

## **West Bengal Health Systems Development Initiative**

### **Terms of Reference for support to the Department of Health and Family Welfare**

#### **Design and Implementation of a Communication Strategy for Health Sector Reforms in West Bengal**

##### **1. Background**

- i. The Mission of the Health Sector Strategy of the Department of Health and Family Welfare, Government of West Bengal, (HSS 2004-2013) is to improve the health status of all the people of West Bengal, especially the poorest and those in greatest need. In line with the Mission statement, the DHFW has defined the following overall objectives:
  - To improve the accessibility of poor and un-reached groups to curative, preventative, promotive and rehabilitative health services.
  - To reduce maternal and child mortality, and the burden of communicable, non-communicable and nutrition-related diseases and disorders.
  - To ensure quality at all levels of health and medical care services.
  - To maintain excellence in education and research in medicine and all allied professions (including management).
- ii. A Strategic Planning and Reform Cell (SPSRC) has been formed within the DHFW to provide support to the Department in framing policies and recommending strategic options to achieve the MDGs in the health sector. The focus of the Cell is to design and recommend sector wide reform measures and not mere technical / systems improvements. It works closely with other divisions of the Department to translate policy into implementation plans.
- iii. A Technical Assistance Support Team (TAST) has been contracted by DFID on behalf of the DHFW to work with SPSRC and the Department towards achievement of the HSDI milestones. TAST will draw on its own core team for support and contract additional expertise as required in agreement with the SPSRC.

## **2. Specific Background**

- i. Health Sector Reforms need to be widely understood and appreciated. The measures planned under the initiative demand large-scale ownership for effective implementation. However, programme managers often fail to consider communication issues seriously at the beginning of a programme and either address communication when failures of communication are already affecting the functioning of the programme or in terms of dissemination of documents towards the end of the programme. It is important that plans are made from the beginning for effective engagement of as well as information sharing with key personnel/departments and stakeholders within the sector.
- ii. Furthermore, whilst conventional leadership in the health sector places greater emphasis on areas directly under its jurisdiction, the activities and responsibilities of other departments have an important bearing on bringing about improvements in health. A stewardship role of the Department of Health in overseeing the Health Sector Strategy is envisaged. To support the DoHFW in playing an effective stewardship role, the communication strategy for health reforms needs to 'talk to' relevant sectors and excite their interest in becoming part of the reform process.
- iii. Ownership and leadership of reforms needs to percolate to districts and below. While the Secretariat and the Directorates continue to play a key role in policy making and strategizing, the districts need to take up far more proactive position in implementing the reform measures down to the lowest facility level. A thorough understanding of the health reforms and their linkage with other health missions and programmes is important for initiatives like district planning, human resource planning, health financing, public private partnerships to materialise at the district level. Thus communication efforts are required to strengthen participation in reforms at all levels.

## **3. Purpose**

- i. To design and implement an ongoing communication strategy which will create a better understanding of the health reform process at all levels of the Department of Health and Family Welfare, and amongst related departments, as well as

prepares the different stakeholders for their role in effective implementation of the reforms.

#### **4. Scope of Work**

##### **4.1 Tasks**

- i. To identify the likely roles played by each stakeholder in implementation and support of Health Sector Reforms.
- ii. To interact with SPSRC and TAST to understand the reforms planned during each year and the expected roles of different stakeholders.
- iii. To identify on a continuous basis, communication needs arising out of activities proposed in the reform process.
- iv. To identify constraints and support required in playing the role, information needs, levels and kind of participation.
- v. To develop stakeholder specific communication plans catering to a variety of stakeholders and activities.
- vi. Design and creating appropriate media for communication and change processes.
- vii. Where mediums of communication or production of materials require additional professional support and resources, produce assignment specific costed proposals for approval by the DoHFW.
- viii. Implement the communication plan through direct and additional inputs (ref. vii above).
- ix. Develop a monitoring and evaluation plan to assess the extent to which the communication strategy achieves the stated outcomes (see para 6 below). This will include monitoring by the communication team (internal monitoring), monitoring by the DoHFW (departmental monitoring) and occasional externally commissioned evaluations (see para 7 below).

#### **5. Outputs**

- i. Communication needs assessment reports and corresponding plans.
- ii. Implementation plan and processes to be deployed for each stakeholder/activity.
- iii. Implementation of the plan.
- iv. Results of internal, departmental and external monitoring and evaluations.

