

**DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF ORISSA**

ORISSA TECHNICAL & MANAGEMENT SUPPORT TEAM

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**Swasthya Kantha Campaign in Odisha:
An insight to community empowerment with innovative
communication approach**

SWASTHYA KANTHA : KANTHA KAHE KAHANI

A 52 WEEK MULTIMEDIA COMMUNICATION CAMPAIGN ON HEALTH AND NUTRITION



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Executive Summary

The **'SWASTHYA KANTHA'** Campaign is a mega communication campaign that covers more than 40,000 Gaon Kalyan Samitis across the length and breadth of Orissa, especially in the rural hinterland, in a period of 12 months. Each of 3 months will see potential events at the local, state and district level under each thematic health related messages. The campaign is a communication challenge and an unprecedented opportunity integrating mass media, IPC, public mobilization and local media and cultural formats into a powerful campaign in the state's mandate to improve health seeking behaviour and access to health and health related services.

The campaign directly mobilizes the community, which would represent people across socio-economic and religious and cultural groups and reach about thousands people per day with the messages. A mobilization of this scale and impact is in itself a state event and one, which attracted media attention, generated public participation and galvanized the public and private delivery mechanisms. A close coordination with District Administration is made to understand the local dynamics and ground the campaign. Communication planning therefore required a multi-pronged approach, which encompasses the following:

- √ Local mobilization using the health wall 'Swasthya Kantha' as the backdrop and brand 'Kantha kahe Kahani' – wall speaks stories, to generate a massive people's participation in the campaign across villages, blocks and districts.
- √ A poster campaign with every Gaon Kalyan Samiti each month releasing the theme of the month for discussion and health related messages for Swasthya Kantha
- √ A series of events as top-ups is being planned and executed in the villages as Village Contact Drives on thematic issues. Mobile health units involved to integrate services
- √ Using mass media by developing special episodes in Radio and Television, every week same time same day for all 52 weeks
- √ Communication Outreach to maximize impact amongst critical "unreached" and media dark locations through Gaon Kalyan Samiti members who would be trained and equipped with material which will aid the process keeping local language and traditions in mind.
- √ Special drive 'Suno Bhouni' – listen sister's, for extensive inter personal communication with more than 4 lakh self help groups of the state

This document presents a detailed outline of a 52 week multimedia integrated campaign approach, design, plan and implementation framework. The campaign laid its foundation from an approach paper of integrated BCC framework for health communication developed by TMST and subsequently took the lead in designing the concept, action plan, communication prototypes in support of launch and implementation of the campaign.

The campaign has combined various stakeholders including flagship programmes, political, administration, civil society, media and community at large.

The structure of the report is summarised below:

Chapter I: This chapter presents the story of an innovation called Health Wall- Swasthya Kantha created during the Gaon Kalyan Samiti Campaign in 2009 as the backdrop that led to ideation and conceptualization of an integrated behavior change campaign. It also outlines various preparatory interventions that led to a successful launch of the campaign.

Chapter II: This chapter narrates the beginning of a 'signature tune- kantha kahe kahani. The chapter also navigates you along the long side of planning, management and covering of milestones across several processes.

Chapter III: This chapter deals with challenges and constraints.

Chapter IV: Innovations within and value additions that strengthen the campaign

Chapter V: Way forward from this campaign to sustainable communication initiatives

Chapter VI: The Annexure include all prototypes in CD and print materials used in the campaign developed by TMST

The campaign is contributing largely to the vision and commitment set out in the 5 year health communication strategy. The important milestones it aims to have achieved and will achieve are;

- ❖ **Launching at the highest level by Hon'ble Chief Minister of Odisha** in presence of more than 5000 GKS members and showcasing success stories of GKS, Awards and recognitions, and model GKS village. The launch provided a platform for political, administrative, civil society and community to integrate and bring commitment for better health and health related outcomes
- ❖ **Integrated BCC strategy and Action plan** - This campaign facilitates **integration of all the communication activities** and strengthens the health communication plan in the state on major health and nutrition related issues identified to make it more need based
- ❖ A comprehensive programme implementation plan has been prepared giving adequate focus on **Community & Social Mobilization** activities utilising frontline functionaries like ASHA, AWW, ANM, SHG Leaders, Kalyani Club/NYKS/Youth Club Members, etc while building their capacities on inter personal communication
- ❖ Emphasis has been laid on strengthening **'Monitoring & Supervision'** of communication activities. **District wise Nodal Officers** responsible for monitoring communication activities in their respective districts every month and also to provide supportive supervision for improvement in the implementation.
- ❖ **Capacity Building Initiatives** being strengthened to improve efficiency of IEC Personnel including MEIO, Dy MEIO, BEE, BPO, CF and frontline functionaries - HW (male / female), Health Supervisors, etc. and mass media being used as an alternative strategy for capacity building through distance learning approaches

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- ❖ Innovative activities such as Village Contact Drives and Suno Bhouni programme designed and executed focused on **media dark areas** such as tribal belts etc. to address specific communication challenges to improve the 'health seeking behaviour' of communities.
- ❖ Innovative tools being put to use for communication - **GRAMSAT** for sensitizing & educating stakeholders & service providers on various provisions & entitlements. NRHM also uses the '**Satellite Network**' for regularly reviewing the progress of the Programme Implementation.

With some critical underlying factors undermining the success of the campaign, it is looking ahead in developing the platform using Gaon Kalyan Samitis under the backdrop of Swasthya Kantha, which is an innovative approach to promote the vision of 'Sustha Gaon, Sustha Panchayat and Sustha Odisha'. While this brand Swasthya Kantha or the health wall is more vibrant as an information dissemination tool and establishes its identity, community and developmental programmes will come closer and bridge the information and knowledge gap.

