

IEC Strategy for the year 2007-08 and Implementation Guidelines

I. Background

Although the elimination of leprosy has been achieved at the national level, yet the stigma associated with leprosy exists. The leprosy patients are subjected to discrimination and ostracism by their own kiths and kins and community. The plight of women is still worse as they are denied the basic access to services in the absence of financial independence and lack of decision making in relation to their own lives. The National Leprosy Eradication Programme will have to continue the activities for spreading awareness about leprosy to people in various walks of life.

An independent survey to monitor performance at close of second national leprosy elimination project, carried out by the Indian Institute of Health Management Research, Jaipur in the year 2005 also found that the knowledge about leprosy curability as well as availability to treatment is low in many areas. The IIHMR also recorded a few evidences of stigma through a limited number of case studies. The study recommended the following :-

- Involve local health workers, AWW, religious leaders, and Panchayat (village local government) to identify the target groups (families, community leaders. Local private providers, etc.) in the high – endemic areas of a block and embark on intensive inter-personal communication with the groups.
- Integration of leprosy IEC with general health IEC is required.
- Technical competence on health communication at the district/ state level needs to be built.
- The IEC messages should also target community with low risk perception (especially in low – endemic areas).
- Private providers must be included in IEC campaign.

II. IEC Strategy (2007-08)

The IEC & advocacy, Guidelines and norms given by the GOI during the year 2006- 07 will also be continued during the year 2007-08 with some changes in approach & contents as follows:-

- Coverage will have to move from high – risk centre to general community.
- Intensive IPC with target groups will be given more emphasis for removal of social stigma.
- Leprosy IEC will be integrated with IEC of other health programme under NRHM.

World Health Organisation in their “Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities (2006-2010)- Operational Guidelines” have stated that there are four key messages for the general public, which can be expressed in many different ways:

- **Curable:** Leprosy is an infectious disease but the risk of developing the disease is low. It can be cured with drugs that are widely available and are free-of charge.
- **Early signs** of leprosy are pale or reddish skin patches, with loss of sensation; early detection with appropriate treatment helps to prevent disability from leprosy.
- **No need to be feared:** the disease can be managed just like any other disease; affected people should not suffer any discrimination. Treated persons are no longer infectious.
- **Support:** Affected people need the support and encouragement of their family and community, firstly, to take the MDT and any other treatment as prescribed and secondly, to be able to live as normal a life as possible.

III **IEC planning** : The States would base their IEC plan on an analysis of the needs in various population groups which include the following: -

- **Community Mapping-** is important to know the percentage of each community and develop messages as per the target group, identify key resource persons, religious leaders, influencers, opinion leaders, local MLAs, MPs who could play a decisive role in motivating the community and inspire them for behaviour change etc. Data available with the census department may be utilized.
- **Developing Seasonality Diagram of the region**– by drawing this diagram it shall be easy for the States to know the main seasons of the region and to know the most opportune time for organizing IEC Campaigns in that region so that more and more people can be covered. The information may be available with the Environment Department of the States.
- **In-depth interviews and discussions** – Information about the current beliefs prevalent in the society, awareness level of the masses about leprosy, myths and misconceptions, problems in availing the services, availability of MDT drugs, attitude of the community towards leprosy patients could be acquired and possible solutions worked out for the same i.e involvement of the influencers/ opinion leaders in overcoming the same. **For collecting such information local NGOs, PRIs, Community leaders will be helpful as they are the local people and aware about the local needs. For taking interviews or organizing discussions besides the local NGOs, PRIs, Community leaders, AWW, ANMs, ASHAs could also be engaged as the respondents are comfortable interacting with them. This IPC interaction will help**
 - **to build a rapport with the community,**
 - **increase awareness at community level about the services available,**
 - **create a demand for the services,**
 - **establish credibility of service providers,**
 - **motivate the community to adopt the best practices,**
 - **promote participation of local people,**
 - **prepare staff at the facility level to respond to greater community awareness about services and**

- **promote client-friendly behavior among staff.** Besides any other social organizations that the State feels relevant may also be invited to lend a helping hand.
- **Feedback :** to be taken from the patients, their family members regarding the services available, MDT drugs, attitude of the service provider, distance between the place of stay and the health centre, attitude of the community members i.e community acceptance. This would help to understand the attitude of the community towards such persons and help to advocate for their rightful place in society and earn a respectable living. The patients/people should be aware that leprosy is like any other communicable disease and the diagnostic and treatment facilities are available at all the Health Centres near to their homes.
- **Monitoring:** will be essential to ensure that the activities and time line scheduled in the State/District Action Plan have been adhered to or not and what percentage of change has taken place pre and post implementation of the IEC activities.

