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TRIP REPORT

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BASICS

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NATIONAL IEC STRATEGY AND IMPLEMENTATION PLAN FOR THE MINISTRY OF HEALTH ERITREA

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BASICS	Basic Support for Institutionalizing Child Survival
CDD	Control of Diarrheal Diseases
CHA	Community Health Agents
DPT	Diphtheria, Pertussis, and Tetanus Vaccine
EHP	Eritrean Health Project (USAID-funded)
EPI	Expanded Programme on Immunization
EPLF	Eritrean People's Liberation Front
ERRA	Eritrea Relief & Rehabilitation Agency
IBFAN	International Breastfeeding Action Network
IEC	Information, Education & Communication
KAP	Knowledge, Attitudes, and Practices
MOE	Ministry of Education
MOH	Ministry of Health
MOA	Ministry of Agriculture
NGO	Non-Governmental Organization
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PAD	Planning, Advertising and Decor
PHC	Primary Health Care
TBA	Traditional Birth Attendant
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development

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1. INTRODUCTION

At the request of the Ministry of Health, BASICS consultants Margaret Parlato and Nicholas Dondi were in Eritrea November 28-December 9, 1995, and November 19-December 10, 1995, respectively. Additional time was spent in Washington during the week of December 11 to complete the write-up of the situation analysis and prepare the draft implementation plan.

During the period in-country, the consultants 1) met with over 50 individuals from government agencies, NGOs, multilaterals, bilaterals and local associations; 2) made a field visit to Akele Guzai to assess IEC activities and conduct interviews with mothers and health workers; 3) held a round table discussion with regional PHC directors; and, 4) participated in IEC-related sessions of the national EPI workshop.

The main outcomes of this consultancy are

- Completion of a situation analysis for health IEC
- Participation in drafting a National Policy for Health Education (This is contained in a separate document.)
- Preparation of a draft National IEC Strategy and Implementation Plan

Throughout the assignment, the consultants worked closely with the Ministry of Health's IEC Director and the IEC Committee constituted to prepare the National IEC Policy. The consultants would like to express their thanks to those individuals for their guidance in conducting the assessment, and the many insights they contributed to the IEC planning documents.

The consultants would also like to acknowledge the important and active role taken by Dr. Afeworki Abraham, Director General; Dr. Eyob Tekle, Head of Planning; and Dr. Mismay Ghebrehiwet, Head of Primary Health Care. Throughout the process of developing these policies and plans they posed challenging questions and offered much practical input. Their support and encouragement were deeply appreciated.

2. SITUATION ANALYSIS

2.1 Summary of Major Cultural and Economic Considerations

- Language: Eritrea is a heterogeneous society, with nine major cultural and linguistic groups, making it necessary for an IEC program to customize behavior change strategies for different cultural groups and to translate material into multiple languages. Exactly how best to do this still needs careful study. The recent reorganization of the country into six administrative regions, has made each region more heterogeneous, which makes it essential to develop IEC materials across regions, to avoid duplication of effort.

- **Healthworker-Patient Communication:** A majority of health workers are drawn from the Highlands and do not speak the local languages, making communication with patients difficult in some regions. Confidence is also an issue.

- **Literacy:** Literacy rates are low, with only an estimated 15 percent able to read and write. Rates for women are lower, making this group particularly difficult to reach. According to a recent study by Afeworki (1988), pictorial literacy may also be poor among some segments of the population.

- **Gender Barriers:** More than 50 percent of the nurses staffing MOH health facilities are male. In a number of communities this poses problems for women who cannot be treated by males or face cultural barriers in communicating with males.

- **Agro-Climatic Factors:** There are at least six distinct ecological zones in the country, which affect disease patterns, as well as the kinds of staple foods eaten. IEC efforts dealing with nutrition, malaria and other problems governed by climate will need to be targeted accordingly.

- **Poverty:** Eritrea is one of the poorest countries in the world. The per capita income, US $120-150, is well below the US $350 average for sub-Saharan Africa.

2.2 Institutional Infrastructure and Present Health Education Activities

2.2.1 MOH Health Education Capacity

National IEC Unit: As previous IEC assessments have noted, there is presently a limited infrastructure or capacity to conduct health education. The national-level IEC Unit, situated in the Primary Heath Care Department has only one staff member. He is a nurse by profession and has had no specific training in health education since being assigned to the position. The Unit lacks the capacity to plan and coordinate effective IEC activities. The unit has no budget. Activities have been donor funded (mostly UNICEF). There is no regional or sub-regional health education staff to organize outreach activities.

2.2.2 Community-Level Outreach Activities

Outreach activities take place only sporadically. There are no health education staff at the regional or sub-regional level — only the one health educator in Asmara. MOH facility-level personnel have neither time nor transportation to go into the community to give health education or mobilize the many existing organizational structures operating at the grass roots level.

The strong system of community health agents (CHAs) that operated during the 'Struggle' is no longer functioning because their stipend was recently eliminated. These

agents did health education in their villages in addition to providing basic curative care. Likewise, the cadre of community malaria workers, trained two years ago, recently stopped working because villagers can no longer afford to pay their stipend. The system of Village Health Committees are also reported to be inactive. According to the regional PHC coordinators, in most cases members were appointed by the Baidol, are uncertain about their role and poorly motivated. Among those interviewed by the BASICS consultants, few expressed confidence that these committees could take on an active IEC role in the community.

2.2.3 Health Education and Counseling at the Health Facility Level

Health personnel around the country are providing health education at the facility level, and information on certain health problems is reaching mothers. Nevertheless, it is also evident that there is considerable room for improvement. The situation in most facilities is that health talks are given each morning when the clinic opens. All mothers waiting for services are expected to attend the 10-15 minute session before they can obtain services. This was confirmed with mothers in the five facilities visited as part of this assessment (although the consultants did not arrive early enough to actually observe a health talk). Others who have observed group talks report that they tend to be didactic in nature, and that mothers often are distracted because they have a sick child with them and are anxious to see the doctor. Thus, the talks do not come at the most opportune time for learning.

Information collected from health workers and mothers as part of the health facility assessment (MOH/USAID/BASICS 1994)[1] provides useful insights into the nature of the situation and some of the problems:

- **Health education** is taking place but health workers need training on what key messages to emphasize. For example, although 94 percent of mothers in the facilities study had heard of ORS, and 86 percent knew how to mix it, only 38 percent correctly understood why it is given; 55 percent incorrectly thought it stopped diarrhea. As the ORS study done by the Association of Pharmacists found, this false expectation is one of the prime reasons why mothers discontinue using ORS prematurely when the symptoms don't go away after a day.[2] So although health workers are doing health education, they are not emphasizing all the critical points needed to change the way mothers deal with diarrhea — which

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1 A total of 190 mothers were interviewed as were health workers in a sample of health establishments in four provinces selected to be geographically, ethnically and demographically characteristic.

2 Over 600 mothers were sampled in and around Asmara. Eritrean Pharmaceutical Association, Pharma Focus, Number 4, August 26, 1995.

is the needed goal. (The facility study also documents other critical messages that are not being communicated, such as how often to give ORS and for how long.)

- **There are very few basic health educational materials available.** Lack of materials is cited as a constraint by health workers at all levels. In the health facilities visited, there were no audio-visual aids available other than a few posters, mostly UNICEF breastfeeding and ORS posters (many of the other posters on assorted topics date back several years.) Health workers cited this as one of their most urgent needs, as did the PHC coordinators from the 10 provinces who participated in a round-table discussion about IEC conducted as part of this situation analysis.

  The health workers interviewed said that they currently use posters as audio-visual aids in their health education talks. This may be part of the problem, because posters are almost all designed as reminder media and carry only the most general messages (i.e., the breastfeeding poster says "Breast is Best"). They make poor audio-visual aids because they do not contain key action messages. More appropriate and flexible audio-visual media specifically designed to help the health worker remember key points and help them address commonly held misgivings and know what benefits to emphasize (or other target groups) can be very powerful tools. Careful operational analysis is required to determine what kind of audio-visual aid would be most effective in the Eritrea context.

- **Health workers have not been trained to recognize opportunities for education and hence miss good learning situations.** The facilities study, for example, found that only half of health workers saw pregnant women coming to them for various problems (most often related to their children's health) as individuals who should be getting tetanus shots. This means that about half the visits to health centers represent some kind of "missed opportunity."

  It is anticipated that improving the content of messages, training health workers to recognize "missed opportunities," and providing them with simple audio-visual materials could greatly increase their effectiveness.

In addition to the health talks which may health workers equate with "education," health workers are providing face-to-face education and counseling to many patients they see each day — even if they don't consider this "heath education." These interactions between health worker and client provide an important opportunity to give very specific information and to target it to the specific information needs of the client, at exactly the right time, when the person wants and can put the information to immediate use.

As with the health education talks, there are a number of aspects about counseling that could be drastically improved without use of additional resources or additional time from

the healthworker, who on average has only about **five minutes per patient.** These issues follow:

- **Oftentimes important core messages are not covered.** There are two issues here. One is that health workers don't always know what the "core" messages are. Little research has been done to find out how mothers perceive health problems and react to the proposed interventions. The advice given, therefore, may be medically correct but not address issue the mother may have (example: ORS does not stop diarrhea, which is what mothers is likely to expect). The second issue is that health workers often forget to provide critical information. This is not surprising since on average, health workers have no audio-visual materials to remind them of key points to cover in different situations, but they see a large volume of patients, spending **only 5 minutes per patient**. As was observed in the health facility study (HFS), of all the mothers only 7 percent of mother who brought their children for treatment of diarrhea, acute respiratory infection or fever, were given all the three to four messages considered to be "core" messages, such as: continue breastfeeding, complete the treatment, etc.