Swasthya Kantha Campaign is now well integrated as a mainstream campaign on health and nutrition and forms an integral part of NRHM PIP 2011-12. The beginning with a campaign mode now brings the opportunity as a backdrop for all integrated health communication plan in Odisha.

Introduction

The five year health communication action plan of Orissa developed by Center of Excellence in Communication, State Institute of Health and Family Welfare, DoHFW sets its vision as “Promoting health seeking behavior, particularly of the poor and tribal people, and increase access & demand of health services to improve health outcomes in Orissa.”

The Vision entails the need of communication across all programmes in order to improve the health outcomes in Orissa giving special focus to the marginalized and vulnerable groups, contributing more than 60% of the population. An informed knowledge of the services they are entitled to and provision of services made at the facility level will not only increase the demand and access but also the health seeking behavior of an individual and community. Health Communication programme will strengthen the linkages of service with the client and promote behaviour change on preventive and curative aspects among the population impacting the programme indicators in achieving the desired objectives.

NRHM has proposed establishing coordination links with the two major departments namely, Women & Child Development and Rural Development. It also envisages coordination of international development partners’ funds to ensure rational and effective use of those funds. Adoption of key outcome indicators for health determinants by the line departments in addition to target achievement is considered at respective Govt. levels.

Even the Orissa Health Sector Plan aims to achieve equity in health outcomes and has a key focus on access and utilization of services by vulnerable and marginal groups including women, schedule caste (SC) and schedule tribe (ST) populations. It aims at delivering accountable and responsive health care to reduce maternal mortality; infant and child mortality; reduce the burden from infectious diseases; under-nutrition and nutrition-related diseases and disorders.

The reduction of Infant & Child Mortality, maternal mortality and containment of Communicable diseases offer excellent opportunity for development and implementation of sector plans both at state and district level in view of the interdisciplinary efforts that are necessary for achievement of the goals. The association of several departments such as, WCD, Rural Development (Water & Sanitation), Transport and Education renders sectoral plans a necessity. Further these are the focus of the state in terms of achieving better health status.

Background

Government led community centered programmes emphasize a direct approach to Behaviour Change Communication (BCC) that promotes positive change in the target audience’s behavior and the environment. An integrated BCC strategy that is evidence based, client centered, professionally developed, multi-channel, service linked and efficiently monitored is envisaged to play a critical role in achieving the objectives of these programmes. The national programmes set out the approach to BCC including basic tenets/principles, role and objective of BCC, priority themes, need for a communication strategy, and responsibilities at state and district levels. The policy framework for BCC is very much in place; the challenge is implementation.

In Orissa, the health department has made strides in the past few years in the field of communication – appropriate use of IEC for behaviour change and also utilized the expertise available both within and outside the state from other development partners. The prime focus of the department continues to be on **'Health Education'** for all.

All the communication activities have been designed & prepared keeping the provisions and inputs of the Intra-Communication Flow Chart provided to States by **Government of India**.

Strategies identified in maternal and child health and how Health Communication contributes:

<p>Address social factors for reducing vulnerability</p> <p>Community mobilization for actions on</p> <p>a) Delay in age of marriage</p> <p>b) Delay in age of pregnancy</p> <p>c) Ensuring better personal / family level practices related to vulnerability reduction of Adolescent girls towards safemotherhood</p> <p>d) Male participation during pregnancy</p>	<p>Enhance Institutional delivery coverage</p> <p>Promote institutional delivery through informed knowledge of services like functional 314 block level 24X7 BEmONC services and FRUs</p>
	<p>Improve referral management of complicated pregnancies</p> <p>Strengthen awareness and knowledge of Janani Express and other transport services/facility available</p>
	<p>Strengthen PNC care package</p> <p>Ensure access and demand to 3 quality PNC visit within 10 days at household / AWC level by AWW / ASHA/ ANM</p>
<p>Improved preventive management of malaria amongst pregnant women to reduce incidence and prevalence of low birth weight</p>	<p>Improved Complete Immunization coverage with special focus on measles control state wide by increasing access</p>
<p>Develop communication materials and IPC tools on Integrated Management of Neonatal and Childhood Illness (IMNCI) for improved case management of newborn at SC/AWC</p>	<p>Promote IPC, sensitization, exhibitions etc. during Pustikar Diwas, Mamata Diwas and other important observation days</p>

and household level with focus on 3 Post natal check ups within 10 days, Exclusive breast feeding, improved cord and skin care, improved management of hypothermia, severe illnesses, Pneumonia, Diarrhoeal diseases, Malaria, Malnutrition and Childhood anaemia and early identification of danger signs and referral	Promote innovations through PPP and inter-convergence of communication packages
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NVBDCP

Strategies identified in Malaria Control Programme and how Health Communication contributes:

<p>Address social factors for reducing vulnerability</p> <p>Community mobilization for actions on</p> <ul style="list-style-type: none"> a) Ensuring better personal / family level practices related to vulnerability reduction of target group in malaria prevention b) Increasing knowledge on use of insecticide treated bed nets c) Sanitation and hygiene practices 	<p>Enhance coverage of high burden districts with treated bednets and diagnostic tests</p> <p>Promote informed knowledge of services like functional PPTCTs</p>
	<p>All GKS are sensitized and trained in Malaria control programme engaged in distribution of LLIN and ITMN</p>
	<p>Strengthen Malaria care package</p> <p>Ensure access and demand to RDK at household / AWC level by AWW / ASHA/ ANM</p>
<p>Improved preventive management of malaria amongst pregnant women to reduce incidence and prevalence of low birth weight</p>	<p>Increase access of LLIN to pregnant women</p>
<p>Develop communication materials and IPC tools on use of treated bed nets and re-treatment for improved case management of pregnant and newborn</p>	<p>Promote IPC, sensitization, exhibitions etc. during Pustikar Diwas, Mamata Diwas and other important observation days</p>

at household level with focus on improved management of Malaria, Malnutrition and Childhood anaemia and early identification of danger signs and referral	Promote innovations through PPP and inter-convergence of communication packages
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RNTCP

Strategies identified in Tuberculosis Programme and how Health Communication contributes:

<p>Address social factors for reducing vulnerability</p> <p>Community mobilization for actions on</p> <p>a) Ensuring better personal / family level practices related to vulnerability reduction of target group in tuberculosis prevention</p> <p>b) Increasing knowledge on identifying symptoms</p>	<p>Enhance coverage of high burden districts with treated bed nets and diagnostic tests</p> <p>Promote informed knowledge of services like DOTS and providers</p>
	<p>All GKS are sensitized and trained in Tuberculosis control programme and their role</p>
	<p>Strengthen Tuberculosis care package</p> <p>Ensure access and demand to tests at facility level giving special attention towards vulnerable groups</p>
<p>Develop communication materials and IPC tools on use of treated bed nets and re-treatment for improved case management of pregnant and newborn at household level with focus on improved management of Malaria, Malnutrition and Childhood anaemia and early identification of danger signs and referral</p>	<p>Promote IPC, sensitization, exhibitions etc. during Pustikar Diwas, Mamata Diwas and other important observation days</p>
	<p>Promote innovations through PPP and inter-convergence of communication packages</p>

Rationale

Sanitation and hygiene are essential to public health and development. Government of Orissa (GoO) thought it is imperative to bring in behavioural change amongst the general public with regard to preventive care and enhance health seeking behaviour thereby generating demand for proper health care service delivery. Government of Orissa (GoO) aims at strengthening health service delivery by an effective and responsive community participation process. Thus, the Gaon Kalyan Samiti, otherwise known as Village Health and Sanitation Committee, a community institution, was set up under NRHM to initiate community action on health problems found in villages. It draws its members from ASHA, Self Help Groups, Community Based Organisations, Panchayati Raj Institutions, Teachers, Anganwadi Workers, Retired Government/Private employees and other key members of the village community.

As a first step towards this, Department of Health and Family Welfare (DoH&FW), GoO launched a one month long communication campaign linked to the programmatic indicators with the target of promoting the formation and empowerment of Gaon Kalyan Samities (GKS) across Orissa in 2009. As part of this campaign a “*Health Wall*” (*Swasthya Kantha*) for the purpose of disseminating information and initiating group discussions on health and sanitation related aspects with the community was set up. At the end of this campaign around 40,000 GKS have been formed with an untied fund of Rs. 10, 000/- to prepare and execute village health plans and generate awareness on health and sanitation issues.

The DoH&FW in a similar way launched another campaign using communication as a means to inform and publicise in order to achieve programmatic targets. In the year 2010 State Vector Borne Disease Control Programme (SVBDPC) DoH&FW tried communication as a medium to generate demand for and cultivate the habit of using LLIN to prevent malaria while as a parallel activity LLIN was distributed state wide.

During the execution of these two campaigns the potential of GKS as a platform to execute interventions at the village level, Swasthya Kantha as a disseminating tool and the availability of untied fund giving the GKS leverage to meet the health and sanitation needs of the community was realized by the Programme planners and implementers.

However it was observed by DoH&FW during their monitoring visits that

1. In some villages GKS was making optimum use of the Swasthya Kantha while in other cases it was not being used
2. Swasthya Kantha was being used more for making public announcements rather than displaying IEC material or writing action oriented health messages that would remind community about their health responsibilities
3. The messages written on the Swasthya Kantha needs standardisation

The story of **Swasthya Kantha Campaign**

The Concept of Swasthya Kantha Campaign and capacity building programme

The concept is a broad based multimedia, multi-sectoral mass mobilization project in the state to make it a holistic & comprehensive campaign to mobilize people's movement in promoting health seeking behaviour and equitable access to services.

The broad objectives are:

Objective 1: By end of 2011, raising awareness through different forms of media regarding 4 key health issues i.e maternal health, child health, malaria and tuberculosis, with active involvement of the stakeholders and community.

Objective 2: Strengthening and assessing people's Knowledge about the preventive and curative measures to be taken on health and sanitation issues of the village with improved health seeking behaviour and easy access to services.

The '**SWASTHYA KANTHA**' Campaign is a mega communication campaign that will cover more than 40,000 villages across the length and breadth of Orissa, especially in the rural hinterland, in a period of 12 months. Each of 3 months will see potential events at the local, state and district level under each thematic health related messages. The campaign is a communication challenge and an unprecedented opportunity to integrate mass media, IPC, public mobilization and local media and cultural formats into a powerful campaign in the state's mandate to improve health seeking behaviour and access to health and health related services.

