

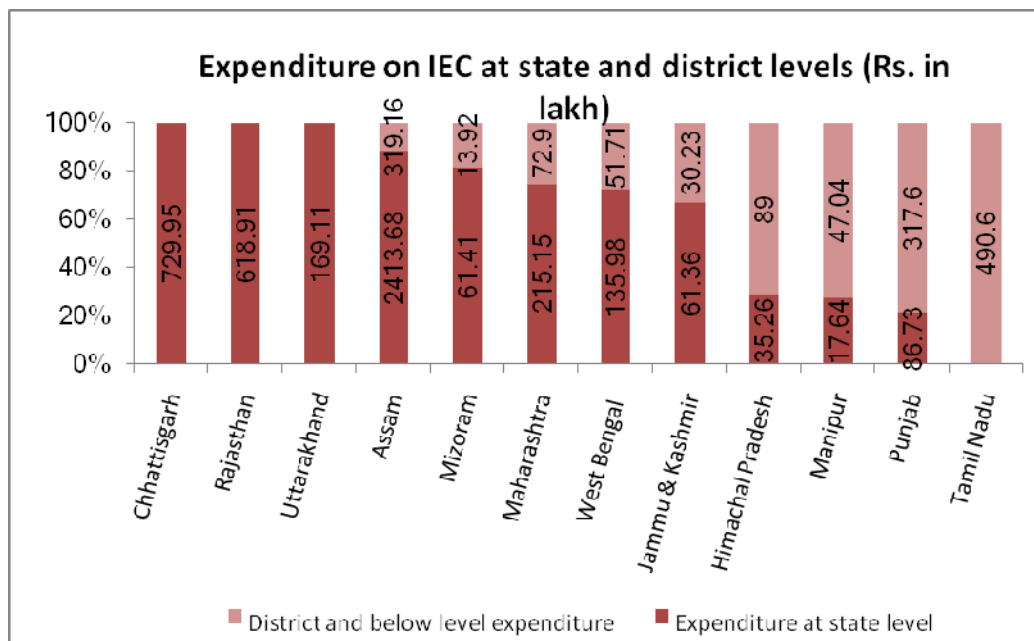
CHAPTER 8: INFORMATION EDUCATION AND COMMUNICATION (IEC)

8. IEC strategy

The Information, Education and Communication (IEC) strategy under the NRHM, aimed to spread awareness on the preventive aspect of healthcare and disseminate information regarding availability of and access to quality healthcare for the poor, women and children in rural areas. The Ministry had been implementing a comprehensive IEC package for publicity through extensive use of television, radio and other media with the help of the Song and Drama Division, Directorate of Advertising and Visual Publicity and Directorate of Field Publicity of the Ministry of Information and Broadcasting. In addition, hoardings in rural areas, advertisements in print media, and printed material in regional languages by the States were also being utilised for IEC activities.

8.1 IEC expenditure in States

The NRHM framework stipulated that the allocations made to support IEC activities were to be spent equally (one third each) at three levels viz. national, state and district level. Utilisation of IEC funds by States was varied both in the proportion of usage and its level/area. While in eight States, most of the funds received for IEC activities were utilized at State level and only a meagre amount was released to districts for utilization down the order, in another four States, most of the funds were spent at district level and below indicating that there was no settled route for IEC fund dissemination. The modalities to monitor the allocation of resources under IEC for different levels of implementation of the Mission were yet to develop.



(Source: Information provided by SHSs)

As can be seen from the graph above that expenditure at district level and below, where it was most needed was not sufficient.

The level of utilization of IEC funds was poor in some States. In Rajasthan, Rs 6.19 crore (27.4 per cent) out of Rs 22.57 crore released by the Ministry during 2005-08 was used and the entire fund released during 2005-06 and 2006-07 remained unutilised. In Jharkhand, only Rs. 5.38 crore (53 per cent) had been utilised out of funds of Rs.10.18 crore released by the Ministry for IEC activities. In Orissa, Rs. 9.21 crore (61 per cent) out of Rs. 15.06 crore and in Chandigarh, Rs. 37.21 lakh (40.2 per cent) out of Rs. 92.52 lakh had been spent. In Kerala (2006-07) and Gujarat (2007-08) 88 and 53 per cent respectively of fund released remained unutilised. SHS of Bihar, Madhya Pradesh and Karnataka did not furnish information on expenditure on IEC activities. Moreover, interest accrued on unspent balances had not been accounted for.

