



PREPARING FOR A NEEDS ASSESSMENT:
A REPORT ON IEC ACTIVITIES
TO SUPPORT THE
HEALTH AND FAMILY WELFARE PROGRAM
OF THE
GOVERNMENT OF INDIA

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GOVERNMENT OF INDIA

A Report Prepared By:
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In preparation for A.I.D.'s Integrated Rural Health and
Population Project in India, this report identifies issues
for a communication needs assessment which will precede
detailed communication improvements to be planned by states
and districts under the project. The report's focus is on
rural services for couples and communities through primary
health centers (PHC's), with emphasis on information,
education, and communication (IEC) needs. The educational
responsibilities of block health and family welfare workers,
IEC training for health staff, IEC professionals' job
responsibilities, and IEC management are reviewed. Problems
and opportunities are outlined, with points or issues
proposed for the assessment. The need for small, qualitative
studies on village beliefs, attitudes, and practices is
briefly discussed and the kinds of expertise needed to
conduct the assessment are suggested. Attached is a 24-item
list of references (1979-1980).

KEYWORDS: *India, *Telecommunications, *Foreign technology,
*Telemedicine, *Health care requirements.

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ABBREVIATIONS

| | |
|--------|--|
| AID | Agency for International Development |
| BDO | Block Development Officer |
| BEE | Block Extension Educator |
| CHV | Community Health Volunteer |
| DEMO | District Extension and Media Officer |
| FHA | Female Health Assistant |
| FHW | Female Health Worker |
| FMCR | Fertility and Child Mortality Reduction |
| GOI | Government of India |
| IEC | Information, Education, and Communication |
| IRHFWP | Integrated Rural Health and Family Welfare Project |
| IRHPP | Integrated Rural Health and Population Project |
| MCH | Maternal and Child Health |
| MEMO | Mass Media and Education Officer |
| MHA | Male Health Assistant |
| MHW | Male Health Worker |
| MO | Medical Officer |
| MOHFW | Ministry of Health and Family Welfare |
| MTP | Medical Termination of Pregnancy |
| NIHFW | National Institute of Health and Family Welfare |
| PHC | Primary Health Center |
| PP | Project Paper |
| UNFPA | United Nations Fund for Population Activities |

I. INTRODUCTION

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Purposes of the AID Grant

The Agency for International Development (AID) has created a project to assist the Government of India (GOI) in implementing its Model Plan for basic health and family welfare services. AID's Integrated Rural Health and Population Project (IRHPP) will assist the implementation of the Model Plan in thirteen districts in five states.* The purposes of the AID grant are to:

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

Objectives of the Project

To accomplish the purposes of the grant, communications will be improved and expanded. The AID Project Paper (PP) identifies five main areas for improvement or expansion of communications activities. These goals are:

1. To improve service workers' knowledge of and skills in communications, particularly interpersonal communications. To accomplish this, training programs and materials will be developed for inclusion in yearly refresher training and basic training courses.
2. To promote community involvement, particularly in the family planning program. Existing orientation training camps for village leaders will be intensified so that, in every village, the community leaders communicate positive beliefs about the small-family norm and the benefits of childspacing.

* Gujarat State contains Bharuch and Panch Mahals districts. Haryana comprises Bhiwani, Mohendergarh, and Sirsa. Himachal Pradesh contains Manirpur, Kangra, and Sirmur. Maharashtra includes Parbhani and Osmanbad. Punjab includes Bhatinda, Faridkot, and Sangrur.

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

Detailed plans for communications are to be prepared by the states and districts participating in the IRHPP after a communications needs assessment has been completed.

Purpose and Organization of Report

The purpose of this report is to identify issues for the needs assessment. Because the principal purpose of the AID grant is to improve rural services that promote fertility and mortality reduction, the focus is on rural services--for the couple and for the community, and in the primary health center (PHC) in the block. The information, education, and communication (IEC) needs which support service delivery are emphasized. In addition, the report:

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

II. IDENTIFICATION OF HEALTH PROBLEMS

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At this time, the GOI identifies twelve areas and problems as the principal concerns of the Health and Family Welfare Program.* They are communicable diseases, environmental sanitation, family planning, immunization, malaria, maternal and child health (MCH), medical termination of pregnancy (MTP), mental health, nutrition, primary medical care, smallpox, and vital events.

The twelve key problems of the IRHPP fall under five of the GOI's categories: family planning, immunization, malaria, maternal and child health, and nutrition. The IRHPP itself groups these key problems into three categories: fertility reduction; mortality reduction, 0-5 months; and mortality reduction, 6-36 months. Appendix A compares the GOI's list with a list of the key problems of the IRHPP. In sum, the IRHPP is a program in fertility reduction and child mortality, with extensions to maternal health as this affects child mortality. This is the substantive context of the proposed communications needs assessment.

In Appendix B, the key problems of the IRHPP are compared with the problems identified by the GOI and with the assignment of responsibilities to workers. This comparison identifies, through job descriptions, assigned work and educational responsibilities. For example, according to the IRHPP, a first pregnancy at an early age is a problem of fertility reduction. The GOI defines the problem as an activity, family planning; no worker receives any training, or has any job assignment, specifically related to first pregnancy. In contrast, the IRHPP's problem of neonatal tetanus is listed by the GOI under MCH, and at least three categories of workers have some kind of training, and job or educational responsibilities, related to this problem.

The comparison in Appendix B shows that many of the key problems of the IRHPP are recognized by the GOI and that some kind of related job or educational responsibility is assigned to workers. For these reasons, the needs assessment should not assume that the IRHPP is proposing a new set of activities for which work remains to be assigned. What must be acknowledged is that workers have responsibilities at this time for many of the IRHPP's key problems.

The needs assessment should determine how adequate IEC support is for effective fertility and child mortality reduction (FCMR) in project-assisted districts. A communications needs assessment is part of a

* The GOI problems are defined from a review of the job descriptions and training curricula issued by the Ministry of Health and Family Welfare (MOHFW) in 1980.

systematic approach to continual improvement of the communications process that supports services provided under the Model Plan. The purpose of communications is to ensure that desired targets for key FCMR services are met and that use of services increases. If an adequate number of high-quality FCMR services focused on people in need can be provided under the Model Plan, the chance is good that the rural population will begin to change those behaviors that are keeping fertility and mortality at levels higher than are desirable.

III. EDUCATIONAL RESPONSIBILITIES OF
HEALTH AND FAMILY WELFARE WORKERS

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A starting point for the assessment of IEC needs is a review of the current duties of the health workers, particularly their educational and communications tasks. The responsibilities for each rural health worker are described in Appendix C.

It is recognized that job descriptions and assignments may differ from actual work. Nonetheless, job descriptions are, or should be, the basis for evaluating a worker's performance. If the responsibilities can be turned into measurable work objectives, and if the workers can be measured and managed by the objectives, then the ideal can become reality.

Table 1 is an overview of job and educational responsibilities of primary health workers. (See page 6.)

The Dai

The dai works in three well-defined areas: MCH, immunization, and family planning. (See Appendix C.) She is assigned five educational tasks. Three are antenatal; one is concerned with immunization of infants; and one is described as "motivating couples in her area to use contraceptive method or to undergo sterilization." The dai's educational work is entirely interpersonal, and it is targeted primarily to women.