The campaign will directly mobilize the entire village population, which would represent people across socio-economic and religious and cultural groups and reach about thousands people per day with the messages. A mobilization of this scale and impact is in itself a state event and one, which attracts media attention, generated public participation and galvanizes the public and private delivery mechanisms. Close coordination with District Administration would be necessary to understand the local dynamics. Communication planning therefore requires a multi-pronged approach, which encompasses the following:

- √ Local mobilization using the health wall 'Swasthya Kantha' as the backdrop and brand 'Kantha kahe Kahani' – wall speaks stories, to generate a massive people's participation in the campaign across villages, blocks and districts.
- √ A poster campaign with every Gaon Kalyan Samiti each month releasing the theme of the month for discussion and health related messages for Swasthya Kantha
- √ A series of events as top-ups is being planned and executed in the villages as Village Contact Drives on thematic issues. Mobile health units involved to integrate services
- √ Using mass media by developing special episodes in Radio and Television, every week same time same day for all 52 weeks
- √ Communication Outreach to maximize impact amongst critical "unreached" and media dark locations through Gaon Kalyan Samiti members who would be trained and equipped with material which will aid the process keeping local language and traditions in mind.

Technical and Management Support Team

- √ Special drive 'Suno Bhouni' – listen sister's, for extensive inter personal communication with more than 4 lakh self help groups of the state

It is envisaged that during its year long campaign, NRHM will work towards achieving these two objectives.

Partners

The NRHM, SIHFW, Government Departments such as Rural Development, Panchayati Raj, Youth affairs and Sports, Women and Child development, Education department, Information and PR including development partners, civil society, DD, AIR play a crucial role in reaching the target audience.

Duration of Campaign

The activities will be for a period of one year excluding the preparatory phase. The Campaign will kick-off with a State Level Launch followed by District Level. A state level multi media campaign will support the campaign in both print, electronic, radio and mobile followed by district (village) level activities like poster campaign and inter-personal communication channels.

Areas of Coverage

- √ Outreach to all 30 districts through media
- √ Areas (villages, blocks and districts) through district level activities

Target Audience

- Village Leaders
- Panchayati Raj Institution members.
- Youth Groups.
- Women Self Help Group members.
- Mahila Mandals
- Kalyani Club Members
- Other Committees like VEC etc.

Nature of Activities

- Awareness/sensitization activities
- Advocacy related activities with stakeholders
- Training and orientation activities for the service providers/facilitators/programme implementers/NGOs

Project Structure

- I. State level:
 - ❖ Coordinating Committee at State level.

Technical and Management Support Team

- ❖ Core Group/Working Group for implementation
- II. District Level:
 - ❖ District GKS Advisory Committee – as coordination body
 - ❖ Core Group/Working Group for implementation

Theme and Logo

The theme and logo of the campaign will be developed for higher visibility and uniform messaging and will be used across all the materials produced for the campaign.

The Idea

The success of GKS empowerment and LLIN distribution campaigns and the learnings from them prompted NRHM, Orissa to embark up on a more sustained year long communication campaign to meet its Programmatic goals. As it was a communication campaign NRHM collaborated with the State Institute of Health and Family Welfare (SIHFW), DoH&FW which has the necessary technical knowhow in communication. Further NRHM and SIHFW took the support of the Technical and Management Support Team (TMST), DFID in conceptualizing and designing the campaign.

A mega communication campaign covering more than 40,000 villages across the State for a period of 12 months was conceived. The inherent objectives were:

- To enhance people's knowledge on preventive and curative measures of health and sanitation issues and thereby improving their health seeking behaviour and utilisation to services.
- To strengthen the capacities of GKS members to plan and execute effective community oriented health and sanitation village plans
- To provide a tried and tested platform for line departments carrying out village level activities

The immediate objectives of the campaign were

- To effectively use the Swasthya Kantha in every village as a reminder of health aspects and also to bring in consistency and accuracy in the messages being disseminated
- To capacitate GKS members through distance learning on various health aspects and learn on the job on how to conduct IPC sessions
- To disseminate health and sanitation messages in media dark areas
- To cultivate the practice of active participation in the meetings by the community
- To generate awareness on specific health issues amongst general community across the State

The Design

The campaign was built on a broad based multimedia, multi-sectoral mass mobilization base with a holistic and comprehensive approach aiming at promoting health seeking behaviour and equitable access to services. The key strategies adopted to make the campaign effective and objective driven were

1. Selection of specific health issues

Specific and utmost important health issues where Orissa is lagging behind have been identified to meet the programmatic health targets of the State. This also helped in identifying the critical and appropriate messages that needed to be reached to the community.

2. Appropriate media mix

Care was taken to select a combination of media that would reach all sections of community (SCs, Tribal communities, vulnerable groups such as women and children) and media dark areas where no mass media is available.

3. Retention of messages

For enhancement of knowledge, retention of information was done through reiteration of messages using various media and providing comprehensive package of information on a particular health issue.

4. Duration of the campaign

To accommodate all the critical health issues that were identified, a longer duration was required. Hence a yearlong campaign was conceived to give the same priority to each of the health issues.

5. Branding of the campaign

Branding of the campaign was done to achieve instant recognition and greater visibility.