  When ORS was prescribed, only 45 percent of mothers were told how to prepare it; only 1 percent were actually shown how to mix it, which is one of the most effective ways to teach new skills.

- **The educational techniques being used are not always the most effective.** In the HFS, only a third of mothers were asked questions to verify whether or not they understood what to do; equally telling is that only 1 percent of mothers were asked if they had any questions, a technique used to make sure the message has passed and that any lingering doubts are dealt with.

- **There are many "missed opportunities" for health education every day.** Information from several studies indicate that in Eritrea, as in many other countries around the world, front-line health workers are not taking advantage of opportunities to give users information they need at a time when they themselves are looking for it.

  Similarly, and continuing with the diarrhea example, only 45 percent of kids for whom ORS was prescribed were told how to prepare it; 1 percent were actually shown how to mix ORS.

2.3 Ongoing and Planned Health Education Activities

Recent efforts include the following (further information can be found in Appendix F):

- *Breastfeeding:* UNICEF has funded the MOH's most concerted IEC effort to date as part of the Baby Friendly Initiative. This involved training of some 800 health workers at all levels (with assistance from IBFAN); dissemination of a series of posters; translation of breastfeeding counseling guidelines into Tigrinya; radio and television interviews; and in some areas, hospital staff have trained mothers to provide peer support, and breastfeeding committees have been established. Initial results from an evaluation of 40 health units conducted in November of 1995 by a special UNICEF Breastfeeding Team found high levels of knowledge about breastfeeding among health staff,; as well as mothers exiting hospitals. The advocacy role played by women's and youth groups has also been impressive. The BASICS team, encountered a surprisingly high interest in breastfeeding among MOH, radio and other staff interviewed.

- *AIDS Prevention:* With support from UNFPA and an international IEC consultant (6 months in 1995), the MOH's AIDS Prevention Unit has been conducting training, developing and disseminating print materials, and producing videos. The AIDS program also features special programs operated thought the Ministry of Labour, women's and youth groups.

- *ORT:* The Eritrean Pharmaceutical Association spearheaded a 1995 campaign on use of oral rehydration solution. The radio/television print campaign which covered five to six major urban areas was based on audience research. The Association held mass meetings in all cities, based on the model used by the EPLF.

- *Nutrition:* The MOH Nutrition Division is in the process of developing a promotional strategy for "DMK," a fortified weaning food. Underway is production of a series of posters to boost use of the product. Themes related to vaccination and sanitation are being integrated.

In the planning stage are:

- Safe Motherhood Initiative, with funding from UNICEF. A Task Force has been established and some research conducted. Launch is scheduled for early 1996.

- A campaign to promote iodized salt will be conducted by the MOH (IEC Unit), with technical assistance from the USAID-funded OMNI project.

- An AIDS prevention campaign, in collaboration with the Ministry of Labor and the National Women's and Youth Groups. (Funding and technical assistance from SEATS/USAID.)

- Social marketing of condoms, with technical assistance from Population Services International (PSI).

2.4 IEC Efforts in Other Sectors

Of note is the extension program of the Ministry of Agriculture (MOA) and some of the civic education efforts — such as the poster campaign on the constitution — mounted by the Ministry of Local Government.

The MOA operates a classic agricultural extension program based on a system of trial fields, demonstration plots, model farmers and extension agents (about 850) who each cover some 1500 farmers. A year ago, a weekly radio program was initiated. A two-person public relations office (recently cut back from four) and Extension Department play a key role. The MOA has its own training center, with courses running from two weeks to six months. Training in interpersonal communication techniques is a part of extensive training.

2.5 Resources for IEC

2.5.1 Research Capacity

While there are presently no organizations or individuals with specific experience in conducting formative research to help design IEC programs, there are experienced researchers in country who have the training and basic skills to do so. They would need only minimum orientation to conduct the kind of highly-focused audience research needed to guide educational programs, to serve as advisors, and to lead community studies.

Resources include a number of social scientists, located at the university and in various government agencies, who have conducted ethnographic research on social customs and health in the country, including the following major studies:

- Comprehensive ethnographic work on social customs from birth to death, health beliefs and practices was conducted during the war (1982-1989) by the EPLF: "Survey of the Socio-Economic Structure of Eritrea."
- Survey of nine ethnic groups (2400 interviews) on health-related cultural values conducted one year after 'Liberation' (1991-93). This research (Culture and Health In Eritrea: A Research Project of the Eritrean Public Health Programme), which received some support from Norwegian Church Aid, is still being analyzed.
- Community nutrition and vulnerability studies conducted by the research department of the Eritrea Relief and Rehabilitation Agency (ERRA).
- ORS community use survey of 300 mothers and 30 retail outlets conducted by Mekane Hiwot Hospital.

In addition there is at least one local NGO with experience in conducting action-research and with access to trained interviewers: Eritrea Community Development Association.

2.5.2 Graphic Design, Print and Radio Resources

Well-designed posters are in evidence on the streets of Asmara and there are several printing establishments producing high-quality work. There is also at least one graphics design, public relations agency (PAD Planning, Advertising and Decor). During the 'Struggle,' the EPLF nurtured artists through an active Ministry of Culture. Although the government has pulled back from a direct role in "culture," and the Ministry of Culture is now only a Department within the Ministry of Education with a purely policy role, many talented artist that emerged during the war are available to design print and graphic materials.

There is also talent to draw on for producing more entertaining radio programs on health (jokes, drama, poetry, etc.). It may, however, be necessary to bring in talent from outside National Radio, since it is staffed primarily by journalists. The central drama troupes organized by the EPLF have been disbanded (the best drama groups from the front-line battalions were picked to perform overseas and give special performances). Some outstanding performers are now working in television; others are no longer working for the government — or have full-time administrative jobs. The Minister of Information, however, was enthusiastic about the possibility of bringing together top talent to help create new radio material. A few radio staff who recently were trained by Radio/ Netherlands in the use of drama to communicate social messages could help lead the effort to introduce new programing for health and agriculture.

2.5.3 Mass Media

UNICEF's **Children and Women in Eritrea, 1994** contains an excellent summary about radio, television, and print media in the country. In brief, television and the press reach a very small, high income strata; radio is the only mass medium. Additional information of relevance collected during the assessment is noted here:

- Given the low-literacy rate in the country, radio was the key organ of communication used by the EPLF. And now, the government believes radio is the key organ for reconstruction. Health and agriculture are the two areas seen as pivotal for development.
- A radio survey conducted by the National Radio (there are no regional or private radio stations) in five towns in 1994 estimates that about 33 percent of households have radios; with an estimated half of the population listening on a regular basis through shared radio sets.
- The Ministry of Health has a total of about 80 minutes of broadcast time each week. This is divided into ten-minute segments, broadcast two days per week,

with rebroadcasts in four national languages. Listeners, therefore, can hear up to two, ten-minute segments each week.

- The health program is planned week-by-week, with no real attempt to focus on priority topics, link programs or develop themes in a sequential or even interconnected fashion. Generally, doctors and other technical staff with no script-writing experience, write-out "talks" on a technical theme. These are read directly on the air by radio staff (and translated into national languages). As a result, programs tend to be overly technical and/or not relevant; radio journalists doing the translations are not provided sufficient information to translate key concepts for different cultural groups; and the format is didactic.
- Radio staff are organized into units according to language. There are no content specialists, so they are entirely dependent upon the Ministry of Health to produce the script — or provide good technical briefs.
- There are radio correspondents in each region. They could, with some orientation (tapes and a small transportation budget), provide radio material from villages.
- Ministry of Education has a separate radio station. Coordination of programming with the Ministry of Information leaves room for improvement.

2.5.4 Music and Drama

Eritrea has a rich history of music and drama which was used very effectively to mobilize support for the Eritrean People's Liberation front in and out of the country. Ex-combatants report that each army group organized entertainment based on plays, music, dance and poetry. The people who were engaged in these entertainments, that were full of messages, are scattered across the country. A few of them are known to be struggling to set up performing business.

The MOH and MOA have regular radio programs, but their reach and effectiveness remain largely unknown because no surveys have been done to establish the facts. Only one third of the population is estimated to have a functioning radio, and the radio talks transmitted on the national network may not be appealing enough to catch the attention of listeners.

2.5.5 Community Groups, Extension Services and Other Potential Channels for Outreach

There are several well-established church and civic associations, as well as government extension services and local administrative assemblies that provide good potential links with the community. These include:

- The country's administrative structure was reorganized in December of 1995, moving from ten to six regions and introducing a new salaried level of civil servants at the community level, with plans for 1,500 village administrators. This

new grass roots presence could be mobilized to redynamize local health committees (which fall under the Development Committee).