The dai's job and her educational responsibilities are well-defined and integrated, except for education in family planning. The dai has considerable experience with young women and low birth weight babies; therefore, she could easily understand the health problem and assume responsibility for informing women of the health advantages to delaying birth of the first child. Also, the spacing message might be defined more fully as an educational job for the dai. Again, the dai could easily learn about the health problems associated with close pregnancies.

A needs assessment should evaluate the adequacy of the content of the dai's educational work and determine whether these educational duties are being performed. The assessment might also determine whether the dai could use, and will use, any kind of client or teaching materials. Given literacy levels for the dai and her clientele, teaching aids probably should not use written language.

Table 1

COMPARISON OF JOB AND EDUCATIONAL RESPONSIBILITIES,*
BY TYPE OF HEALTH PROBLEM, FOR SIX CATEGORIES
OF PRIMARY HEALTH WORKERS

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

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

Code: 1 = Job Responsibility
2 = Educational Responsibility

Community Health Volunteer

As Table 1 shows, the community health volunteer (CHV) has more job responsibilities than any other worker. The CHV has tasks in eleven of the twelve categories. This seems to be a heavy burden for any worker, but particularly for a volunteer.

The CHV's work is primarily interpersonal, similar to the work of the dai. This worker has twenty-three education-related assignments. (See Appendix C.) Three of these tasks are concerned with fertility reduction, and five with mortality reduction, although not necessarily infant and child mortality. The remaining ten assignments range from education about the problems of mental health to control of stray dogs. None of the assignments is specific in content.

The CHV has too many educational tasks in too many substantive areas. A needs assessment would identify the source of the information used in teaching, determine which subjects are being taught, assess the effectiveness of the teaching, and determine whether or not fewer educational assignments would make the CHV more effective. Common sense suggests that, first, the tasks should be reviewed, the content should be tightened, and tasks that can be done better by others, or with other methods, should be dropped. Educational responsibilities could, for example, be divided among the CHV and the dai. Because the dai concentrates on antenatal and immediate postpartum work, the CHV could concentrate on mortality reduction (6-36 months) and fertility reduction.

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

Female Health Worker

The primary job of the female health worker (FHW) is to provide services at the sub-center. Although her duties cover eight areas, the FHW concentrates on MCH. She has some responsibility for education in eight subject areas, but the emphasis is on family planning, nutrition, and MCH.

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

A needs assessment of the FHW could provide answers to the following questions:

- How effectively does the FHW educate in the sub-center?

- What, if any, materials does the FHW need to conduct her work?
- How effectively does the FHW carry out community organization work? Does this work integrate with other activities? Does the FHW see community organizing as a significant part of her job?

From the point of view of the IRHPP, the FHW is important because she deals with MCH at the sub-center and has educational responsibilities for MCH, nutrition, and family planning. She also has direct contact with the dais in her area. An assessment of the FHW's work, her links to dais, and her capability to educate an individual, a group, or a community is important to the success of the IRHPP.

Male Health Worker

The male health worker (MHW) has duties in ten areas, but the emphasis is on malaria, communicable diseases, and environmental sanitation. The MHW also has significant assignments in immunization and family planning. He has educational responsibilities in nine areas in which the emphasis also is on malaria, communicable diseases, and environmental sanitation. He has both interpersonal and group-education responsibilities, and he is expected to do some community organizing for family welfare.

A needs assessment for the IRHPP might be undertaken to answer the following questions about the MHW:

- While contacting other men, what role could the MHW play in fertility control, whether this be delay of the first child, spacing, or completing family size? Could the MHW organize a male-oriented program?
- Should the MHW do any work in immunization and nutrition, given the general character of his duties and the lack of MCH responsibilities? Should his duties be restricted to adult clients?

From the viewpoint of the IRHPP, this worker may have an important role in educating males about their responsibility to control fertility. The MHW has no responsibilities for MCH, and therefore is not particularly important to work in infant and child mortality. Given the MHW's current assigned duties, there seem to be few reasons to increase his workload.

Female Health Assistant

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

The FHA has five educational tasks. Two are for family planning; one is a general-education duty in the subject areas for which the FHA is responsible; and two are concerned with community organization and contact, particularly among women's groups.

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

A needs assessment could be undertaken to assess the appropriateness of the division of tasks. According to the job descriptions, the FHA and the FHW have similar educational tasks, although one is the supervisor of the other. A needs assessment might show that educational responsibilities could be divided better among these workers. For example, both have community-organization tasks, but this kind of work might be done better by the FHA who, in her supervisory role, has more prestige and would be able to speak for the PHC.

From the point of view of the IRHPP, the FHA is an important worker. She is well-trained in health and midwifery and is a senior member of the group of workers linking the PHC to the community, via the FHW and the dai, to solve the problems of fertility reduction and infant and child mortality.

Male Health Assistant

A male health assistant (MHA) is expected to cover a population of 20,000 in an area where there are four health sub-centers. His major role is supervision and guidance of field staff, particularly male health workers. The MHA has responsibility in eight health areas, with the concentration on malaria, communicable diseases, and environmental sanitation. He has no MCH responsibilities, but he does have responsibility for the immunization of children 1-5 years. (The FHA is responsible for children 0-1 year.) He also conducts some work in family planning.

The MHA has three educational responsibilities. One is for resistant family planning cases; one is a general-duty assignment in the subject

areas for which he is responsible; and one involves work with community leaders. In education, the MHA conducts interpersonal, group, and community-organization activities.

A needs assessment might provide answers to the following questions:

- Should the duties of immunization of infants and children continue to be divided between the MHA and the FHA? From an educational point of view, it would seem better for one worker to deal with mothers on all immunizations. The FHA's broad portfolio for MCH could include all immunizations for infants and children.
- Should the MHA, with the MHW, have the primary responsibility for community organization for health activities (thus releasing the female workers for other duties)? This division of responsibility would be appropriate for the following reasons:
 - * Because the work in environmental sanitation and communicable diseases is communal, it is logical and compatible for the MHA and MHW to organize community activities. (They could call on the female worker to assist them with group activities for women.)
 - * The village administration and leadership are primarily male; therefore, it seems appropriate for the male worker to have the major role in community organization.
 - * From an educational point of view, consolidation of this work with one group of workers will make it easier to provide materials, supervision, and guidance for community activities.
 - * The male worker may be particularly effective in addressing issues of family size and norm in the context of community work with men.

Medical Officer

The inclusion here of the medical officer (MO) was considered carefully, because the MO is less a health worker than an administrator and an officer-in-charge. However, the MO has specific educational responsibilities which warrant inclusion and comment in this chapter.

The MO has educational duties in the community and the block; he works with the schools and the village councils. (One would expect this, given the MO's job.) The MO also is a liaison, promoting health with other agencies working in the blocks.

From an educational point of view, the expectations of the MO seem to be appropriate. There are few reasons to recommend a needs assessment of this category of worker. Under the IRHPP, the MO would continue to perform the kinds of activities that he is assigned at this time. However, he might emphasize the key health problems that have been identified by the IRHPP.

IV. TRAINING THE HEALTH STAFF:
THE IEC COMPONENTS OF THE CURRICULUM

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The purpose of this section is not to devise a framework for an assessment of training, but to examine the curricula, identify the IEC content (see Appendix D), and compare the content with the educational tasks of each worker.