The Implementation: Beginning of **Kantha kahe Kahani**

Activity Plan

01. State Level

a. A State level list of activities :

- **Advocacy Event at State level:** State level function in launching the theme and logo of the campaign with an appeal by the Hon'ble Chief Minister of Orissa. The state level advocacy will include the Hon'ble Chief Minister, Ministers, MPs/MLAs, Bureaucrats, Administrators of the districts, Zilla Parishad Chairman.
- **Orientation of guideline to districts through GRAMSAT**
- **Profiling Gaon Kalyan Samitis** in electronic and broadcast media: 52 Special episodes to be designed on the 4 thematic issues media with a signature brand of GKS profiling "SWATHA KANTHA" as the backdrop. A concept plan developed separately.
- **State level Panel discussions** involving policy makers, subject experts, PRI members and CSOs in Electronic Media: Media partnership with ETV, OTV, Doordarshan and AIR to organize Panel discussions on related topics.
- **Broadcast and release of messages** in electronic media, radio and closed user group mobile: Video spots, Radio spots, Ring Tones and Sing tones and Mobile Messages developed will be a part of the weekly programmes in DD, AIR and CUG mobile users
- **Development of all communication materials**
- **All health communication campaigns during the year will be carried under the same branding of 'Swasthya Kantha'**
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02. District Level

a. A District level list of activities :

- **Advocacy Events at District level:** District level function in launching of the campaign with the appeal by the Hon'ble Chief Minister of Orissa. The district level advocacy event will include the District Collector, MPs/MLAs, , Co- Administrators of the districts, CDMO, DSWO, Zilla Parishad Chairman followed with a **Press Launch of the Campaign:** A District level Press Conference inviting all press including Print, Electronic, and Govt. Medias.
- **Hoardings at District and Block level**
- **Block level Stakeholders Workshop** involving Block level functionaries PRI members, RWSS, WCD, SSA, CSOs, Media
- **Orientation Workshop for GKS members**
- **IEC/BCC at Village Level :** A poster campaign, sensitization during VHND with a calendar of designated days, self help group meetings, radio listening, publicity for DD and AIR programmes.

District CDMO office, supported by DPMU, will be overall in-charge of the activities in the areas around districts. The community mobilization, PRI sensitization, training, youth melas, folk activities, dissemination of information etc will be implemented by NRHM through the trained volunteers, staff, performers.

Technical and Management Support Team

The district wise micro activity chart will be finalized by NRHM, SIHFW and TMST in consultation with the working group of Swastha Kantha Campaign.

The local SHGs, Youth groups, Kalyani Club members, NGOs, CBOs, Networks will be involved in awareness campaign. The existing campaigns of other flagship programmes and other development partners can also include their campaigns with the thematic messages and information posters.

These activities at state and district level to be coordinated by a working group from members of NRHM, SIHFW, TMST, RRC, State NGO Co-ordinator, developmental partners with the involvement of other co-ordinating departments.

THE STATE AND DISTRICT LEVEL STEERING COMMITTEES

State Level :

- **Chairperson** **Chief Secretary**
- **Vice-Chairperson** **Comm. cum Secretary (Health & Family Welfare)**
- **Convener** **Mission Director, NRHM**
- **Co-Convener** **Director, SIHFW**
- **Members**
 - **Directorates of Health**
 - **Representatives of the Departments**
 - **Rural Development,**
 - **Women & Child Development,**
 - **Panchayati Raj,**
 - **Department of School & Mass Education,**
 - **Youth and Sports Affairs (NYKS,NSS, NCC, Bharat Scout & Guides)**
 - **Planning and Co-ordination**
 - **I & PR**
 - **State representative from AIR, DDK, PIB**
 - **Representative from UNICEF, UNFPA and TMST**

District Level :

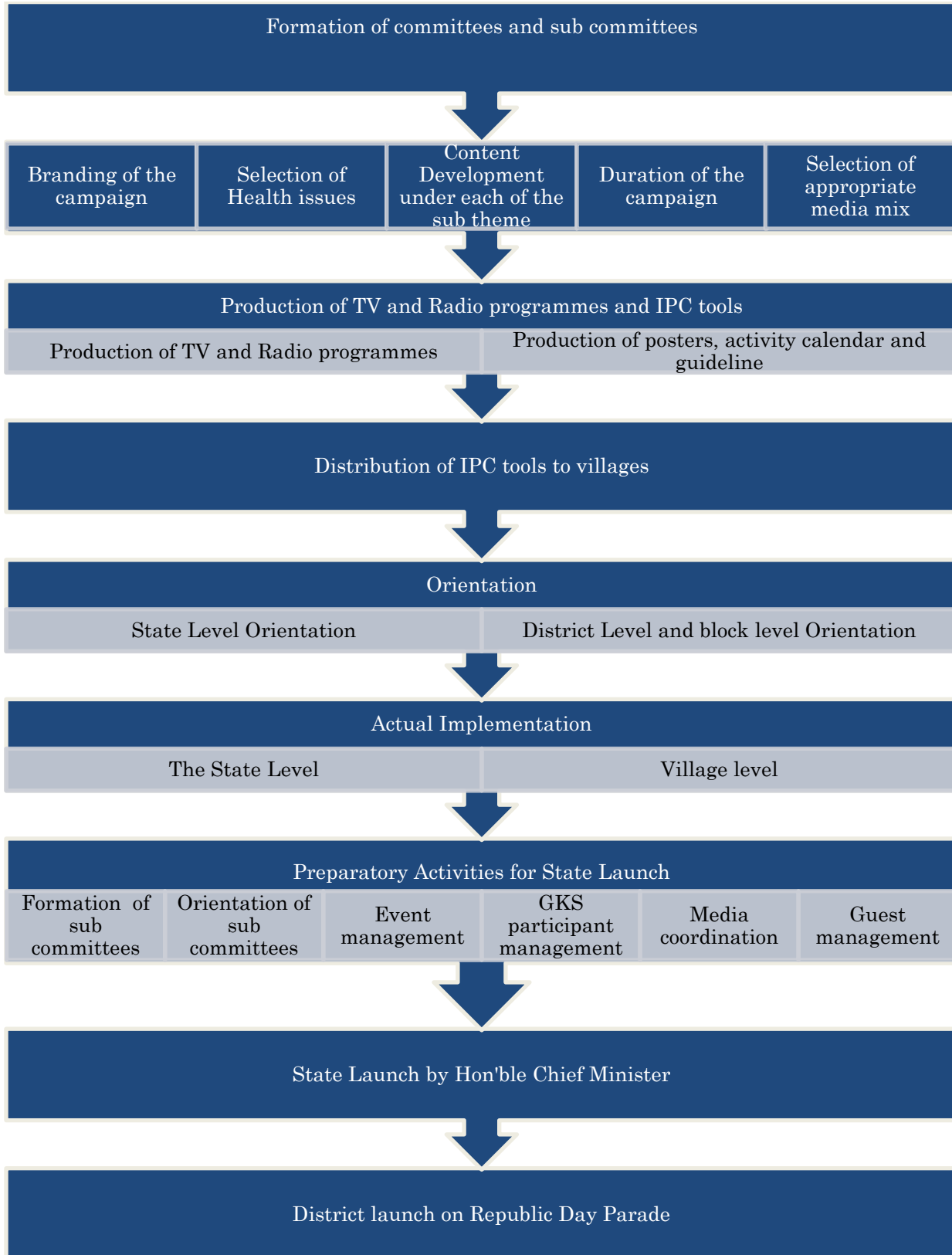
- **Chairperson: District Magistrate**
- **CDMO : Member Secretary**
- **Convener : District Programme Manager, NRHM**
- **Co-Conveners : MEIO/ Dy. MEIO and District ASHA Co-ordinator**
- **Members**
 - **Chairman, Zilla Parishad**
 - **PD- DRDA**
 - **Executive Engineer, RWSS**
 - **District Social Welfare Officer (DSWO)**
 - **Representative from the Government Departments –**
 - District Education Officer (DPC)**
 - District Panchayat Officer etc.**

