



STRENGTHENING COMMUNICATION SKILLS AND PLANNING ON ROUTINE IMMUNIZATION

STATE LEVEL COMMUNICATION WORKSHOP REPORT

Bhubaneswar, Odisha

December 10-11, 2013

Organized by:

ITSU-MOHFW

in collaboration with

Government of Odisha



A brief workshop synopsis

A two-day consultative communication workshop on **“Strengthening Communication Skills and Planning on Routine Immunization”** was organized by the Immunization Technical Support Unit (ITSU) of the Ministry of Health and Family Welfare (MOHFW) in collaboration with the Govt. of Odisha on 10th – 11th December, 2013.

The basic objective of the workshop was to strengthen and revitalize the communication skills of officials at the state and district level, namely, the Additional District Medical officer, Family Welfare (ADMO, FW), District Public Health Communication officer (DPHCO), Additional District Public Health Communication officer (ADPHCO) and District Vaccine Logistic Manager (DVLM), Information Education Communication (IEC) consultants of National Rural Health Mission (NRHM) and the State Institute for Health & Family Welfare (SIHFW). As these officers are responsible for implementing strategic communication interventions on routine immunization (RI) in the state, strengthening their communication skills would have a direct bearing on successful implementation of the RI programme in the state. An important step in this exercise was the preparation of evidence-based and state-specific communication action plan, which shall be integrated in the state project implementation plans (PIP).

The workshop was made interactive through energizers and group activities, covering topics such as, communication concepts, developing communication action plans, integrating communication activities in the state PIP and equipping participants with necessary skills of handling the media through a mock press conference.

The participants shared their learning’s/feedback from the workshop and how it would help them to strategically plan communication interventions for reaching out to families and communities for accepting routine immunization and also integrate communication activities in the state PIP. UNICEF Health and Communication for Development (C4D) specialists also participated in the workshop and shared state- specific inputs during the sessions. Dr. B. Dash Mohapatra, Director, Family Welfare, Government of Odisha, appreciated the efforts of ITSU team in conducting and facilitating the consultative workshop.

Following the workshop, Prof. (Dr.) Bijayeeni Mohapatra, Director, SIHFW invited the ITSU team to visit the Centre of Excellence (COE) developed at the SIHFW and for further discussions on strengthening communication interventions in the state. SIHFW is the nodal government agency for implementing communication interventions in Odisha. The visit helped the ITSU team to understand the state health system and the COE model, the mandate of which is institutional strengthening of health system by focusing on capacity building and training of health functionaries, media management and monitoring and evaluation.

Day 1

The workshop commenced with a welcome address by Dr. B. Dash Mohapatra, Director, Family Welfare, Govt. of Odisha along with Prof. (Dr.) Bijayeeni Mohapatra, Director SIHFW. Ms. Monica Chaturvedi, Senior Advisor, Strategic Communication, ITSU discussed the brief agenda of the workshop.



From Right to Left: Dr. B. Dash Mohapatra, Director Family Welfare; Ms. Monica Chaturvedi, Senior Advisor - Strategic Communication, ITSU and Prof. (Dr.) Bijayeeni Mohapatra, Director, SIHFW during the inaugural session.



Participants introducing each other during the introductory session.

This was followed by an interactive introduction exercise, wherein participants introduced each other. One half of a picture was given to each participant and they had to find their partners by matching the other half of the picture and introduce her/him in a few lines.

The introduction also served as an ice-breaker for the participants and set the tone for the workshop. To help facilitators assess the existing communication knowledge and skills of participants, a pre-test assessment was done, wherein participants were asked to fill in a structured questionnaire.

Thereafter, participants' expectations from the workshop were sought, which was noted and put up on the soft board – facilitators tried to weave in these expectations during the workshop sessions over the two-days.

Communication Concepts

The session facilitated by Ms. Monica Chaturvedi, focused on the basics of communication – the process, barriers in communication, types of communication and gateway behaviors. Participants also got an overview of the relevance of behavior change in strategic communication, the paradigm shift from Information Education Communication (IEC to BCC) and need to focus on methods for effective communication. Participants played interactive “Word Ball” and “Speaking Mirror” games on effective communication, which helped them focus on what the previous person said and make quick connections. The exercise helped participants relate to basic principles of communication (see box).



Understanding communication concepts

Word Ball Game – The ‘word ball’ game encourages spontaneous communication and helps connect a group of people. Participants form a circle and someone throws a ball and says a word. The next person has to catch the ball and say a related word. For example, the chain might go: SKY - BLUE - OCEAN - WATER and so on....

Speaking Mirror Game – It was an extension of the previous game in which the participants had to weave a story. While person A speaks, person B silently listens and then takes the lead from the previous speaker and takes the story forward.

Channels of communication and designing effective communication material



Session on channels of communication and designing effective communication material

The session facilitated by Ms. Chaitali Mukherjee, Manager, Strategic Communication - ITSU focused on identifying different communication channels and their relevance for specific target audiences – which channel works best, whether it is mass media, mid media or interpersonal communication, and for whom? The session helped participants identify structures and networks within communities for social mobilization and advocacy and how these could be tapped to stimulate and bring about behaviour change at the family and community level.

Participants shared their field level experiences on how they have been using different channels of communication for various public health interventions.

