Capacity Building of Health Communication Cadre in Odisha - A CoE Initiative

Centre of Excellence for Communication
State Institute of Health and Family Welfare
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ENSURING ADEQUATE HEALTH SERVICES TO THE POOR, ESPECIALLY THE TRIBAL AND DISADVANTAGED POPULATIONS OF ORISSA, HAS BEEN AT THE CENTRE OF MOST HEALTH PROGRAMMES CONCEPTUALISED AND IMPLEMENTED BY THE HEALTH AND FAMILY WELFARE DEPARTMENT, GOVERNMENT OF ORISSA. PROMINENT AMONGST THESE HAVE BEEN THE FLAGSHIP PROGRAMMES INITIATED IN COLLABORATION WITH THE GOVERNMENT OF INDIA’S (GOI) NATIONAL RURAL HEALTH MISSION (NRHM), INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS), SARVA SHIKSHA ABHIYAA (SSA), TOTAL SANITATION CAMPAIGN (TSC) AND NATIONAL AIDS CONTROL PROGRAMME (NACP III). THESE PROGRAMMES HAVE CONSIDERABLE FOCUS ON COMMUNICATION FOR DEMAND GENERATION AND IMPROVING THE EFFICACY OF SERVICE PROVIDERS IN REACHING OUT TO UNREACHED COMMUNITIES.

In recent times, with communication acquiring a powerful role and greater space in the entire development process and across sectors, aided with technology and a wide range of low-cost options, there has been a growing consensus around the state developing an apex body which serves more as a centralised institution. The vision is to get the body to assist the different departments in building capacities of managers across levels of hierarchy. This includes managers - at the state and district level and; implementers, frontline workers and NGO volunteers at the block and sub block levels on implementing strategies related to communication (IEC activities). There is in fact, an increasing sense of urgency in equipping the cadre with better technical understanding by programme staff in developing communication strategies and effectively implementing them – so as to keep pace with the plans the state has for improving the lives of its people.

Evidence has shown that health seeking behaviour cannot come about only by awareness generation alone. It has to be backed by behaviour change, which is a complex process and one that develops over time. Specialised personnel are required for designing communication strategies beginning with audience segmentation, setting IEC goals and for behaviour change, help in market research, message construction, working with different channels of communication – mass media or IPC, intersectoral collaboration and identifying partners for collaboration, working with NGOs, handling press relations – media audience analysis and designing mass media campaigns etc.

The NRHM has proposed establishing coordination links with the two major departments namely, Women & Child Development and Rural Development. It also envisages coordination of international development partners’ funds to ensure rational and effective use
of those funds. Adoption of key outcome indicators for health determinants by the line departments in addition to target achievement may be considered at respective Government levels.

In order to assist the Government of Orissa (GoO) in doing the above, it is proposed that a Centre of Excellence (CoE) for behaviour change be set up in the State Institute of Health and Family Welfare (SIHFW) to strengthen the nodal BCC institute of the state. The institution will be developed in collaboration with the departments of Health & Family Welfare, Women & Child Development, Rural development, Orissa Primary Education and Planning Authority (OPEPA) and Orissa State AIDS Control Society (OSACS) with support from development partners such as United Nations Children’s Fund (UNICEF) and Technical and Management Support Team (TMST), DFID. It will be mandated by the Government of Orissa, as a state level body. The SIHFW works as a communication agency for all Government run programmes including flagship programmes for integration. It designs and develops communication strategies, plans and produces quality standardised materials on BCC. It also undertakes systematic capacity building to strengthen systems, human resource capacities and revised roles and responsibilities. It is supposed to run as an institution with national/ international standards, having affiliation with recognised Universities/Academic centres of repute having facilities for long-term and short-term capsule courses on BCC.

This document captures the entire process of the setting up of the CoE and the manner in which its core objectives of developing its cadre of communication managers through a well thought out and rigorous process of training would be undertaken. It will also provides details on what shape it would take a few years down the line, with BCC cells at the state and district level supporting in achieving set programmatic goals through systematic and appropriate communication approaches.
The MDG goals of lowering the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) cannot be achieved by simply providing health services to the community. While this is the obvious solution, it has to raise awareness levels of target groups on a range of preventive measures and motivate them to change their behaviours. This will contribute not only in improving health indicators but also reducing the load on the Health Department.

Experience worldwide has shown that communication lies at the heart of sustainable human development. Programme communication must therefore become a core cross-cutting function, with special emphasis on building technical and analytical expertise of the people who manage different programme elements. This is a dynamic field and one that has seen dramatic change not only in user profiles but also in the kind of communication tools that today have the power to inform, educate, tantalise and spearhead change.

Communication for social and behaviour change is a systematic, planned and evidence-based strategic process that is intrinsically linked to programme elements. It uses consultation and participation of children, families, communities and networks to place issues in local contexts and helps devise mechanisms that can bring desired results in the short to medium and long term.
In Odisha, while sufficient resources are allocated for information, education and communication (IEC) in government programmes, limited capacities of programme officers contributes to poor planning and implementation of communication activities.