- Virtually every village has a nearby church or mosque. They yield considerable influence in the community and have numerous special groupings of men and women. For example, mosques organize religious classes (madarasa) for their youth; Catholic churches have local chapters of the spiritual renewal movement, the Catholic Women's Association and the "12 Couple Cells" which meet regularly to pray and provide mutual support, under the patronage of a saint.
- The National Union of Eritrean Women (NUEW) has some 200,000 members and a network reaching down to the village level.
- The National Union of Eritrean Youth and Students (NUEYS) has over 100,000 members across the country and a number of existing health projects.
- The Ministry of Agriculture has about 850 agents who work at the provincial level or below (65 are home economics workers who do home visits and group discussions with farmers wives). There is one director in each province and a field person in each of the 55 sub-regions. Home economics workers presently incorporate some health and nutrition information. The MOA has expressed interest in integrating health/nutrition content in its extension training.
- National Service for Youth 15-18, administered by the Ministry of Defense, presently has over 50,000 students in the program. Each summer they work on special construction campaigns, but could be enlisted for MOH campaigns such as immunizations or distribution of vitamin A capsules.
- The Ministry of Education started a program for youth last year to undertake special work campaigns during the summer. This corps of young people could also be mobilized for specific community-level mobilizations. During the war such groups were used for literacy campaigns.

There is also opportunity to tap into the school system. The MOE is in the process of reviewing its curricula and has been requested by the MOH to integrate health content in the school and adult education systems.

3. SUMMARY OF PRINCIPAL RECOMMENDATIONS

The assessment phase of this consultancy identified a number of critical needs and issues the national IEC program will need to address. What follows are main recommendations:

1. Finalize and give widescale dissemination to the National IEC Policy for Health, which is intended to guide MOH efforts and provide a framework for the multiple donors and agencies involved in communication activities.

2. Strengthen the Ministry of Health's IEC Unit by creating new staff positions both at the Central IEC Unit and regional level, and training staff through support from a long-term resident advisor and a combination of short-term training and degree courses.

3. Assist the Ministry of Health to prioritize the long list of health education topics now in use, in order to direct human and financial IEC resources more effectively.

4. Conduct research and formulate behavior change strategies for priority health concerns, including EPI, CDD, AIDS and malaria. (Note: tentative list).

5. Create capacity to plan and manage IEC activities at the regional and sub-regional levels in order to improve inter-personal communication in the health facilities and mobilize existing social and extension networks.

6. Develop and test strategies to reach the community through extension services and community social, religious and other established networks.

7. Train front-line health workers in inter-personal communication techniques; include communication modules in health workers training modules at all levels.

8. Develop simple IEC materials on priority topics that can be used by health workers for counseling mothers and for group education at the health centers and in the community.

9. Reprogram the 10 minutes of the daily radio health program to provide a focus on priority problems, more practical content, and to introduce formats that are livelier than the lectures presently given by medical personnel.

10. Create a mechanism for coordinating IEC inputs from various donors to their best national advantage.

4. OBJECTIVES

To meet the broad range of needs that exist, it is recommended that the MOH pursue the following main objectives and develop a timetable and plan of action for achieving them over the next five year period (1996-2000):

- Rationalize planning, coordination and implementation of IEC for health promotion in Eritrea.
- Expand and strengthen partnerships for health promotion to increase the reach of IEC efforts and their effectiveness.
- Make more effective use of the mass media and develop a core set of basic IEC materials

- Strengthen the health promotion infrastructure of the Ministry of Health and its capacity to plan and deliver effective audience-based IEC activities at all levels.

5. PROPOSED STRATEGY

5.1 Objective One: Rationalize Planning, Coordination and Implementation of IEC for Health Promotion

Three main strategies are proposed for improving the way the MOH organizes and conducts IEC activities in the health sector: 1) focus on a few priority health problems; 2) use audience research to improve IEC strategies; and 3) put in place mechanisms to channel donor inputs for maximum impact.

Focus on High Priority Problems

In order to make best use of the scarce human and financial resources in the MOH and those resources coming from donors, it is suggested that the National IEC Plan focus on a limited number of priority issues. A three-tierred system is proposed to guide how the IEC effort is managed:

1. Intensive Programs

Up to four priority health problems will be selected for intensive IEC treatment by the Health Education Unit. As set forth in the draft "Policy IEC Guidelines for Health Promotion in Eritrea," selection will be based on problems that contribute most to mortality and morbidity, and are problems where an educational intervention can make a big difference, and that are not already being addressed by others through a major intervention.

Actual prioritization of the many areas where health education is needed, should be the responsibility of the MOH. Based on a quick review of health statistics, possible candidates for **intensive program** treatment might include immunization (EPI), control of diarrhoeal diseases (CDD), AIDS prevention, malaria, and nutrition. One of the first steps in initiating work on the national IEC plan should be calling a one-day meeting of department heads and invited public health officials to set priorities for IEC.

Priority problems will be given intensive IEC treatment, with attention focused on a) conducting research to identify concrete actions that individuals can take to address the problem (example: proper mixing and administration of ORS; adding mashed papaya to a child's weaning food to prevent vitamin A deficiency); b) developing IEC materials for use in health facilities; and c) mounting integrated promotional strategies using a combination of mass media, interpersonal communication and community events. The

MOH's Health Education Unit will devote the bulk of its attention (staff time and budgets) to these priority problems. Likewise, donors will be encouraged to fully support these priorities.

While the Health Education Unit cannot dilute its efforts by focusing on a broad array of problems as it is just beginning to build its capacities, non-priority health education concerns will be addressed in two ways, depending upon the priority level assigned by the MOH — medium or low.

2. Medium Priority

Given the broad nature of health problems in the country, there are many of a serious nature, meriting immediate attention, that are nonetheless not of utmost priority. Where feasible, it is proposed that IEC components for these medium-priority problems be handled by technical units within the MOH other than Health Education. An IEC person in one of the regions could be identified as a counterpart for field research and pretesting.

Or, other institutional partners (NGOs, other ministries, chambers of commerce, etc.) could be identified to take the lead IEC role until the Health Education Unit can absorb the activity. A good example of this is the USAID-funded SEATS project dealing with family planning and safe motherhood, which has proposed having the National Union of Eritrean Youth and Students (NUEYS) and the National Union of Eritrean Women (NUEW) as main counterparts. This collaboration will produce valuable IEC strategies and materials which can be fed into the national IEC program, under the coordination of the Health Education Unit.

The roles of the MOH and Health Education Unit will be to:

- Provide technical oversight: review IEC materials for technical accuracy and adherence to MOH norms and policies; help standardize messages and avoid duplication of effort.
- Coordinate the mass media activities, with particular focus on integrating the "medium priority" messages into the MOH's daily health broadcast. Creative briefs, as well as joint development of programs will be used as mechanisms to achieve this goal.
- Facilitate the integration of IEC materials developed by outside organizations into the health education activities at the health facility level.

3. Low Priority

The many other potential areas for health education will continue to be addressed through individual counseling at the health facility level.

One of the aims of establishing IEC priority topics each year is to ensure that 1) ultimately all top-priority areas receive in-depth treatment, including thorough audience research and creation of appropriate print and media materials, as well as training components; and, that 2) "old" topics continue to be promoted in order to reinforce behaviors and keep the issues alive in the minds of the people.

Introduce Audience Research and a Rigorous Planning Methodology to Improve IEC Impact

The IEC program will be reoriented from its present emphasis on conveying technical information to a behavior change one where the goal is to bring about improvements in selected health practices. Such an approach requires that the MOH carry out audience research and careful planning in order to increase understanding about which specific behaviours to target for each priority health topic, and to identify influential groups and the most effective media and outreach channels to reach them with.

Such research will be carried out during the first two years for the top four priority health education topics. This will provide a firm foundation for future efforts, as well as enable the MOH to begin accumulating valuable information about how best to promote priority themes related to EPI, CDD, etc. More targeted research can also be conducted in years 3-5 to complement and deepen understanding about issues that come up during the first years of implementation.

Conducting audience research will be used as the first step to introducing a more rigorous planning process in the Health Education Unit. The process[3], which will guide pivotal planning decisions about messages, target audiences and communication channels, includes five basic steps: 1) researching to better understand the socio-cultural context which frames health practices, 2) planning of how to deliver messages to specific target groups, 3) preparation and pretesting of materials and training, 4) implementation of educational interventions, and 5) evaluation and re-assessment in preparation for the next round of IEC interventions.

How this process would be implemented will be discussed in more detail below in Section 6 of this report: Implementation Approach.

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3 A summary of the methodological approach to be used, along with a listing of reference documents on the subject by a variety of international organizations can be found in the draft IEC Policy Document. A copy of one of several of the manuals have been given to the Health Education Unit, including the HEALTHCOM Communication Manual for Child Survival, Academy for Educational Development, 1988, used as a basic reference in many countries.

Establish Mechanisms to Facilitate Coordination of Donor Inputs

In 1996 the MOH plans to finalize the IEC Policy Guidelines for Health and the first national IEC plan. These important documents can serve as central instruments for rationalizing IEC efforts in the health sector. Development of a yearly plan presents an opportunity to review the priority IEC topics; consolidate inputs from different donors around the priorities; and coordinate research, training and media production.

To facilitate this, it is recommended that the MOH establish an IEC Technical Committee. This could be an expansion of the one put in place temporarily to develop the IEC policy guidelines. Members of the Committee feel it fostered useful dialogue and would like to see it expanded to include a broader representation. This would include communication officers representing donor agencies, ministries, and major national and international NGOs collaborating in health promotion.

