



Health Awareness



For Service Providers 2014
Tamil Nadu

Circular No. 6 / 2014

Submission of Proposals for IEC activities - Guidelines



NATIONAL HEALTH MISSION

State Health Society - TN

DMS Complex, Chennai

Circular No.6 / 2014

**Roc No: 3543 / P5 / SHS / 2014,
Dated 24.06.2014**

Dr.C.N.Mahesvaran, IAS.,
Mission Director

National Health Mission,
State Health Society-TN
DMS Complex, Chennai – 6

Circular No. 6 / 2014
Roc No: 3543/P5/SHS/2014, Dated, 24.06.2014

Sub: SHS-NRHM- Submission of Proposals towards the activity of IEC/BCC under various components namely RCH, NRHM, Communicable Diseases, Non Communicable Diseases and Urban Health by the Departments Concerned-Guidelines issued at state level with regard to the submission of Proposals for IEC activities -Reg

Ref: 1. Guidelines issued by GOI for the PIP 2014-17
2. Letter received from GOI reference no :ICBCC /RCH 13-14 dated 20th March 2014

I would like to bring your attention to the following points with regard to the subject mentioned above with reference to achieving the 4th and 5th component of the Millennium Development goals with regards to public Health.

1. It is acknowledged that the success or failure for implementation of the various schemes depend not only on the availability of expertise ,supporting staff, sophisticated tools & equipments, but also in making the general public to be aware of such facilities.
2. Hence, the communication strategies should be planned in advance so that the public at large can have access to all the necessary health related information for their own benefits through Information, Education and Communication (IEC).
3. Public policy and communication strategies influence both individual and collective change. The interface between these two components provides the framework to position behavior change. In other words, the balance between communication and policy facilitates health seeking behavior.
4. Hence, it is brought to the notice of all the officers that the Communication Strategy devised by the Department/Directorate/Wing - concerned should aim at facilitating awareness, disseminating information regarding availability of Health care services and accessing quality health care within our Public Health System.
5. The key objective of the strategy being devised by the Department/Directorate/ Wing - concerned should encourage a health seeking behavior that is doable in the context in which people live.

6. The Communication strategy being devised by the Department/Directorate/ Wing – concerned should view the recipients of health services as not merely users of services but key participants in generating demand for services.
7. Awareness and information dissemination should be used as tools towards the community to press for changes to improve access to health service provisions. This implies that it was not enough to just give information and raise awareness about a particular health issue.
8. In addition to the above described points, the focus should be on mother and child health issues, population growth, status of women, small family norms, the Community Needs Assessment Approach and also other issues related to health programmes such as Ophthalmology, Cancer, Tobacco etc. based on the assessment of the need for IEC and BCC activities required.

ROLES OF VARIOUS DEPARTMENTS – COMPREHENSIVE MECHANISM:

The GOI has enlightened through the PIP guidelines the need of IEC/BCC of the hour. Key components under IEC/BCC include:

- Comprehensive IEC/ BCC strategy to be prepared. IPC (Inter Personnel Communication) given necessary emphasis and improved inter-sect oral convergence particularly with WCD.
- Details of activities carried out to be made available /displayed on the website

Hence the Department/Directorate/Wing – concerned are requested to identify the area concerned over public health issues which attract more IEC activities before submitting the proposals for sanction of money. They are also requested to cover the following points in the proposal:

- a. *Subject-for which IEC is intended*
 - b. *Funds Required along the required numbers in detail*
 - c. *Existing IEC materials with regard to the proposed subject*
 - d. *IEC scheduled for whom?*
 - e. *IEC by whom?*
 - f. *Required tools along with specification*
 - g. *Behavior Change intended*
 - h. *Time frame for the schedule of activities*
 - i. *Impact Assessment*
 - j. *Reporting and Documentation*
- ❖ One of the operational strategies for IEC is to ensure a shared and consistent understanding of health priorities, needs, change indicators and critical health messages across different levels within the Health department.
 - ❖ The approaches suggested include defining behavior change objectives and indicators for each of the different audience groups.
 - ❖ It is suggested that a reference document outlining the critical health behaviors and lifestyle and behavior change indicators should be compiled and disseminated at all levels.

3. DESIGN OF AN IEC MATERIAL:

(I) Subject for which IEC is intended:

- The Subject may be any of the Health related issues related to RCH(Reproductive and Child Health) with due importance on RMNCH+A activities, NRHM(National Rural Health Mission related activities), Communicable Diseases , Non-Communicable Diseases and Urban Health and it mandates design & development of an Appropriate material for the subject intended.
- The State Level Communication Strategy to contain district level IEC/BCC plans. This evidence based district level plans should emanate from the diagnosis of communication barriers and prevalence of peculiar health seeking behaviors at the district level.
- This plan could propose a media mix targeting naturally occurring gathering of people, engaging faith based organisations, folk groups, religion groups, engaging youth in social media/digital media mobile based solutions, creation of dedicated help lines for the vulnerable groups, mid media campaign in local TV channels etc...

(II) Funds Required :

The break up sheet along with the calculation which in reflecting the **Unit cost**, the **required number** (this should include copies for Documentation at State and District Levels) of IEC materials for the **target audience** along with the **specification** has to be furnished in detail.

