training Institutes, other institutions selected because of their specialized capabilities, and the Health and Family Welfare Training Centers. AID support for the development of the key center should be designed to strengthen its contributions to the other institutions in the

network in terms of training trainers and coordinating the production, use, and evaluation of training materials.

Another element in the network is the institutions and agencies involved in the IEC component of the area programs. These programs should be considered the field laboratories for key center program participants and the subjects of collaborative research.

AID, with the concurrence of the Government, should contribute to professional development opportunities for the staff of the key center, provide appropriate supplies and equipment, and make available professional consultation both on short-term and long-term bases.

The most appropriate existing institution for development as the key center is the National Institute of Health and Family Welfare. If the Government commits itself to the concept of a key IEC center, the NIHFV is the logical central resource for strategy development since the GOI should encourage independent thinking in such a process.

3. The Central Training Institutes Should Be Strengthened in Their Capacity To Undertake Communication Training and Program Evaluation

The second level in the pyramid of training, professional development, and program evaluation institutions is represented by the Central Training Institutes. For the purpose of this report, two additional institutions with particularly appropriate qualifications should be added to the group: the Institute of Mass Communication, New Delhi, and The National Design Institute, Ahmadabad. The CTIs which have thus far been most directly involved in population communication activities include, in addition to the NIHFV:

- The Family Welfare Training and Research Center, Bombay
- The Gandhigram Institute of Rural Health, Gandhigram
- The All-India Institute of Hygiene and Public Health, Calcutta
- The Central Health Education Bureau, New Delhi

Strengthening the central training institutes is an essential step in linking IEC strategy development with the training, continuing education, and evaluation functions of institutions in direct contact with state programs. Both IIMC and NID have participated in one or more state programs and logically supplement this level of the pyramid based on their specialized skills and resources.

The GOI-designated CTIs already have formal responsibilities for training specific categories of staff, including district medical officers, district/deputy extension and media officers and key trainers of health and family welfare training centers. The assignments are as follows:

NIHFW, New Delhi	Rajasthan and UP
CHEB, New Delhi	Bihar, Punjab, Haryana, Himachal Pradesh
FWTRC, Bombay	Gujarat, AP, Maharashtra and M.P.
AIHPPH, Calcutta	West Bengal, Assam
RHTC, Najafgarh, Delhi	Kashmir, Orissa

The principal responsibility for training at CTIs is not substantially altered by this recommendation. Participants in CTI programs should continue to be the district level media and extension officers, key trainers from HFWTCs, and health administrators/managers at district level. However, there will be occasions when block-level medical officers may need to have access to the training. In line with an earlier observation, the CTIs should develop skills in the management of the IEC component and thus be a resource for trainers of PHC medical officers either at CTIs or HFWTCs. The key to a successful train-the-trainer program is well designed training materials. The CTIs having already initiated module development in connection with area programs should be the locus for further such development.

To fulfill these new responsibilities and become a vital link in the IEC development network, substantial inputs will be necessary in terms of professional development, equipment and supplies, and appropriate expansion of facilities.

As in the case of the key center, the CTIs and related IEC institutions should develop special relationships with the area programs so that their training and evaluation activities are based on real and practical problems and provide insight into the effectiveness of innovations being undertaken there.

4. The Health and Family Welfare Training Centers Should Be Strengthened as a Principal Resource for IEC Training of Block-Level Staff

There are currently 46 HFWTCs, at least one in each state. By the end of the Sixth Plan, the GOI expects to add 16 more. The categories of workers trained include PHC medical officers, BEEs, health supervisors, and peripheral health workers.

Three categories of staff of the HFWTCs are relevant to population communication needs and should receive intensive training to enhance their qualifications. They are the health education instructor, the health education officers, and the social science instructor. This training should be done by the central training institutes only after key staff located there have been trained.

Given the number of HFWTCs, thought should be given to designating selected centers for special attention based on their potential for development and their strategic location with regard to IEC training requirements. The following centers are possible examples:

Jabalpur	MP
Pune	Maharashtra
Ajmer	Rajasthan
Kharar	Punjab
Ahmadabad	Gujarat
Varanasi	UP
Gorakpur	UP
Kurnool	AP
Cuttack	Orissa
Kalyani	West Bengal
Egmore	Tamilnadu
Bengalore	Karnataka

The decision to give special attention to selected HFWTCs will need to be coordinated with the projected plan to designate 23 HFWTCs as Basic Training Schools for Health Workers (male) to serve as counterparts to the ANM schools.