The Committee, under chairmanship of the MOH, would meet monthly to coordinate IEC activities for the health sector, and to provide input to MOH and other IEC strategies. A high-level Donor Coordination Committee, to meet semi-annually, is also proposed to help plan donor financial support. (Both of these mechanisms are described in much fuller detail in the IEC policy document. Section 3.9 and Section 6.)

5.2 Objective Two: Expand and Strengthen Partnerships for Social Mobilization to Achieve Wide and Effective Dissemination of Health Messages.

There is a pressing need for health education to move beyond the health facilities, which cover only an estimated one third of the population. At present radio (and occasionally television) is the only other main channel being used, and it too reaches no more than a third of households. Much fewer probably listen to the health program, which is not very lively.

Given the curative care burden of health workers and the tiny number of MOH staff with outreach responsibilities, an important goal is to test out strategies for mobilizing the communities that can be managed by the one new IEC/PHC staff member being proposed for each region. To improve communication with communities throughout the country, the MOH can build partnerships with groups that can play a significant role in disseminating health messages. There are a number of active local NGOs, church groups, and civic associations — as well as other ministries — that meet important criteria for taking on such a role:

- Have a tested organizational structure that the small number of health educators can tap into to reach grass roots members
- Have a numerically significant membership with its own motivating factors (women's rights, religious principles, etc.) that can sustain them over time
- Have a central mission compatible with promoting national health

Ideas on how to operationalize this objective are discussed in Section 6: Implementation Approach.

5.3 Objective Three: Strengthen the Mass Media Component and Develop a Core Set of IEC Materials Radio

Radio is the only truly mass media in Eritrea. Maximum use should be made of radio's power to reach many people, and to reach them cheaply and with a lot of frequency. This will demand a major revamping of the existing radio program, which is something the Ministry of Information fully supports. As with print material, it should be recognized that quality programming demands that creative radio people be brought in and that a budget be established for this important work.

Use of radio time will be governed by the same priority guidelines that govern the health education program generally. This will translate into more time and money being devoted to programming of new material for priority topics. It will also translate into apportionment of air time on a priority basis, with the bulk of time going to priority issues.

Support Materials for Health Workers

One way to strengthen health education at the facility level is to give health workers a set of attractive, simple, and easy-to-use materials. Well-designed counseling aids can stimulate front-line health workers to give an educational "message" to a mother who comes in with a sick child. Well designed materials, with carefully selected, short, and concrete messages can also help to make sure the health worker covers all the important points. Good materials can also help the mother to better understand the message(s).

It is proposed that the MOH produce a simple set of highly graphic counseling materials for each of the four intensive priority health issues, beginning with EPI (assuming this is among the top four MOH priorities). Top local designers and artists will be sought to create materials that meet the high artistic and appeal standards of the many posters one sees on the streets of Asmara. These designers will work with specialists in designing materials for illiterates so that the end product is both appealing and functional.

5.4 Objective Four: Strengthen the Health Promotion Infrastructure and Technical Capacity to Plan and Deliver Effective Audience-based Activities at all Levels

There is widespread awareness in the MOH that the existing infrastructure for health education is inadequate. And, importantly, health promotion is viewed as a critical element of the country's primary health care program. Problem areas which have been identified as needing immediate attention are the following: 1) lack of trained staff at the central level; 2) no health educators at the regional level or below; 3) front-line health workers with poor skills in patient counseling; 4)

inadequately defined roles and functional responsibilities; and 5) no budget, equipment, or adequate locale for the Health Education Unit.

It is recommended that steps be taken immediately to begin addressing the bottlenecks. Specifically, the following areas of action are suggested:

1. Establish Clear Functions and Division of Responsibilities

It is important to clarify roles at each administrative level and to have a clear division of responsibility. The following is recommended:

National level IEC Unit

- Provide national leadership in IEC for health.
- Carry out strategic planning and manage all phases of design, implementation and evaluation of activities.
- Coordinate IEC activities among donors, NGOs, and other groups active in health communication.
- Conduct audience research on topics of national priority in collaboration with the regions, and develop comprehensive strategies based on research findings.
- Develop, pretest and oversee the production of messages and educational materials in multiple media for use in health promotion.
- Adapt the materials for use in all regions and arrange their distribution throughout the country.
- Plan and implement a national radio component and manage specialized mass media campaigns.
- Plan and implement a national training strategy to develop community mobilization and interpersonal communication skills of all relevant health staff; develop training modules and train trainers (TOT) in these areas.
- Coordinate development of policies, guidelines and practical guides on IEC and social mobilization for health workers.
- Assist the regions to prepare and implement their own strategic plans for providing IEC activities at the health facility and community levels.
- Supervise regional IEC coordinators.
- Monitor and evaluate IEC activities, with inputs from the regional and facility levels.
- Coordination with the technical units of the MOH in developing the IEC components of high priority health topics.
- Provide a secretariat to the IEC Technical Advisory Committee.

Regional Level

- Develop and manage activities to improve health education and counseling both at health facilities and in the community.
- Mobilize local organizations to develop health promotion plans and provide them with training to improve their skills to implement the plans.
- Mobilize the administration and assembly systems for health promotion.
- Participate in audience research and the development of communication strategies, messages and materials for use in the regions.
- Distribute educational materials and track their utilization as required.
- Set up an inter-sectoral IEC committee at the regional level.
- Participate in training health workers in the region.
- Liaison with and provide support to the designated IEC contact person in each health facility.
- Supervise IEC activities.
- Monitor IEC activities using rapid assessment techniques and prepare quarterly status reports.

Hospitals

- Provide health education at outpatient clinics.
- Provide one-on-one communication to people coming for services.

Health Centres and Health Stations

- Conduct health education activities at health facilities and provide health messages and counseling to patients coming for services, one-on-one.
- Distribute print and other take-home materials and track their utilization.
- Identify communication resources in the catchment area (opinion leaders, groups, artists, etc.).
- Monitor IEC activities and prepare appropriate charts for the information and motivation of health staff.

2. Create New Positions in the Health Education Unit

There is an urgent need to add staff. Presently there is only one nurse (not yet trained in IEC), assisted by an artist. This last position was recently created. Another new position, for a translator is in the process of being filled. It is strongly recommended that the position description be changed to allow recruitment of a communication officer to take charge of material development in order to make best use of the number of job slots presently approved for the Unit. This staffing suggestion is based on the grounds that the materials post carries full-time responsibilities, while the tasks attached to the former are only part-time. Furthermore, translation can be sub-contracted out with relative ease,

which will also permit higher quality. (Finding a person with the skills needed to translate effectively into the ten languages spoken in Eritrea (including English) will be difficult, and the Ministry may be forced to continue sub-contracting translations out while it maintains an under-employed staff member on the payroll.)

A long-term objective will be to have a core staff of four professions to handle the broad range of responsibilities. Following is a proposed staffing plan. Those positions that should receive priority for immediate recruitment are listed first.

Proposed First Year Staffing Plan

- **IEC Director** (IEC specialist with experience in program planning and management)
  Responsibilities will include all planning activities, coordination with donors and NGOs, oversight of regional IEC coordinators and technical support to regional planning activities.

- **IEC Expert** (with experience in material development, communications/graphics art and radio, and with capability to manage designers, printing, etc.)
  Responsibilities to include oversight of all print material and radio production, pretesting and technical support to regions in adapting materials.

- **Training Coordinator** (experience in participatory training methods, counseling, and interpersonal communication) In the interim period, this function could be carried out by the director.
  Responsibilities to include the development of training modules and materials for training in interpersonal communications and other IEC activities, train trainers and assist in the supervision of regional IEC activities.

- **Artist** (facilitate illustration of guides and assist with artwork preparation and oversight of printing)

- Two support staff (typist/assistant, driver)

Staffing Plan for Years Two - Five

The above staffing structure should be reviewed within a year to examine the workload more closely and to explore the possibility of establishing the following two additional positions. In the interim, however, research tasks should be handled by short-term consultants. This is an area where international donor assistance can be requested.

- **Research Coordinator(s)** (cultural anthropologist, or sociologist or related discipline, with experience in qualitative research).
  Responsibilities to include formative and summative research.

3. Upgrade the Position of the IEC Unit within the MOH and Strengthen Its Operational Capacity

Over the next five years, a concerted effort will be required to strengthen the Central IEC Unit, giving it the visibility, status and skills required to play an effective lead role.

Raising the Unit to the level of a department would do wonders for augmenting its status and helping to attract strong candidates. Nevertheless, it is recommended that this decision be postponed for a year. The placement of the IEC Unit within the PHC Department does not presently pose coordination problems. However, as the Unit becomes more active and must coordinate more extensively with different departments outside of PHC (such as Communicable Diseases and AIDS), reorganization may be called for. It is recommended that this situation be reviewed in a year's time, at the same time as the staffing plan. Proposed activities at this time include the following:

Enhance the image of the IEC Unit by increasing its visibility and making the role of IEC better understood within the Ministry. To do this, the Unit might arrange a series of short briefing events to inform other unit heads about its role, the services the Unit can offer, the methodology used in IEC, and suggest cost effective ways of working with the unit. Other opportunities to create understanding might include presentations at staff meetings, and/or creating a leaflet describing the Unit's services and priority action topics.

Fill staff positions. The Ministry of Health is encouraged to make every effort to fill identified staff positions as early in 1996 as possible.