## 6. Outcomes

- i. Awareness generated about different components of the Health Sector Strategy and the reforms envisaged
- ii. Clarity in role expectations and role playing
- iii. Enhancement in ownership of reforms

## 7. External monitoring

- i. DHFW will periodically monitor the Consultants' progress. A mid-term and an end-term assessment of the outcomes will be planned with the help of an external agency.

## 8. Inputs

- i. This assignment will require a skilled team of 2 persons who have experience of working with government departments to develop communication strategies, preferably within the context of communicating reforms. They should have essential qualifications in social research, communication and media design. They may be part of a communications agency or independent consultants with strong networks with communications and media companies.
- ii. The team will be expected to provide all the resources required for their direct work (ie. apart from additional resources in 4.1 vii above) and these will form part of the proposal.
- iii. Support- The agency can access the information / materials available with the Resource Centre being developed for the DoHFW, for the purpose of the assignment.

## 9. Time Frame

- i. The Communication firm will be contracted for two years from start of contract in 2006.

## 10. Reporting

- i. The Team will report to the Special Secretary and Project Director, HSDI in the DHFW. They will ensure coordination with TAST to keep them abreast of the developments. The team will also work in coordination with the IEC Bureau of the Department to create sustained communication efforts.

**Annex 1: Matrix for Stakeholder**

| <b>Stakeholder Group<br/>List of stakeholder groups</b> | <b>Why are they included</b>  | <b>Type of Participation</b>  |
|---|---|---|
| DHFW / DHS / DME / SIHFW                                | <ul style="list-style-type: none"> <li>▪ Decision-makers / Service providers</li> </ul>                                     | <ul style="list-style-type: none"> <li>▪ Information sharing</li> <li>▪ Information dissemination to line departments for further action</li> <li>▪ Ensuring cooperation</li> </ul>                 |
| DWCD  | <ul style="list-style-type: none"> <li>▪ Sister department/ important stakeholder with village level link person</li> </ul> | <ul style="list-style-type: none"> <li>▪ Information sharing</li> <li>▪ Information dissemination to line departments for further action and cooperation</li> <li>▪ Ensuring cooperation</li> </ul> |
| State / District Family Welfare Samities                | <ul style="list-style-type: none"> <li>▪ Major players in hospital management</li> </ul>                                    | <ul style="list-style-type: none"> <li>▪ Ensure effective management of hospitals for better health service delivery</li> </ul>   |
| Rogi Kalyan Samities                                    | <ul style="list-style-type: none"> <li>▪ Major players in ensuring benefits for the targeted population</li> </ul>          | <ul style="list-style-type: none"> <li>▪ Monitoring for betterment in patient care and satisfaction</li> </ul>  |
| Elected representatives                                 | <ul style="list-style-type: none"> <li>▪ Accountable to the people</li> <li>▪ Important carriers of information</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Information dissemination</li> <li>▪ Monitoring for better service delivery</li> </ul>   |
| PHED  | <ul style="list-style-type: none"> <li>▪ Water and sanitation services fall within their purview</li> </ul>                 | <ul style="list-style-type: none"> <li>▪ Dialogue with Health Department for taking corrective measures in affected areas</li> </ul>  |
| Forest Department                                       | <ul style="list-style-type: none"> <li>▪ Have a bearing on health of people around forested areas</li> </ul>                | <ul style="list-style-type: none"> <li>▪ Dialogue with Health Department for panning for population residing near forested areas</li> </ul>   |
| IEC officers of various state government departments    | <ul style="list-style-type: none"> <li>▪ Health education and awareness has to be part of a larger network</li> </ul>       | <ul style="list-style-type: none"> <li>▪ Get involved in the process of communication for sustaining the efforts</li> </ul>   |
| Urban Local Bodies                                      | <ul style="list-style-type: none"> <li>▪ Play a substantial role in urban health and as carriers of information</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Dialogue with Health Department for taking corrective measures</li> </ul>  |
| Private providers                                       | <ul style="list-style-type: none"> <li>▪ Involved in service provision of various types</li> </ul>                          | <ul style="list-style-type: none"> <li>▪ Information sharing</li> </ul>   |