The outlines of the curricula for IEC training, described in Appendix D, are those that are recommended; they are the ideal. The reality may be very different. However, the curricula are the measure by which training in IEC must be judged. A principal issue in the assessment is whether or not the workers are receiving training of sufficient quantity and quality as defined in the guidelines of the GOI.

The Dai

The dai's training in education is minimal, and it is limited to broad tasks in child immunization and family planning. Yet, for village women, the dai is a primary source of information on MCH. It is desirable to make the dai a source of solid, correct information which benefits clients and, most important, enhances the dai's status among those clients. At this time, the curriculum fails to achieve these goals.

For the IRHPP, the dai could be trained in the three key problems of fertility reduction and become a useful reference for the community, and particularly women.

The training for the dai should be assessed to determine how the education component can best be strengthened. The dai could be given more opportunity to see herself as an educator. In this capacity, she could emphasize the role and place of accurate information, take part in role-playing, and observe others in educational situations that are relevant to her work.

Community Health Volunteer

In seventeen hours of a 200-hour curriculum, the CHV is required to learn everything about communications. (An outline of the curriculum is

* Some of the information in this chapter comes from Primary Health Center Training Guide, Ministry of Health and Family Welfare, New Delhi, 1980-1981 (four volumes).

included in Appendix D.) The CHV learns about interpersonal and group communications and mass meetings, how to use visual aids, how to educate for nine health topics, and how to deal with rumors and misconceptions. After training, the CHV is expected to undertake twenty-three educational tasks.

In the preceding chapter, it was suggested that the CHV has too many educational tasks in too many subject areas. When the number of tasks is matched with the brief period allotted for communications training, the problem is magnified. However, the issue is not training, but the scope of educational responsibilities. Thus, it is not suggested here that the training of CHVs be assessed.

Health Workers and Health Assistants (Female and Male)

The same curriculum is used in the basic training of male and female health workers and health assistants. All four categories take a basic communications course that lasts fourteen hours. (See Appendix D.) In addition, the health assistants take a supervisory course that lasts seventy-two hours, eight of which are devoted to communications. Various health problems also are addressed in different segments of the course as part of the curriculum in health education.

More hours should be given to the study of communications, and there should be more opportunity to learn how to inform a person and a couple. Given the number of hours allotted for the entire course and the amount of course material that has to be covered, it is probable that more time cannot be given to work in communications.

Training the four categories of workers in the same way seems to be appropriate. All these workers have similar kinds of jobs and educational responsibilities. The health problems which the men deal with often differ from those of the women, but the same kinds of communication techniques can be applied.

The additional eight hours in supervisory training are generous, given the fact that the course lasts seventy-two hours. Six of the eight hours are devoted to group and mass activities, which, properly, are the concern of a health assistant. One two-hour segment deals with rumors and misconceptions. There is no section on this topic in the general course; therefore, the health workers do not have an opportunity to learn about these kinds of problems. It would seem appropriate for all four groups to receive some education in this area and to learn how to deal with rumors and misconceptions.

A needs assessment might be undertaken to determine whether current workers feel their training in IEC is adequate. Also, several training institutions could be visited to observe how they are educating the

workers. The pattern set by the training will have an effect on the way the workers provide information to others.

Medical Officer

For the MO, six hours are provided in the curriculum for communications theory, extension and community approaches, and the place of communications in management. Twenty-four hours are allocated to planning, implementing, and evaluating "an educational programme for health and family planning in the community." No other information is provided on this activity.

A needs assessment would reveal the impact that this field work is having on the MO's training. It would also identify the activities that are part of the exercise.

V. PROFESSIONAL IEC STAFF AND THEIR RESPONSIBILITIES

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As in preceding chapters of this report, the focus here also is on the community and the block. The work, job descriptions, and training of three groups of IEC workers are examined, and comments are made about any needs that might be assessed. Two of the groups work above the block level, but their work either does or does not have direct impact on block IEC activities.

Block Extension Educator

The block extension educator (BEE) is the lowest level of IEC worker in the national program. He works at the block level and has primary responsibility for IEC. His duties encompass five areas: IEC, planning, information and reporting, training, and supervision. (See Appendix E.)

The BEE's principal duties are in IEC. They include the following activities:

| | |
|-------------------|--|
| Interpersonal | Help win over resistant cases for family planning; seek to involve prominent villagers in efforts to promote health and family welfare. |
| Group | Belong to the block committee for health and family welfare and act as a resource person; organize health sessions in the school and for out-of-school youth. |
| Community Liaison | Work with the block-level development officer and his staff. |
| Mass Activities | Organize publicity programs, celebrations, film shows, etc. (In this work, the BEE can expect to receive help from the district extension and media officer (DEMO) and his staff.) |
| Materials | Supply educational materials to health workers in the block; maintain a set of educational aids for training and for personal use. |

The other duties of the BEE--planning, information and reporting, training, and supervision--are largely related to and supportive of IEC tasks.

Training the BEE

The 450-hour course provides seventy-two hours of basic health information. The balance of the curriculum covers each of the areas in which work is assigned; the areas are known as curriculum topics. The curriculum appears to be better than average. (See Appendix D.)

Reviewed as written, the IEC responsibilities, the job description, and the training appear to be adequate, given current needs. The BEE should be in a position to support field staff in their educational work with a broad spectrum of IEC activities, community events, and the mass media, all of which support interpersonal work.

A needs assessment might provide information on the following questions:

- Are communications being adequately planned at the block level?
- Do the professional communications staff adequately back up the IEC work of the PHC and field staff?
- Do the communications staff pay sufficient attention to the interpersonal and group communications work needed in the block?
- To determine whether the BEEs are performing adequately, the activities of a select group might be reviewed. The purpose of the review should be to determine:

--what is emphasized;

--what is not emphasized;

--why certain areas are emphasized and others are not; and

--whether the scope of work should be changed.

- Does the training of the BEE conform to the specifications of the curriculum?
- How is the performance of the BEEs currently evaluated? Should there be more explicit objectives by which BEEs can be measured?
- Do the communications staff have the materials required to complete the necessary work in communications at the district and block levels? Is production adequate at both levels?

District Extension and Media Officer

The district extension and media officer (DEMO) has four communications responsibilities. Two are concerned with mass activities in the district. Another involves public relations, specifically, the provision of background program information to the local press and radio. The DEMO also is charged with guiding the work of the BEEs in the district.

Training the DEMO

The current literature and training materials were reviewed, but it appears that there is no training curriculum for this group of workers. A needs assessment prepared in 1978 by the United Nations Fund for Population Activities (UNFPA) (see "Background Paper," Vol. I, p. 156) reported:

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

The job specifications, although brief, seem to be appropriate for the district communications officer. (See Appendix E.) A needs assessment might consider the following questions:

- Specifically, how does the DEMO back up the work of the BEE? How does the back-up work strengthen block health communications?
- Does the DEMO plan the mass activities to support the block work, or are these projects planned separately?
- How are the DEMOs trained (i.e., what is the course content)? Does the training take into consideration the diverse backgrounds described in the UNFPA needs assessment? If it does, explain how this is done.