Name of the activity	Total Numbers required	Unit cost	TOTAL COST
Eg: JSSK IEC board			

(iii) Existing IEC materials with regard to the proposed subject:

1. In planning for the IEC, the Department/Directorate/Wing concerned under Health is requested to furnish the details about the existing IEC materials with regard to the subject intended.
2. It is also requested to share copies of the already existing IEC materials, research oriented & impact assessment studies/papers available with the Department/ Directorate/Wing concerned.

(iv) IEC scheduled for whom?

The proposal should include the target audience, for whom the IEC is planned, the reasons for selecting that particular Target Group and the number of expected beneficiaries. The following shows samples for target groups:

1. Citizens of India in various age groups – ‘Service acceptors’
2. Direct Healthcare Providers (ANM, ASHA, AWW) – ‘Service Providers’
3. Healthcare Managers/Administrative functionaries
4. Health Communicators
5. Grass-root functionaries
6. Other Govt. Departments, e.g. Panchayati Raj, WCD, Water & Sanitation
7. NGOs, Civil society stakeholders and Media

(iv) IEC Activities-By Whom?

It is necessary to give a brief note on the service providers and the Front line Health Workers –Eg- ASHAs-who will disseminate the IEC/BCC through IEC tools.

(vi) Required tools along with specification

- The required tools with which the IEC/BCC on the specified activity has to be disseminated are as follows :
 1. Interpersonal Communication
 2. Community Channels
 3. Mass Media
 4. Folk and Traditional Media –Mid Media
 5. Outdoor Media
 6. Advocacy
 7. Events, Image management, and Publicity and should be addressed during Mass gatherings, local festivals etc..
- Due importance to be given in such a way that the proposed IEC/BCC activities target the naturally occurring gatherings like Health Mela etc.
- The above proposal may be furnished in the following format as shown below:

Eg:

SUBJECT:Activities being planned under MH		
Interpersonal communication	Mid Media/Local Media	Mass Media(State level/district level)
<u>Eg:</u> <u>Household level:</u> • Home visits by ASHA for need based counseling (IPC tools and leaflets for community) <u>Village level/community level:</u> <u>Facility level :</u>	<u>Eg:</u> <u>Village level</u> • Small hoardings/wall painting • Notice boards of panchayat • Folk arts <u>Facility level</u> • Hoardings/wall painting • Standard treatment protocol charts at various facility level • Safe motherhood booklet	<u>Eg:</u> • Newspaper advertisement • TV& Radio spots • Media sensitization meets on material and new born care on the occasion of special days- safe motherhood day

(vii) **Behaviour Change Communication:**

- The State IEC/BCC strategy should envisage a paradigmatic shift from IEC to BCC and proactive health promotion through advocacy, social mobilization and finally the Behavioural change Communication .
- The communication challenge today is not only demand generation, creating awareness, but at the same time initiating a comprehensive understanding of behavior change communication in the socio-cultural framework of our Public Health System.
- Through the Behavioural change Communication the Behavioural Change intended among the beneficiaries after the specified period of time may be provided in the form of a short writeup and in the format as shown below:

NAME OF THE SUBJECT-eg-Maternal Health			
S.NO	SUPPLY SIDE INTER-VENTIONS	PRIORITY BEHAVIOURS	DEMAND SIDE (beneficiary)INTER-VENTIONS
1.	Eg: Detect High Risk Pregnancies and line list including Severly Anemic Mothers and Ensure appropriate management	Recognition of danger Signs during Pregnancy and to seek care timely	Strategies needs to be operated at various levels: (i)At the Interpersonnel level (ii)At the Community level: • May be Cultural programmes,Media Mix(mass and Mid media), • use of positive deviants especially mothers-in-law to talk to other families in the village during Self Help group meetings, • use of text,mobile , voice messages as reminders to Husbands through relevant sms..

(viii) **Time frame:**

The **Annual Time Frame** along with scheduled action Plan with regard to the subject intended for IEC /BCC has to be furnished along with the proposal.

(ix) Impact Assessment:

- It is necessary to systematically and objectively study the implementation of various IEC/BCC activities in the State so as to plan corrective measures to improve impact of IEC and ensure effective use of funds and other resources of the Government.
- Hence proposals incorporating Impact assessment for the given IEC/BCC material has also to be furnished to ascertain particular Health seeking behavior of the communities.
- The Objectives of the Impact assessment may include availability of the IEC/BCC materials at different Health institutions, interview of the state and District level functionaries regarding IEC activities carried out at present and obtaining their views and Suggestions, designing new IEC materials in an updated model etc...

(x) Reporting and Documentation:

The sole purpose of reporting and Documentation is to make the Public Health Services accessible to the inaccessible and Media dark areas. Hence it is obvious that documentation of the innovations through IEC and sharing them at various platforms is mandatory.

Sd/ ...

(Dr.C.N. Mahesvaran)
Mission Director,
National Health Mission-TN.

To

All District Collectors
The Director of Medical Education
The Director of Medical & Rural Health Services
The Director of Public Health & Prevention Medicine
All Joint Directors in the District
All Deputy Director of Health Services
Medical Superintendent of Taluk and Non Taluk Hospitals
All Primary Health Centre Medical Officers
Programme Officers and HOD's of Vertical Programme
Copy Submitted to: Secretary to Government
Health & Family Welfare Department,
Secretariat, Chennai.