The Management

The activities undertaken to implement the campaign can be broadly classified under preparatory and implementation on ground. A huge amount of preparatory work was done to launch the campaign.

The preparatory tasks included selection of health issues, duration, media mix, branding and content development; production of IPC tools and TV and Radio programmes; distribution of IPC tools to the villages; orientation from state to village level.

Flow Chart depicting the sequence of events during implementation of the campaign



The key implementation activities were State launch of the campaign by the Hon'ble Chief Minister of Orissa and IPC sessions at the village level. The State launch again had lot of preparatory tasks that ensured a successful launch.

Preparatory Phase

The key activities in the preparatory phase were

1. Formation of committees and sub committees

The first activity was to organize state and district level committees to oversee the various activities both at the state and district level. At the state level a State Level Steering Committee (SLSC) was set up with the Chief Secretary as Chairperson and Commissioner cum Secretary, DoH&FW the vice chairperson and the Director, NRHM Orissa as Convener and Director SIHFW as the Co Convener. Further various sub committees were formed drawing members from NRHM, SIHFW, TMST (DFID), UNICEF and other development partners clearly specifying the roles and responsibilities of each of the committee that helped in smooth execution of activities set out.

At the district level a District Level Steering Committee (DLSC) was formed with District Magistrate as the Chairperson, CDMO the Member Secretary, District Programme Manager, NRHM being the Convener and MEIO/ Dy. MEIO and District ASHA Coordinator as Co-Conveners with representatives from other line departments.

2. Branding of the campaign

To achieve greater visibility and for easy recall the campaign was branded by giving a catchy title, attractive signature tune, unique logo and colour coding based on the colours used in the Swasthya Kantha. The campaign title "Kantha Kahe Kahani" literally meaning "a wall tells a story" signifies that it is a communication campaign centred on the Swasthya Kantha.

3. Selection of Health issues

The core committee with representatives from various programmes identified four broad issues which were Maternal and Child Health, Tuberculosis (TB), Nutrition and Seasonal illnesses that includes diarrhoea and malaria, critical to be addressed to achieve the set targets of DoH&FW. Through consultations between the sub committee responsible for this task and the concerned programme heads the important themes under each of the broad health issues were identified. The important aspects of each theme on which awareness levels are low were selected to be disseminated through the Campaign. Below is the matrix giving details of the themes and sub themes selected for information dissemination

Health Issue	Key Themes
Child Health	Neonatal care and Child bearing
	Children (One month to 12 months)
	Children under five (one year to five years)
Seasonal illnesses	Malaria
	Diarrhea
	Respiratory Infections
Maternal Health	Antenatal and child birth preparedness
	Care during delivery
	Postnatal care
Nutrition and Tuberculosis	Nutrition and Anemia
	Prevention and Diagnosis (TB)
	Treatment (DOTS)

4. Content Development under each of the sub theme

After identification of themes and sub themes, the subcommittee responsible for content development detailed out the messages to be given under each of the sub theme. Both advocacy and action oriented messages were prepared and verified with the technical experts from the concerned programmes. The messages developed were on social practices and stigma, home based care and prevention, government provisions and services available and when to approach health functionaries.

