

# Effective Communication Strategies to Mobilize Human Resources in Popularising Government Health Projects: A field study

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## Abstract

*Government of India and its state health departments take the projects further and reach the beneficiaries with the help of primary health centers and workers attached to social welfare department. The study tries to explore developing alternative communication methods and also developing alternative human resources, effective in popularizing government health projects. This project was carried out in two phases. The first phase involved a focused group discussion in three villages to assess the level of awareness of health and hygiene issues keeping an authentic state government publication as reference. The respondents were grouped into three small groups comprising five members in each group. The discussion with the respondents which comprised of either gender concentrated on topics such as the formation and working of health and hygiene committees, auxiliary nurse midwives, availability of community and Primary Health Centers, hospitals at District and Taluq Centers, prenatal and postnatal care provided to women by the health department of the Government, projects undertaken by the government for the beneficiaries belonging to different age groups and gender, health camps and availability of tests and treatments for diseases like TB and HIV/AIDS and emergency services. It is interesting to note that a few of the respondents were able to correlate and recognize the government projects under its project name after the lecture and particularly after the street play and this proves that there is scope and need for strengthening interpersonal communication. It is suggested that the government and the officials concerned should take some initiatives in mobilizing the community of beneficiaries to come out of their selfish and caste based cocoon in making the issues known to the public in general. Apart from this there is a need to discover and tap potential alternative communication medium.*

**Keywords:** Effective Communication, Human Resources, Government Health Projects.

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## Introduction

Government of India, which since independence emphasizing has been the need for the health and hygiene, of the village has been spending huge amounts on primary health care under the umbrella of National Rural Health Mission(NRHM). The state health departments take the projects further and reach the beneficiaries with the help of primary health centers and workers attached to social welfare department. Despite all the efforts, as Kiran Prasad notes(2004), “during the last six decades of independence, India has a dismal human development status(HDI of 127 among the 178 countries)”. With a majority of its population experiencing persisting poverty, illiteracy and unemployment the projects of the government appear to have failed to reach the beneficiaries.

Experience has shown that the extent of utilization of the institutional facilities or deriving benefits from the programs in the rural areas is not up to the desired levels. This could be consequent of some gaps in communication as any project to be put in place needs a strong network, particularly that of health and hygiene.

Communicating health has been a major area of concern for the health administrators and also practitioners. On the one hand it is said that health is wealth while on the other hand there is high mortality and morbidity particularly among the people who live in

villages and those who live in poverty. This is because since independence, a number of health schemes started and closed by the government went without leaving any marked changes in the lives of rural women (Indira Bishnoi, Vibha Singha;2007). The necessity to overcome the impediments and to put things in place, becomes obligatory as the proposed strong communication network of the mission ‘intended’ for the improvement of health of the community-appears to be failing.

India being a country with more illiterates than literates, an effective communication strategy is imperative. The question that arises here is what should be the fabric of this communication strategy, apart from the communication web woven by the government, i.e implementing agency or by the media, which is the vehicle of dissemination of information? There appears a strong need for tapping alternative human resources apart from strategizing new methods of communication.

The present study is taken up not only for improving the existing communication and human resource network which is imperative but also to rediscover the gaps in the systemic network. The study tries to explore developing alternative communication methods and also developing alternative human resources, effective in popularizing government health projects.

## **Research methodology and outcomes**

This project was carried out in two phases. The first phase involved a focused group discussion in three villages to assess the level of awareness of health and hygiene issues keeping an authentic state government publication as reference.

The respondents were grouped into three small groups comprising five members in each group. The discussion with the respondents which comprised of either gender concentrated on topics such as the formation and working of health and hygiene committees, auxiliary nurse midwives, availability of community and Primary Health Centers, hospitals at District and Taluq Centers, prenatal and postnatal care provided to women by the health department of the Government, projects undertaken by the government for the beneficiaries belonging to different age groups and gender, health camps and availability of tests and treatments for diseases like TB and HIV/AIDS and emergency services.

The two villages selected for the experiment are situated nearly 20-25 KM in the northern part of Bangalore, Karnataka. The villages are part of Kasaghattapura Gram Panchyati. Of the two villages, Soldevanahalli, is well connected to Bangalore city both by road and railway. The village has proper water and electricity provision. There is also a police station. A majority of the villagers are either employed or cultivate lands. With new

layouts being established in the areas surrounding the village, this village enjoys all the facilities which are missing in any other village. Kempapura has no gram panchayat member of its own and is a bit interior. The roads and transport towards the village need to be developed. The village is provided with electricity and water is supplied through bore wells. A majority of the villagers practice agriculture. A separate colony for the SC/STs within the villages, speaks about the prevalence of social hierarchy.