Participants also got an understanding of the key points to consider while designing communication materials for routine immunization and how effective branding and knowing the audience helps generate demand for service at the community level.

Developing effective communication plans

Ms. Monica Chaturvedi facilitated the session which helped participants understand the important steps for developing an effective communication action plan, which is evidence-based and tailored to address local needs and context.

The session covered practical aspects for developing communication action plan and discussed the importance of planning strategically and what are the steps to behavior change that helps people motivate and change their behaviors.

Group Work 1: Root Cause Analysis

A template on 'Root Cause Analysis' was shared with the participants, who worked in groups and brainstormed on root causes or situational analysis on RI. The template had pointers for behavioral analysis of different target groups which obstruct the increase in demand of RI at individual, community and decision making level (*template on 'Root Cause Analysis' is attached as annexure 2*).



Group Work 2: Participants brainstorming on 'Root Cause Analysis'.



Presenting group work findings – Root Cause Analysis.

Outcome: Participants presented their group findings on 'Root Cause Analysis' and facilitators pitched in with their inputs to help participants understand key elements, such as identifying target groups, current behaviors, and barriers to appropriate behaviors and key messages for specific-target groups.

Day 2

Day 2 started with a recapitulation of the previous day's proceedings and learning's. This was followed by a short presentation by Ms. Chaitali Mukherjee on 'Integrating communication activities in the state PIP'. This helped participants understand various heads in the PIP where they can budget for communication activities related to RI.

Group Work 2: Developing Communication Action Plan

A template for communication action plan was shared with the participants, who divided themselves district-wise into 4 groups into 4 group's namely State, District, Block and Community level and worked on the action plan. The entire action plan was sub-divided into covered 6 components, viz, demand generation, capacity building, coordination and convergence, advocacy and social mobilization, media management and monitoring & evaluation. Participants had to fill-in details for each activity based on the prevalence of the target audience and the need in their respective districts.



Group Work 2: Developing communication action plans – participants working in groups.

Outcome: Participants presented their communication action plans, specific to the districts that they were grouped. Facilitators helped their understanding of the components – on how to strategically plan and calculate

the frequency and cost of activities realistically. The ITSU team shall further improvise on the draft action plans submitted by the participants and share the final version with state health officials.

Vaccine risk communication and handling media during an Adverse Event Following Immunization (AEFI).

The session aimed at building participants' understanding of the basic tenets of communicating with the media during 'critical risk situations' such as an AEFI. Participants were sensitized on the need for communication around vaccine safety and understanding media perspective. Through case studies and group exercises, efforts were made to build their skills on how to communicate with the media during crisis situations. Participants were briefed on the structure and important points to consider while writing a press release. This was also reiterated through an interactive exercise.

Mock press conference



Press conference – participants engaged in a mock session.

Preparations:

A mock press conference was conducted based on a recent case study. Three participants were nominated to be panelists/spokespersons to answer media queries.

Participants:

To give a real feel to the entire exercise, participants posed as journalists and were given tags of various media houses along with some indicative questions they could put up to the panelists.

Panelists:

A background note and FAQs on the case study was shared with the panelists, so as to help them prepare their answers to media questions. At the end of the mock press conference, two participants who were observers for the exercise, consolidated their feedback and shared with the larger group. The mock session gave participants a first-hand experience of how to handle media queries during a crisis situation such as an AEFI.

Concluding session

Participants also shared their feedback on the workshop – their major learning's, which sessions they found to be useful and suggestions for improvement in topics/ sessions for future workshops.

The workshop concluded with distribution of certificates to the participants.



Participants receiving certificates at the end of consultative communication workshop.

Feedback from the participants

- The workshop helped them understand about communication concepts, difference between IEC and BCC and how it can bring about behavior change amongst the communities to achieve the RI target.
- The workshop gave them a platform to learn, share and discuss field activities.
- The group work on root cause analysis and micro planning helped them understand how to incorporate communication related interventions in their programming as well as budget the same in the state PIP.
- This would help them make the communication implementation plans at different levels viz. state, district, block and community.
- The workshop helped them to understand how to handle media during crisis situations and important things to keep in mind during a press conference.

Visit to the 'Centre of Excellence' at SIHFW and discussing the way forward for developing the State Communication Action Plan for RI

Purpose of the visit: The ITSU team was invited by Dr. Bijayeeni Mohapatra, Director, SIHFW to look at the state's recently developed "Centre of Excellence" model for communication and to discuss the way forward for developing the communication action plan on RI for the state and integrate it into the state PIP.

Prof. (Dr.) Mohapatra gave the team an overview on the various innovative measures taken by SIHFW to reach the community through various channels, innovative methods, hybrid media mix strategy as well as involving new actors in the frame. As part of the state restructuring and reform initiative under the Odisha Health Sector Plan (OHSP) supported by Development of International Development (DFID), a three-prolonged integrated behaviour change communication (BCC) strategy was adopted on: institutional strengthening, evidence-based planning and innovative campaigns to promote positive health, nutrition and hygiene practices and health seeking behavior of communities. The Centre of Excellence for Communication was established in 2010-11 as part of the institutional strengthening under State Institute of Health and Family Welfare, with support from DFID and UNICEF to serve as the nodal institute of health communication in the state.