Mass Media and Education Officer

The mass media and education officer (MEMO) is the state-level officer for health and family welfare communications. Most MEMOs are senior personnel and have been in their posts for years (UNFPA, 1978). The job is a mass media post. The MEMOs are expected to direct mass education at the state and district levels and to produce and distribute educational materials for large-scale publicity. They also guide the DEMOs. (See Appendix E.)

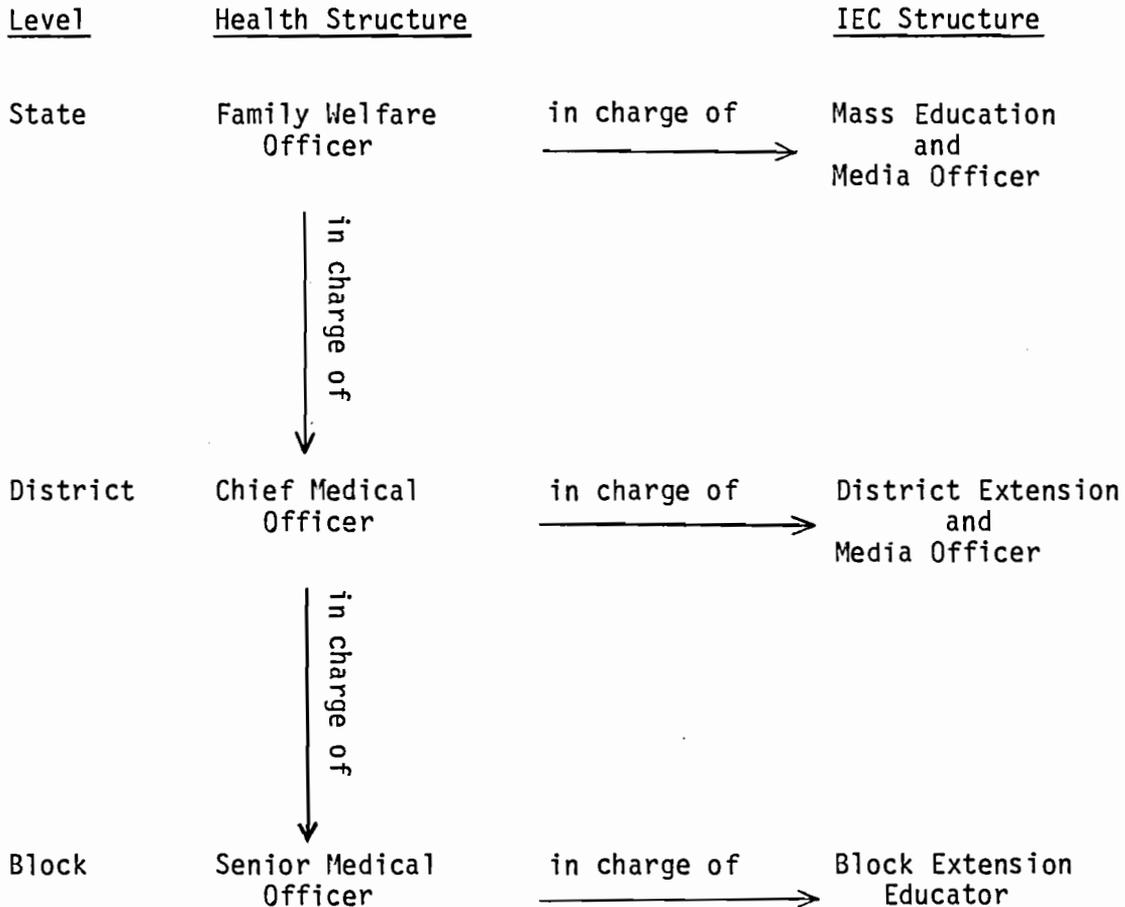
No specific inservice program has ever been organized for these officers (UNFPA, 1978).

A needs assessment should examine the links among the three groups of communications staff and ascertain whether or not the division of responsibilities is appropriate. Given available materials, the division seems to be organizationally sound. Media work and production of materials are done primarily by the MEMOs. The DEMOs have a similar set of duties at a lower level. The BEEs have a mixed set of duties, with emphasis on interpersonal, group, and community activities. Together, the three groups provide necessary education at the block level that is supported with other activities, including mass media, at the district and state levels. A needs assessment should examine this linkage to evaluate its effectiveness.

VI. MANAGING COMMUNICATIONS IN SUPPORT
OF BLOCK HEALTH ACTIVITIES

VI. MANAGING COMMUNICATIONS IN SUPPORT OF BLOCK HEALTH ACTIVITIES

The diagram which follows shows the interrelationships among the professional communicators, management, and the governing body.



The relationships among communications staff are informal. These persons consult and discuss, and guide and assist, their colleagues. There are no decision-making powers in this structure.

Authority for IEC is vested in health personnel--in the medical officers-in-charge. This is most explicit in the job description of the medical officer at the PHC level:

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

He will organize camps, meetings, health education talks, and demonstrations, displays of posters, exhibitions and films with the assistance of the block extension educator*

The communications officers report to, and also are responsible to, the medical officers at their level. To ensure control, the medical officers have authority and responsibility to evaluate the communications officers in an Annual Confidential Report. Several years ago, the central government recommended that the communications officers at the next highest level add their appraisals to this report. There is no indication that this is being done.

Budgets and Funds

In states where all or most of the money comes from the central government, line items are established and the amounts of money to be spent are fixed. Where the state governments put in some of their own funds (Maharashtra and Punjab are examples), budgeting is more flexible. It seems probable that the MEMOs have some say about how the funds are spent. Some IEC funds are allocated for expenditure at the district level; there are indications that these funds are tightly earmarked and that there are few opportunities to initiate new projects or to allow the DEMOs to tailor a program to a specific district. Typically, the PHCs receive only materials, and no IEC funds.

Materials

The central government produces a considerable amount of materials which move down the system to the blocks and the communities. The states also produce materials. It appears that the preparation and production of materials in the districts are not significant, and virtually nothing is done in the blocks. Materials do reach the blocks, but usually the BEEs do not know what arrives or when. The BEEs receive posters, some materials for clients, timplates for rickshaws, and materials for field workers. The materials are said to be for a general, and not a specific, audience, health problem, and solution. One reported exception is the

* See Appendix C, page C-12.

campaign in support of camps for opinion leaders. For this activity, some overall planning is undertaken, and materials are created for specific purposes.

Resources

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

Summary

In sum, the communications system appears to be passive. The lower levels accept what comes from above. The notion that the blocks and districts would initiate activities, or even order materials from above, seems to be foreign.

A needs assessment should be conducted to:

- Review the management of IEC from the community to the state. Currently, control is exercised through the health structure, and not in a direct line. The system appears to discourage initiative at the lower levels, the levels where communications must be as appropriate as possible to community comprehension and needs.
- Consider whether IEC staff should be managed as a professional group, with its own interior cohesiveness, and to determine whether a promotional structure is needed for the workers.
- Determine whether or not IEC staff have sufficient financial and material resources, as well as the necessary authority, to conduct programs that are appropriate for the community and the block. Should more resources be made available to the district with less constraints on how funds are to be spent?
- Consider whether the correct materials are being produced. Should more materials be created at the district and block levels? In the IRHPP districts, are the necessary resources for production available?