1.1 Communication takes a lead

In the recent times communication gained greater space in the development process to make impact and bring in desired changes amongst communities. Convergent health, nutrition and water sanitation prevention behaviours contribute to overall development and reaching the set goals by the Government. Sustained advocacy and innovative health campaigns in India have played a big role in battling complex diseases. Today, new infections in HIV have halved in India due to the efforts made by the National AIDS Control Programme, which has succeeded in disseminating information around prevention, voluntary counseling and testing and reducing stigma and discrimination. The Revised National Tuberculosis Programme of India has demonstrated results in prevention and treatment, especially by reaching out to people in far flung areas. The Polio campaign which uses mass media to penetrate the country’s vast rural hinterland has ensured that children are vaccinated on time.

Indeed, the importance given to communication has over the last few decades steadily gone up, and peaked in recent times, given the exciting range of communication options that are available, access and reach of different population groups to those that are suitable and to the impact they have had, in terms of quick absorption of messages.

In the case of Odisha, there has been an increasing sense of urgency to bring related programmes under a common umbrella, where along with service delivery communication too can be given a role of parallel importance. This has translated into a growing need for all the directorates under DoH&FW, W&CD, RWSS and development partners UNICEF and TMST, to come together on a single platform to reach the targets set by the government.

In December, 2008, the DoH&FW and the State Institute of Health and Family Welfare (SIHFW) and NRHM GoO with support from UNICEF and TMST organised a workshop to get all stakeholders like different directorates of DoH&FW, W&CD, RWSS, NGOs, CSOs and other development partners like UNFPA together. There was consensus to standardise communication messages and to bring all communication officers at the same level of understanding through a common training programme that could help create greater ownership towards health programmes, using a set of measurable quality indicators understood and followed by every body.
1.2 Interdepartmental Convergence on Communication for Better Health Outcomes

1.2.1 Role of different government departments

<table>
<thead>
<tr>
<th>Government Department</th>
<th>Responsible for</th>
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<tr>
<td>Departments of Woman and Child Development (W&amp;CD)</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Rural Water Supply and Sanitation (RWSS)</td>
<td>Water, sanitation and hygiene related issues.</td>
</tr>
<tr>
<td>Department of Health and Family Welfare (DoH&amp;FW)</td>
<td>Health service delivery needs of the people</td>
</tr>
</tbody>
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**Reasons for having shared communication objectives**

- Better prevention of health issues that can be undertaken and stepped up through communication on Nutrition and Water and Sanitation related matters.
- Growing realisation among departments that they could not work in isolation and that the work of each of the department have implications on the other. This called for interdependence between departments to achieve health targets of the State; also since all three departments had similar targets and were working towards the same goals.
- Other stakeholders began to respond to this felt need for convergence among departments. UNICEF working on health, nutrition and water and sanitation realized the importance of collaborative effort and integrating the communication activities of all the three areas to yield faster and effective results. The Technical Management and Services Team (TMST) of DFID too echoed the same sentiments since it faced the same challenges while carrying out communication campaigns on these three areas.
1.3 Natural allies for convergent communication in health and related sectors

1.3.1 State Institute of Health and Family Welfare

The Government of Odisha (GoO) set up the State Institute of Health and Family Welfare (SIHFW) as an independent Directorate in December, 1994, serving as a nodal institution for BCC, training and institute of excellence by the National Institute of Health & Family Welfare (NIHFW), Govt. Within the SIHFW, there was a strategic placement of the Regional Resource Centre, which provides additional capacity for communication and related training. Its aim being to provide skill development by continuing medical education of all health providers and integrating all components of IEC and training in the state.

Objectives of SIHFW
- Promoting health and human resource needs and orienting training of field staff
- Developing training resource materials with technical support from the NIHFW
- Functioning as a collaborative institute for reproductive and child health (RCH) training
- Designing and developing programme based and audience centered IEC materials for health promotion and disease prevention

SIHFW 2017: Expected outcomes at the end of five years

Going forward, there is a vision for SIFHW since it serves such a critical role in shaping the health, wellbeing and development outcomes of Odisha’s poor, marginalised and tribal communities. A broad vision plan for the state has been conceived to take care of the following:
- Develop a state-of-the-art centre for communication at the state level and let it take the shape of a Centre of Excellence (CoE)
- Build the capacities of the district health communication bureau
- Strive towards ensuring a percentage increase of awareness on health behaviour, knowledge and services of NRHM by equipping GKS
- Strengthen the capacity of all 350 plus communication providers to deliver communication management and supervision
- Acknowledge the power of interpersonal communication and towards that end develop a cadre more than one lakh frontline worker trained in IPC skills, using ICT tools
• Providing IEC training and mass media support services to all H&FW programmes implemented in the state
• Promoting system research related to H&FW
• Liaising with different institutions of repute (inside and outside the state for exchange of enriched experience)
• Conducting a professional development course (PDC) and PNDT course for senior Medical Officers at the national level

1.3.2 Odisha Health Sector Plan (OHSP) on Integration

The need to integrate planning and implementation of vertical programmes by adopting a sector-wide approach has been emphasised by NRHM. To initiate the process, this plan analyses the situation and assesses the gap with regard to health services on a holistic basis. This will include adoption of an integrated plan, monitoring and reporting mechanism for the entire sector, adoption of a performance-based approach and identification of clear outcomes and indicators.

Enhancing demand and utilisation of services and mainstreaming equity and gender falls under Strategy 4 of OHSP. The overall objective of mainstreaming equity in the OHSP is to ensure an enhanced health status and outcome for the poor and marginalised groups in the state, namely the Scheduled Tribes (SC) and the Scheduled Castes (SC), urban poor, migrants, differently abled persons, adolescents and women.

