

the messages later, and continue to benefit from the information.

This IEC card is distributed to schoolchildren by schoolteachers and health workers, who explain its purpose to the children. On taking it home, the children tell their parents what the symptoms described on the card are and how the card has to be filled in. They then return the card to their teacher. All the returned cards are collected by a health worker from the school and studied to see which of them have skin patches indicated. These are followed up individually, and after the medical officer confirms the diagnosis, treatment is started.

### Pilot Project

With a view to utilizing this IEC/diagnostic school card, a pilot project was initiated in the urban areas of Lucknow. It was launched by the Principal Secretary of Medical, Health and Family Welfare (of the Government of UP), on January 30th, i.e. Leprosy Day. After the cards were distributed, the children held a rally, holding placards on leprosy and its cure.

During Leprosy Week, 17,268 cards were given to 216 government schools in the urban areas of Lucknow, and distributed to students from third grade through eighth grade. This was done with the joint efforts of health workers and school authorities in coordination with the Basic Education Department. A total of 15,114 cards were then returned by the children to the teachers.

Each card was examined to see what the children had indicated. 276 of the returned cards indicated skin patches. So in the months of February and March, each suspected case was investigated and, after diagnosis, eight people were confirmed as leprosy patients.

Out of these eight cases, one patient, whose daughter had drawn patches on the card, indicated that he had been diagnosed in October 2002 and was already receiving treatment. The remaining seven were new cases.

Of these eight patients, six are living either in urban slums or in nearby villages. Four are from a low-income group and four are living below the poverty line. When asked individually, they said that messages in the form of banners, handbills, billboards and advertisements have no impact. Similarly, they do not listen to verbal announce-

ments, and even if they do, for the most part they are unable to comprehend the messages. The parents are illiterate or semiliterate and were diagnosed only because the children faithfully followed the instructions given by the teachers during the School IEC.

The paramedical workers who were involved in the above IEC/diagnostic activity expressed their view that this was a useful and effective way of detecting patients. Since children played a key role in the detection, they will take an active role throughout the treatment process, thus reducing chances of default.



*Social Workers in Uttar Pradesh*

### Conclusions/Recommendations

School IEC activities so far have been confined to organizing debates, quiz competitions, and the physical examination of schoolchildren. No doubt physical examination of children leads to detection, but the advantage of a focused school IEC/diagnostic campaign is that it simultaneously addresses the schoolchildren and their family members.

The cost of printing the 17,268 cards at the rate of 23 paise per card was only 3,979 rupees (\$87). This proves that result-oriented IEC need not necessarily be cost intensive.

Any media tool for IEC should be designed with the impact of the tool in mind. Identification of the target group (in this case children and families) and the best way to approach them has to be the underlying strategy.

Traditional methods of IEC such as distribution of

handbills, banners and billboards cannot reach that part of the target population which is illiterate. Verbal announcements are also not very successful, as many people are unable to comprehend the messages broadcast via loudspeakers.

Since 36% of the UP population lives below the poverty line, they are unable to benefit from TV spots. Either they don't own a TV or they are too preoccupied with their daily needs to listen attentively.

A few additions to the School IEC can be made in order to enhance the impact. The children could be given a pencil each to stimulate their interest. Also, instead of relying only on the health workers to explain the exercise to the teachers, printed guidelines could be circulated to the teachers as well, enabling them to understand the campaign better, and guide the children accordingly. □



*Children in West Bengal*