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

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

VII. SOME ADDITIONAL CONSIDERATIONS

VII. SOME ADDITIONAL CONSIDERATIONS

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

Community beliefs and perceptions about health are modified when individuals and communities perceive there is valid reason to change their behaviors. Therefore, it is important to learn how a community perceives and treats health problems. Valid beliefs and practices can be reinforced, and those that are erroneous can be corrected. For information on the key health problems, small-scale assessments might be done of village beliefs, attitudes, and practices.

VIII. METHODOLOGICAL CONSIDERATIONS FOR THE ASSESSMENT

VIII. METHODOLOGICAL CONSIDERATIONS FOR THE ASSESSMENT

A quantitative survey is planned for the IRHPP. The survey is to be conducted in the districts. A survey instrument will be used that is more or less the same for all the family welfare area projects in the GOI's Model Plan.

For the purposes of IEC, and as a complement to the survey, consideration should be given to special qualitative studies. The objective of the special studies should be to provide useful information for planning, implementing, and evaluating the program. The methods should vary, according to the problem under consideration. The objectives of the studies should be defined precisely, and the assessments should be executed as simply as possible. For example, a study of the effectiveness of a training course might rely on observation and interview techniques. In-depth interviews of a small sample of recent trainees, coupled with direct observation of training, might be an effective way to evaluate the adequacy of a training course. To determine what changes in health practices would be acceptable, and therefore feasible in a given area, small groups of villagers might be assembled to discuss a problem and possible changes to improve health.

In sum, the special studies could include simple observation, the use of small groups, and analysis of the content of printed materials to review comprehension. The assessment should match the IEC problem, and a simple rather than a complex research technique should be selected.

As the special studies are being prepared, consideration should be given to existing projects and reports and, where possible, these should be used in the assessment. For example, a project in Ludhiana, Punjab, has been experimenting with the best ways to improve infant weight through improved feeding practices. The project recognized that poor families have difficulties buying special food for underweight babies and that women who already are overworked are reluctant to prepare special dishes. Therefore, to improve feeding practices, the project proposed only a few changes. One was to crumble a chappatty, which is readily available in the household, into tea with milk and sugar and use the mixture as supplementary food for five- to six-month-old infants. This suggestion proved to be effective. It is arresting in its simplicity and would be significant in a communications analysis, because it offers immediate possibilities for a change in infant feeding habits in areas of India where chappatty is a staple in the diet. A simple study could confirm whether application of the suggestion would be effective in other areas. This intervention, and others like it, could become the substance of a communications and training program for field workers. It could be adapted with a minimum of changes and, perhaps, prove to be highly effective.

IX. STAFFING THE ASSESSMENT

IX. STAFFING THE ASSESSMENT

To the extent that the suggestions made in this report are relevant, and the needs to be assessed are similar to those identified in the report, one or more of the following experts may be needed for the assessment:

- A specialist in IEC program planning.
- A specialist in interpersonal and group communications.
- A media specialist who can deal with the activities that require support. These range from printed materials to radio programs. The specialist should be able to deal with simple program materials.
- A trainer with experience in IEC training.
- A community health specialist who can put IEC needs in an appropriate health context.
- A specialist in simple, qualitative research techniques who, during the assessment, can suggest how simple studies can be done of a particular IEC problem. The aim of the studies will be to provide information that can be used to implement and operate the program.
- A management specialist who can recommend ways to better organize district and block IEC activities.

X. SUMMARY OF ASSESSMENT NEEDS AND CONCLUSIONS

X. SUMMARY OF ASSESSMENT NEEDS AND CONCLUSIONS

The AID-supported Integrated Rural Health and Family Welfare Project (IRHFWP) is a program that aims to reduce fertility and infant and child mortality; it extends to maternal health as this affects child mortality. This is the substantive context of the project which will operate in thirteen districts in five states. A major component of the project will be IEC activities in health. In this report, job responsibilities, training, and management have been assessed, and the IEC issues that might be assessed before the project is implemented have been identified.

The needs assessment should be focused on the blocks and the districts, which make up the geographical framework for project implementation. State IEC activities are reviewed as appropriate, because each district functions within a state government, which has responsibility for the health and family welfare of the population in that area.

The needs assessment should determine whether or not IEC support is adequate for effective reduction of fertility and child mortality in project-assisted districts. The purpose of communications is to ensure that desired targets for key FCMR services are met and that use of these services increases. If an adequate number of high-quality FCMR services focused on people in need can be provided under the Model Plan, the chance is good that the rural population will begin to change those behaviors that are now keeping fertility and mortality at higher levels than are desirable.

Educational Responsibilities of Health and Family Welfare Workers

A. The Dai

A needs assessment should examine how the dai is educating her clientele, and whether the current level of activity is adequate. The assessment also should scrutinize the educational content of the dai's training, given the key health problems of the IRHPP. The dai might assume additional responsibilities for childspacing and fertility-control problems that result from the birth of a first child. The assessment might also provide information on the kinds of teaching materials that the dai could (and would) use, as well as data on the dai's client population.

B. Community Health Volunteer

A needs assessment should identify what the CHV is teaching, how effective the teaching is, and whether or not fewer educational responsibilities would make the CHV more effective as a source of information.

C. Female Health Worker

Several issues concerning FHWs could be examined during the needs assessment. These are:

- How effectively does the FHW educate in the sub-center?
- What materials does the FHW need to educate her clients?
- How effectively does the FHW carry out the community-organization work expected of her? Does this work integrate with the FHW's other activities? Does the FHW see community organizing as a significant part of her job?

D. Male Health Worker

The following questions about the MHWs might be examined during the needs assessment:

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

E. Female Health Assistant

A review of job descriptions reveals that the FHAs and FHWs have similar educational tasks, although one is the supervisor of the other. Could educational responsibility be divided better among these groups of workers? For example, both have community-organization tasks. Could this kind of work be done better by the FHA who, in her supervisory

role, has more prestige and could speak for the PHC? This and similar questions might be answered during the needs assessment.

F. Male Health Assistant

A variety of issues about MHAs might be examined during the needs assessment. Among them are the following questions:

- Should the duties of immunization of infants and children continue to be divided between the MHA and the FHA? From an educational point of view, it would be better for women to have one worker educate them on all immunizations. The FHA's portfolio for MCH could include all infant and child immunizations.
- Should the MHA have the primary responsibility for community organization for health matters? The following reasons would support a positive response to this question:
 - * The communal nature of work in environmental sanitation and communicable diseases seems to be compatible with efforts to organize community activities.
 - * It seems appropriate for the male worker to have the major role in community organization, because the village administration and leadership are primarily male.
 - * From an educational point of view, consolidating this work with one group of workers would make it easier to provide materials, supervision, and guidance for these activities.
 - * The male worker may be particularly effective in addressing issues of family size and norm in community work with men.

Structure for Service Delivery and Education

The link from the medical officer to the female health assistant, down to the female health worker and the dai, appears to be crucial to the delivery of services and education in infant and child mortality and fertility reduction. The IRHPP might put primary emphasis on this structure for communications, training in IEC, and supporting materials for workers.