Cross cutting strategy envisaged to ensure integration – An Integrated BCC Strategy

• Moving services closer to the community by increasing coverage, especially in remote and tribal areas
• Undertaking integrated BCC strategies
• Enhancing capacity of health personnel to provide more responsive services
• Strengthening the analysis and understanding of barriers to access and utilisation of health care
1.3.3 Convergent Vision of UNICEF

UNICEF a strong advocate of inter-sectoral convergence has created a programme communication for development (C4D) wing specifically to support other wings such as health, nutrition, water sanitation, education in their communication activities. As such C4D was ideally placed to identify and inform the cross cutting and overlapping areas to the concerned wings to maximize the outcomes with minimum inputs.

**IBCC Cell Koraput**

With advocacy from UNICEF, the district administration Koraput set up an Integrated BCC Cell in collaboration with the department of H&FW, W&CD, DWSM & DPEP/SSA. A human resource was provided by UNICEF for Management support – to guide planning and manage implementation of activities planned by the BCC Cell. The HR monitored implementation of the communication activities being implemented by the flagship programmes in the district. In 2009, the support was continued with institutional backing in order to provide additional technical linkage and guidance to the BCC Cell Coordinator and through the Coordinator to the different flagship programmes.

The Integrated Behaviour Change Communication Cell (IBCC Cell) was set up by UNICEF in their integrated district Koraput. This pilot model aimed to bring in all the communication efforts of line departments implementing flagship programmes such as NRHM, SSA, TSC and ICDS at the district level under one umbrella. The IBCC Cell, Koraput has been successful in coordinating with the concerned line departments and bring them together in undertaking their communication activities avoiding duplication of work. Team from SIHFW in 2010 visited the IBCC Cell to understand its functioning mechanisms so as to set up similar Integrated BCC Cell at the State level.
1.4 Rationale for a Centre of Excellence (CoE)

Health campaigns in Odisha have a healthy mix of routine events like fixed days of routine immunisation, Village Health and Sanitation Days, participation in local haats, scheduled visits by ASHAs and other health workers, health camps and commemoration of special days such as Nutrition Day, Global Hand washing Day, Breast feeding week and World AIDS Day, amongst others. Additionally, special campaigns are mounted periodically with specific objectives, which could range from increasing institutional delivery, increasing uptake of family planning interventions, distributing condoms and improving IMR and MMR indicators.

Odisha Government’s DoH&FW has over the last few years organised some successful health campaigns and initiatives. These include:

- Deliver now’ Media Campaign on PMNCH supported by DFID & WHO
- Global Hand Washing Launch Campaign under School Health Programme supported by UNICEF & DFID
- Gaon Kalyan Samiti Empowerment Campaign supported by DFID & UNICEF
- State-wide mass media campaign on Swine Flu and campaigns during emergencies and disasters
- Swasthya Kantha Campaign which ran a 52-week multimedia campaign using radio and television as a distance training tool for service providers and used the Village Health Wall (Swasthya Kantha) as a backdrop for IPC
- Village Contract Drive through PPP Mode in media dark and hard to reach areas, organising social mobilisation campaign as a day-long activity
- Nidhi Rath for LLIN and Swasthya Rath for GKS
- Sunabhauni Campaign ran as a special Programme to address self help group (SHG) members in Odisha

To reach the common goals, it was necessary to firstly bring together communication personnel of all the directorates of DoH&FW and other line departments such as Department of Women and Child Development (DWCD), Department of Rural Development under one umbrella for collective and collaborative effort. Secondly a pool of specialized personnel with similar understanding on communication and nuances of paradigm shift from IEC to BCC is essential. Thirdly need to have access to the state of art technology to handle different aspects of communication. Fourthly there was a need for competent authority to standardise messages and materials emerging from various sources to eliminate wrong messaging and inappropriate usage of material.
All these criteria resulted in the evolution of the idea of having a Centre of Excellence (CoE) in Communication. The CoE would be part of the government machinery and yet have its own independent status was a reality seconded by none other than the Government of Odisha. Towards this end, it was felt that the entire cadre of communication officers and health care workers could be trained on a common set of objectives, through training modules that were standardised and by using whetted and peer reviewed, evidence-based communication strategies and tools. The overall aim was to have a strong CoE that could guide and direct its cadre in a manner that could help the government to achieve its health goals.

To be developed in collaboration with the departments of H&FW, Women Child Development, Rural Development, Odisha Primary Education Planning Authority (OPEPA) and Odisha State AIDS Control Society (OSACS), the CoE would help create a common platform that would carry out and enhance communication activities of these departments. While it will work closely with the government and be part of the SIHFW, it would have its own unique character and positioning. Armed with its own managerial structure, agenda and short, medium and long-term objectives, it would through a systematic reorganisation/restructuring process, create a dynamic force of responsible, accountable and result oriented personnel.
INITIAL STEPS FOR DEVELOPING A BLUEPRINT FOR THE CoE

A detailed desk review of different studies and in depth interactions with various cadres of communication personnel by UNICEF and TMST (DFID) to understand assess the existing capacity of personnel and assess gaps if any after which certain recommendations were made. The key findings were presented in June 2008 in a meeting presided over by the Commissioner-cum-Secretary, H&FW and attended by senior officials of the health department, rural development, WCD, PR, UNICEF, TMST (DFID) and PHFI.