The two villages have a Public Health Center (PHC) within their vicinity. This PHC, situated at Chikkabanavara is at a range of 2K.M. has a doctor, auxiliary nurse midwife and medical officers are attached to it. However to avail in-patient facility the villagers should approach a PHC situated at Mallasandra, some 6 K.M from here and for emergencies they have to go to K.C.General Hospital or Vani Vilas Hospital in Bangalore City( 18 KMs).

The snowball method was adopted while contacting the respondents of Soladevanahalli and Kempapura and the focused group discussion was held at the Anganwadi center of the respective villages. The talk which began informally gradually delved into the desired topics without providing time for preparation. The participants were encouraged to express freely and to exchange information. The discussions were recorded using both cassette recorder and photographs. The

participants were advised after the elaborate discussion to observe the activities that are happening in the village and to talk about them with their neighbors. The respondents belonged to a cross section of the population and were in the age groups of 18 to 30 years. Care was taken to see at least one government beneficiary or one having knowledge about the government projects participated in each group.

During the second phase of meeting, which happened after a gap of 15 days, the villagers (participants) of Soldevanahalli and Kempapura were invited to assemble at the 'center' on different dates. The respondents were personally met and invited. Here the villagers were provided with information about the various projects undertaken by the Health Department of the state. A street play was also organized by the National Service Scheme volunteers. The research was based on qualitative approach and not quantitative approach.

The research period : Feb 2009 to April 2009.  
The participants are in the age groups 18 to 45 years.

### **Observations of Phase I**

The entire discussion concentrated on four core issues related to health. They are: village health and hygiene committees; anganwadi workers, hospital facilities and health schemes for various age groups; and emergency services.

### **Group I (Soldevanahalli)**

The group comprised four women and one man. Incidentally the man happened to be a powerful member of the gram panchayat. It is needless to say that the member was aware of the majority of projects implemented by the department. The female respondents were shy initially and were just listening to the explanations provided by the member. The fear of discussion being one sided vanished as the discussion progressed.

### **Village health and hygiene committees**

Barring the male member the other four female members were not aware of the formation of any such committee. The male member who was aware of the fact that the funds were not coming regularly and also the amount received was not sufficient, did not have full knowledge about the funds sanctioned by the government and the date of last meeting held. When the male member explained the working of the committee the female members, expressed their eagerness to learn more and one member could not control her curiosity and openly expressed her willingness to be part of one committee and demanded the knowledge of procedure. The female members recollected instances of water tank and roads being cleaned, but were unaware of the periodicity. They did not remember that bleaching powder was used by the panchayatin public places. They were

not even aware of the waste disposal procedure.

### **Anganwadi worker**

Every one was aware of the existence of an anganwadi center and anganwadi worker in the village. They were also aware of food being provided to the children and dispersion of the stipulated ingredients to a pregnant beneficiary during her pre- and post-pregnancy. In the adjoining hall of the anganwadi center the tailoring classes were initiated of which the female members were aware. They were all appreciative of the work being done by anganwadi worker.

### **Hospital services and Health schemes for various age groups**

The group was aware of the existence of the 'PrimaryHealthCenter' and it being situated near Chikkabanavara. They were aware of the doctor and ANM in position. The respondents were also aware of a full fledgedPHC situated at Mallasandra. One of the female members was a beneficiary of Janani Surakasha Yojane (JSS) and remembers the help provided by an anganwadi worker during the period. Another woman though not under the umbrella of JSS recollected the support received by the anganwadi worker during the routine check ups. However, the lady went to her mother's place for delivery.

Whenever there is a health check-up camp the anganwadi worker mobilizes villagers

during doctor's or other official's visit or at the time of health camps. The group expressed awareness of lectures and visits but was not aware of health camps. As a matter of fact the women were excited to learn about such camps. Except the pulse polio program and JSS no other health scheme of the government was known to the respondents, including the treatment benefits available for children.

### **Emergency services**

The nurses keep emergency medicines with them but this aspect was not known to the group members. Except the male respondent women were not aware of emergency services.

