

## Original Research Article

# SWOT analysis of IEC implementation in RMNCH+A program in Udupi district

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**Received:** 07 March 2018

**Accepted:** 05 April 2018

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## ABSTRACT

**Background:** Information education and communication (IEC) activities in “Reproductive, maternal, newborn, child, and adolescent health programme” (RMNCH+A) plays an important role in creating awareness in the community about the key domains of reproductive and child health. The main purpose of the IEC activities is to bring about changes in knowledge, attitude, belief and behavior of the community towards healthcare.

**Methods:** A qualitative cross-sectional study was conducted among the stakeholders involved in the IEC activities of RMNCH+A programme in Udupi district, Karnataka. In-depth interviews were conducted among the Medical officers, Accredited social health activist (ASHAs) Auxiliary nurse midwives (ANMs) and lady health visitors (LHV) in the health facilities of Udupi District. Thematic analysis was used for data analysis.

**Results:** Mobilizing the community members and local logistics management at the field level are the main barriers identified in the implementation of IEC activities.

**Conclusions:** It is necessary to leverage and comprehend the strengths of the IEC programs, improvise on the weaknesses, explore the opportunities and minimize the threats associated with the IEC activities under RMNCH+A program.

**Keywords:** Implementation, IEC, SWOT analysis, RMNCH+A

## INTRODUCTION

Globally maternal and child health forms the major area of activities pertaining to public health. Apart from target driven, a public health program should be specifically designed for creating awareness among the community and at the same time it should also be in synchronization with mandates of sustainable development goals (SDGs).<sup>1,2</sup> 43% of the children are not able to survive for more than a month and 6.5 million doesn't survives beyond 5 years.<sup>3</sup> In India there has been improvement in the key domains of reproductive and child health from past two decades. This can be justified from the fact that the MMR has dropped from 327 to 178 per 100000 in the

last 15 years.<sup>3,4</sup> The south western state of Karnataka has been performing well as far as RMNCH +A program indicators are concerned with an IMR of 31 per 100000 live birth and MMR of 133 per 100000.<sup>4</sup>

India was the first country to initiate family planning program in 1956 with the sole aim to control the population but off late the focus has shifted on maternal and child health. RMNCH+A program which was launched in the year 2013 and the main aim was to reduce MMR, IMR and TFR (total fertility rate).<sup>1,2</sup> IEC (Information, education and communication) is the most indispensable tool for health promotion and intervention and is now part an integral part of the policy making

deliberations and procedures. The concept of IEC is to bring about a change in the behavioral aspect of the target audience with a precise focus on specific issues or health related problem within the given time period. IEC brings a visible change in knowledge, attitude, belief and behavior of the target population. IEC is conveyed through messages, ideas and practices and are generalized to target group or individual by communication<sup>5</sup>. The overall community participation towards state run health programmes has not been overwhelming in some of the districts of Karnataka<sup>4</sup>. People residing in the rural part of the state are unaware about the health services provided by the Government like mother and child healthcare related schemes, neonatal health, JSY (Janani Surakshya Yojana), immunization.<sup>6,7</sup> IEC makes it much simpler to understand health issues and can thereby directs the program to the path of success.<sup>8,9</sup>

For the RMNCH+A program, IEC materials plays an indispensable role in disseminating key information to the community.<sup>10,11</sup> It also equips the healthcare workers to effectively interact with the community showcasing all the valuable information about the program, enhancing public and media awareness on RMNCH+A related issues and providing an interactive platform to the providers and community leaders working on these issues at community level.<sup>12</sup> IEC activities improves the health seeking behavior among the masses with more emphasis on preventive and promotive health.<sup>13-15</sup>

The current study attempts to provide an insight into implementation of IEC activities for RMNCH +A program in Udupi district and the gaps identified can be addressed for further improvisation of the program. It aims to explore the opinion of the stakeholders regarding the implementation and challenges in the IEC related activities for RMNCH+A program in the district.

## METHODS

This was a qualitative cross sectional study conducted in Udupi district among the stakeholders involved in the IEC implementation activities for RMNCH+A program.

Udupi district has one District hospital, two General Hospital at the Taluka level, 6 (Community health centres) CHCs, 67 (Primary health centres) PHCs and 327 sub-centers. The study period was from January 2017 to June 2017 and purposive sampling method was used for the data collection process. As it was qualitative study, data was collected till there was information saturation. Total 29 respondents were interviewed from different levels of healthcare facilities. In-depth interview guide with open ended questions was used for the interviews and the conversations were audio recorded after taking the written consent from the participants.

29 In-depth interviews were conducted among the concerned stakeholders of which 5 were PHC Medical officers, 4 lady health visitors, 8 ANMs, 11 ASHAs and one health inspector.

The administrative permission to conduct the study was obtained from District health officer (DHO). The research protocol was approved from institutional ethical committee. Written informed consent was taken from all the respondents who participated in the study. Each interview on an average lasted for 35-45 minutes and thematic analysis was used for analyzing the qualitative data under recurrent themes which emerged after the in-depth interviews. The confidentiality and anonymity of the respondents was strictly maintained. Collected data was transcribed, subsequently coded and manually analyzed.

## RESULTS

Some of the key themes which emerged after the coding of the qualitative data were overall functioning of the IEC activities in RMNCH+A program, key problems in the implementation of the IEC activities and stakeholder's opinion about further improvisation.