2.1 Key findings of Desk Review

- Gaps in understanding and practice of BCC: Evidence-based approach not practiced; not enough identification of health practices and information; inadequacy to design a communication strategy with relevant messages and appropriate media mix.
- Weak linkages with programme outcomes
- Human resource issues: Dilution of accountability; lack of clarity on roles of state/district; sub-optimal reporting relationships and utilisation of human resources; absence of result-oriented approach; not enough technical skills for research and analysis, strategy formulation and mass media buying; vacancies at all levels; outdated job descriptions; varying degrees of motivation; unplanned training/capacity building for IEC staff and inadequate sensitisation on BCC for non-BCC officials
- Weak infrastructure: Absence of well planned physical spaces, patchy access to computers and internet.
- Non-standardised communication materials: Varying levels of quality of materials; not enough clarity on procurement of professional services; outdated skills and lack of capacity of in-house technical experts; weak organisational structure in reporting and supervision

2.2 Consultations and Decisions Taken

1. Series of consultations held between the SIHFW, Programme Communication Officer UNICEF and Communication Specialist TMST to give shape to an integrated IBCC strategy for Orissa in health integrating nutrition and water and sanitation
2. During these consultations the IBCC Cell in Koraput, a pilot model of UNICEF, was studied closely. This was because there were basic similarities between the IBCC Cell’s functions and what was required of the institution that would execute the integrated BCC strategy at the State level. Further the challenges of upscaling the
effort the IBCC model at the State level were looked at and mechanisms to address those were evolved in terms of

a. Re-designating and repositioning of communication cadre across the State
b. Bringing together State Communication Officers under one roof
c. Enhancing knowledge on nuances of latest communication approaches
d. Creating a resource pool of trainers on communication for capacity building programmes across the State
e. Capacity building of district and block level communication officers
f. Providing state of the art equipment from state to block level

Mechanisms to address challenges of upscaling of IBCC Cell at the State level

a. Re-designating and repositioning of communication cadre across the State
b. Bringing together State Communication Officers under one roof
c. Enhancing knowledge on nuances of latest communication approaches
d. Creating a resource pool of trainers on communication for capacity building programmes across the State
e. Capacity building of district and block level communication officers
f. Providing state of the art equipment from state to block level

3. An order was issued on 14th May, 2009 by Commissioner and Secretary, DoHFW and subsequently a restructuring plan was prepared by TMST and UNICEF to help realign existing staff, revise job descriptions, fix deliverables, fill up vacancies and approve new positions

2.3 Strengthening SIHFW: Suggested blueprint

The restructuring exercise entailed CoE looking at three critical components, namely scope of work, human resource and infrastructure.
Strengthen linkages: Establish linkages with institutes like Indian Institute of Mass Communication (IIMC), John’s Hopkins University - India Campus, and other institutes specialising in developing and imparting courses on capacity building of in-service government personnel, graduates and NGO workers on BCC.

Database of technical resources: Identify and establish a database of technical resources (trainers, modules, manuals and materials) for spearheading technically sufficient and effective short and long term courses recognised by the state government, Universities and as prescribed by the Council of Technical Education (AICTE) or certification bodies.

Technical Resource Centre (TRC): Refurbish existing divisions with modern infrastructure and make it comparable with national/international standards; set aside a separate budget for research, knowledge management, partnership development and setting up of a TRC.

Modern infrastructure: Refurbish existing divisions with modern infrastructure and make it comparable with national/international standards
OPERATIONALISING CoE

The CoE is mandated by the Government of Orissa, as a state level body for setting up a Center of Excellence for behaviour change in Orissa. It will do this by conceiving, planning, implementing and monitoring communication activities engaged in by different directorates of health, W&CD and RWSS.

3.1 Goals and Objectives of CoE

- Set up an institute on BCC offering short-term courses on behaviour change and which conform to global standards/ are affiliated with recognised universities
- Build the capacity of government functionaries and NGO workers on effective BCC
- Expand intersectoral partnerships and help achieve results for flagship programmes by providing technical support to communication related plans and their implementation
- Design and develop communication strategies and produce quality BCC materials
- Provide managerial support in monitoring and evaluation of BCC activities for flagship programmes
- Provide research and analysis support on communication studies for the state
- Step-up technical support in procuring services related to communication materials and management

3.2 Broad Scope of Work and Methodology

- Communication management within the CoE will help identify needs of communication (performance gap analysis) by identifying target audience, developing strategy, defining message, media mix and communication channels
- It will execute the communication plan through print media, IPC, audio media, A/V media, folk or popular media and also assess effectiveness of communication, messages and their ability to allow for retention and recall.
- Other important aspects that would be covered under the CoE’s basket of services would be to develop training needs, undertake, research, procurement, logistic and supplies, MIS or M&E sub system, intersectoral convergence (E) and capacity building at the state, district and block levels.

3.3 Key Elements of CoE

An institutionalised structure to guide and direct the different departments, each with a specific area of work and management cadre that includes an advisory group, a COE organogram and a Programme Management Unit was formulated.
Proposed Methodology

The CoE will deliver the above mentioned needs through the production of standardised audio-visual spots which are produced by an accreded communication agency. It will roll an integrated MNCH campaign on issues that are of concern in the state, covering malaria, pneumonia, ANC/PNC, institutional delivery, hypothermia, diarrhea and breastfeeding. Strengthening the capacity building of BCC providers so that they can continue to beam high quality impactful programmes, they will make use of satellite communication technologies, partner with DDK and AIR for thematic serials as NRHM branded programmes, put up messages on hoardings and signages, work closely with communication agency/institutes, Using platforms such as GRAMSAT, undertake training and monitoring and organise campaigns for prevention and control of communicable and non-communicable disease control programmes.