### **Group I (Kempapura)**

The group comprised three men and two women. The men practiced agriculture and involved themselves in all activities pertaining to the development of the village. It is needless to say that male members are aware of the majority of the projects implemented by the department. The female respondents are housewives and members of 'Stree Shakti' groups.

### **Village health and hygiene committees**

The male members were aware of the formation of committees related to health and hygiene and community development. These members, who were also aware of the

funds received by the government, were of the view that the funds received was neither regular nor enough. They asserted that the committees met regularly but interestingly they did not remember the date of the last meeting. The female members plunged into the discussion when the cleaning of the water tank of the village was raised. The female members said that the village had a borewell and in summer they faced water problem. Here it was observed that no member was either ready to discuss the cleaning of the water tank or its surrounding area. Keeping the surroundings clean appeared to be the responsibility of the housewives. Regarding collection of garbage and clearing the debris members preferred to remain silent.

### **Anganwadi worker**

Every one was aware of the *anganwadi* center and its worker. They were also aware of food being provided at the *anganwadi* to the children. 'HerigeBhatye', as they recognize JSS, seems to have brought popularity to the worker. They were all appreciative of the work being done by *anganwadi* workers.

### **Hospital services and health schemes for various age groups**

The group was aware of the existence of the 'PrimaryHealthCenter' and its situation near Chikkabanavara. They were also aware of the doctor and ANM in position. The respondents were also aware of another PHC near Mallasandra, which they felt was neither

equipped nor had proper connectivity at the time of emergencies. One of the female members who was presently under the umbrella of Janani Surakasha Yojane preferred to go to a private hospital for her delivery. Another woman explained that she was aware of the help offered to a young girl staying in the neighborhood. Pulse Polio is another project which the members were familiar with. The participants however were not aware of any health camps being conducted in the surrounding villages in the recent past. The participants were inquisitive about the schemes for various age groups and gender.

**Emergency services** Only the male participants were aware of the emergency telephone numbers, but termed the knowledge as useless as the nearby PHC's were neither equipped nor have the facility to attend the emergencies. The members felt that the 'phone number of private ambulance service is more useful when the patients need to rush to either KC GeneralHospital or VaniVilasHospitalhospital.

### **Group II (Soldevanhalli)**

The group comprised three women and two men. The men introduced themselves as employees working on daily wages. One was a driver and the other was a mechanic in a workshop. The female respondents are housewives. The female respondents preferred to remain silent throughout. The young men said they go out in the morning

and come back only by late evening and hence more than participating in the discussion they were interested in the explanations provided by the researcher. As the discussion progressed the respondents, particularly the female, were able to provide some inputs.

### **Village health and hygiene committees**

Both male and female members were not aware of formation of any committee nor about the funds. The members were not even curious to know about the functions of this committee. The participants, however, knew that the water tank was being cleaned occasionally but did not know the periodicity. About clearing the debris and waste they expressed their displeasure. They were not aware of any hygiene related to work undertaken by the panchayat.

### **Anganwadi worker**

Women respondents were aware of the existence of an anganwadi center and anganwadi worker in the village. They were also aware of food being provided by the anganwadi to the children. They were in general all appreciative of the work being done by an anganwadi worker. One of the respondents' child comes to the anganwadi center and has learnt some songs.

### **Hospital services and Health schemes for various age groups**

The group was aware of the existence of 'Primary Health Center' and it being situated near Chikkabanavara, nearly two KMs from Soldevanahalli. They were aware of the doctor and ANM in position. The respondents were also aware of a full fledged government hospital situated at Hesaraghatta some 20 KM from the village. Male respondents express their inability to understand the functioning of the hospitals. Men are not aware of the medical support provided by the hospitals in treating TB and HIV. A woman respondent who is under the umbrella of JSS, remarked about these hospitals being unclean and smelly. They were not aware of any other projects or schemes offered by the health department.

### **Emergency services**

There is a total lack of awareness of emergency services among the participants

### **Group II (Kempapura)**

This was an all women group. It is needless to mention here that the members were all housewives. The group also consisted of a member residing in a 'colony'. The respondents preferred to listen to the explanations than to comment on anything. After persistent probing the respondents were able to disclose certain details.