Irregularities were also observed in expenditure of Rs. 30.38 crore in six States for IEC activities as detailed in **Annex 8.1**. The irregularities resulted in overpayment of Rs. 1.68 crore in Chhattisgarh, as highlighted in the box below.

Case study: Irregularities and overpayments under IEC in Chhattisgarh

- ❖ During 2005-06, in six cases, IEC works such as wall paintings, poster and display of hoardings were awarded by the State RCH Society and State Malaria Society to the private agencies on rates higher than those charged by the State Government's agency dealing with the publicity work (SAMVAD) resulting in overpayment of Rs. 1.01 crore. These societies did not obtain the rates of SAMVAD before awarding the work in contravention to the instructions issued by the State Government.
- ❖ Directorate of Health Services procured IEC materials, viz. posters and banners, in September 2005 at rates much higher than those procured in February 2005. The failure of the Directorate to place repeat orders, the option of which was available and valid under Government rules, resulted in avoidable payment of Rs. 48.04 lakh.
- ❖ The work order for printing of 10 lakh pamphlets was given to a private firm @ Rs. 80 per 100 pamphlets, while the prevailing approved rate contract of the department was Rs. 65 per 100 pamphlets resulting in over-payment of Rs. 1.5 lakh.
- ❖ The work of geru painting was executed through a private agency @ Rs.5.00 per sq. ft. in September 2005, whereas the same work was executed through another firm @ Rs.0.89 per sq. ft. in December 2004. The large variance in rate over such a short period resulted in overpayment of Rs. 8.22 lakh.
- ❖ Under the Kalajatha programme overpayment of Rs. 9.37 lakh was made to two agencies due to payment for higher number of shows than actually awarded in one case and higher payment in another case.

The IEC expenditure showed a preference towards television, radio and print media. Local media such as street shows, drama, direct interaction etc., which were simpler means for reaching the target group of rural population, remained neglected. Specific IEC strategies should be worked out at the local sub-district levels and funds separately allocated for the purpose.

The Ministry stated that inter-personal communication had rightly been emphasized by audit and that was the direction in which NRHM was attempting to move. Since the Mission had 700,000 ASHAs or Community Health Workers, it was important to use them for behaviour change on a large scale.

8.2 IEC through prescription slips

As a pilot activity, the Ministry provided Rs. 6.46 crore to 18 special focus States (2004-05) for printing prescription slips with health messages for use at the PHCs, CHCs and District Hospitals. However, no formal detailed proposals were received from the States.

The funds were only released in April 2005, and Rs. 1.29 crore (20 per cent of total release) still remained unspent with the States (August 2008). Moreover, the Ministry did not conduct any evaluation of the scheme.

Case Study: IEC activities through prescription slips in Orissa

In November 2006, SHS released Rs. 73.31 lakh, received from the Ministry, to State Institute of Health and Family Welfare (SIHFW) for printing of 2.44 crore prescription slips containing the NRHM message and symbol at the rate of 30 paise per slip through departmentally managed offset printing press. However, only 1.43 crore such slips were printed and supplied to different CDMOs of the State as of October 2008 and the balance amount of Rs 30.54 lakh was lying unspent. Further, among audited districts, while 7.72 lakh prescription slips were shown by the SIHFW as issued to CDMO, Kalahandi during January to December 2007 in different challans, verification of Stock Register of the concerned CDMO revealed receipt of only 4.62 lakh such slips up to 31 March 2008 as certified by the Store-keeper. Despite this being pointed out by audit, the SHS did not inquire into the issue of short accountal/doubtful issue of 3.10 lakh prescription slips costing Rs. 0.93 lakh.

The Ministry stated that the programme of advocacy through prescription slips was started as a pilot in 18 States which constituted the priority areas under NRHM. Evaluation was not done as it was considered a one time activity. Vigorous efforts were being made to settle accounts of States/UTs and UCs and SOEs were being received.

However, post-scheme evaluation of this easily disseminable IEC media would be beneficial to decide on its continuation on a regular basis.

8.3 Health melas



Source: Ministry's website

The NRHM framework stated that health melas were to be conducted annually in all parliamentary constituencies so as to make people aware of the number of options in terms of different systems of medicine (allopathy, homeopathy, ayurveda and unani etc.), to help them comprehend the linkages between preventive, promotive, curative and rehabilitative health care as well between the primary, secondary and tertiary health

sectors and to sensitize them to the roles played by the Central Government, State Government, elected local bodies, NGOs and professional organizations. A grant of Rs. 8 lakh per mela was given by the Ministry to meet the cost of logistic arrangements, publicity and necessary drugs, medicines etc.