Greater focus on capacity building: The DoHFW has approved the state and district models of strengthening SIHFW’s Communication wing. Under the revised model the following steps were proposed:

- Design a well structured organogram modeling for the Communication agency/institute
- Realign present positions with defined roles and responsibilities at every level with proper terms of reference and deliverables
- Set up apex committees to guide, evaluate and monitor functions leading to functional autonomy
- Announce specialist positions to handle Communication, Training, Research and Documentation
- Have a professional set-up with modern infrastructure, equipment and technology
- Set-up support by external agency to build skill and capacity according to the new model of operation
- Enhance support by government to allocate resources for start-up
Intensive Classroom Sessions at MICA, Ahmadabad

Newspaper Report of the Intensive Training Programme at MICA

Addressing the Master Trainers at KIIT

Training at KIIT

Devjit Mittra, Communication Specialist, TMST, Facilitating a Session During the Refresher Training at SIHFW

Lopamudra Tripathy, Programme Communication Officer, Unicef Addressing the Participants During the Refresher Session at SIHFW

CDMO Addressing the Participants at Balangir

Group Work at the Session in Mayurbhanj
Outdoor Sessions and Group Work

Ex Director SIHFW, Trilochan Sahu Lighting the Lamp
Arvind Sinha, Dean MICA Lighting the Lamp

Master Trainers at the Refresher Session at SIHFW, BBSR
Preparing for Group Facilitation of Sessions

Chief Secretary, DoH&FW, GoO, Anu Garg, Mission Director, NRHM, Dr. Pramod Kumar Meherda and Director SIHFW, Dr Girija Mishra
Session at Sambalpur
3.4 The Four Pillars of the CoE

1. Channelise funds provided by OHSP and UNICEF for communication activities in the state
2. Ensure institutional strengthening by redefining the role of and repositioning of communication personnel, carrying out capacity building from the state to grassroots level to enhance skills of the personnel involved in communication activities
3. Undertake infrastructure development by providing state-of-the-art equipment to personnel working on communication to enable them carry out responsibilities assigned to them efficiently
4. Work towards convergence by integrating the three flagship programmes (NRHM, ICDS, TSC) and bringing in different Directorates of DoH&FW under one umbrella.
### 3.5 Administrative Processes

Institutional strengthening: Redefining role of and repositioning communication personnel. Advisory and management committees were formed drawing members from different directorates of health, NRHM, SIHFW, W&CD, RD, PR as well as development partners like DFID, TMST, UNICEF, UNFPA and NIPI.

Forming an Advisory Group/Steering Committee: An advisory group was formed at the State level with Commissioner cum Secretary, DoH&FW as chairperson to provide guidance and support in management and governance of the institute. The advisory group will look into the areas of institutional strengthening, partnerships, alliances and affiliations.

Management Committee: A decision making body as a Management Committee was formed under SIHFW to undertake management of services to be delivered and outsourced. The Committee will comprise of technical, financial and managerial experts.
3.6 People to be at the Core of CoE’s Success: Restructuring Organogram

Complete restructuring is on the anvil with newly assigned roles and responsibilities for the core team who will handle the IEC function at state and district levels. They will augment capacities for specific skills through induction of staff at state and district levels and strengthen job descriptions. Training of communication cadre is the central theme of the CoE restructuring exercise. The aim is to sensitisie programme staff on the basic tenets of communication.

Under the state BCC unit, a State BCC Programme Manager, Consultant (Planning, M&E), Consultant (Mass Media), Consultant (IPC) would be hired. UNICEF has provided HR support to the CoE in the form of a Programme Coordinator – Communication. The Integrated BCC Cell which serves as an IEC warehouse for the state will help reorganise the existing structure with redefined roles and responsibilities and accountability. It will review and provide for additional infrastructure, support the setting up of a professional communication institute/agency, streamline fund flow arrangement and assess the need to set up regional BCC units.

3.6.3 Re-designation of District and Block Level Communication Officers

Department of Health and Family Welfare is the only department having communication cadre from state to block level. While the communication activities were conceived and planned at the State level it was primarily the responsibility of district and block level cadre to execute the activities and yield the desired results. Since 1962, the communication cadre have been working at the district and block level for health communication activities. Most of them have risen from the ranks of health workers and have limited knowledge of communication and related activities while

"The role played by the BEEs is very significant and it would be in the fitness of things to go in for a change in nomenclature and job responsibilities."

Ms. Anu Garg, Chief Secretary, DoH&FW, GoO
having immense understanding on ground realities with regard to health.

The changing scenario in the development process where communication is being given a larger space and the paradigm shift from IEC to BCC called for reevaluating the responsibilities, capacities and skills of the cadre.