Identify office space for the IEC Unit. At the moment, the IEC Unit is housed in one small room on the roof of the Ministry building. Finding more suitable office space is highly desirable. Ideally, all staff in the Unit would be located close to one another to facilitate consultation and team work.

Send IEC Unit staff for training. In view of the prevailing manpower situation in Eritrea, it is recognized that it may prove difficult to identify suitably qualified Eritreans to fill staff positions in the IEC Unit. The most likely option may be to recruit candidates with a good liberal arts education — with or without communication training — and sponsor them for overseas training. The two (to three) professional staff members at the unit could attend courses of six months to one year. This should be done on a rotating basis during the two year period,

1996/97. Opportunities will be identified for others in the Unit to receive short-term training in IEC planning, research and material development.[4]

During this learning period, it is recommended that the Ministry seek donor support for an international long-term (18-24 months) IEC consultant to be detailed to the Unit to provide continuity while new staff are being trained. In addition to helping launch the many new activities planned, the consultant will provide on-the-job training and develop staff training and orientation materials. Another option is to arrange a series of short-term technical assistance visits to assist at key research and design points.

Provide the unit with a budget, a vehicle and equipment. At the moment, the IEC Unit has no budget, no vehicle and no basic equipment to work with. The government has approached UNICEF to provide some of these needs. Efforts to identify other donors will continue as the MOH makes arrangements to establish a budget line for the Unit and pick up some of the costs. In addition to one vehicle at the centre, bicycles will be considered for the regions. The full list of the equipment needs of the Unit, both at the centre and in the regions is in Appendix E.

Identify IEC resource materials. One of the tasks of the IEC consultant will be to identify suitable IEC reference material, sample materials from other countries, and help register the IEC Unit on the mailing list of the many publications distributed free by international agencies on topics of interest. Such material will also be made available to the regions.

4. **Strengthen Health Promotion in the Regions**

In view of the pressing need to develop a working and effective IEC infrastructure to serve the rural areas where the majority of the population live and where IEC messages are needed most, it is recommended that the MOH:

Identify six IEC officers, one in each region to work under the direction of the PHC coordinator. The primary role (described below) will be to oversee the development and intensification of IEC in the health centers and the community. This is considered of utmost importance, especially since the proposed IEC focal persons at the health facility level have full workloads and are unlikely to devote much time to planning, implementing, and coordinating IEC activities. Several options are proposed:

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4 The Johns Hopkins University, Center for Communication offers a yearly course (one month long), as do the University of California at Santa Cruz and CAFS in Nairobi. Other possibilities may be investigated.

Funding for the positions will initially be sought from the donor community, since there is no present mechanism under which the Ministry could hire the proposed cadre. A one year period is probably sufficient time to permit the government to find a way of absorbing the staff in the civil service structure. To make the eventual transfer of the cadre onto the government payroll smooth from the outset, the officers will receive remunerations similar to those they will be eligible to receive when they transfer to the government payroll.

In the interim, while these positions are being established and recruited for, either the PHC coordinator or the EHP project managers (soon to be assigned to the regions) could help coordinate IEC activities.

Establish a regional team consisting of the:

- PHC Coordinator (team leader)
  Responsibilities to include supervision of IEC officer, technical guidance on MOH norms.

- IEC officer (community development, health or communication training)
  Responsibilities to include planning and management of IEC outreach and community mobilization activities; training; monitoring of health education activities in health facilities and the community; participation in audience research and pretesting of materials.

Sub-regional Level

- IEC focal person (health assistant or nurse)

Identify IEC focal persons in each health facility. This person — whose primary responsibility will remain delivery of health services — will coordinate health education activities in the facility; coordinate distribution of IEC materials within the facility; and responsible for monitoring supplies and providing feedback on health education activities and mass media programs launched from the national level. As the new system of administrative villages is put in place and village development committees are reactivated, the IEC focal person at the health station level will be responsible for liaison with the village committees in his/her catchment area (or its health sub-committee).

Develop IEC skills for all levels. As pointed out in the Situation Analysis Section of this report, IEC at the regional level is largely unstructured, with few outreach activities. Health education in the clinics leaves much room for improvement, due in large part to the lack of training of health workers in interpersonal counseling skills, principles of adult education, and strategies for introducing health messages into their curative care work. Capacity building at all levels should be accorded high priority, with the most

urgent attention given to improving the skills of front-line health workers who come into contact with mothers. Capacity building strategies will include:

- **For Health Workers.** Develop a TOT module on interpersonal communication to be included in the TOT workshop planned for January 1996. It is expected that regional IEC focal persons will attend the TOT workshop and use what they learn there to train other cadres involved in IEC at the lower levels. The Central IEC Unit has been asked to help facilitate the training and the development of the modules.

  Since some excellent IEC modules already exist and have been extensively tested in Africa, it is recommended that the MOH request short-term technical assistance from USAID to help adapt the modules for use in Eritrea. (Due to limited lead time before the training event, this request will require quick attention.)

- Work will also be needed to design different interpersonal communication modules for trainers to use with health assistants, nurses, doctors, TBAs and community health agents (CHAs). It is expected that the scheduling and implementation of training in the regions will be done by the regional training team, with the help of the Central IEC Unit as appropriate.

- **Regional IEC Coordinators** would benefit from attending short courses on IEC management and community development. (There are several appropriate one month courses available for which donor sponsorship will be sought.) In addition, a basic in-country training will be conducted.

- A series of modules and accompanying materials on community mobilization. These will be developed to help regional coordinators, local organizations, and health workers work with communities more effectively. The modules will also include a section on the roles of the various community groups that can be involved in health promotion in Eritrea.

- Once a year, regional IEC officers and heads of units in regions (e.g., EPI, CDD, etc.) will meet to share experiences on communication and generate ideas that will facilitate integrated communication planning.

- All communication officers will meet once a year to share experiences and receive refresher training in selected areas of communication.

Integrate Communication in Pre-service Training for Health Workers

As mentioned in the situation analysis section, the University of Asmara has been identified as the principal trainer of senior paramedicals to staff the country's health delivery system, and is currently in the process of developing curricula to be implemented in the last half of 1996. All the training programmes offered (a bachelors degree in pubic health, diploma programmes in laboratory technology, environmental health technology, pharmaceutical technology, and community nursing, and certificate courses in nursing and midwifery will have a communication component. The IEC Unit will work with the university to develop the appropriate communication content, starting January 1996 when a major curriculum development workshop is expected to take place.

In addition, the Unit will collaborate with the various departments of the MOH to enhance the communication content of the various in-service courses offered.

6. IMPLEMENTATION PLAN

The following is a **draft implementation plan.** It will be finalized once BASICS receives comments on the above draft IEC strategy.

6.1 Goalposts For Years One, Two and Five

As the Ministry of Health embarks on a strategy to strengthen health promotion in the country, it will be helpful for all involved to have a shared vision of what they would like to see in place and fully operational at the end of Year One, Year Two and Year Five.

Year One: At the end of the first year, the Health Education Unit will have three new staff members. All will have received some basic training in IEC and have gained practical experience by going through the five-step communication planning methodology for two full rounds (examples: EPI and one other top-priority topic), with guidance from an IEC expert. Comprehensive behavior change strategies will be in place for two top-priority health problems. One-third of front-line health workers will have received training in new techniques of interpersonal communication and will have a supply of audience-tested audio-visual materials on two priority topics to help them in their work. The radio program will have a revamped schedule to permit in-depth treatment of priority health concerns and new, higher-audience appeal formats will replace at least 25 percent of the existing radio programs.

Year Two: Comprehensive IEC strategies will have been developed for two additional health topics. Another third of front-line health workers will have received training and support materials to help them improve health education. The first 10 episodes of a new radio drama will be on the air, and the quality and appeal of the other programs will have

been improved. The beginnings of a community outreach program will be in place, with active participation of two to three non-health organizations in each of the regions. A dialogue will be underway with the Ministry of Education and the Ministry of Agriculture to introduce priority health messages into literacy and school programs, as well as into the work of agricultural extension agents and home economists.

One member of Health Education Unit will have completed a degree course abroad, and there will be one IEC coordinator in place and trained in each of the six regions.

Year Five: A comprehensive health education program will be reaching the public through face-to-face communication in all the health facilities; all health facilities will have a set of IEC materials and staff trained in interpersonal communication; a weekly radio drama will reach a broad audience; and alliances will have been formed in each region with three to four groups with broad community reach, with the potential to play a strategic role in providing information at the village level. Schools will be providing practical health information. Ways of reaching men and other family decision-makers will have been tested and in place. The agricultural extension system will have been mobilized to play an appropriate role in reaching these groups.

The Ministry will have a four person Health Education Unit fully capable of undertaking future education efforts using a rigorous planning process. A regional IEC capacity will be in place, and, a functional system will have been developed to coordinate donor input and insure that the resources are channeled towards the Ministry's highest priorities.

YEAR ONE OPERATIONAL PLAN (1996)

6.2 Establishing a Policy, Planning Framework

Adopt Policy Guidelines. A number of policy directives and broad strategy statements governing health education activities in the country are currently being developed: the National Policy Guidelines for Health Promotion, and the National IEC Strategy for Health. These can provide an important foundation for future IEC activities. The Ministry's goal is to 1) complete review and revision of these documents in early 1995; 2) invite two consultants expert in policy formulation to finalize the policy documents in February (there are five documents; one deals with IEC); 3) hold a workshop on Policy in March to debate and finalize the policies; and, 4) print and ensure widescale dissemination of the policies.