The thrust of this recommendation is to develop the capability of the HFWTCs or selected centers as the principal resource for training BEEs. Thus, they form the base of the pyramid of the training and professional development network. As in the case of the CTIs, the selected centers in addition to the professional development of their staff should be fortified with appropriate training facilities, equipment, and materials. Special attention should be given to the libraries, which currently are largely devoid of relevant IEC holdings.

This recommendation suggests that the BEE become the major focus of the retraining effort and thus the *raison d'etre* for the institutional development described above.

Geoffrey Salkeld has made a useful summary of the functions of BEEs, which should be considered the basis for developing their training. They are:

1. Identifying specific local needs, resources, and constraints,

2. Planning communication programs and activities,
3. Mobilizing local resources, e.g., local talent, other development agencies, voluntary organizations,
4. Managing events and activities, such as OTCs and follow-up activities,
5. Supporting the communication efforts of the paramedical field workers,
6. Evaluating the impact of the communication program in order to report to the district level and improve the work.

To retrain 5,226 BEEs to effectively perform the above tasks is a major project. It cannot be done in one short 2- to 3-week course. Neither can the BEEs be expected to be taken away from their responsibilities for long residential courses. What is suggested is a phased process beginning with a 3-to-4-week course and, after perhaps 6 months of field duty, another 3-to-4-week course followed a year later by a refresher course.

There is considerable interest in India in the training and visit system being used in agricultural extension. The BEE should be considered a key trainer in any development of this system within the Family Welfare Program, but this should come only after the BEE has been retrained in communication.

5. AID Should Support the Institutional and Professional Development Initiatives Described in the Foregoing Recommendations by Providing Consultant and Advisory Services

Professional Development/Training

To activate the training and train-the-trainer process necessary to rejuvenate the institutions involved in the network and increase the effectiveness of communication training for state, district, and block-level media and extension officers, a first step should be the provision of fellowships for external study. Up to seven awards for master's degree studies should be made to the most relevant staff at the NIHPW, the four CIs, and NID, and IIMC. Selection of the location for such study should depend on the capability of the receiving institutions to provide a good balance of communication theory, media application, and interpersonal behavior change techniques. Ability to prepare the participants in readily usable research and evaluation skills is similarly important. To activate the system without undue delay, additional staff from these institutions plus selected state mass education and media

officers, preferably from area programs, should participate in external intensive workshops. Two groups of up to 20 each are suggested: one to emphasize IEC survey and evaluation methods; the other to focus on IEC train-the-trainer techniques, training materials production, and current practices in mounting IEC campaigns.

### Advisory and Consultation Services

To facilitate the development of the NIHFV as the key center, AID should provide a long-term consultant, perhaps for 2 years. This should be someone who is well qualified in both the theory and application of communication and with relevant experience in population and family planning in LDC settings.

To facilitate the development of both the NIHFV and the CTIs, short-term consultancies from 4 to 6 months should be provided in training material design and development, evaluation techniques, audio-visual education and low-cost media, extension methods, printing and publication, and documentation, information retrieval, and dissemination methods.

The Government has expressed its confidence in the University of Hawaii/East-West Center as a potential contractor to provide many of the above services. AID should take advantage of the favorable relationships already developed. The following additional resources should be considered in implementing the backstopping plan. The Asia and Pacific Programme for Development Training and Communication Planning, Bangkok, is an excellent resource for training trainers. The external workshop proposed for this purpose could well be organized by DTCP. The University of the Philippines Institute of Mass Communication is perhaps the best source in Asia for Master's Degree study in Population Communication. Consideration should be given to IMC for some of the graduate fellowships.

The Population Institute through the efforts of David Poindexter has been successful in generating GOI interest at the highest levels in Televisa/Mexico's family planning soap operas. Given the demonstrated impact of the Mexican program, AID should encourage and support a prospective consultancy between Televisa and the GOI Ministry of Information and Broadcasting leading to an Indian version of the family planning soap opera.

The Population Information Program of Johns Hopkins University was recently awarded a 5-year contract for IEC field support, which includes needs assessment services,

support for country projects, technical assistance (expert consultants), resource center services (prototype materials), meetings, and workshops. These resources should be explored in developing the prospective plan for backstopping.