Plans should be prepared on quarterly time frame and completion of each activity should be monitored in the quarterly review meeting of the DLOs.

IV. IEC Activities

1. The State leprosy officers of the eight Kalyani Kendras viz **Lucknow, Bhopal, Patna, Jaipur, Bhubaneswar, Ranchi and Raipur** are to liaison with Doordarshan Kendras of their respective states and follow up the production of the Kalyani programmes and provide necessary guidance and support to the production team so that :
 - accurate and correct information about signs and symptoms of leprosy is disseminated within the community,
 - information about the availability of services like where they should go, whom they should contact and the procedure for the administration of the drugs etc. should be emphasized
 - new techniques/facilities being incorporated like facilities for reconstructive surgery, correction of deformity, foot and hand care at home and available in the hospitals
 - issues like rehabilitative avenues for leprosy patients to better their socio-economic conditions should be focused
 - coverage of success stories shall create a platform for interactive learning and also encourage other leprosy patients to come forward to voluntarily get themselves tested and avail the services
 - information about the cost effectiveness of the treatment should also be emphasized as many patients do not resort to medical care & treatment due to economic constrain
 - Women folk should be encouraged to come forward and avail proper treatment. Besides the male counterpart should also be motivated to provide resources for the treatment of his spouse.
- The Kalyani clubs can be used to undertake activities on leprosy in areas where the elimination has not yet been achieved.

2. For non-Kalyani Kendra States the information about leprosy could be disseminated through regional broadcast centres (AIR and Doordarshan). These broadcast centres have production houses, which could be used for production, broadcasting and telecasting of spots and jingles in regional languages. The Central Leprosy Division already has some CDs of the spots and jingles. If the States desire they may ask for it from the Central leprosy Division and use the same by converting it into the regional languages.
3. **Electronic Media**– Doordarshan, AIR, Internet, Cable TV, CCTVs at the railway stations etc. are available medias, which could be used for educating the urban and semi urban population and also in rural areas where these medias have the reach. **In the form of scroll bars messages on leprosy could be given through DD, Cable TV, CCTVs.**
4. **Print Media**- newspapers, magazines, posters, banners, leaflets, handbills, brochures. Leprosy message could also be given on prescription pads, registration slips etc.
5. **Health Melas** : District officers to select venue and time as per suitability and need for the health melas For organizing health camps/melas, local NGOs, NSS volunteers, Scouts and Guides, NCC cadets could be involved. **It will be best not to have health melas for leprosy only but active participation in health melas being organized by NRHM will be beneficial, productive and cost effective.**
6. **Rallies and Quiz** : Involvement of the school children, NCC, Scouts and Guides, NSS volunteers, Song and drama division on the occasion of Anti Leprosy Day or any other day the State feels relevant.
7. **Community newspaper/newsletter**: A monthly newspaper/newsletter could be brought out highlighting the activities at the village/Panchayat level. The photographs of the community group meetings, discussions, interaction with ANMs, AWWs etc. could be pasted on a chart paper briefly describing the purpose of the activity, date, time, venue, major decisions taken etc. Such newspapers/newsletter could be placed at the venue of the community meetings. This would give the community members a sense of ownership and help to connect with the programme better.
8. **IPC through community listening** : By showing docudramas during the meetings at the block/village/Panchayat level either using electronic or folk media awareness about the leprosy programme could be generated and then ask for their feedbacks i.e their perception/reception of the message and misconceptions to be corrected.
9. **Folk Media – miking, puppetry, nukkad natak, magic shows, folk dances etc.**

Miking to be used before any performance by the folk troupes to inform the masses about the time, date and place of performance so that more and more people could gather to watch the performance. While finalizing for use of folk Media following aspect should be kept in mind:-

- Identification and short-listing of the folk troupes with the regional dialects, good reputation for talent, punctuality and popularity to be selected. Troupes accredited with State Information Departments should be preferred.
- Orientation workshop be organized at the State level and the folk troupes should be trained in script writing, performances and appropriate selection of the place.
- The selected folk troupes should present their performances before the State Leprosy Officer and other implementing officers.
- Errors in content, pronunciation and facts to be corrected before approval and awarding of contract. State Information Officer should also be invited for the orientation workshop and for finalizing the script.
- The selection of the time for the performance should be either morning or evening. Morning time could be used to target the women folk and the evening for the male folk, when they are at leisure and receptive to the message.

