

Chapter 8 Information, Education and Communication

The Information, Education and Communication (IEC) strategy under NRHM aims to facilitate awareness and dissemination of information regarding availability of and access to quality health care for the poor, women and children in rural areas. The main focus of the strategy is to promote behavioural changes, awareness and to introduce well defined and culturally appropriate progress for specific regions. The focus of IEC activities during the period 2005-08 was on schemes like Janani Suraksha Yojana (JSY) and institutional deliveries, routine immunization, post-natal diagnostic test (PNDT) and breast feeding, positioning of ASHA, disease control programmes, contraceptive choice, spacing etc. Hoardings in rural areas, advertisements in print and audio-visual media, and printed material in local languages are being utilized for IEC activities as can be seen from the photograph alongside. Scrutiny of IEC activities revealed the following:



Immunisation campaign at Veleuguri Sub-Centre

8.1 IEC funding and expenditure

As per the NRHM implementation framework under IEC, allocation up to rupees ten per capita is to be made at the National, State and district levels for carrying out a variety of activities involving communities and also media. Further, the allocations are to be spent equally at all three levels - National, State and district. No funds were separately earmarked for IEC activities at the block and village levels.

The position relating to funds earmarked for IEC activities, funds released and expenditure incurred is given below:

Table: 13

(Rupees in crore)

Year	Funds earmarked	Opening balance	Funds released	Total funds available (3 + 4)	Expenditure		Total expenditure (6 + 7)	Unutilized amount i.e. closing balance (5 – 8)
					State level	District level		
1	2	3	4	5	6	7	8	9
2005-06	NA	1.07	0.36	1.43	0.10	-	0.10	1.33
2006-07	9.99	1.33	0.37	1.70	4.29	0.39	4.68	(-) 2.98
2007-08	15.00	(-) 2.98	25.00	22.02	19.74	2.80	22.54	(-) 0.52
Total	24.99		25.73		24.13	3.19	27.32	

Source: - Annual Accounts of SHS.

As can be seen from the table above, there was no equitable spending of funds at different levels, with most of the expenditure being incurred at the State level, implying that the IEC activities were centralised.

8.2 IEC coverage

Table 14 shows the extent of coverage of the IEC plan in the State during 2007-08. Information with regard to IEC activities for the years 2005-06 and 2006-07 (target and achievement) was not available.

Table: 14

	No. planned	No. achieved (as on December 2007)
Wall painting	3,450	800
Rallies	23	1
Quiz	46	38
Folk shows	221	51
IPC workshop	23	14
Meeting at Zilla Parishad	23	01
Orientation camp for NGOs and Mahila Mandals	46	25
Health Melas	23	05
IPC meetings at block level	1,360	263

Source: SHS Data

The status of other activities like advertisements through print and audio-visual media as approved in the PIP for 2007-08, including outsourcing for creativity in print media, production of radio and TV advertisements and advertising in local Mobile Theatres etc. was not made available to audit.

Also, as per the Annual Action Plans for the years 2006-07 and 2007-08 the target vis-à-vis achievement was below average in terms of performance, as can be seen below:

Table: 15

Year	Health Nutrition Days organized			Health Melas Organized (No. of Districts)		
	Target	Actual	IEC Activities	Target	Actual	IEC Activities
2005-06	Nil	Nil	Nil	Nil	Nil	Nil
2006-07	52,000	17,460	NA	23	17	17
2007-08	3,04,992	1,63,799	NA	23	23	22
Total	3,56,992	1,81,259		46	40	39

Source:- SHS data.

Further, no School Health check up camp was organized during 2005-2008. Evaluation of IEC activities was not undertaken at any level to assess its impact and take necessary corrective steps.

Conclusion

IEC activities were neither planned properly nor implemented strategically with periodical assessment/evaluation of impact, resulting in insufficient coverage in different regions of the State. Thus the objective of spreading awareness and dissemination of information regarding availability of and access to health care facilities for the rural population remained largely unachieved.

Recommendation

IEC strategy should be planned properly to ensure impact on behaviour change with regard to preventive aspects of health and coverage should be improved so that the rural population are aware of the availability and access to health care facilities being provided under NRHM.