6. AID Should Support the Development and Expansion of GOI Efforts To Inform Policymakers and Opinion Leaders on Broad Policy Issues and Provide Family Welfare Staff with Program-Relevant Information

With relatively modest inputs AID could assist the Mass Mailing Unit in the MOHFW to increase its efficiency. This would require the addition of microcomputer capacity and short-term consultancy. Such an improvement could easily pay for itself, since the publications now being mailed directly to Indian recipients by the Population Council, Family Planning International Assistance, PIACT, IPPF, PRB, Johns Hopkins, and other AID contractors could be bulk shipped and mailed under local postage by the MMU, provided its capabilities are expanded. The MMU, in addition to serving the needs of opinion leaders and policymakers, fills an important function of mailing material to program staff.

The Documentation Center at the NIHFV is the only national center in the population field which collects, classifies, abstracts, and makes available the results of population-relevant research in India. Its early development was assisted by UNFPA and it maintains a relationship with ESCAP and the Association of Population Libraries and Information Centers. Its highly capable director, P.G. Krishnamurty, has been transferred to the National Library of Medicine and has been replaced by a former staff member at the National Science and Technology Center. There is scope for useful collaboration between the NIHFV Center and the National Medical Library if the new director can be trained in population-relevant methods. The opportunity of an internship at ESCAP should be provided. A short-term consultant in computerized retrieval and distribution should similarly be provided.

The mailing lists for publications of the organizations mentioned above should be reviewed and a master list of policy-makers and opinion leaders (including doctors) prepared. AID should support expanded mailings to these groups as well as to key program staff. One important aspect of the Population Council proposal for policy work in India will be the generation of publications of particular relevance to this audience. In this regard, consideration should be given to an India version of the Population and Development Review.

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## FOOTNOTES

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## APPENDIX A

### List of Persons Contacted

1. S. Banerjee Professor, Indian Institute of Mass Communication, New Delhi, India
2. Dr. George Beal East-West Communication Institute, Honolulu, Hawaii
3. Elizabeth Buck East-West Communication Institute, Honolulu, Hawaii
4. Fred Burian ESCAP, Bangkok, Thailand
5. Rama Chabra Program Associate, Family Planning Foundation of India
6. Elizabeth Clark Professor, Public Health, School of Public Health, University of Hawaii
7. P. R. Dasgupta Joint Secretary, Ministry of Health and Family Welfare, New Delhi, India
8. Michael Dennis School of Public Health, University of Hawaii, Honolulu, Hawaii
9. Dr. Wimal Dissnyake East-West Communication Institute, Honolulu, Hawaii
10. Dr. Roland Fuchs East-West Population Institute, Honolulu, Hawaii
11. Dr. Gerald Grossman Chairman, Department of Health Education, School of Public Health, University of Hawaii, Honolulu, Hawaii
12. Sarah Israel Training Consultant, Ministry of Health and Family Welfare, New Delhi, India
13. Dr. Indira Kapoor Director, Family Welfare Training and Research Center, Bombay, India
14. Bruce Knarr Library of Congress, New Delhi
15. Sumiye Konoshima East-West Communication Institute, Honolulu, Hawaii

- |     |                            |   |
|-----|----------------------------|---|
| 16. | P. G. Krishnamurty         | Dy. Director and Chief, National Medical Library, New Delhi   |
| 17. | Amrit Mahal                | ESCAP, Bangkok, Thailand  |
| 18. | Dr. Kamal Naik             | Director, Health and Family Welfare, Training Center, Ahmadabad, India                                  |
| 19. | V. R. Naik                 | Professor and Head, Communications Dept., National Institute of Health and Family Welfare, New Delhi    |
| 20. | Alyque Padamsee            | Chief Executive, Lintas: India, Bombay, India   |
| 21. | Dr. James Palmore          | East-West Population Institute, Honolulu, Hawaii  |
| 22. | Vinod Patel<br>(and staff) | Asst. Director (MEM) Directorate of Health, State of Gujarat, Ahmadabad, India                          |
| 23. | Roger C. B. Pericra        | Chief Executive and Director, Shilpi Advertising Ltd., Bombay, India                                    |
| 24. | Stanley Pinto              | Head, Calcutta Office, Lintas: India, Bombay, India   |
| 25. | Dr. Sommath Roy            | Director General, Indian Institute of Health and Family Welfare, New Delhi                              |
| 26. | Mr. S. Saaz                | Acting Chief Editor and Controller, Mass Mailing Unit, Ministry of Health and Family Welfare, New Delhi |
| 27. | Kirpa Sagar                | Chief, Mass Education and Media, Ministry of Health and Family Welfare, New Delhi, India                |
| 28. | J. K. Satia                | Professor of Management, Indian Institute of Management, Ahmadabad, India                               |
| 29. | Vakis Satulekar            | Designer, National Institute of Design, Ahmadabad, India  |
| 30. | Dr. Wilbur Schramm         | East-West Communication Institute, Honolulu, Hawaii   |
| 31. | S. Suryanarayanan          | Secretary General, Family Planning Assn. of India, Bombay, India  |