10. Outdoor/Reminder medias - Hoardings, wall paintings, balloons, tin plates, neon signs, kiosks, bus panels, rallies etc. The size has to be determined by the implementing office within the overall unit cost.

- **Hoardings, wall paintings, kiosks, tin plates, neon signs** to be erected/painted/placed at the following places :
 - Bus stand
 - District Magistrates office premises
 - District Hospital premises
 - Near PHCs, Schools, Haats/Mandis where people gather
 - On the dividers of the roads
 - On the road crossings
 - Near railway stations, post offices, banks etc.
 - Dhabas
 - Highways
 - Petrol pumps
 - Venue of the Community Group Meeting of the local panchayat

The list is only suggestive and not exhaustive.

- **Balloons with written messages:** To be used during health melas / mahotsavs or exhibitions or even during health camps in villages.
- **Bus panels :** depending upon the size and availability of space site may be chosen either inside or outside of the bus

V. Implementation of IEC Activities (2007-08)

A. Central Level

Detailed planning, choice of communication channels will be done at the Central Leprosy Division and monitoring would be decentralized to ensure local relevance and wide reach of information. The

Centre will provide leadership and develop core messages, mass media and advocacy events. The Central Leprosy Division will maintain coordination and monitor activities carried out by Prasar Bharati.

B. State Level

Inter-sectoral coordination at the State level would be needed for the effective implementation of the IEC strategy within the government departments as well as public private partnerships. A State Coordinating Agency (SCA) for IEC under the leadership of the State Leprosy Officer shall provide direction, coordination and guidance, whenever needed, to the districts. The SCA shall also ensure implementation of the District IEC Action Plan in the stipulated time frame as laid down.

- A letter from the Chief Secretary may go to Principal Secretaries/Departmental Secretaries concerned requesting their support in promoting Health related IEC implementation process. At the State level the concerned Secretaries of the various departments - Health, Education, Panchayati Raj, ICDS Department, DWCD, Youth Affairs may write a letter to District Magistrate/Collector(s)/Deputy Commissioners to provide effective leadership and ensure the implementation of the programme in their districts by involving the departmental heads at the district level by building linkages, integrating the leprosy programmes within the ongoing other developments programmes, promote local journalist, citizen journalist to write positive stories about leprosy.
- A letter may go from the Chief Minister's to the Minister's of the various departments namely Health, Education, Panchayati Raj, ICDS Department, DWCD, Youth Affairs in turn involving the MLAs, MPs of the concerned district, Zila Parishad for their effective involvement in the leprosy awareness programme to ensure that they are able to advocate for the leprosy patients rightful place in the society and removal of stigma and also help in the rehabilitation of leprosy and improve the socio economic conditions of the patients.

District Level

At the District level a District Coordinating Agency (DCA) on IEC, under the chairmanship of the District Collector/Magistrate may be constituted with the District leprosy officer as member secretary to give necessary instructions to all the concerned departmental heads in the district for their active and effective involvement in favour of leprosy related campaign.

- The district level co-ordinating agency (DCA) to be supported by the Panchayati Raj institutions, Zila Parishad, Local NGOs., district level media infrastructure for coordination with various other agencies operating in the districts to achieve the IEC objectives.
- Support should also be taken from the local MLAs and MP who will provide necessary backup for generation of people's movement in favour of leprosy.
- The DCA will also coordinate with various other agencies in respect of development of location specific media campaign, identification and sensitization of the motivators engaged for the purpose of hiring of block level coordinators, develop functional linkages with other key stake

holders like the Self Help Groups, community based organizations etc, develop feedback and provide necessary modifications.

- The district will also provide periodic feedback to the SLO and submit a monthly progress report.