Dr. Mohapatra also shared some innovative communication models that the state has come up in recent times, with support from development partners, such as:

- **Swasthya Kantha** - A message board for writing important health messages by Accredited Social Health Activist (ASHA), Anganwadi Worker (AWW) and Auxiliary Nurse Midwife (ANM) every week to keep the community informed about various programmes related to Reproductive Child Health (RCH) and other programmes.
- **Suno Bhauni** - Handy tool to sensitive the women folks on various health themes, released quarterly.
- **Kantha Kahe Kahani** - This 52-week TV serial and its sister concern in Radio aims to promote identified behavior change communication messages, reaching households and targeting key family stakeholders.
- **Village Contact Drives** - Media dark areas have been identified (89 blocks) and village contact drives conducted to address communication related challenges and negate communication barriers. Inter-personal communication (IPC), message enforcement through folk media as well as engagement of NGOs working at sub-centre level for social mobilization are rolled out over a period of one month.
- **Van based IEC Campaign:** IEC vans called 'Raths' carry messages and move to villages following a well-defined microplan.
- **I-BCC cell:** Integrated BCC cell at district level, introduced by UNICEF as a pilot in Koraput district to provide resource envelope and technical expertise.

State PIP meeting at SIHFW

Prof. (Dr.) Bijayanee Mohapatra also invited the ITSU team for the preliminary state PIP meeting held on 12th December at SIHFW office, Bhubaneswar. Ms. Monica Chaturvedi and Ms. Chaitali Mukherjee joined the discussion and provided key inputs and suggestions for factoring communication activities on RI in the next three-year state PIP. The State has requested the ITSU Strategic Communication team to visit the state again once the State PIP is ready to provide technical inputs before the State PIP is tabled for MOHFW, GOI's perusal.



Centre of Excellence for Communication at SIHFW office, Bhubaneswar.



A book on Kantha Kahe Kahani - An innovative communication model being presented to the ITSU team.



Swasthya Kantha wall prototype used for health messaging at the village level.



COE for communication IEC resource cell having documented and displayed IEC prototypes been used in various health programmes across the state.

Agenda

Day 1 (10 th December, 2013)					
Time	Duration	Session	Methodology	Moderator / Facilitator	Outcome
09:30 – 10:00	30 mins	Registration of participants	Pre-designed format	Nidhi Bisht (Research Associate, ITSU)	
10:00 – 10:05	5 mins	Welcome address			
10:05 – 10:20	15 mins	Introduction of participants	Interactive game	Monica Chaturvedi (Sr. Advisor, Strategic Communication, ITSU)	The exercise would help participants think creatively and mutually introduce themselves
10:20 – 10:30	10 mins	Pre-test assessment	Structured questionnaire	Chaitali Mukherjee (Manager, Strategic Communication, ITSU)	Would help facilitators assess the existing communication knowledge and skills of participants and accordingly adapt in the sessions
10:30 – 10:45	15 mins	Expectations from the workshop	Group exercise using VIPP cards	Monica/Chaitali (ITSU)	Would help facilitators understand participants' expectations from the workshop
10:45 – 11:00	15 mins	Tea – break			
11:00 – 11:30	30 mins	Communication concepts	Presentation, group exercise using interactive games	Monica Chaturvedi	Participants understand the basic concepts of communication and the relevance of Behaviour Change in strategic communication, paradigm shift from IEC to BCC, methods for effective communication etc.
11:30 – 12:00	30 mins	Channels of communication & designing effective communication material	Presentation, group exercise	Chaitali Mukherjee	Participants understand different communication channels and identify networks/platforms for implementation, advocacy and social mobilization and designing effective communication materials
12:00 – 12:30	15 mins	Developing effective communication action plans	Presentation	Monica Chaturvedi	Participants understand important steps for developing effective communication action plans, which is evidence-based and tailored to address local needs and context
12:30 – 1:00	45 mins	Root cause analysis	Group work	Monica Chaturvedi/ Chaitali Mukherjee	Participants brainstorm on the root causes/behavioural issues which obstruct the increase in demand for RI
1:00 – 2:00	1 hr	Lunch			
2:00 – 2:15	15 mins	Energiser	Interactive exercise	Nidhi Bisht	Participants feel energised and rejuvenated, with a fresh mind and focus on post-lunch sessions
2:15 – 4:00	1 hr 45 mins	Group activity – developing communication action plans	Group work	Monica Chaturvedi/ Chaitali Mukherjee	Participants brainstorm and design an effective communication action plan
4:00 – 4:15	15 mins	Tea-break			
4:15 – 5:30	45 mins	Presentation by groups on communication action plans followed by discussion	Presentation by groups	Monica Chaturvedi/ Chaitali Mukherjee	Participants make group presentations on communication action plans and also brainstorm on ideas/feedback to make them more effective