Child bearing and neo natal care (Zero to one month)

- Practices to be followed immediately after delivery
- Check for danger signs in the new born and consult ASHA/ANM immediately if found any
- Important to become mother only after 20 years of age
- Minimum of three years gap is essential between two children

Infant care for healthy childhood (2nd month to 12 months)

- Immediately consult ASHA in case of any danger signs
- Gradually introduce semi solid diet to the child
- Follow the immunisation schedule and protect the child from serious illnesses
- Do not leave the infant under the care of young children

Healthy childhood – A strong foundation (One to five years)

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- Eating nutritious food helps in overall development of a child
- Guard against worms and anemia
- Protect against malaria, diarrhea
- Services available at anganwadi centres

Do not neglect fever

- Keep away mosquito to stay away from Malaria
- Contact ASHA for any type of fever which is for more than one day and ensure complete treatment to get rid of Malaria
- At the first sign of any serious complication contact ASHA or visit fever depot
- Pregnant women and children under 5 are most vulnerable

Wash your hands with soap regularly and stay from Diarrhea

- Dirty hands, open defecation and unclean surroundings are bearers of diarrhea
- Drink ORS or sugar and salt water solution to guard against dehydration
- Prevention of diarrhea is easier than its cure
- Follow hygienic practices and spare yourself from diarrhea

Take care of common cold and cough to protect from respiratory infections

- Any kind of infection that occurs in the respiratory system is known as respiratory infection.
- Watch out for symptoms of respiratory infections and immediately seek medical help
- Children below five years especially infants and men are more vulnerable to respiratory infections
- Prevention of common cold and cough will protect from respiratory infections

Pregnancy is precious – Take proper care

- Register your name at AWC immediately after you recognize that you are pregnant
- Eat good food and take plenty of rest and consult ASHA/ANM in case of any danger sign
- Support the daughter-in-law/wife during pregnancy
- Know about delivery and be prepared

Provide timely support to pregnant woman for safe delivery

- Another life is joined to yours, don't delay get all the help you can
- As the delivery date draws nearer increase interaction with ASHA
- Avail services at hospital for safe delivery and new born care
- Don't rush home after the birth stay for at least 48 hours

Care of mother and child immediately after delivery

- Practices to be followed immediately after delivery
- Call Janani Express incase you identify any danger sign
- Ensure weight measurement and BCG and polio drops given
- Don't be in a hurry to have the second child

Prevent anemia by giving nutritious food amongst children

- Mothers milk is nectar for the infant (Maa ra khira shishu pai amruta)
- Gradually start giving complementary feeding that will help in overall development of the child
- Anemia can stunt the growth of your child. Prevent undernourishment
- Vitamin A prevents blindness, infection, under- nutrition

TB is preventable if proper care is taken

- How does one get TB and not get TB
- Prevention is better than cure
- Symptoms to be kept in mind to avoid TB
- Visit nearby PHC to get sputum checked. Get to know your DOTS provider if diagnosed with TB

Complete treatment (DOTS) and save your life

- Government provide free and correct medicine through DOTS provider at your village (ASHA, teacher or any one)
- TB cannot be cured in a day the entire treatment takes 6 to 8 months

- Stopping treatment in between is a huge risk, take a final sputum test to know if you are free from TB
- Follow a healthy lifestyle during the cure

5. Duration of the campaign

The core committee decided to give equal priority to all the four health issues identified. During consultations with the concerned programme officials the committee understood the gamut of aspects under each of the health issue which could not be ignored. This led them to decide on an elaborate and extensive campaign, running through out the year, addressing all the key aspects of health issue with the same priority.

The other factor which decided the committee in favour of a year long campaign was that optimize inputs such as consultations and approvals required; production and distribution of material, orientation of personnel responsible for implementation of the campaign from the State to the GKS at village level.

Once the core committee decided to have a year long campaign, they decided to allocate a quarter to each health issue. Further three key themes were selected under each health issue so as to allocate a theme for each month. Keeping in mind the four weeks in a month four key messages per theme were finalised.

6. Selection of appropriate media mix

The campaign was mounted on a multimedia platform using both mass media and interpersonal communication (IPC). This mix of media was chosen mainly to have greater reach by using radio and television while IPC was focused on engaging community at village level through discussions and follow up actions. Doordarshan and All India Radio were partnered with for mass dissemination while posters along with activity guideline and calendar were used as IPC tools.

Also Radio and TV programmes were used as means of distance learning for the front line workers who after the broadcast conducted IPC sessions with the community on the same topic.

For publicizing the campaign local FM radio channels and newspapers, both regional and national, were used.

7. Production of TV and Radio programmes and IPC tools

After a review by experts and the technical committee the content was approved and work began on the production of all the required material. As the first step the SIHFW team with support from TMST briefed personnel from DD, AIR and communication agency responsible for developing IPC tools on the themes and messages to be used for developing the scripts and content for posters. Background material consisting of technically correct information was shared with DD and AIR for developing the scripts.

a. Production of TV and Radio programmes

DD and AIR shared the scripts with the technical committee once a week and sought feedback and approval on the same after which they went ahead with production. Once the production of each episode was complete it was to be previewed by the technical committee who would further check that the content was technically sound.

The episodes were then broadcast on both DD and AIR. DD telecast their first episode on the 29th of March while AIR 30th of March.

b. Production of posters, activity calendar and guideline

The communication agency developed the content in Oriya for the 12 thematic posters covering the four messages of the month and after approval of the final draft creatives were shared.

Content was also developed and finalized for the guideline that was to be followed by the frontline workers while conducting IPC sessions.

Upon finalisation of both the content and creatives by the technical review committee the final print ready versions of all three were delivered for printing.

8. Distribution of IPC tools to villages

Post production, posters, activity calendars and guideline needed to be reached to every revenue village with a GKS. This was in itself a herculean task as this translates to reaching over 40000 villages.

9. Orientation

The orientation of functionaries responsible for the implementation of the programme happened at both the state and district level.