Set Health Priorities. It is recommended that the March workshop dedicate one day to setting priorities to guide efforts during the next few years. As suggested in section 5.1 of this document, to facilitate work of the IEC team, it would be helpful to divide topics into three categories: intensive priority, medium and low. Having such objectives is fundamental to shifting the Ministry's IEC program from one consisting of many disparate activities to one providing in-depth and highly focused treatment of a limited set of health problems.

Finalize the IEC Strategy and Implementation Plan. Review of the IEC strategy could also take place during the workshop; development of a detailed work plan for Year One could take place immediately following the workshop, once broad directives are agreed upon.

Technical and Financial Needs

- Technical Assistance: Two to three weeks of an IEC expert to assist workshop participants finalize the IEC plan and work with IEC Unit on the first year workplan.
- Budget: Support for the one week workshop.

6.3 Strengthening IEC Capacity at the Central and Regional Levels

First year activities will concentrate on recruiting for three new central-level positions; incorporating IEC functions into the role of staff at the regional level based on the options presented above in Section 5.4 (4) (either designate the PHC coordinators or the soon to be recruited coordinators for the Eritrean Health and Population Project— EHP); and training of these new cadres through the following three mechanisms: 1) arrange for short (three to four week) courses on IEC for central and regional level staff, 2) arrange for a degree course in IEC for one of the central level staff, and 3) solicit donor sponsorship and recruit a long-term resident advisor (or set up a timetable for short-term technical assistance — an activity USAID is willing to support through BASICS). All new staff positions for the IEC Unit and regional PHC offices are expected to be on board by the end of March. The advisor should plan to begin work at this time.

The role of technical assistance will be to provide on-the-job training for staff at both the central and regional levels. Primary importance will be given to providing staff the opportunity to participate in all phases of research, planning, implementation and monitoring. Short training seminars will be organized along the way on such topics as focus group discussions, pretest techniques for print materials, development of creative briefs for radio programmers, and use of "quick and dirty" monitoring techniques to see if IEC efforts are working as planned. Experience in other countries has demonstrated that this is one of the most highly effective ways of learning to be an IEC practitioner and gaining the needed confidence.

To further build credibility and confidence, the IEC advisor will seek an opportunity for at least two of the IEC staff to present their work at international conferences such as the Annual Meeting of the American Public Health Association, the National Conference on International Health, or other relevant international conferences scheduled for 1996.

Technical and Financial Needs

- Technical Assistance: A long-term resident advisor for two years, or a series of two to four week technical assistance visits to coincide with critical research and

planning phases during the first two years (formative research, strategy development, materials pretesting, development of radio program, etc.).

- Budget: Donor sponsorship will be solicited for supporting: eight IEC team members for one month of training; a 1-year degree program for one member of the IEC Unit; and a long-term advisor (24 months) or three months of short-term assistance each year; and sponsorship of three staff members to each attend different one week international conferences.

6.4 Training of Health Workers in IEC Techniques

TOT. The first activity will be to develop an IEC training module for the training of trainers (TOT) course scheduled for January — before the new IEC staff are recruited — and to conduct the sessions dealing with this topic. Principal steps include identification and review of modules on interpersonal communication from other countries in the region; adaptation of module for Eritrea; development of training materials; and facilitation of the TOT.

Training Plan. Collaborate with the national training team to develop a two-year, in-service training plan for health facility staff. Priority will be given to training those who come into contact with patients and are primarily responsible for health education: health assistants and nurses. There are about 800 staff in these categories. It is anticipated that central-level IEC staff will participate in conducting some of the first trainings; develop a short guide with tips on interpersonal communication for trainees to take home; and help to arrange for the translation of reference and training materials in different languages.

Discussions will be initiated with the University of Asmara about integration of an "Interpersonal Communication" module into pre-service training programs. Actual work, however, in helping design a program will not take place until Year Two (1997).

Supervision. The Health Education Unit will work with the national training team to develop and test a supervision check list for patient counseling and IEC sessions to assist supervisors assess educational activities. The Unit will also help define the role of regional IEC coordinators in this important supervisory function.

Technical and Financial Needs

- Technical Assistance: The MOH has requested assistance from BASICS to help identify suitable modules on interpersonal communication. BASICS is also prepared to help adapt the module, provide an IEC expert to help facilitate the first TOT, and develop a short reference guide for health workers.

- Budget: The training has been budgeted elsewhere. A budget to permit three, one week supervision/monitoring visits is required. Also a budget is needed to print a reference guide on interpersonal communication for health workers.

6.5 Design of an Umbrella Logo and Campaign to Promote Better Health for the Nation's Children

A logo to symbolize improved health for women and children could serve to stimulate national interest in preventive health care and to help the population grasp some of the key actions they can take to protect their loved ones. Audience research would be used to identify parents' aspirations for their children. The campaign might be focused around a "happy, healthy, productive" child, the key to the family's future (or the nation's future might be a compelling theme). Eritreans mobilized effectively for 30 years of 'Struggle' to gain their independence. Similarly, the health campaign would build on this accomplishment to challenge the country to fight against serious health problems. An umbrella campaign with only one logo is proposed, instead of different logos and identities for each vertical program (i.e., immunization, etc.).

A short, intensive launch of this umbrella campaign could be designed around the first major IEC effort (most likely EPI). Given that the logo and campaign would have to be developed early in 1996 before the new IEC staff are on board, it is suggested that UNICEF be approached to collaborate with the MOH in mounting this effort. Media products could include radio and television spots, as well as posters. Consideration should also be given to having some sort of contest to help generate interest about the campaign. This might be a "Happy Child Lottery" that parents are eligible to enter if their child gets all three DPT shots. To generate interest, a drawing could be held for each district, with one winner per district.

The logo doesn't have to be an abstract symbol. It can be the image of a child or happy family. It should be designed so it can be described over the radio: "Look for the ....."

Technical and Financial Needs

- Technical: IEC expert to coordinate the activity.
- Budget: graphic artist to design a logo; production of a radio and television spot; broadcast time for one month; printing and distribution of lottery entry forms, and prizes; .

6.6 Development of a Communication Plan and IEC Materials for Priority Topics 1 and 2

In Year One, an IEC strategy and media/materials will be developed for two priority health topics. This will provide the IEC Unit with their first opportunity to apply a systematic and proven communication methodology for deciding what behaviors to target, which target groups

to reach, and what combination of media and interpersonal channels to use. The main steps of what is essentially a five-step process[5] are outlined here:

A Literature Review of relevant health, ethnographic and media studies will be carried out to help identify key issues related to topics 1-2 that require further investigation. A number of relevant studies were identified during the course of the IEC assessment, including extensive ethnographic research on health conducted during the 'Struggle' and shortly thereafter.[6] Other relevant studies undoubtedly also exist. An IEC research consultant will help frame the issues and work with local researchers on examining existing studies from an IEC perspective. Based on this review, the consultant will help design a questionnaire (or series of research guides) for use in collecting information from the community.

Field Research. Qualitative research involving in-depth interviews, participative rapid appraisal methods and focus group discussions will be conducted in one region (in Year One this research will be initiated among the two to three principal ethnic groups) in order to gain an understanding of the population's knowledge, attitudes and behaviors (KAP) regarding key issues. At a later stage, this research will be repeated with other linguistic/ethnic groups. Research will be designed to understand reasons why the population presently does not practice the desired behavior and the kinds of benefits and motivations that make sense within the culture for adopting the behavior in question. This will be highly focused research to answer a limited number of questions.

A small advisory group will be formed to help guide the field research — review questionnaires and methodology — and provide insight during the analysis phase. Members will be drawn from researchers with experience in ethnographic research and with knowledge of health and related areas. Potential members include the following:

- Assifaw Tekeste, Head of the Department of Health Sciences, University of Asmara
- Habte Abraha, Team Leader for the Survey of Health-related Cultural Values in the Nine Ethnic Groups of Eritrea, (presently Head of Rehabilitation and Development, ERRA)
- Berbane Ghebrebiwot, Eritrea Community Development Association, Principal Investigator for various action research studies
- Abraham Berhane, Ministry of Local government
- Abraham Ghebre , Chief Pharmacist, Mekane Hiwot Hospital, and Principal Investigator for ORS study

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5 The Five Step Communication Planning Model outlined in the IEC Policy Guidelines is the one outlined here.

6 See appendix for a list of documents reviewed.

- Berhane Haile, Head of Research Section, Ministry of Health, and former field surgeon

Several of these researchers were sounded on the idea and responded enthusiastically.

The advisory team will help identify a research team (or competent local research organization) to conduct the field work. This first research effort will be done under the guidance of a consultant researcher specialized in IEC. The goal will be to develop a research team that can be called on for future work.

Concept Testing and Household Trials. Based on the research, the IEC team will develop a series of hypothesis about what potential behaviors and benefits to promote. These concepts will then be tested with the population to ensure that the proposed behaviors are do-able within their economic and cultural constraints. Concept testing can involve testing of the "idea" (oftentimes using a realistic image of the specific behavior or series of behaviors being considered for promotion). Or, concept testing can involve actual household trials of the proposed behavior for a week or two to see how the family likes the new practice and what kind of constraints (as well as benefits) they encounter. This is especially important for testing use of products such as a new weaning recipe or ORS packet (What aspects of mixing and administering the salts proved problematic? Did mothers like the product? If not, why not? etc.).