32. Carmelita Valenueva UNESCO, Bangkok, Thailand
33. Pravin and Leela Sardar Patel Institute of Economic  
Visaria and Social Research, Ahmadabad, India
34. N. R. Yadav Deputy Assistant Commissioner,  
Ministry of Health and Family  
Welfare, New Delhi
35. Dr. John Woods Asian and Pacific Development  
Training and Communication Planning  
Programme, Bangkok, Thailand

APPENDIX B

Elements of Proposed AID Assistance  
Requiring Cost Estimates

	Scale of Quantity				
	<u>1st</u> <u>Year</u>	<u>2nd</u> <u>Year</u>	<u>3rd</u> <u>Year</u>	<u>4th</u> <u>Year</u>	<u>5th</u> <u>Year</u>
<b>A. <u>Consultation and Advisory Services</u></b>					
1. <b>Communication Consultant at NIHFW</b>	12 mo.	12 mo.			
Short-term consultancies					
1. Training material design & development	4-6 mo.	4-6 mo.			
2. IEC evaluation techniques	4-6 mo.		4-6 mo.		
3. Audio-visual education & low cost media	4-6 mo.			4-6 mo.	
4. Extension education methods including training and visit system	4-6 mo.				4-6 mo.
5. Printing & publication	4-6 mo.				
6. Documentation, infor- mation retrieval, & dissemination methods	4-6 mo.				
7. Computerized mailing list maintenance & label generation	4-6 mo.				
8. Preparation of master list of international publications	2 wks.				
9. David Poindexter/ Population Institute	2 wks.	2 wks.			
10. International consul- tancy, Televisa, Mexico	12 mo.				
11. Advisory group expenses GOI communication strategy unit	10 people travel, 3 days maintenance x 2	repeat	rep.	rep.	rep.

	Scale of Quantity				
	<u>1st</u> <u>Year</u>	<u>2nd</u> <u>Year</u>	<u>3rd</u> <u>Year</u>	<u>4th</u> <u>Year</u>	<u>5th</u> <u>Year</u>
<b>B. <u>Professional Development Support</u></b>					
1. Diploma or masters degree study for IEC staff assigned or to be assigned to NIHFV	2 for 2 years each	2 for 2 yr. each			
2. Diploma or master's degree study for IEC staff assigned or to be assigned to CTIs	2 for 2 years each	1 for 2 yrs.			
3. Internship, ESCAP, NIHFV documentalist	6 wk.	6 wk.			
4. Workshop, train-the-trainer, Bangkok	20 parti- cipants				
5. Internal Workshop train-the-trainer	30 partici- pants	30 partici- pants	30 partici- pants		
6. Workshop, training materials, IEC campaign methods, Hawaii	20 partici- pants	20 partic., dif. subject			

**C. Equipment and Supplies**

1. Training and research-related equipment and supplies, including IEC library acquisition-NIHFV
2. Training-related equipment & supplies, including library acquisition, 4 CTIs, IMC & NID
3. Training-related equipment & supplies including library acquisition 12 HFVTCs
4. Microcomputer & software for mass mailing unit
5. Microcomputer & for NIHFV documentation unit

Scale of Quantity				
<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>4th</u>	<u>5th</u>
<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>

D. Training

- |  |  |                              |
|--|--|------------------------------|
| 1. Internal train-the-trainer workshops at NIHPW for CTI participants      | 20<br>parti-<br>ci-<br>pants   | 20<br>parti-<br>ci-<br>pants |
| 2. Internal train-the-trainer workshops at CTIs for HPWTC participants     | 60<br>parti-<br>ci-<br>pants   | 60<br>parti-<br>ci-<br>pants |
| 3. Internal training workshops at HPWTCs for BEEs                          | Six four-week workshops at 12 selected HPWTCs each for 30 participants, the schedule repeated each year. Total trained and retrained 5,400. Each BEE attending two 4-week workshops and one 2-week refresher workshop. |                              |
| 4. Salaries (if not paid by GOI)<br>3 senior positions NIHPW               |  |                              |
| 5. Miscellaneous   |  |                              |
| External publications for policymakers, opinion leaders, and program staff |  |                              |
| Design, layout, editing and printing, NIHPW                                |  |                              |