### **Village health and hygiene committees**

The members were neither aware of the formation of any committee nor about the funds. Interestingly they were not even curious about the functioning of these committees. The participants, however asked if these committees can undertake some projects which can financially empower them. When the purpose of the formation of the committees was explained the participants expressed their dis-interest in the subject.

### **Anganwadi worker**

Women respondents were aware of the existence of an anganwadi center and anganwadi worker in the village. They were also aware of food being provided by the anganwadi to the children. They were in general all appreciative of the work being done by an anganwadi worker. One of the respondents expressed happiness about her child which attends classes at anganwadi center.

### **Hospital services and health schemes for various age groups**

The group was aware of the existence of 'Primary Health Center' and being situated near Chikkabanavara nearly two KMs from Soldevanahalli. They were aware of doctor and the ANM in position. However they were not happy about the condition of the hospital. One respondent even recalled an incident which highlighted the lack of basic medical

facilities. It was shocking when the respondent who lives in the 'colony' disclosed that there were one or two deliveries in the recent past without any medical assistance. The participants expressed their inability to understand the functioning of the hospitals and are not aware of the medical support provided by the hospitals in treating TB and HIV. They are also not aware of any other projects or schemes offered by the health department.

### **Emergency services**

There is total lack of awareness of emergency services among the participants.

### **Group III (Soldevanahalli)**

The group comprised only women respondents. This was an intentional formation. It was interesting to note out of the five, four respondents were attached to the anganwadicentre for various reasons. Two women sent their children to the center, the third learnt tailoring and the fourth, being a pregnant, is under the umbrella of JSS.

### **Village health and hygiene committees**

Out of the five members four members were not aware of the formation of any committee nor about the funds. The fifth expressed her awareness related to the existence of 'some' committee on which her brother is a member. The members instantly expressed curiosity

and wanted to know more about the working of the committees. The third member was eager to know about the benefits and the procedure to become a member. The participants, though did not know the regularity, were aware of the water tank being cleaned. About the usage of cleaning agents and spray of anti-infectants the participants could not arrive at a concrete record. They were not sure if the debris cleaning task was undertaken by the village panchayator through some agency.

### **Anganwadi worker**

Women respondents were aware of the existence of an anganwadi center and an anganwadi worker in the village. They were aware of food being provided to the children, the help extended towards the pregnant, the tailoring initiatives, the monthly check-ups, etc. However, they were not aware of the schemes by their 'project names. They were in general all appreciative of the work being done by an anganwadi worker. The women were very particular that they should be able to achieve some kind of economic independence by earning through skilled work like tailoring.

### **Hospital services and health schemes for various age groups**

The group was aware of the existence of 'Primary Health Center' and it being situated in Chikkabanavara, nearly two KMs from Soldevanahalli. They were aware of the

doctor and ANM, in position, and were also aware of a better equipped PHC at Mallasandra. They were not aware of the medical support provided by the hospitals in treating TB and HIV. A woman respondent recalls the lack of basic provisions in the hospital when she went for woman related problem.

### **Emergency services**

There is a total lack of awareness related to the emergency services among the participants

### **Group III (Kempapura)**

The constitution of this group revealed hard core realities of village life. This group comprising three young women and two men were all in the age groups of 18 to 25. Out of the three female participants two were below 21 and were already in the second para. The third woman was being coaxed by her family members for the third child. The men in the age group 24 to 28 years worked as agricultural laborers and had no regular income. It was interesting to note out of the five, four respondents were attached to the anganwadicentre through their children. The fifth just looked blank.

### **Village health and hygiene committees**

None of the members were aware of the formation of any committee nor about the funds. The members repeatedly said they did

not receive any support from the government and insisted on 'something' being done. The participants were neither aware of the regularity of the water source being cleaned nor about the usage of the cleaning agents. The female participants knew that they have to clean their house and their surroundings. They said the waste was thrown in the open drainage which runs in front of their houses.

### **Anganwadi worker**

Women respondents, in particular, were aware of the activities of the anganwadi worker. They were aware of food being provided to the children, the help extended towards pregnant. They were also aware of the cases where young girls were being provided with some kind of 'grocery'. However they were not able to recognize the schemes by their 'project names'. They were in general all appreciative of the work being done by the anganwadi worker.