During the evaluation process it was understood that
1. There was a necessity to increase the scope of work while providing them with requisite authority
2. To enhance their capacities to fulfill their revised obligations

The re-designation of communication cadre at the district and block level is as follows

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<th>Sl. No.</th>
<th>Existing Designation</th>
<th>Revised Designation</th>
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<tr>
<td>1.</td>
<td>Block Extension Educator (BEE)</td>
<td>Public Health Extension Officer (PHEO)</td>
</tr>
<tr>
<td>2.</td>
<td>Mass Education Information Officer (MEIO)</td>
<td>District Public Health Communication Officer (DPHCO)</td>
</tr>
<tr>
<td>3.</td>
<td>Deputy Mass Education Information Officer (Dy. MEIO)</td>
<td>Assistant District Public Health Communication Officer (ADPHCO)</td>
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To be able to achieve the set vision of CoE, capacity building and training of existing staff, across all levels of the CoE was taken as a priority. To upgrade their skills on communication, especially since many of the existing staff have had no formal training required careful thought and planning. The only training on communication most people in the SIFHW at the State level had is their practical experience by virtue of being on-the-job. The decision to tie-up with leading communication institutes within the private sector is a path breaking initiative and one that has boosted the moral of the human resource cadre besides equipping them with the latest skills and knowledge on health communication.
TRAINING AND CAPACITY BUILDING: BACKBONE OF THE PROGRAMME

The world of communication has undergone a sea change in the last few years. Not only has it permeated every aspect of our lives but it can also be packaged in multiple ways to suit different age groups, preferences, backgrounds and needs. Keeping pace with these changes, health communication has responded by making a paradigm shift from IEC to BCC. With greater emphasis on information dissemination and creating a supportive environment through service providers, each of whom relies on some communication vehicle or the other, it is a lot easier to reach people in the manner in which they can be influenced.

By bringing all communication professionals on the same level through training and education, communication gaps can be identified before setting communication goals and outlining strategies to achieve them. Once the entire communication cadre at the block level is trained, their interactions with the community would improve, since they were earlier in direct contact with them as health workers and are aware of the gaps and challenges that exist in knowledge, attitudes and practices of the community. This would help them establish better linkages on health services and entitlements with the community; generating demand of health services and provisions; promoting appropriate health and hygiene practices; carrying messages and materials developed on various health communication programmes; building capacity of frontline workers to implement effective interpersonal communication, social mobilisation and appropriate usage of communication materials; and establishing forward and backward linkages between state and community.

Mapping training needs logically and systematically

- Provide support to the international/national communication agency through DFID for capacity building of CoE
- Set up a State Level Resource Group to provide specialised training for IEC/BCC consultants and staff of SIHFW at the Mudra Institute of Communication (MICA)
- Undertake training of BEEs and ToT by MICA and the State Resource Group
- Conduct a Training Needs Assessment for IPC skill building for field level workers
A series of well thought out initiatives were taken up to build the capacities of personnel from the State to the grassroots level in planning, implementing and monitoring of communication activities. For this, a cascading model of training was adopted by the State.

Create a state level resource pool of trainers on communication: There was consensus around the fact that all communication personnel must undergo training that would enable them carry out their revised responsibilities with greater understanding and confidence. They would be better aligned with the state government’s health communication objectives, plans and expectations. In order to have a standardised model of curriculum development and training, it was decided to first train trainers who could in turn impart training to officers down the line.

4.1 Intensive Communication

The decision to have an intensive training programme in an established and reputed management institute that specialises in communication was an unprecedented move. The tie-up with the Mudra Institute of Communication (MICA) in Ahmedabad turned out to be a major turning point for the programme with participants’ enthusiasm and morale multiplying manifold. UNICEF sponsored the programme in August 2010 for state communication officers of various directorates of DoH&FW like NVBDCP and RNTP, members from communication wing of SIHFW, OSWSM, MEIOs from certain districts and the IBCC Cell Koraput.

All participants by virtue of working in the field of communication, had hands-on experience on the subject. But an absence of formal training or knowledge on latest trends and updates and data findings on consumer behaviour, changing profiles of target groups and range of new communication tools necessitated professional training on the subject. This could provide perspective and ideas to enable the communication team to think out-of-the-box and devise strategies that could address specific issues impactfully.

The programme was attended by DPHCOs, ADPHCOs and PHEOs and the training module aimed to help participants have more clarity on the different nuances of communication activities; how to apply knowledge to current situations/ local needs; planning, strategising and implementing communication activities; monitoring, supervision, reporting and evaluation techniques on communication.
situations/local needs; planning, strategising and implementing communication activities; monitoring, supervision, reporting and evaluation techniques on communication. By the end of the training session, it was hoped that a strong and effective resource group would get developed at the district and block level that works on a shared set of objectives.

4.2 Needs Assessment and Module Development for Training on Communication

Post the intensive training programme at MICA, a training needs assessment was conducted to understand gaps in understanding of roles, responsibilities and knowledge levels of district and block level personnel involved in health communication activities. Based on these findings, modules/training material/session plans were developed for facilitators to enable them stick to time schedules and to cover all topics.

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4.3 Training of Trainers (ToT)

A five-day ToT was conducted at Kalinga Institute of Information Technology (KIIT), Bhubaneswar in November 2010. It was attended by state communication officers of the directorates of DoH&FW like NVBDCP and RNTCP, members from the communication wing of SIHFW, OSWSM. Most officers who had attended training at MICA attended the programme.