The Ministry released Rs. 3.68 crore to 15 States/UTs (2005-06) and Rs. 43.44 crore (2006-07) to all the States/UTs. However, Rs. 2.50 crore (68 per cent of the release in 2005-06) remained unspent with 10 States/UTs. In seven States (Manipur, Nagaland, Sikkim, Assam, Tamil Nadu, Haryana and Gujarat), no expenditure was incurred at all from the funds received for health melas.

For funds released (2006-07), the Ministry received utilisation details of only Rs. 3.39 crore (8 per cent of the release) from seven States/ UTs. While Rs. 6.05 crore was lying unspent with five States/UT (Uttar Pradesh, Himachal Pradesh, Haryana, Kerala and Daman and Diu), 27 States/UTs⁵⁵ did not report on funds utilisation as of August 2008.

The Ministry was unable to provide State wise details regarding the number of health melas organised and activities undertaken therein, in the absence of which correlation between financial progress and actual achievements could not be made.

The lack of utilisation of funds for health melas indicated that the goal of using IEC to encourage wider participation of all the stakeholders and target populations needed to be emphasised more.

The Ministry stated that in view of the unspent funds with States and pending utilisation certificates, no funds for health mela were released during 2007-08.

8.4 Village Health and Nutrition days and school health check-up

NRHM guidelines stated that the ANM with the help of Anganwadi Workers and ASHA was to organise village health and nutrition days (VHND) in every village. Similarly, the PHCs were to organise school health check-ups on a quarterly basis so as to disseminate knowledge on health and family welfare issues through direct interaction.

In nine States⁵⁶ no targets were fixed for conducting VHND during 2005-06. Even in 2006-07 and 2007-08 targets were not fixed in six⁵⁷ and five⁵⁸ States/UTs respectively. Nor were targets for quarterly school health check-ups fixed in eight States/UTs⁵⁹ during the audit period.

In seven States (Andhra Pradesh, Assam, Maharashtra, Uttar Pradesh, Rajasthan, Sikkim and Uttarakhand) there was shortfall against targets in organising VHNDs and/or school health check-ups. VHNDs were not being organised in Assam,

Positive development

In Himachal Pradesh and Jammu and Kashmir VHND and health check-ups were organised despite not fixing any targets. In Kerala, the SHS stated that school health check-ups were organised in every school once a year.

⁵⁵ Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Orissa, Rajasthan, Uttarakhand, Manipur, Meghalaya, Nagaland, Sikkim, Tripura, Assam, Jammu & Kashmir, West Bengal, Tamil Nadu, Gujarat, Goa, Andhra Pradesh, Karnataka, Maharashtra, Punjab, A & N Islands, D & N Haveli, Delhi, Lakshadweep and Puducherry.

⁵⁶ Manipur, Mizoram, Tripura, Sikkim, Uttar Pradesh, Arunachal Pradesh, Chandigarh, Meghalaya and Assam.

⁵⁷ Mizoram, Tripura, Sikkim, Arunachal Pradesh, Chandigarh and Manipur.

⁵⁸ Chandigarh, Arunachal Pradesh, Tripura, Mizoram and Manipur.

⁵⁹ Assam, Jammu and Kashmir, Himachal Pradesh, Mizoram, Puducherry, Uttar Pradesh, Uttarakhand and Chandigarh

Mizoram and Tripura (2005-06), Sikkim and Puducherry (2005-07) and Jharkhand (2005-08). Similarly, school health check-ups were not conducted in Assam, Jharkhand and Manipur (2005-08), Arunachal Pradesh (2007-08). The SHS of Gujarat, Madhya Pradesh, Punjab, Orissa and Puducherry did not furnish information on VHNDs and/or school health check-ups.

Thus, IEC through local health activists and village level personnel had not attained full momentum due to non-conducting of VHNDs in some of the States, non-fixation of targets for conducting VHNDs in some States and shortfall against targets in others.

Recommendations

- *Funds need to be distributed among varied media of communication across Centre, State and districts so that the message of the programme is delivered in the most simple and effective manner.*
- *Internal controls may be strengthened at SHSs to prevent financial irregularities.*