Block Level

At the block level the support should be taken from the Block Development Officers, Block Extension Educator, primary health centres & NGOs etc. to coordinate and develop effective functional linkages between the village level motivator and the district. The co-ordinator will also identify and involve the local level motivators for initiating the various IEC activities at the Panchayat level. The functions at community level will also include providing input of basic information about the signs and symptoms of leprosy, organising media inputs, sensitising the rural community with the help of folk media (magic, puppetry, nukkad natak, etc.), cured patients to convince and support others and provide a platform for interactive learning.

- It is also required that a base line assessment of the rural community in that block should be done with the help of **Block level officials** to assert the existing status of awareness, motivation of the community and their level of knowledge and myths and misconceptions.

Panchayat Level Co-ordination :

- At the Panchayat level the co-ordination will be provided through the local Sarpanch. Panchayat members to be the motivator. Sensitization meetings may be organized for them in which basic information about leprosy, issues of social stigma, misconceptions, availability of services etc. to be taken up.
- At the Panchayat level the involvement of the Village Health Worker, ICDS worker, Schools, Women & Youth Groups, Religious leaders, local teachers, Local NGOs will be coordinated by the motivator to provide the necessary support in respect of awareness, social mobilization and communication activities within the community and sensitize the community towards achieving the objectives of the IEC strategy.
- At the **Community Group Meetings of the local Panchayat, local NGOs, NYK volunteers, ANMs, AWWs, ASHAs are to be involved** and use this platform to provide information to the community on leprosy, determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health & family welfare services, availability of drugs, services provided, dispelling myths and misconceptions with the help of some folk shows during or after the meeting. The involvement of the Sarpanch and other Panchayat members is important. **The IPC at this level could take different forms like one to one (1 ANM/AWW/ASHA/per person or 1 ANM/AWW/ASHA/per group and one trained group with another group under the supervision of 1 or 2 ANM/AWW/ASHA.**
- Leaflets, brochures, posters, could be used to disseminate information on leprosy, myths and misconceptions, information about reconstructive surgery, facilities available at the government

hospitals etc during the **Focused Group Discussions** with the leprosy patients, their family members, community based organizations like Kayastha sabha, Muslim Sabha etc., Mahila Mandals, Yuvak Mandal Dal, Self Help Groups, Nehru Yuva Kendra Sangathan (NYKS) etc.

Village level

1. **Organization of the Village Health and Nutrition Day:** Under NRHM all State Governments are presently organizing monthly Health and Nutrition day in every village (Anganwadi centers) with the help of AWW/ANM. ASHA along with AWW mobilize women, children and vulnerable population for the monthly health day activities like immunization, careful assessment of nutritional status of pregnant/lactating women, newborn & children, ANC/PNC and other health check-ups of women and children, taking weight of babies and pregnant women etc. and all range of other health activities. **Along with this the ASHAs could also spread the message for mobilizing the community for leprosy diagnosis and treatment facilities. During such days the venues (Anganwadi centres) could also be used to counseling leprosy patients and clarify the doubts if any.** The ANM and the AWW will guide the ASHA during the monthly health days. The organization of the monthly Health and Nutrition Days is jointly monitored by the CDPO, LHVs (lady health visitor) and the Block Supervisor of the ICDS periodically. The ICDS department can be collaborated for monitoring the progress of leprosy programme as well.

2. **Co-ordination with SHG Groups:** ASHA interact with Self Help Groups (SHG), if available in the villages, along with AWW, so that a work force of women will be available in all the villages. They could also think of organizing health insurance at the local level for which the Medical Officer and others could provide necessary technical assistance.

VI. Reporting

- The quarterly report in the prescribed format should be furnished to the Central Leprosy Division.
- States from this year shall prepare a well-documented annual report or an album covering all the IEC activities undertaken during the year, with photographs. The photographs should be activity based i.e clearly highlighting the activity being performed with proper banner in the background. The document should also have brief information in the form of a write up about each activity. The States may reserve some funds for this report and reflect the same in the Action Plan.

VII. Budget

The State in consultation with the Districts shall follow this IEC guidelines for drawing an advance IEC plan for the current year and furnish the same to the Central Leprosy Division in their annual Action Plan for 2007-08. **Overall budget allocated to the State during the year 2006-07 may be kept in view, for drawing the current year's IEC plan also. However approval from Govt. of India with sanctioned limit will be utilized for IEC activities during the year.** As indicated Action Plan will be need based for different areas, to utilize the available funds for maximum impact on the community.