Day 2 (11 th December, 2013)					
Time	Duration	Session	Methodology	Moderator / Facilitator	Outcome
09:30 – 10:00	30 mins	Recap of day 1	Jointly by rapporteur's	Rapporteur's/ ITSU	Participants have a recap of the previous day's sessions
10:00 – 10:30	30 mins	Integrating communication activities in State PIP	Presentation followed by group work	Chaitali Mukherjee	Participants get an understanding of where and how to integrate communication activities in the State PIP
10:30 – 10:45	15 mins	Tea – break			
10:45 – 12:00	1 hr 15 mins	Group activity – integrating communication activities in State PIP with budgeting	Group work	Monica Chaturvedi/ Chaitali Mukherjee	Participants brainstorm and map out activities under relevant heads and also budget them in the State PIP
12:00 – 12:30	30 mins	Presentation by groups	Group Presentations	Monica Chaturvedi/ Chaitali Mukherjee	
12:30 – 1:00	30 mins	Vaccine Risk communication – handling media during an AEFI	Presentation, interactive exercise	Monica Chaturvedi	Participants understand the basic tenets of communicating with the media during “critical risk situations” such as AEFIs
1:00 – 2:00	1 hr	Lunch			
2:00 – 2:15	15 mins	Energiser	Interactive exercise	Nidhi Bisht	Participants feel energised and rejuvenated, with a fresh mind and focus on post-lunch sessions
2:15 – 2:45	30 mins	Important steps for a Press Release	Presentation, interactive exercise using case studies	Monica Chaturvedi	Participants understand the important points to consider and the structure while writing a press release
2:45 – 3:45	1 hr	Press Conference – mock session	Group exercise using case study	ITSU/PHFI	Participants understand important points while conducting a press conference, especially around AEFI
3:45 – 4:15	30 mins	Consolidating observers feedback on mock press conference	Open session	ITSU/PHFI	Participants understand the important points to remember while handling the media during a press conference
4:15 – 4:30	15 mins	Tea-break			
4:30 – 4:45	15 mins	Post-test assessment	Structured questionnaire	Chaitali Mukherjee/ Nidhi Bisht	Help assess participants' pre/post-workshop communication knowledge and skills
4:45 – 5:00	15 mins	Distribution of certificates			
5:00 – 5:15	15 mins	Vote of thanks			

Root cause analysis

BEHAVIOUR ANALYSIS			
District: Rayagada, Koraput, Malkangini, Boudh			
	At Individual/Household level	At Community/Service provider level	At Policy/Decision Level
Who is the target group?	Current and future parents, family and grandparents of children 0-5 years	Health service providers - ASHA, AWW, ANM, doctors, PRI members,	ADMO (FW), MOIC, CDMO, Collector
What is the current behaviour?	Adverse thinking towards immunization	Callous nature of AWW and HW(F)	Lack of supportive supervision and evaluation
	Careless attitude towards their child.	Not bothered about vaccination	
What change do we expect in their behaviour?	They should be careful towards the health of their children.	They should motivate the people to attend counselling sessions regularly	Regular monitoring and supportive supervision.
What are the demand-side issues which stop them from adopting behaviour?	They take their children with them to jungle for cultivation both in morning and evening	<ul style="list-style-type: none"> Lack of technical of knowledge on immunization HWs not staying at sub-centre due to security reasons. Lack of incentives Long distance travel due to difficult to reach areas Improper IPC/counselling of PRI member 	Lack of political will and commitment Immunization not considered a priority
What is the key message?	Sampurna Tikkakaran Sishu Murtua Nirakaran	Full Immunization of each child is our responsibility	<ul style="list-style-type: none"> Immunization doesn't discriminate any child. Let's pledge to safeguard our children from vaccine preventable diseases. Immunization is the most cost-effective intervention and is every child's right.
District: Ganjam and Nuapada - rural/ hard to reach tribal areas (Jungle and Ghat Villages)			
	At Individual/Household level	At Community/Service provider level	At Policy/Decision Level
Who is the target group?	Current and future parents, family and grandparents of children 0-5 years	MPHW (F/M), AWW, ASHA, MPH (M/F), Sector MO, PHEO, BPM, Block MO/IC	CDMO,ADMO(FW),DPHCO,ADPHCO
What is the current behaviour?	Lack of interest in vaccinating their children	<ul style="list-style-type: none"> Unsympathetic nature of the HWs Lack of commitment to hold the immunization sessions in time Lack of focus on planning for out of reach areas 	Lack of focus on planning for far off areas
What change do we expect in their behaviour?	Make people realize the importance of vaccination for their children	<ul style="list-style-type: none"> Arrange camps regularly Inform the community well in advance about the campaigns Improved planning and coordination to organize immunization campaigns for difficult to reach areas 	Improved planning for each level of implementation of the vaccination program
What are the demand-side issues which stop them from adopting behaviour?	<ul style="list-style-type: none"> Non-accessibility to areas Timing mismatch 	Lack of structured activity plan to target the hard to reach population pockets	Lack of political will and commitment
What is the key message?	<ul style="list-style-type: none"> Timely vaccination of your child can safeguard the child from 7 deadly 	Counselling parents about the possible side effects of vaccination	