The IEC activities for RMNCH+A program is relatively good in Udupi district as compared to the other districts. The main purpose of carrying the IEC activities in RMNCH+A program is to reduce the MMR and IMR. The IEC activities are aimed to create awareness and knowledge about the reproductive, maternal, neonatal, child health and adolescent health. The IEC activities for RMNCH+A program is conducted at all levels of healthcare. Majority of the respondents are of the view that by and large IEC activity in RMNCH+A programme is running smoothly in district.

*"IEC activities are very good because ASHAs and ANMs are trained basically our national health program is to reduce the maternal and infant mortality are the main objective and more attention paid towards RMNCH+A program, so the IEC activities are carried out at CHC and PHC level and the field level."*(Key respondent interview No-1)

For the Implementation of the IEC activities for RMNCH+A there are no any significant issues as such but problems like mobilizing the community members and changing their behavior towards attending the IEC activities and showing interest for that remains a daunting task for health care workers. The overall participation of community members in IEC activities still remains quite low.

*"Public involvement is not satisfactory, they all are busy with their works and daily life, and they have no time to attend these programs".* (Key respondent No-6)

IEC material designs are appropriate and easy to comprehend. Some of interviewee pointed out that budget is adequate but utilization of this budget to organize any sort of implementation activities is one of the main challenge for the health care workers. Many respondents pointed out that human resource is another bottleneck in carrying out IEC activities. Key posts like BHEO (Block Health education officer) are vacant and there is no

separate and exclusive team of workers for IEC activities. IEC materials are adequate in number but when it comes to supply they just don't reach on time.

*"The three 'M' are important money, manpower, materials in these programs. Sometimes we get less material and money these are the problems we are facing". (Key respondent No-2)*

Most of the accredited social health activist (ASHAs) and auxiliary nurse midwife (ANMs) were not clear about where and how the IEC materials are designed as some of them mentioned it's in state while others say it is in the district. Majority of the medical officers are well verse with the overall logistics arrangement of the IEC materials and its implementation process at the ground level. They stated that IEC materials are designed at the state and national level and are sent to district level and then to CHC, PHC. Banners, flip charts, handbills are frequently used for dissemination of the information to be conveyed by the IEC. Also in some of the interior areas street plays and yakshagana are conducted to deliver key messages for the RMNCH+A program.

Most of the respondents felt the need for the increase in the human resource and budget allocation. They were of the view for a special cadre of IEC experts in the healthcare system till the peripheral level. Some of the respondents expressed that there were no serious difficulties involved in implementing IEC activities for the RMNCH+A program. The healthcare workers are provided with periodic training and they communicate with the masses about the various components RMNCH+A programs through IEC materials. Some of the respondents also said that, it is very difficult for them to reach the target population as most of them are not available during the day time because they go out during day time for work.

*"Financial problem is there, as we have to gather the crowd and provide meal to them as people hesitate to attend the same if we are failing to do so". (Key respondent No 1)*

## DISCUSSION

The healthcare workers are the backbone in the implementation of IEC related activities for any program, hence their concerns and potential needs requires immediate addressal. Similar studies have shown that healthcare workers act as a reliable and trusted source of the information for the community they are the one who can actually mobilize the community members. Overall the IEC activities for RMNCH+A seems to be running in a smooth manner. However some of the in-depth interviews have led to the emergence of some underlying problems such as mobilization of the community members in IEC campaigns and meetings, reach of IEC materials at the most peripheral level and lack interest displayed by the community members towards it. A study

done by (Thakur et al) in Punjab revealed that there is poor involvement of community members in the IEC activities is the main bottleneck in the implementation of any state run health programs.<sup>9</sup> The IEC materials available under the program are ample however, they don't always reach the health workers and subsequently to the community level on time due to local logistic issues. Adequate human resources are indispensable for the smooth implementation of a community health program. Lack of personnel and experts adversely affects the effectiveness of the IEC program and in turn the entire program. Staffs from other health programs are deployed for conducting the IEC activities. The Government of India has released separate budget for IEC activities for all National health programs but their utilization remains a challenge.

IEC activities are adequately functional in Udupi district and there are no significant gaps noted in IEC implementation of RMNCH+A program from the health system's perspective. However, community participation in the IEC activities is not satisfactory which can be addressed by taking additional measures to motivate and invest community members in health promotion. Adequate IEC materials are available, however there is paramount scope for improving the design, format and functionality of these materials. Distribution of material at ground level is an area of development, and these issues arise due to logistical delays and lack of incentives for outreach staff. Despite having sufficient budget, sometimes materials don't reach the target population. The reasons for this includes scarcity of the human resources, lack of experts and technical expertise of IEC and unfilled vacancies. Respondents suggested specialized recruitment cycles, better allocation of funds and increase in human resources to tackle such issues in future.

It is necessary to leverage and comprehend the strengths of the IEC programs, improvise on the weaknesses, explore the opportunities and minimize the threats associated with the IEC programs and activities under RMNCH+A.

## ACKNOWLEDGEMENTS

I would like to thank the staff members of Health Department, Udupi District in helping me out to conduct this study.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: The study was approved by the Institutional Ethics Committee*

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**Cite this article as:** Dhange V, Sumit K, Pattanshetty SM. SWOT analysis of IEC implementation in RMNCH+A program in Udupi district. *Int J Community Med Public Health* 2018;5:2109-12.