Building in trial periods for new practices, such as exclusive breastfeeding, can also help identify potential problem areas and aspects where mothers need new skills in order to put the new behavior into action. (Mothers who want to practice exclusive breastfeeding can no longer rely on having a household member give the baby water/milk when they need to be away for a morning....they need to learn how to extract milk, store it and administer it to a small child in order to leave the child for a couple hours.) Household trials can also help identify common questions and problems. These can then be addressed in educational materials and on the radio.

This type of concept testing will be carried out in the region where the research was conducted, then in the other regions to determine what kind of adaption will be required for different cultural groups and for different agro-climatic zones (especially important for certain health issues such as malaria, nutrition, etc.).

Develop a Communication Strategy and Action Plan. Based on this formative research stage, a strategy will be developed consisting of clearly articulated behaviors to promote target groups to reach who can influence and support the new practices, and media mix and outreach channels to reach these target groups.

Develop Basic IEC Materials for Use in Health Facilities. At this stage, simple counseling cards are being recommended (based on experience in other African

countries). Final choice as to the most appropriate kind of material to help health workers improve counseling and group education will be made after this issue is explored during the field research. Materials will be developed for two to three key linguistic groups and then pretested with each target group to ensure that the translation and images are both accurate and culturally appropriate.

Pretest the Materials with heath workers to see if they find them useful and easy to manipulate in the short time periods they have with patients (no more than five minutes according to the HFS). Also pretest with mothers to make sure the message is clearly understood.

Produce and Distribute the Materials to all health facilities.

Technical and Financial Needs

- Technical: Communication research specialist for four to five weeks; a senior communication planner for two weeks; and a materials design specialist for two to three weeks. (This is assuming there is no long-term IEC advisor.)

- Budget: Honorarium for three to four researchers; per diem and transportation for four weeks of field research; honorarium for the advisory group, two days each. One week of per diem and transportation to pretest counseling cards. Printing of counseling cards for all health facilities (four sets per facility).

6.7 Development of Basic IEC Materials on Medium-Priority Topics for which IEC Research and Strategies Have Already Been Conducted

Health topics which have already received considerable IEC attention in the country (example: breastfeeding and hygiene) will be reviewed in order to come up with a list of key behaviors which can be promoted via counseling cards in the clinics and via the radio program. Minimum pretesting will be done since the main issues will already have been tested.

Technical and Financial Needs

- Technical: None (it is assumed that this second round of pretesting and adaptation can be done by the IEC Unit.).

- Budget: One week of per diem and transportation for field testing. Printing of two additional sets of counseling materials for all health facilities.

6.8 Revamping the Radio Health Program

A major area of focus during 1996 will be to make the radio program more responsive to listener needs and to correspond to the Ministry's priority health concerns. The first step will be to come up with a new broadcast plan which blocks out significant amounts of air time for the two top-priority themes; builds interconnections between programs; provides reminder information on medium-priority issues which the public has already been alerted to; and gives minimum coverage to other health issues.

The second thrust will be to create a new format for the program. Instead of having lectures prepared by health professionals read on the air, a variety of formats will be introduced: short informational spots; question and answer features; interviews in the community to hear about the population's experience regarding priority health problems and with putting the proposed behaviors into practice. Entertainment formats such as songs, drama, proverbs, etc., will also be developed as time permits. The goal will be to sound more like the popular television program "Keste Debena" (Rainbow).

In order to get started, emphasis in Year One will be placed on 1) producing a series of short 60 second "spots" containing key messages; 2) creation of a question and answer program; and 3) experimentation with "on-location" recording to hear voices from the community talking about issues of concern.

Planning will also start for a radio drama.

Steps to getting started

- Bring together representatives from the Ministries of Information, Health, Agriculture, and Education to discuss effective ways to communicate with the population and identify specific ways to improve programs (including needs for training, materials, and ways the technical ministries can provide radio professionals with information in a format they can more readily use; and identify one or two new program formats and come up with a practical plan to produce them (using radio staff, consultants and technical staff from the Ministries involved).
- Put in place a contract with "creative talent" to produce the radio spots.
- Put in place a mechanism to produce some new program formats focused on priority topics.

Technical and Financial Needs

- Technical: A radio specialist to help facilitate the dialogue of the different ministries and develop a plan of action (two weeks). Assistance to record the radio spots.

- Financial: Funds for recording at the community level; payment of radio specialists and creative talent.

6.9 Building Community Outreach Capacity

Once regional IEC staff are identified, the Central IEC Unit will help each region develop a plan to stimulate outreach. The first step will be an orientation workshop to present ideas and allow each region to draft a plan of action. It is anticipated that each region will identify local networks with whom they can work; identify specific actions these groups can take (example: go door-to-door to talk to mothers about immunizing their children); and identify ways they can help these networks (example: provision of simple leaflets with information about immunization schedules); training of volunteers about priority health topics; etc.

7. MONITORING AND EVALUATION

Monitoring will be used to guide the country's intensive new health education program. This is especially critical in the early years, to enable the Health Education Unit to learn what works and what does not.

IEC coordinators at the regional level (or the PHC coordinator) will be trained in rapid monitoring techniques such as the use of exit interviews with mothers at health facilities to gage how well the health education is working; the use of observation in health centers to evaluate which kinds of IEC materials are most effective; use of focus group discussions in communities to get feedback on the radio programs; etc. A monitoring plan will be developed for each region, with trips planned in conjunction with regularly scheduled supervision visits and other site visit opportunities. The goal is to have at least one day per month spent on monitoring IEC activities.

APPENDICES

APPENDIX A

PEOPLE CONTACTED

APPENDIX A
PEOPLE CONTACTED

Ministry of Health

Tekeste Fekadu	Vice Minister
Afeworki Abraham	Director General, Ministry of Health
Mismay Ghebrehiwet	Head of PHC
Iyob Tekle	Head of Planning Bureau
Dawit Sium	Head of IEC
Afewerki Berhe	PHC Coordinator, Gash-setit Province
Eskinder Hadgu	Ag PMO, Dekemhere Mini Hospital
Amanuel Sereke	Nurse, Dekemhere Mini Hospital
Geitom Ghebrezgabiher	Health Assistant, Mai Edaga Health Station
Ghebremicael	Health Assistant Mai Edaga Health Station
Kiros Berhe	Nurse-in-charge, Segeneiti Health Centre
Solomon Ghebrezgabiher	Ag Hospital Director, Adi Keih Provincial Hospital
Yemane Teadel	Hospital Administrator, Adi Keih Provincial Hospital
Asrat Ghebreluel	Chief of Malaria Control Programme, Akeleguzai Province
Ghirmai Worede	Assistant Technician Malaria Control Programme
Tekle Brhane	Malaria Control Technician
Mussie Tekle	Provincial Statistician
Elias Adhanom	PHC Coordinator, Barka
Jaquiline Aabrama	PHC Coordinator, Asmara
Rozan A Fre	PHC Coordinator, North Red Sea
Meaza Kilati	PHC Coordinator, Adikeih
Biniam Abraha	PHC Coordinator, Hamasien
Tzegaselgerghis	PHC Coordinator, South Red Sea
Abrehet Yosief	PHC Coordinator
Alganesh Adhanom	Nutrition Coordinator
Berhana Haile	Chief, Research Section

UNICEF

Isiye Ndombi,	Programme Coordinator
Debessai Haile,	Project Officer, Health
Martine Billanou,	Consultant, Communication and Social Mobilisation
Berhane Berhe,	Project Officer, Water and Sanitation
Senait Ogbazghi	Information and Communication officer
Charles Nabongo	UNICEF Consultant "Baby Friendly Initiative"

Ministry of Education

Tekeste Hagos	Curriculum Research and Development Centre

UNFPA

Pam Delargy	UNFPA Country Director

WHO

Jonathan Gaifuba	IEC Consultant, Global Programme of AIDS, Africa Regional Office
E.A. Duale	Head of Mission

University of Asmara

Assefaw Tekeste	Head of the Department of Health Sciences, University of Asmara

Ministry of Agriculture

Gebrechristos Mesmer	Head of Administration Department

National Union of Eritrea Youth and Students

Sara Abraham	Office of Women Affairs
Berhane G Selemun	Head of Research and Training

Ministry of Information

Petros Hailemariam	Minister of Information

Eritrea Catholic Secretariat

Abba Tesfazahi Okbit	Acting Coordinator
Tzeggai Beraki	Health Department

Ministry of Labour and Human Welfare

Yohannes Haile	Office of International Relations

Pharmecor Eritrea

Andemichael Abraha	Marketing Manager

Eritrea Relief and Rehabilitation Agency

Habte Abraha	Head of Rehabilitation and Development
James Connor	Catholic Relief Services

Eritrea Community Development Association

Berhane Ghebrehiwot	Secretary

USAID/Asmara

Glenn Anders	Mission Director
Susan Ross	HP&N Programme Officer

BASICS/Asmara

Albert R Neill	Project Manager

SEATS Project

Joan Haffey	Project Manager

OMNI Project

Benedict Tisa	IEC Specialist

Population Services International

Duncan O Earle	Country Representative, Ethiopia

Africare

Ann Hirschey	Child Survival Project Advisor

Catholic Relief Services

James O'Connor	Country Director

APPENDIX B

DOCUMENTS REVIEWED

APPENDIX B
DOCUMENTS REVIEWED

1. **Children and women in Eritrea**. A situation analysis, Government of the State of Eritrea and UNICEF, 1994.