IEC Components of Training

This is not a report on a training needs assessment. Consequently, the recommendations on training are limited to IEC activities.

The training for the dai should be assessed to determine how the educational component can best be strengthened. The dai could be given additional opportunity to see herself as an educator, to "role-play," and to observe others in educational situations that are similar to those she will face.

A single, basic training curriculum is used for the health assistants and health workers. A needs assessment of this training might include a discussion with current workers in each category about the adequacy of their training in IEC. In addition, site visits to several training institutions might be made to observe educational processes. The patterns set by the training will have an effect on the way the trained workers provide information to others.

A needs assessment should examine the substantial segment for field work included in the training curriculum for medical officers. The MOs are the major managerial figures at the block level; thus, it is important that they acquire as much practical field experience in IEC as possible, including the implementation of a project. The assessment should determine whether or not opportunities for such experience are provided, and whether the MOs take advantage of those opportunities.

Professional IEC Staff and Their Responsibilities

A needs assessment should scrutinize the links among the three groups of communications staff and ascertain whether or not the division of responsibilities is appropriate. The production of materials and media work are done primarily by the MEMOs. The DEMOs have a similar set of duties at a lower level. The BEEs have a mixed set of duties, with the emphasis on interpersonal, group, and community activities. Together, the three groups provide the education needed at the block level. Their work is strengthened with support activities, including mass media, at the district and state levels. A needs assessment should examine this linkage to evaluate its effectiveness. Other issues might also be studied. These include the following questions:

- Do the communications staff have the materials they need to perform the necessary communications work in the districts and blocks?

- Are communications being adequately planned at the block level?
- Do the communications field staff adequately back up the IEC work of the PHC and other field staff?
- Do the communications staff pay sufficient attention to the inter-personal and group communications needed in the blocks?

A. Block Extension Educator

When considering the adequacy of BEEs' performance, the activities of a select group might be reviewed. The purpose of such a review would be to determine what is emphasized, what is de-emphasized, and why. The findings might suggest a need to revise the job description.

The review would also show whether or not the training of the BEEs conforms to the specifications of the curriculum. In addition, it would identify how the BEEs are currently evaluated by the senior medical officer of the PHC. It would show what criteria are used, whether the MOs use the job description in the evaluations, and whether the work objectives are sufficiently explicit to enable BEEs to be measured properly and objectively.

B. District Extension and Media Officer

A needs assessment of DEMOs might consider the following questions:

- Specifically, how does the DEMO back up the work of the BEE?
- Does the DEMO plan district-level mass activities to support the block work, or are block and district activities planned separately?
- What is the course content of the DEMO's training in IEC? Is it adequate for the job described?

Managing Communications in Support of Block Health Activities

A needs assessment should be undertaken to:

- Review the management structure for communications at the state level and below. Control at this time is through the health chain, and not in a direct line among communications staff.
- Consider whether IEC staff should be managed as a professional group, with an interior cohesiveness of its own, and evaluate the need for a promotional structure.
- Determine whether or not IEC staff have sufficient financial and material resources, and the necessary authority, to conduct programs that are appropriate for the community, block, and district.
- Consider whether the correct materials are being produced at the appropriate program level.
- Examine how materials are distributed, particularly from the district down.

Orientation Camps

The orientation camps for leaders seem to have been successful, and they might continue to be useful for health and family planning. The entire scheme should be assessed.

Small-Scale Qualitative Assessments

For the key health problems, small-scale qualitative assessments might be done of village beliefs, attitudes, and practices.

Needs Assessment

The needs assessment should consider the possibilities of special studies in IEC. These should be simple and qualitative. The objective of the assessment should be to provide information useful for planning, implementing, and evaluating the program.

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APPENDICES

Appendix A
KEY HEALTH PROBLEMS DEFINED BY THE GOI

Appendix A

KEY HEALTH PROBLEMS DEFINED BY THE GOI

The following key health problems were defined by the Government of India (GOI) and compared with the Integrated Rural Health and Family Welfare Project. The GOI problems have been identified from a review of the job descriptions and training curricula issued by the Ministry of Health and Family Welfare (MOHFW) in 1980.

| <u>GOI Definition of Problem</u> | <u>Integrated Project Definition</u> |
|----------------------------------|--|
| Communicable Diseases | -- |
| Environmental Sanitation | -- |
| Family Planning | Fertility Reduction Early Age of First Pregnancy Large Completed Family Size Short Birth Interval |
| Immunization | Mortality Reduction (6-36 Months) Immunizable Diseases |
| Malaria | Mortality Reduction (0-5 Months) High Incidence of Birth Injury and Asphyxia Septicemia Neonatal Tetanus |
| | Mortality Reduction (6-36 Months) Diarrhea Respiratory Infections |
| Medical Termination of Pregnancy | -- |
| Mental Health | -- |
| Nutrition | Mortality Reduction (0-5 Months) Low Birth Weight |
| | Mortality Reduction (6-36 Months) Malnutrition |
| Primary Medical Care | -- |

GOI Definition of Problem

Integrated Project Definition

Smallpox

--

Vital Events

--

Appendix B

KEY HEALTH PROBLEMS DEFINED BY THE IRHFWP

Appendix B

KEY HEALTH PROBLEMS DEFINED BY THE IRHFWP

The following key health problems were defined by the Integrated Rural Health and Family Welfare Project (IRHFWP) and compared with the priorities and work assignments of the Government of India (GOI). The GOI problems have been identified from a review of the job descriptions and training curricula issued by the Ministry of Health and Family Welfare (MOHFW) in 1980.

Category of Health Problem Defined by AID Project

GOI Definition of the Problem and Work Assignments

Fertility Reduction

Family Planning

Early Age of First Pregnancy

--

Short Birth Interval

Dai training includes motivating eligible couples to space births.

Large Completed Family Size

The community health volunteer (CHV) is given the task to educate couples about the desirability of the "small-family norm." Training also includes information on the advantages of the small family.

Dai training includes motivating eligible couples to limit family size.

Mortality Reduction (0-5 Months)

Maternal and Child Health

Low Birth Weight

The medical officer (MO) of the primary health center (PHC) in the training unit for nutrition is provided information on maternal nutrition and birth weights. The topic is taken up again in the practical training for pediatric care.

All the health assistants and workers have a section in their maternal and child health (MCH) training that is concerned with care of low birth weight infants.

Category of Health Problem
Defined by AID Project

GOI Definition of the Problem
and Work Assignments

High Incidence of Birth Injury
and Asphyxia

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

The training of the health assistants and workers has a section on obstetric emergencies.

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

Neonatal Tetanus

In MO training, neo-natal tetanus is mentioned under management of neo-natal period; it is included in a long list of problems.

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

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

Septicemia

No specific mention is made, although infection and respiratory problems are mentioned in the training of the MOs and the health assistants and workers.

Mortality Reduction (6-36 Months)

Maternal and Child Health

Malnutrition

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

Diarrhea

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

Category of Health Problem
Defined by AID Project

GOI Definition of the Problem
and Work Assignments

Respiratory Infections

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

Immunizable Diseases

This is the responsibility of all categories of health workers, most of whom also have educational responsibilities.

Malaria

This is a responsibility of the MO, the male health assistants and workers, and the CHV. For the MO, it is specifically identified as a pediatric ailment. In no other instance is it specifically referred to in the context of child health.