4.4 Refresher Training

A two-day refresher training was held at SIHFW where the state pool of master trainers did role play and facilitated sessions while their colleagues made suggestions for them to improve upon their delivery. UNICEF provided additional support to the refresher training by brining in a communication agency M/S New Concept Information Systems Pvt. Ltd to fine tune the presentations and facilitate the training sessions, The trainers were divided into groups of two or three and asked to facilitate different sessions as per the training material. Feedback in the form of suggestions was given to the facilitators to improve delivery and make it more presentable.

4.5 Capacity Building Training of PHEOs, DPHCOs and ADPHCOs

The next step was to pass on the knowledge acquired to the next level of communication personnel at the district level. All participants of refresher trainings were divided into four teams, three of which were headed by a key resource person who was an expert on all modules. According to the financial arrangement, the state and district had to share the sessions in the ratio of 3:2. Resource persons from the district were also identified to facilitate sessions. The resource pool comprised of State and District level communication personnel, comprising of communication officers from DoH&FW like NVBDCP and RNTCP, members of the communication wing of SIHFW, communication personnel from CDMOs, ADMOs and MEIOs from the districts, Communication Consultant, TMST, Programme Communication Officer, UNICEF and the team from New Concept Information Systems.

In all 374 communication personnel at the district (DPHEOs, ADPHEOs) and block (PHEOs) level covering 314 blocks in 30 districts have been trained on communication.
4.5.1 Training Programme at the District Level

Most participants have not received any formal training on communication. Almost after 12 years training on communication has been organised by DoH&FW. Also, health communication itself had evolved so drastically over the last decade, with a shift from IEC to BCC due to which most participants were excited at the prospect of the training. They participated enthusiastically and said that these were long overdue and that there was dire need for similar trainings on a regular basis.

Training Venues

The entire state was divided into zones depending on the distance that had to be covered. Chosen locations included Bhubaneshwar, Baripada, Bolangir, Kandhamal, Sambalpur and Ganjam.

Feedback from participants

Almost all the participants felt that the training would help them work with more vigour, interest and fresh ideas. They felt that the training had imparted them with practical knowledge that could be implemented at the field level. Some of the specific suggestions were:

- Include computer skills in the session plan
- Have a longer training period (extend from 3 to 5 days)
- Within the three days of training some suggestions on condensing few sessions such as NRHM PIP were made
- Add a special session on IEC material development
- Change in nomenclature was much appreciated along with the suggestion to revised job responsibilities, though there was a doubt whether they would get a chance to carry out assigned tasks since their position in the district and block was being undermined by the Chief District Medical Officers (CDMOs) at the district level and Block Programme Officers (BPOs) at the block level.
- Newly appointed PHEOs to receive induction training immediately since they have little idea of what is expected of them.
Learning from the Training Programme

a. Developing a strong sense of right and wrong

Since most participants had been working in the field for a long time they felt that the training sessions helped them streamline their own concepts and understanding on communication. They felt that while the training taught them how to handle situations in the field and do the most appropriate and correct thing, it also helped them understand what they were doing wrong.

This training programme will make us better trainers. We will now pass on our learnings to the frontline workers.

Mrunanjaya Panigrahi,
PHEO (CHC), Belagoan, Rhinjili, Ganjam

Now that we know what funds are available to us we can implement the programmes using these funds. Previously we used to depend on BPOs for this. This training will also help us in imparting training to frontline workers.

Bharati Brahma,
PHEO, Junad (CHC), Kalahandi

b. Serving as a source of motivation

For many, the training programme served as an excellent motivator, putting them on the path of learning and helping them understand new techniques and ideas which could be implement in the field/community. The trainers were convinced that just in the manner their skills had been upgraded at the MICA training, the benefits had percolated down to the end user, namely the person living in the village. The programme equipped DPHCOs, ADPHCOs and PHEOs develop skills that helped them first connect with their target group, identify the problem and finally implement it at the field level.
c. Good grasp on implementation of mega campaigns

DPHCOs, ADPHCOs and PHEOs from various districts were able to grasp on the techniques of effectively executing mega campaigns at community level keeping in mind the objectives and goals of the campaigns and related programmes.

d. Understood the criticality of situational analysis

The communication cadre were able to appreciate the relevance of applying the information and knowledge they have on the current situation before planning and implementing communication activities. The new aspect they have learned is to put their knowledge in a logical framework which will not only serve as reference material but also help in selecting appropriate material for dissemination of information.

e. Better judgment of material usage

The importance of interpersonal communication to bring about behavioural change in the community was appreciated by the cadre. They further understood the relevance and limitations of different types of media. Now they are confident of achieving desired results by using a proper media mix.

4.6 Systematic monitoring and supervision:

Monitoring and supervision of training programmes ensured things were proceeding on track in the right manner. On day one, participants filled in a pre evaluation questionnaire to judge their skill levels and on day three they completed a post evaluation questionnaire that helped them monitor the effectiveness of the training imparted.

“We added to their knowledge as well as streamlined what they already knew in IPC. The process was similar to what we underwent when we went to MICA for the crash course”.

Kadambini Misra, Key Resource Person
Below are few observations from the monitoring team

1. The sessions on NRHM PIP and revised job responsibilities helped the cadre to understand their scope of work well. This is expected to result in easier monitoring at the state level.

2. The trainees now have an opportunity to translate knowledge gained during training into action.

3. Enhanced knowledge on IPC will help in effective training to the frontline workers which in turn will result in establishing good rapport with the community leading to a change in desired behaviour.