2. **Eritrea Trip Report,** Benedict Tisa and Frits van der Haar, OMNI Project, September 20 - October 2, 1995.

3. **Eritrea Expanded Programme on Immunization draft review report**, Government of the State of Eritrea, UNICEF and WHO, June 1995.

4. **USAID/BASICS background paper**, May, 1994.

5. **SEATS/National Union of Eritrea Youth and Students statement or purpose.**

6. **Eritrea health facilities cost estimates study**, Richard A Yoder, USAID/BASICS, May - August, 1995.

7. Survey instruments of the proposed **Eritrea Demographic and Health Survey**, 1995/96.

8. **Eritrea health facility assessment**, Ministry of Health and USAID/BASICS, July, 1995.

9. **Communication Strategy to revitalize health education in Eritrea**, Juma Magara, MOH/UNICEF, September, 1994.

10. **A framework for strengthening health-related information, education and communication in Eritrea, with special focus on the Expanded Programme on Immunization**, David Nyamwaya, MOH/UNICEF, June, 1995.

11. **Assistance to the short term plan for the prevention of AIDS**, WHO/Ministry of Health project document amendment number 1, January 1 to December 31, 1995.

12. **Baseline Survey for Denkalia Province Child Survival and Maternal Health Project**, Kasete Araia Tekie and Daniel J Smith, Africare and the Ministry of Health, December 23, 1994.

13. **HIV/AIDS, knowledge, attitude, practice and behavior: a baseline survey with Eritrean youth**, World Vision, June 1995.

14. **Pictorial illiteracy and health education**, Afeworki Abraham, Assefaw Tekeste and Mengis Ghebre, Eritrea Medical Journal, vol 1,number 1, July 1988.

15. **Initial Assessment of training needs**, Paultre P Desrosiers and Charlotte G Ferguson, Eritrea Health and Population Project, Ministry of Health, December, 1994.

16. **Needs assessment study: an independent assessment of the food situation in Eritrea in 1991**, Centre for Development Studies, University of Leeds, 1991.

17. **Action research into the economic status of rural communities**, Eritrea Community Development Association, October, 1994.

18. **Pharma Focus**, official organ of the Eritrea Pharmaceutical Association, Number 4, August 26, 1995.

19. **Culture and health in Eritrea**: a research project of the Eritrea health programme, Asmara, Eritrea, October, 1993.

20. **Eritrea health sector review: social and gender analysis**, BASICS, May - June, 1994.

21. **Knowledge, attitude and practice study relating to hygiene, sanitation and control of diarrhoeal diseases in Eritrea**, David Nyamwaya et al, Ministry of Energy, Mines and Water Resources and UNICEF, October, 1995

22. **Eritrea country assessment and strategy**, Joan Haffney, SEATS, October, 1995.

APPENDIX C

ACTIVITY CALENDAR
Health Education Unit, 1996

APPENDIX C
ACTIVITY CALENDAR
Health Education Unit, 1996

Activity	1st Quarter	2nd Quarter	3rd Quarter	4th Quarte	Action
POLICY/PLANNING					
- National IEC Policy & Strategy Workshop					
- Establish Donor Coordinating Committee					
- Establish IEC Advisory Committee					
STAFF RECRUITING & TRAINING					
- Advertise posts					
- Recruit H/Q (2) & R(6)					
- Recruit resident consultant					
- 1st Staff on long course					
- 2nd Staff on long course					
NATIONAL UMBRELLA CAMPAIGN					
- Design logo for PHC					
- Design print materials/radio spots					
- Campaign Launch					
TRAINING / INTERPERSONAL					
- TOT Workshop (Jan)					
- Workshop (Jan)					
- Develop IEC curriculum at University					
DEVELOP REGIONAL/LOCAL CAPACITY					
- Identify IEC officers local persons					
- Orientation training R/IEC Officers					
- Regional IEC office conduct courses					
OFFICE SPACE & PROCUREMENT					
- Locate IEC office space					
- Procure furniture/equipment					

IEC ACTIVITIES (PRIORITY 1-2) - Literature review - Plan Field Research - Review Plan with IEC Advisory Committee - Conduct Field Research - Strategy Development - Message/Concept Development - Material Development (Print) - Assemble Creative Group (Radio) - Develop Scripts (Radio) - Produce & Broadcast (Radio) - Material Use Training - Material Distribution **COMMUNITY MOBILIZATION** - Develop Strategy for 2 Test Regions - Prepare Training Modules - Conduct Regional Trainings - Develop Support Materials					

APPENDIX D

ACTIVITY CALENDAR
Health Educational Unit, 1997

APPENDIX D
ACTIVITY CALENDAR
Health Educational Unit, 1997

ACTIVITY	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Action
IMPLEMENTATION **(Priority 1 - 2)** -Disseminate/monitor/review/revise strategies **MAINTAIN THRUST** **(Priority 1-2)** - Produce new wave messages in media - Inter-Village competitions **IEC ACTIVITIES (Priority 3-4)** - Literature review - Plan Field Research - Conduct Field Research - Analyze/develop strategies - Message /concept development - Material development - Material use training - Material distribution **IMPLEMENTATION** **(Priority 3-4)** -Disseminate/monitor/review/revise strategies -Prepare reports to share					

APPENDIX E

BUDGET
HEALTH EDUCATION UNIT
1996 - 1997

APPENDIX E
BUDGET
HEALTH EDUCATION UNIT
1996 - 1997

ITEM	TOTAL US $		USAID/BASICS		OTHER
	YEAR 1	YEAR 2	YEAR 1	YEAR 2	
1. STAFF SALARIES					
6 regional IEC officers for 18 months					
Director IEC Unit					
Materials/IEC Experts					
Training Coordination					
Artist					
2 support staff					
2. TRAINING					
IEC content development for TOT and University curriculum:					
University curriculum development workshop in January					
TOT workshop in January					
Develop national IEC Training Plan					
Module develop for regional training					
Training for communication trainers for the regions					
Training for 3 IEC officers abroad					
Training for 6 regional IEC officers					
3. RESEARCH & STRATEGY DEVELOPMENT					
Priority No. 1					
Priority No. 2					
Priority No. 3					
Priority No. 4					

4. EQUIPMENT AND SUPPLIES 1 Vehicle 14 Bicycles 2 Computers 1 Geez electric type writer 7 Photocopiers 7 Overhead Projectors 2 Still cameras with accessories 7 Tape recorders with microphones 8 Filling cabinets metallic 4 Book shelves 7 Color TVS 7 Video play back machine 7 Public address systems 8 Flip chart stands **5. FUEL, TRAVEL AND PER DIEM** Research Pretesting materials Regional trainings Supervision Evaluation Travel to 3 international conferences **6. OFFICE SUPPLIES** - Stationery - Blank audio cassettes - Photocopying **7. REFERENCE MATERIALS** A set of reference books, videos, etc.. **8. MATERIAL DEVELOPMENT & PRODUCTION** 4 sets of counseling materials (1200 @ set) logo and poster umbrella health campaign and post radio production workshop					

ITEM	TOTAL US $		USAID/BASICS		OTHER
	YEAR 1	YEAR 2	YEAR 1	YEAR 2	
campaign & post Radio and poster production workshop Materials for community groups					
9. OUTSIDE TECHNICAL SERVICES					
scripwriters graphic designers researchers translators					
10. CONSULTANTS					
Resident advisor - 24 months Short-term TA					

APPENDIX F

DRAFT
AGENCIES WORKING IN HEALTH COMMUNICATION

APPENDIX F
DRAFT
AGENCIES WORKING IN HEALTH COMMUNICATION

DONORS	IEC AREA	IMPLEMENTING AGENCY FOR IEC	ACTIVITIES
UNICEF	EPI, CDD, Breastfeeding IDD, growth monitoring and promotion, rural water supply and sanitation, safe motherhood	MOH, Ministry of education, Ministry of local government	Major funder for range of IEC promotion efforts. Integration of health messages in schools and adult education curriculum. Thrust for safe moherhood (1996)
UNFPA	FP, STDs, AIDS	Ministry of labour, NUEW, NUEYS, PPAE, National military service	Has trained labour leaders to carry out IEC on HIV/AIDS FP at places of work. Program being expanded.. Materials development workshop (1996) .
IPPF	FP, STDs HIV/AIDS Safe mother hood	PPAE	
Norwegian Church Aid	HIV/AIDS, STDs		
OMNI/USAID	Iodine	MOH	Salt Iodization with major IEC thrust planned
SCF/UK	EPI		
SEATS/USAID	FP, HIV/AIDS	MOH, NUEYS, PPAE, NUEW, Ministry of Education	IEC with national military service, material development with PPAE, integration of FP/RH messages literacy programmes

DONORS	IEC AREA	IMPLEMENTING AGENCY FOR IEC	ACTIVITIES
SCF (RADDA BARNEN)	Female genital mutilation	NUEYS	
Eritrean Pharmacists Association, WHO	ORS	MOH	ORS Promotion
World Food Programme	Nutrition	Nutrition unit of MOH	Weaning foods materials
Population Services International	AIDS/FP	MOH	Educate condom retailers
BASICS/USAID	MCH/FP	MOH	Support to policy, planning & IEC training