### **Hospital services and health schemes for various age groups**

The group was aware of the existence of the 'Primary Health Center' and it being situated in Chikkabanavara. Though they were aware of the existence of the doctor they could not recognize the existence of any ANM's or medical officer. They were frank enough to accept their ignorance related to the various health projects offered by the government. Though they were aware of PHC at Mallasandra, they preferred to go to KC General Hospital in Bangalore. They were not

aware of any medical camps being held in the village. It was rather satisfactory to note that young men were aware of the medical support provided by the PHC's in treating TB and HIV. A woman respondent recollects the way hospital wastes are being disposed of.

### **Emergency services**

There is a total lack of awareness related to the emergency services among the participants

### **Observations and conclusions**

The content of discussions provide a glaring examples for weak-links in communication network within the village.

### **Committees**

It is evident from the discussion that the committees definitely exists on records but there appears neither regularity nor sincerity while mobilizing the village people in health and hygiene issues. It is very essential to recollect Gandhiji who strongly advocated for the people to come together foregoing their differences while striving for the health and hygiene aspects in village (D.G.Tendulkar; 1981). It is rather very sad that except those who are members others are not aware of the functioning of the committee. It indicates that people who are politically and economically powerful are in the committees and are the decision makers.

Each rural health and hygiene committee is entitled for an imprest fund of Rs 10 thousand which can be spent on the purchase of cleaning materials and medicines for emergency purposes. Apart from that the sub center is also entitled to get an imprest fund from the government which is intended to be spent in shifting the patients to referral hospitals for buying first aid materials and also for maintaining the cleanliness of the hospital. Considering the circumstances in which ordinary people live, it was not surprising that men and women were ignorant about the funds.

### **Anganwadi worker**

Anganwadi worker appears to be the nerve center of activities. Particularly in Soldevanahalli where the anganwadi worker is also a member of health and hygiene committee it is expected of her to educate the village women in a better way. However, the interaction with both anganwadi workers revealed that even their knowledge regarding the health schemes needed to be updated. Another glaring fact that the investigator observed during the visit to the village was a total lack of display material on the ongoing projects of the government, in the anganwadi centers. If the officials are able to provide colorful display materials they may attract the mothers or the curious onlookers. The placards displayed during the street plays were able to grab the attention of the localities and some could even recognize the projects.

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist - 'ASHA' or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. This program which has tasted success in a majority of the northern states where it has been implemented, is yet to take its initiative here. That the brochure published by the Health Department of the Karnataka State and the repeated advertisements on television in the regional language, provides enough publicity to the concept but people do not see ASHA in reality there appears some confusion amongst the villagers. This point was clarified during the lecture which was delivered during the second leg of the experiment.

Apart from this a part of village population, which is nomadic in nature and is below poverty line, neither the anganwadi worker nor the panchayat member is aware of their powers to cover these families under the umbrella of government projects. A certifying letter from the chairman of gram panchayat or the doctor from the PHC will hold good to avail the facilities. When this issue was also addressed in the lecture followed by the street play performed by the NSS volunteers there were some spontaneous queries.

Hospital services and health schemes for various age groups: The villages are

connected to two PHCs. However there appears disaffection amongst the villagers about the facilities and cleanliness of these hospitals. The villagers also do not recollect any health camps being conducted in the recent past. The villagers in general are aware of much publicized anti- polio drive and JSS.

Another glaring fact that the investigator observed during the visit to the village was total lack communication between the members with respect to the benefits earned by the government. The beneficiaries preferred to remain silent than talk about it. During the group discussion it was observed that a beneficiary herself/himself can be strong tool of communication, as she/he provided first hand information. During the meetings the beneficiaries should be encouraged to address the gathering.

Despite of the display at the prominent place on causes and treatment for TB, a majority of the participants expressed their ignorance related to the treatment. This is primarily because there is lack of display material or wall writing or effective inter personal communication related to the issue. The same could be applicable to HIV/AIDS. When it was explained to villagers about the necessities for treating TB or HIV/AIDS, though there was no sudden change the reactions received from the audience reveal that such subsequent efforts either through lecturers or street plays the message will reach the target group.

It is interesting to note that a few of the respondents were able to correlate and recognize the government projects under its project name after the lecture and particularly after the street play and this proves that there is scope and need for strengthening interpersonal communication. It is suggested that the government and the officials concerned should take some initiatives in mobilizing the community of beneficiaries to come out of their selfish and caste based cocoon in making the issues known to the public in general. Apart from this there is a need to discover and tap potential alternative communication medium.

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