“Now that they have a good understanding of the guidelines and the new activities initiated it will be easier for them to implement it.”

Chakradhar Sahu, State IEC Consultant, NRHM, COE
CONCLUSION AND NEXT STEPS

A Centre of Excellence, apart from having the potential of becoming a leading light in its area of specialisation also serves as a tremendous confidence boosting measure. With streamlined systems and procedures in place, well designated trained professional teams and a clearly mapped charter of goals and activities, it holds promise of delivery, better access, greater visibility and effectiveness.

Seeing the manner in which the CoE has been conceptualised and set up, the DoHFW has confidently outlined for itself, a Blueprint – one that over a five-year time frame will allow it to strengthen some of its new initiatives. Towards that end, the SIHFW will be a one-stop solution for all communication needs of existing and upcoming health programmes, akin to what an IEC Bureau or an IEC Warehouse would be at the state level.

The CoE has already succeeded in integrating health communication activities by bringing the personnel of the different directorates of DoH&FW, W&CD and RWSS under one umbrella. It has provided them with a common platform to conceive, plan, implement and monitor their communication activities. In one stroke this has reduced the possibility of any duplication, overlapping, wastage of time, ambiguity in role clarity and lack of ownership. Rather, it has meant better convergence through integration of flagship programmes - National Rural Health Mission (NRHM), Integrated Child Development Scheme (ICDS), Total Sanitation Campaign (TSC) and Sarva Shiksha Abhiyaan (SSA) in planning and implementing similar communication activities and in having energised teams leading each of these verticals.

Another notable achievement has been to draw attention to the need to standardise the kind of messaging that is developed and disseminated by the different departments, directorates and stakeholders working on similar issues. Non standardisation has necessarily meant lack of systems that can guide message development and also whet and authenticate final outcomes. Resultantly, there is risk of inaccuracies creeping in or sensitivities regarding certain conditions such as say HIV getting mis-communicated, exaggerated or even disregarded. With the CoE taking stringent quality control measures and verifying the technical soundness of all message and material development, all ad hoc attempts related to this aspect have been done away with.

The emphasis on training and capacity building and the tying up with leading private institutes on communication has been the defining feature of the CoE. By assigning importance to upgrading skills of communication personnel within the government system and by equipping them with a range of practical, theoretical and creative tools, a huge gap has been addressed. This has not only contemporarised the quality of
communication professionals within the system but also brought them at par with the best in the private sector.

Plans of mooting an integrated BCC cell within the SIHFW to assist government departments of Health & Family Welfare, Women and Child Development, Rural Development (State Water and Sanitation Mission) and OPEPA on communication (IEC activities) under the flagship programmes are already on the anvil. The communication wing would be responsible for developing state guidelines on IEC and for strengthening IEC strategy and support implementation of communication activities in all districts. This would be part of the integrated BCC strategy and action plan that would facilitate integration of all communication activities.

Specific Next Steps

1. Strengthening capacity building mechanisms

CoE is planning to develop a training calendar, standardize training material and provide need based training by identifying needs of different cadre as per their job responsibilities as well as demographic features of locations they are working in. For example, communication cadre in coastal region might need training on mass media
while officers working in tribal regions will need training on IPC skills, usage of folk theatre and other traditional communication methods.

2. Updating capacities on regular basis

Capacity building is a continuous process. CoE aims at systematic and continuous strengthening of capacity building initiatives to improve efficiency of communication cadre. As on date the entire communication cadre of DoH&FW was provided blanket training on basics of communication to re-freshen and sharpen their existing knowledge. CoE now in near future aims at

- introducing different approaches in communication,
- strategic communication planning,
- in depth training on material development,

3. IEC warehouse to standardize and catalogue material

Establish an IEC warehouse in SIHFW to store, digitise and disseminate standard IEC prototypes developed across the state by government and non government partners.

4. Tapping institutions for demand generation and social and behaviour change

Frontline workers have dual responsibility of generating demand for government services, provisions and products and bring in social and behavioural change related to preventive aspects of health care. While training frontline workers PHEOs should also tap existing community institutions such as Gaon Kalyan Samities, Youth Clubs, Self Help Groups, Vana Samrakshana Samities, community based organisations, farmer groups, village education committees etc so as to reduce the work load of the already over burdened frontline workers. This will help PHEOs in clearly assigning communication related responsibilities by making the frontline workers responsible for demand generation while community institutions to bring in desired social and behavioural change.

5. Stringent monitoring mechanisms in place

Strengthen ‘monitoring and supervision’ of communication activities by entrusting district nodal officers to undertake monitoring of monthly communication activities and provide supportive supervision. Develop a monitoring framework that will be used by the nodal officers while reporting back to the State and for reference during future monitoring activities.
6. Establishment of IBCC Cells at district and block levels

Integration of communication activities of various departments being the core objective, CoE is the process of setting up IBCC Cells in all 30 district and 314 blocks. These IBCC Cells will follow the Pilot model in Koraput and bring together the departments in implementing their communication activities.

7. Innovations to address challenges

Tribal belts, hilly terrains and densely forested areas make many parts of Odisha inaccessible and media dark. The objective of the CoE will bring in innovative activities to reach out to the media dark areas. Use of innovative tools for communication such as GRAMSAT for sensitising and educating stakeholders and service providers is one such example.