Appendix C

EDUCATIONAL ACTIVITIES OF STAFF OF PRIMARY HEALTH CENTERS

Appendix C

EDUCATIONAL ACTIVITIES OF STAFF OF PRIMARY HEALTH CENTERS

1. Educational Activities of the Dais*

The dai generally works in a single village. Self-employed, she volunteers to work with the government program and receive modern training. She is expected to serve as a link between the village and the health worker (female).

The guidelines for dais of the Government of India (GOI) include the following educational activities:

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

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

2. Educational Activities of the Community Health Volunteer*

A community health volunteer (CHV) will be expected to cover the population of a village, or, if the village is a large one, a population of 1,000. The CHV will receive technical guidance from the health worker.

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

- malaria;
- smallpox;
- communicable diseases;
- environmental sanitation and personal hygiene;
- immunization
- family planning;
- maternal and child care;
- nutrition;
- vital events;
- first aid in emergencies;
- treatment of minor ailments; and
- mental health.

The CHV is expected to carry out the following information, education, and communication (IEC) activities:

- Educate the community in ways to prevent malaria.
- Educate the community about the importance of primary vaccination for smallpox.
- Educate the community about the prevention and control of communicable diseases.

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

- Educate the community about the following:
 - safe drinking water;
 - hygienic methods of disposal of liquid waste;
 - hygienic methods of disposal of solid waste;
 - home sanitation;
 - kitchen gardens;
 - advantages and uses of sanitary latrines;
 - advantages of smokeless chulhas;
 - food hygiene; and
 - control of insects, rodents, and stray dogs.

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

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- Educate the community about the importance of registering all births and deaths.
- Educate the community about mental illness.

3. Educational Activities of the Health Worker (Female)*

A health worker (female) is expected to cover a population of 5,000. She works in a sub-center of the primary health center. She is expected to work in the sub-center and also to make community and home visits.

She is expected to perform duties in the following areas:

- maternal and child health (MCH);
- family planning;
- medical termination of pregnancy;
- nutrition;
- communicable diseases;
- immunization;
- vital events; and
- primary medical care.

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

The health worker (female) is expected to carry out the following information, education, and communication (IEC) activities:

- Educate mothers individually and in groups in better family health, including MCH, family planning, nutrition, immunization, control of communicable diseases, personal and environmental hygiene, and care of minor ailments.
- Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- Build rapport with acceptors, village leaders, dais, and others and utilize them to promote family welfare programs.

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

- Identify women leaders and help the health assistant (female) to train them.
- Participate in mahila mandal meetings, and use such gatherings to educate women in family welfare programs.
- Educate the community on the availability of services for medical termination of pregnancy.
- Educate the community about nutritious diets for mothers and children.

4. Educational Activities of the Health Worker (Male)*

A health worker (male) is expected to cover a population of 5,000. He works in a sub-center of the primary health center. He is expected to work in the sub-center and also to visit each family in his area once a month.

He is expected to perform duties in the following areas:

- malaria;
- smallpox;
- communicable diseases;
- environmental sanitation;
- immunization;
- family planning;
- medical termination of pregnancy;
- nutrition;
- vital events; and
- primary medical care.

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

The health worker (male) is expected to carry out the following information, education, and communication (IEC) activities:

- Educate the community in the importance of blood-film examination for fever cases, treatment of fever cases, insecticidal spraying of houses, larviciding measures, and other measures to control the spread of malaria.

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

- Educate the community about the importance of smallpox vaccination, care to be taken in case of an outbreak of smallpox, the reporting of all cases of fever with rash, and the reward available for reporting a case of smallpox.
- Educate the community about the importance of control of and preventive measures for communicable diseases, including tuberculosis.
- Educate the community about the following:
 - the method of disposal of liquid wastes;
 - the method of disposal of solid wastes;
 - home sanitation;
 - advantages and use of sanitary types of latrines; and
 - construction and use of smokeless chulhas.
- Educate the people in the community about the importance of immunization against the various communicable diseases.
- Spread the message of family planning to the couples in the health worker's area and motivate them for family planning individually and in groups.
- Build rapport with satisfied acceptors, village teachers, and others and use them to promote family welfare programs.
- Assist the health assistant (male) in training the leaders of the community and in educating and involving the community in family welfare programs.
- Educate the community about the availability of services for medical termination of pregnancy.
- Educate the community about nutritious diets for mothers and children.
- Educate the community about the importance and significance of registration of births and deaths and the method of registration.

5. Educational Activities of the Health Assistant (Female)*

A health assistant (female) is expected to cover a population of 20,000 in which there are four sub-centers. The health assistant is based in the primary health center.

She is expected to provide supervision and guidance to field staff, particularly the health worker (female). She is expected also to encourage team work, and to assist in the supervision of records, supplies, and equipment.

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

- maternal and child health (MCH);
- family planning;
- medical termination of pregnancy;
- nutrition;
- immunization; and
- primary medical care.

The health assistant (female) has the following information, education, and communication (IEC) duties:

- Personally motivate resistant cases for family planning.
- Provide information on the availability of services for medical termination of pregnancy.
- Carry out educational activities for MCH, family planning, nutrition, and immunization with the assistance of the health worker (female).
- Arrange group meetings with leaders and involve them in spreading the message for various health programs.

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

- Organize and use mahila mandals, teachers, and other women in the community in the family welfare programs.

6. Educational Activities of the Health Assistant (Male)*

A health assistant (male) is expected to cover a population of 20,000 in which there are four sub-centers. The health assistant is based in the primary health center.

He is expected to provide supervision and guidance to field staff, particularly the health worker (male). He is also expected to encourage team work, and to supervise recordkeeping and supplies and equipment.

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

- malaria;
- communicable diseases;
- environmental sanitation;
- immunization;
- family planning;
- nutrition;
- vital events; and
- primary medical care.

The health assistant (male) has the following specific information, education, and communication (IEC) duties:

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

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

7. Educational Responsibilities of the Medical Officer*

The medical officer (MO) is based in a primary health center (PHC). The PHC serves a population of 80,000-120,000.

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

His educational responsibilities include the following tasks:

- During field visits, the MO will provide technical guidance to community health volunteers (CHVs) and encourage them to participate in promotive health activities.
- He will visit schools in his jurisdiction at least once a year and, among other things, promote health education.
- He will organize and participate in village health committee and village panchayat meetings to discuss health programs with the public and to enlist their cooperation.
- He will keep close liaison with the block development officer and his staff, community leaders, and various social welfare agencies in his area and involve them in the promotion of health programs in the area.
- He will organize camps, meetings, health education talks, and demonstrations, displays of posters, exhibitions, and films with the assistance of the block extension educator, health assistants, and health workers.

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

Appendix D

IEC COMPONENTS OF TRAINING CURRICULA FOR HEALTH STAFF

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1. Dais*

Training of the dais lasts for 210 hours over a five-week period. It takes place in either the primary health center, a sub-center, or a maternal and child health (MCH) center.

No specific component of the training is concerned with communications. The curriculum outline mentions educational training twice: how to motivate mothers to bring their children for immunization, and motivation of eligible couples for spacing or limiting family size.