	diseases. Let's act now before it is too late.		
	<ul style="list-style-type: none"> Talk to ASHA to know when is the next immunization of your child due. 	Ensure proper monitoring and supervision to identify every child in your area to be vaccinated	<ul style="list-style-type: none"> Vaccination is every child's right. Children in hard to reach areas have the same rights as other children. They also contribute to the state data. Let's reach them.
District: Dhenkanal - Predominantly SC/ST community, nomads, brick ckin areas, urban slum and muslim community			
	At Individual/Household level	At Community/Service provider level	At Policy/Decision Level
Who is the target group?	Current and future parents, family and grandparents of children 0-5 years	ANM, AWW, ASHA, Social workers, NGOs, SHGs, PRI members.	CDMO,ADMO(FW),DPHCO,ADPHCO, MO/IC, Urban health officer, CDPO,DSWO, Teachers, PR members, PHEOs
What is the current behaviour?	Refusal for immunisation	Improper counselling	Irregular reviews of service providers
	<ul style="list-style-type: none"> Fear of injection Want door services 	Lack of IPC Skills	Lack of coordination with other departments.
What change do we expect in their behaviour?	Should aware the benefits of vaccination	<ul style="list-style-type: none"> Poor listening skill of the beneficiary Regular door to door visit by ASHA and AWW Lack of IEC material tools and aids (wrong perception of the community). 	Conduct regular orientation training, intersect oral meeting, reviews
What are the demand-side issues which stop them from adopting behaviour?	Ignorance about vaccination		Inadequate manpower and funds. Proper micro planning with up to date surveys, accountability to the concern service providers.
What is the key message?	Aapne Aap Punya Kamaiye Apne bacheche ka sampooran teekakaran karwaiye	Garbathi Sishu Hitare Eha Parti Budhbarea Tikakarna	<ul style="list-style-type: none"> Ek Sunhera Bhavishya ka Abhas Ek swasth Samaj ka Jagaran Full Immunisation: Everybody's Responsibility
District: Kandhamal and Mayurbhanj - Tribal community			
	At Individual/Household level	At Community/Service provider level	At Policy/Decision Level
Who is the target group?	Current and future parents, family and grandparents of children 0-5 years	Heath service providers - ASHA, AWW, ANM, doctors, PRI members, SHGs, and youth clubs, HW (F), supervisors, teacher, communities, PRI members, religious leaders, NGOs	ADMO (FW), MOIC, CDMO, Collector, ADPHCO,PHEO,BPM
What is the current behaviour?	<ul style="list-style-type: none"> Ignorance about VPD Ignorance about advantages of Immunization Ignorance about date/time/venue of immunization. Location of immunization point is far away and hard to reach from residence 	<ul style="list-style-type: none"> Lack of commitment to the job Incomplete information dissemination to the beneficiaries regarding the date and time of vaccine sessions 	<ul style="list-style-type: none"> No follow up action against the nodal officers despite information regarding the assessment gaps No micro planning for organizing alternate session for hard to reach population pockets

<p>What change do we expect in their behaviour?</p>	<ul style="list-style-type: none"> • Increased knowledge about preventive killer disease(s) and how children can be safeguarded against them through immunization • Sensitization of the community through different types of IEC like mass media, mid media and IPC to sensitize the community 	<p>All eligible children will be tracked for routine vaccination</p> <p>Parents will be counselled regarding :</p> <ul style="list-style-type: none"> - the safe keep up of the Immunization card -next due vaccination - possible side effects of vaccination 	<p>Very strong supervision of the system will be done</p>
<p>What are the demand-side issues which stop them from adopting behaviour?</p>	<ul style="list-style-type: none"> • Tradition of no-immunization rampant in the community. • Ignorance about the killer diseases 	<p>Lack of activeness and commitment in the service providers</p>	
<p>What is the key message?</p>	<ul style="list-style-type: none"> • Importance of immunization to prevent death of baby and mother and to prevent other killer diseases. • Effect of diseases and how immunization can protect these children from these deadly diseases • Immunization is the right of all children. 	<ul style="list-style-type: none"> • Track all eligible children for routine vaccination • Communicating to parents about the safe keep up of the Immunization card and next due vaccination • Counselling parents about the possible side effects of vaccination 	<p>Immunization is the most cost effective and equitable intervention which reaches the remotest corners of the country.</p>

Communication action plan

State Level			
Demand Generation - through Mass Media			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (excluding production cost)
TV channels - DD Odia, OTV, ETV (states to choose time slots depending on TRP rates)	One spot daily for 12 months in high TRP programmes	Approx. Rs. 30,000 for 30 secs TV spot (as per DAVP rates)	Rs. 1,09,50,000 for running one spot daily for the whole year
Radio - AIR, FM Choklate, Radio City, Radio Mirchi, FM Rainbow (states to choose time slots depending on channel listenership)	One spot daily for 12 months in high TRP programmes	Approx. Rs. 2500 for 30 secs radio spot (as per DAVP rates)	Rs. 9,12,500 for running one spot daily for the whole year
Newspaper advertisements - National (TOI, HT, etc.) Regional (Samaj, Sambad, Dhratiri, etc.)	Quarterly (all editions) for 12 months	Approx. Rs. 1,30,000 per insertion for a qtr page ad (as per DAVP rates)	A x B
SMS campaign through BSNL, Airtel etc.	Once a week before immunization day for 12 months	Rs. 10,000 for 1,50,000 bulk SMSes	A x B
Suno Bhouni (newsletter)	Quarterly	Rs 30 per newsletter	
Integrating RI messages in Kantha Kahe Kahani	52-week TV and Radio serial	State to negotiate with producers of the show	
Capacity building			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Communication skills training of state/district officials (@ 35 participants per training)	2-day training once a year	Rs. 1,50,000 per workshop (as per Govt. approved rates)	Rs. 1,50,000
Communication skills training of officials/spokespersons at state/district level in handling AEFIs	2-day training once a year	Rs. 1,50,000 per workshop (as per Govt. approved rates)	Rs. 1,50,000
Cross-visits amongst districts for sharing information, best practices, etc. (for approx. 10 district officials)	2-days visit quarterly	Rs. 35,000 (for one visit as per Govt. approved rates)	Rs. 1,40,000
Coordination & Convergence			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Regular meeting of state I-BCC cell	Monthly	Rs. 10,000	Rs. 1,20,000 for 12 months
Regular meetings with ICDS, PRI, allied depts. for inter-sectoral convergence	quarterly	Rs. 10,000	Rs. 40,000
Regular meetings of the Inter-agency Mass media Promotion and Coordination Committee (IMPCC) as a forum for integrated planning, implementation and sharing experiences of communication interventions across government media agencies and key line departments such as DFP, DAVP, Song & Drama Div. and others	quarterly	Rs. 5,000	Rs. 20,000

Advocacy			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Advocacy meetings with religious leaders	Six monthly	Rs. 1,00,000 per meeting	Rs. 2,00,000
Advocacy meetings with key stakeholders (IAP, IMA, professional bodies, etc.)	Quarterly	Rs. 15,000 per meeting	Rs. 60,000
Advocacy meetings with local MLAs and MPs to utilize their funds for ensuring complete RI coverage in their constituency	Six monthly	Rs. 50,000 per meeting	Rs. 1,00,000
Meeting of core committee on strategic communication	Quarterly	Rs. 10,000 per meeting	Rs. 40,000
Engaging with celebrity for RI promotion (Archita Sahoo, Odia actress)			
Media Engagement			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Media workshops with health media journalists (@35 participants per workshop through partners)	Six monthly	Rs. 50,000 per workshop	Rs. 1,00,000
Organize field/study visits for select health media journalists to observe immunization sessions (for approx. 10 journalists for 2-days through partners)	Six monthly	Rs. 30,000 per visit	Rs. 60,000
Regular media tracking and analysis (through partners)	Monthly	approx. Rs. 1,50,000 per month	Rs. 18,00,000 for 12 months
Participation of experts in interactive forums/ phone-in programmes/ talk shows on DD, AIR and other private TV/radio channels	Monthly	Free	No cost implications

District Level			
Demand Generation - through Mass media and Mid media			
Activity	Numbers/Frequency (A)	Rate/Unit cost (B)	Total cost
Cinema slides (static slide for 10 seconds per screen per month, run in 5 prominent cinema hall in the district)	Once daily in evening show	Rs. 7,000	A x B
Mid media (prototypes shared by National/state, only printing cost at district level)	Numbers (A)	Rate/Unit cost (B)	Display/ Dissemination plan
Posters (4 colour, size 19" x 29")	- @ 5 per ASHA area	Rs. 4 per poster (for 1,00,000 posters)	For display at strategic locations such as Village Swasthya Kantha, village market, gramya mandap, school, Bus stop, etc.
Pamphlets	- @ 100 per ASHA area	50 paise per pamphlet (for 1,00,000 pamphlets)	For distribution in villages (schools, ward members, PRIs, etc.)
Flip books (4 colour, A4 size, 10 pages)	- @ 1 per ASHA	approx. Rs. 500 for 1 flip book	For use by frontline health workers

Hoardings (4 colour, size 20' x 10')	- @ 5 per district & @ 1 per block	Rs. 9000 per hoarding per month (installation cost)	For display at strategic locations such as, district hospital, Sub-district hospital, post-partum centre, block (bus stand, Railway station, Municipality, Collectors office, Market place)
Banners (cloth banner, 2 colour printing, size 2' x 6')	- @ 2 per ASHA area	Rs. 50 per banner	Village, Anganwadi centre, market place
Flex boards (size 8' x 4')	- @ 10 per district & @ 5 per block	Rs. 1500 per flex board per month	For display at strategic locations such as, district hospital, Sub-district hospital, post-partum centre, block (College, School, Bus stops, Railway station, Municipality, local market, cinema hall, Temple, etc.)
Balloons (14' diameter)	- @ 2 per district	Rs. 20,000 per balloon for 15 days	District Hospital premises, mela ground

Capacity building

Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
1-day immunization (IPC skills) training for Block MOs/NRHM officials (@ 35 participants per training)	Six monthly	Rs. 30,000 per workshop (as per Govt. approved rates)	Rs. 30,000
1-day orientation of nodal school teachers on RI (@ 35 participants per training)	Annual	Rs. 25,000 per orientation (as per Govt. approved rates)	Rs. 50,000
1-day orientation of NGO volunteers on RI (@ 35 participants per training)	Six monthly	Rs. 25,000 per orientation (as per Govt. approved rates)	Rs. 50,000

Coordination & Convergence

Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Monthly district level meetings with ICDS, PRI, allied depts. for inter-sectoral convergence	Monthly	Rs. 10,000 per meeting	Rs. 1,20,000 for 12 months
Regular meeting of district I-BCC cell	Monthly	Rs. 5,000 per meeting	Rs. 60,000 for 12 months