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

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

2. CHVs*

Training for the CHV lasts for 200 hours over a three-month period. It is done either in the primary health center or a sub-center.

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

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

In other components, there is some provision for training in education.

| <u>Component</u> | <u>Topic</u> | <u>Type of Training</u> |
|-------------------------------------|-------------------------|-------------------------|
| 1. Control of Communicable Diseases | Malaria and Filariasis | Health Education |
| | Smallpox and Chickenpox | Health Education |

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

| <u>Component</u> | <u>Topic</u> | <u>Type of Training</u> |
|--|--|---|
| | Diarrhea, Vomiting, Jaundice, and Worms | Health Education |
| | Fever | Health Education |
| | Cough and Cold | Health Education |
| | Eye Infection | Health Education |
| | Discoloration of Skin | Health Education |
| | Sores on Genitals | Health Education |
| | Stiffness of Neck | Health Education |
| | Lockjaw | Health Education |
| | Paralysis | Health Education |
| 2. Environmental Sanitation and Personal Hygiene | Personal Hygiene | Health Education |
| | Water | Health Education |
| 3. Family Welfare | MCH | Health Education |
| | Immunization | Health Education |
| | Family Planning | Education for Family Planning and MTP |
| | Nutrition | Nutrition Education |
| 4. Mental Health | | Educating the Community |

3. Health Assistants and Health Workers (Male and Female)

The basic training for each of these categories of workers is the same. The training for the men is 288 hours over an eight-week period. The course for the women is 216 hours over six weeks. All the basic training is done at the primary health center.

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

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

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

In other components of the course, there is provision for training in education.

| <u>Component</u> | <u>Topic</u> | <u>Type of Training</u> |
|---|---------------------------------------|-------------------------|
| Environmental Sanitation and Personal Hygiene | Water and Disposal of Liquid Waste | Health Education |
| | Excreta Disposal | Health Education |
| | Disposal of Refuse | Health Education |

| <u>Component</u> | <u>Topic</u> | <u>Type of Training</u> |
|--------------------------|--|--|
| National Health Programs | Control of Insects, Rodents, and Stray Dogs | Health Education |
| | Personal Hygiene | Health Education |
| | Malaria | Health Education |
| | Filariasis | Health Education |
| | Tuberculosis | Health Education |
| | Smallpox, Chickenpox, and Measles | Health Education |
| | Diphtheria, Whooping Cough, Tetanus, and Poliomyelitis | Health Education |
| | Diarrheal Diseases and Intestinal Worms | Health Education |
| | Leprosy | Health Education |
| | Trachoma | Health Education |
| Family Welfare | Sexually-Transmitted Diseases | Health Education |
| | Maternal and Child Health Care | Health Education re: Child Care |
| | | Health Teaching of Mothers with Children with Special Problems (e.g., low birth weight) |
| | Family Planning | Education and Motivation |
| | Nutrition | Nutrition and Education |

| <u>Component</u> | <u>Topic</u> | <u>Type of Training</u> |
|---------------------------|--|--|
| 4. Mental Health | Human Behavior and Mental Health Education | Mental Health Education |
| 5. First Aid in Accidents | Introduction to First Aid | Education about Prevention of Home Accidents |

The Supervisory Course

The health assistants receive an additional two weeks of training. The following topics are included in that 72-hour curriculum:

- Identifying and Working with Community Leaders 4 hours
- Planning and Organizing Camps and Campaigns 2 hours
- Counteracting Rumors and Misconceptions 2 hours

4. Medical Officers

The training for medical officers to man primary health centers (PHCs) includes 324 hours of activities over a nine-week period. Five weeks is at the Health and Family Welfare Training Center, and the balance is at a district or medical college hospital.

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

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

In other units of the course, there is provision for training in education.

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

5. Block Extension Educators

The training of the block extension educator (BEE) concentrates on the information, education, and communications aspects of the job. During 75 working days, a total of 450 hours is spent in the training. It is all done in a Health and Family Welfare Training Center.

Structure of the Curriculum

| <u>Topic</u> | <u>Hours</u> |
|-------------------------------|--------------|
| Health and Family Welfare | 72 |
| Planning | 174 |
| Training | 37 |
| Coordination | 20 |
| Supervision | 55 |
| Records and Reports | 10 |
| Graphics for Vital Statistics | 10 |
| Field Project | <u>72</u> |
| TOTAL | <u>450</u> |

Health and Family Welfare

The content includes organization or services, statistics, family planning, maternal and child health (MCH), family welfare, communicable diseases, and environmental sanitation.

Planning

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

Training

This component deals with methodologies, process, organization, and evaluation.

Coordination

The BEEs learn how to work with other development programs in the block and whom to work with.

Supervision

The content includes the supervisory process, the availability of educational materials and teaching aids, and the distribution and use of those materials in the block. The content also includes record verification for eligible-couple registers and the motivation of hard-to-motivate couples.

Field Project

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

Appendix E

JOB RESPONSIBILITIES OF PROFESSIONAL IEC STAFF

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JOB RESPONSIBILITIES OF PROFESSIONAL IEC STAFF

1. State Mass Education and Media Officers*

The responsibilities of the state mass education and media officers are to:

- Coordinate the family planning mass education program in the states and districts with the help of all concerned organizations.
- Plan for the production and distribution of family planning mass education materials in the states and for operation of the offset press.
- Maintain effective liaison with the press, radio, and field organizations that are doing publicity, and provide necessary background material to these groups.
- Guide the district extension and media officers in their work.
- Look after the outdoor publicity program.
- Coordinate and assist with the implementation of extension work.

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

* United Nations Fund for Population Activities, Background Paper for Population Needs Assessment Mission, Volume II, 1978; p. 277.

2. District Extension and Media Officers*

The responsibilities of the district extension and media officers are to:

- Coordinate the family planning mass education program in the district with the help of all concerned organizations.
- Plan for the organization of film shows, exhibitions, displays of boardings, posters, etc., in the districts.
- Feed background materials about activities in the districts to the press and radio.
- Guide and supervise the work of block extension educators.

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

* United Nations Fund for Population Activities, Background Paper for Population Assistance Needs Assessment Mission, Volume II, 1978; p. 277.

3. Block Extension Educators*

The block extension educator is based in a primary health center (PHC) which serves a population of 100,000-120,000. He is responsible for providing support in information, education, and communication (IEC) to all health and family welfare programs in the block.

His job responsibilities include the following activities:

Information, Education, Communications

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

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

Planning

- He will use all information relevant to development activities in the block for program planning.
- He will develop his work plan in consultation with the medical officer of his PHC and the deputy district extension and media officer.
- He will collect, analyze, and interpret the data for extension work in the block.

Information and Reporting

- He will maintain all information relevant to development activities in the block.
- He will ensure the preparation and display of relevant maps and charts in the PHC.
- He will prepare a monthly report on the progress of educational activities in the block and send it to the district extension and media officer.

Training

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

Supervision

- He will supervise the work of field workers in the area of education and motivation.
- He will tour for a minimum of 15 days a month with a minimum of one day in every field worker's area.

- While on tour, he will verify entries in the Eligible Couple Register for every village and do random checking of family welfare acceptors.
- While on tour, he will check the available stock of conventional contraceptives with the depot holders and the kits with the health workers and the community health volunteers (CHVs).