Advocacy

Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Advocacy meetings with religious leaders	Six monthly	Rs. 10,000 per meeting	Rs. 20,000
Advocacy meetings with ward members/councillors/PRI	Quarterly	Rs. 10,000 per meeting	Rs. 40,000
Advocacy meetings with key influencers (teachers, local doctors, IAP/IMA members, CSOs, NCC, NSS, etc.)	Quarterly	Rs. 10,000 per meeting	Rs. 40,000
Organize health camps in local MLAs and MPs constituency(s) and ensure their participation	Six monthly	Rs. 20,000 per health camp	Rs. 40,000
Institutionalize a reward and recognition system for well-performing ANMs/ASHAs	Annual		Rs. 5,00,000

FOR HIGH PRIORITY AREAS			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Folk media/nukkad natak	2 per village every fortnight in media dark areas/ resistant/ underserved pockets	approx. Rs. 5000 per folk performance	at block, sub-centre and village level
Teekakaran rath (mobile van)	Six months	Rs. 1,00,000 per van for 1 month	A x B

Block Level

Demand generation			
Mid media (prototypes shared by National/state, printing at district level, only pasting cost at block level)	Numbers (A)	Rate/Unit cost (B)	Display/ Dissemination plan
Posters (size 19" x 29")	- @ 5 per ASHA area	poster pasting cost @ Re. 1 per poster	For display at strategic locations such as Village Swasthya Kantha, village market, gramya mandap, school, Bus stop, etc.
Pamphlets	- @ 100 per ASHA area		For distribution in villages (schools, ward members, PRIs, etc.), during community/mothers meetings
Flip books	- @ 1 per ASHA		For use by frontline health workers during IPC sessions
Hoardings (size 20' x 10')	- @ 1 per block	Rs. 9000 per hoarding per month	to be put up at a strategic location such as, CHC, block PHC, bus stand, local market place
Banners	- @ 2 per ASHA area	Banner hanging cost @Rs. 20 per banner	Village, sub-centre, Anganwadi centre, market place, local grocery store, etc.
Flex boards (size 8' x 4')	- @ 5 per block	Rs. 1500 per flex board per month	To be put up at strategic locations such as, CHC, block PHC, College, School, Bus stops, local market, Temple, etc.
IPC & community mobilization	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Community meetings	Monthly	Rs. 500 per meeting	Rs. 500 x 12 = Rs. 6000
Meetings with religious leaders/key influencers	Quarterly	Rs. 500 per meeting	Rs. 500 x 4 = Rs. 2000
Capacity building			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
1-day immunization (IPC skills) training for frontline functionaries (ANM)	Annual	Rs. 26,000 per training	Rs. 26,000 x number of trainings
1-day immunization training (IPC skills) for frontline functionaries (ASHA)	Annual	Rs. 26,000 per training	Rs. 26,000 x number of trainings
Coordination & Convergence			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Meetings of Sector MO with ANMs/ASHAs	Fortnightly	Rs. 250 per meeting	Rs. 6000 for 12 months

Monthly district level meetings with ICDS, PRI, allied depts. for inter-sectoral convergence	Monthly	Rs. 5,000 per meeting	Rs. 60,000 for 12 months
Advocacy			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Advocacy meetings with religious leaders	Quarterly	Rs. 5,000 per meeting	Rs. 20,000
Advocacy meetings with PRI members	Quarterly	Rs. 5,000 per meeting	Rs. 20,000
Advocacy meetings with key influencers (teachers, local doctors, CSOs, NCC, NSS etc.)	Quarterly	Rs. 5,000 per meeting	Rs. 20,000
Organize health camps in hard-to-reach/ underserved areas/resistant pockets	Quarterly	Rs. 10,000 per health camp	Rs. 40,000
FOR HIGH PRIORITY AREAS			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Folk media/nukkad natak	2 per village every fortnight in media dark areas/ resistant/ underserved pockets	Approx. Rs. 5000 per folk performance	Rs. 5000 x number of performances
Munadi	Monthly (prior to VHNDs) in HRAs	Rs. 100 per munadi	Rs. 100 x 12 months x number of villages
Miking	In HRAs per quarter	Rs. 100 per miking	Rs. 100 x 4 x number of HRAs

Community Level			
Demand generation			
Mid media (prototypes shared by National/state, printing at district level, only pasting cost at block level)	Numbers (A)	Rate/Unit cost (B)	Display/ Dissemination plan
Posters (size 19" x 29")	- @ 5 per ASHA area	Poster pasting cost @ Re. 1 per poster	For display at strategic locations such as Village Swasthya Kantha, village market, gramya mandap, school, Bus stop, etc.
Pamphlets	- @ 100 per ASHA area		For distribution in villages (schools, ward members, PRIs, etc.), during community/mothers meetings
Flip books	- @ 1 per ASHA		For use by frontline health workers during IPC sessions
Banners	- @ 2 per ASHA area	Banner hanging cost @Rs. 20 per banner	Village, sub-centre, Anganwadi centre, market place, local grocery store, etc.
IPC & community mobilization	Frequency (A)	Rate/Unit cost (B)	Total cost (A x B)
Mothers meetings	Monthly	Rs. 50 per meeting	Rs. 50 X 12 months = Rs. 600
Community meetings	Monthly	Rs. 100 per meeting	Rs. 100 X 12 months = Rs. 1200

Coordination & Convergence			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost
VHSNC meetings	Quarterly	Under NHM budget head	
VHNDs	Monthly	Under NHM budget head	
Advocacy			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost
Advocacy meetings with religious leaders	Quarterly	Rs. 250 per meeting	Rs. 1000 for 1 year
Advocacy meetings with PRI members	Quarterly	Rs. 250 per meeting	Rs. 1000 for 1 year
Advocacy meetings with key influencers (teachers, local doctors, CSOs, NCC, NSS etc.)	Quarterly	Rs. 250 per meeting	Rs. 1000 for 1 year
FOR HIGH PRIORITY AREAS			
Activity	Frequency (A)	Rate/Unit cost (B)	Total cost
Folk media/nukkad natak	2 per village every fortnight in media dark areas/ resistant/ underserved pockets	Approx. Rs. 5000 per folk performance	Rs. 5000 x number of performances
Village contact drive through community networks (CBOs, community influencers, religious leaders, NGOs, youth volunteers, SHGs, Cooperatives etc.)	Monthly	Rs. 5000 per village	B X number of villages X 12
Munadi	Monthly (prior to VHNDs)	Rs. 100 per munadi	Rs. 100 x 12 months x number of HRAs
Miking	Quarterly	Rs. 100 per miking	Rs. 100 x 4 x number of HRAs

Creative and Production Cost					
PART A : Creative and Production					
Advertising Medium	Format/Materials	Duration	Unit Cost for creative development (in Rs.)	Production cost (in Rs.)	Total Cost (in Rs.)
Television spots	Digi beta master with copies in mpeg3 format or as agreed	60 sec	25,000	250,000	275,000.00
		30 sec	25000	200,000	225,000.00
Radio spots	DAT tapes with copies in wmv/mpeg3 format or as agreed	60 sec	15000	60000	75,000.00
		30 sec	15000	45000	60,000.00
Jingle/song	DAT tapes with copies in wmv/mpeg3 format or as agreed	90 sec	10000	55000	65,000.00
		60 sec	0	25000	25,000.00
		30 sec	0	25000	25,000.00
Stillomatics		Approx 15 illustrations	1	32500	32,500.00
					782,500.00
PART B : Creative and prototypes					
Advertising Medium	Size/Length	Format/Materials	Number of units	Unit Cost for creative development (in Rs.)	Total Cost (in Rs.)
Folk/Street play scripts (4 scripts with 4 different messages)	15 min. plays	Softcopy in word format	4	15000	60,000.00

IPC flip chart (Prototypes)	10-page flip chart, size A4, 4 color with photographs, 2-sided, one side mostly text	Softcopy in pdf or jpg format, open file in adobe illustrator or coreldraw for printing	1	50000	50,000.00
Designs for 4 color hoardings, flex boards and wall paintings (Prototypes)	Designs that accommodate the following ratios 1:1; 1:2; 2:3; 3:4	Softcopy in pdf or jpg format, open file in adobe illustrator or coreldraw for printing	4	5000	20,000.00
Designs for 4 color posters (Prototypes)	23"x 18" with photographs	Softcopy in pdf or jpg format, open file in adobe illustrator or coreldraw for printing	4	16000	64,000.00
Design and text for 4 color flyers and leaflets (Prototypes)	Single fold half A4 size, color, both sides with photographs	Softcopy in pdf or jpg format, open file in adobe illustrator or coreldraw for printing	4	16000	64,000.00
Design and text for 2 color banner (Prototypes)	Size/Length in ratio of 1:3 - 2'x6' or 3'x8', size can vary upto 6'x18', according to space available for display	Softcopy in pdf or jpg format, open file in adobe illustrator or coreldraw for printing		Adapted from hoarding design	
Design for balloon (Prototypes)	4 color, 14' diameter, halogen filled balloon	Softcopy in pdf or jpg format, open file in adobe illustrator or coreldraw for printing		Adapted from hoarding design with RI logo	
Design and text for 4 color print advertisements in newspapers (Prototypes)	horizontal - half page, 200 column centimeters, 25x33 cm	Softcopy in pdf or jpg format, open file in adobe illustrator or coreldraw for printing	1	7500	7500.00
	vertical - quarter page, 100 column centimeters, 25x16 cm		1	4000	4000.00
Design and text for 4 colour newsletter	quarterly	Softcopy in pdf or jpg format, open file in adobe illustrator or coreldraw for printing	4	50000	200000.00
					469,500.00

List of participants

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27	Himanshu Sahu	SICA	-	9861335447	-
28	Prof. B. Mohapatra	Director SIHFW	-	-	-
29	Dr. Anita Patanaik	ADMO (FW)	Boudh	9439991131	-
30	Dolagovinda Pradhan	DVLM	Boudh		vlmboudh@gmail.com
31	Prabin Kumar Bish	ADPH LO I/C		9439991016	-
32	Dr. Susanta Kumar Das	Dy. Director, SIHFW	BBSR	9437353033	-



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