1. State Level Orientation

A state level orientation workshop for district level functionaries and for the GKS capacity building programme was held at Hotel Kharvel at Bhubaneswar on January 12' 2011. Mr. Devjit Mitra of TMST facilitated the orientation on the Swasthya Kantha Campaign while Mr Susanta Naik of NRHM acted as the capacity builder for the capacity-building programme. NRHM Mission Director Mr. Promod Meherda and NRHM State programme manager Aditya Pradhan graced the occasion. MEIOs, Dy MEIOs, DACs, DPMs, BEEs, BPOs and DHIOs from across the state attended the meeting.

Subsequently every opportunity was used to orient and inform the district level functionaries on the campaign and the activities they have to plan and execute at the village level. During the regular monthly meeting that was held on the 20th of April at SIHFW, MEIOs and Dy. MEIOs were once again informed of their roles and responsibilities in implementing the Swasthya Kantha campaign.

Similarly when all the CDMOs participated in the dissemination of the NRHM PIP along with their DPMs, MEIOs and accountants, presentations were made to reiterate their roles and responsibilities in the campaign.

2. District Level and block level Orientation

A district and block level orientation workshop for district and block level functionaries and MEIOs, Dy MEIOs, DACs, DPMs, BEEs, BPOs and DHIOs from across the 30 districts formed the district level resource group to facilitate the orientation at district level to MO I/C, BEE, BPO, BADA and followed by block level to ASHAs and AWWs by the same group.

Implementation on ground

The actual implementation of the campaign took place at two levels

1. The State Level

2. Village level

State Launch

The state level launch of the campaign was of massive proportions which again required a lot of preparatory work.

a. Preparatory Activities for State Launch

1. Formation of sub committees

Since the state level launch was a huge affair with the Chief Minister as the chief guest and over 4000 GKS workers from across the state being invited to attend, a lot of activity revolved around the various events connected to the launch. Sub committees were formed to oversee every aspect of the affair.

Following are some of the sub committees instituted for the state launch

- a. Event management coordination
- b. GKS participant management
- c. Stage management
- d. Material development
- e. GKS venue activity
- f. Food and refreshment

- g. Media coordination
 - h. Guest management
2. Orientation of sub committees

All the sub committees were oriented by NRHM and SIHFW, with support from TMST, on their roles and responsibilities. This was mainly done for smoother execution of the campaign and to avoid confusion in understanding of responsibilities leading to last minute glitches.

3. Event management

The venue was identified by the respective sub-committee and an event manager was hired to prepare the venue for the launch. Agendas and invitations were also prepared and distributed. While the stage and panorama wall was set up according to specifications mentioned by the subcommittee, it was SIHFW who conceived and erected the model GKS village at the venue. Huge 6 by 3 feet version of the posters were mounted on a side screen, a blown up the activity calendar was also displayed. Television screens were mounted at strategic location to display audio-visual messages as well as to reach images of the event as it unfolded to all members who did not command a clear view of the stage.

Material like the blow ups of posters and activity calendar beside the posters that had to be put up on the panorama wall had to be developed and displayed prominently at the venue.

4. GKS participant management

With 4000 GKS workers expected to arrive, there was a lot of logistics involved like food, refreshments and transport as well as seating arrangements for all the delegates. The sub-committee designated the task looked after the coordination of activities planned for the GKS delegates that had been invited. The activities included sharing of success stories and talking about the activities undertaken by the GKS members.

5. Media coordination

Since the state launch was planned in a big way there were also a large number of media personnel from TV channels and regional and national newspapers present. Media coordination was an important activity as it was necessary to provide them with information about the campaign for accurate and detailed reports. The State level launch was given huge visibility through advertisements in regional and national newspapers besides. Thirty second radio spots and jingles for FM radios were also broadcast on a regular basis advertising the launch of the campaign.

6. Guest management

A sub-committee in charge of guest management was sole created to look after the large number of dignitaries arriving to grace the function. Coordinating their arrival, departure and to see that they were comfortable during the launching ceremony.

State level Launch

The state level launch of the theme and logo of the Swasthya Kantha Campaign by the Hon'ble Chief Minister of Orissa was held at the Janta Maidan in Bhubaneswar on the 19th of January 2011. The state level advocacy included Ministers, MPs/MLAs, Bureaucrats, Administrators of the districts and the Zilla Parishad Chairman. Around 5000 GKS members from across the state had gathered on the occasion.

The Minister for Women and Child Development Pramila Mallick, Minister for Health Prasanna Acharya, Minister for Panchayati Raj Prafulla Samal, Health Secretary Anu Garg and Mission Director NRHM Promod Meherda graced the function.

The following are some of the releases, awards and declarations that were made during the launch

- a. Release of GKS training module Surabhi
- b. Release of the logo for the Gaon Swasthya Samikhya
- c. Declaration of Gaon Swasthay Divas
- d. Declaration of Sustha Gaon Puraskar
- e. Release of IPC tools

District level launch

The state level launch was followed with a launch at the district level on republic day i.e 26th of January 2011. Swasthya Kantha campaign was made the theme of the tableau for Health and Family Welfare dept.

Subsequently orientation programmes are taken up by districts and Radio and Television programmes were publicized in health institutions of District, Sub divisional headquarters and Blocks in form of hoardings. The GKS members who are been oriented formally introduce the campaign at the village level. A prominent personality at the village level is invited to release the poster on the last Thursday of the month.

Subsequently each week of the month was dedicated to each of the four messages on the poster for the month. GKS members conduct group meetings and the community is encouraged to discuss the issues as well as clarify their doubts on them.

A demonstration in a selected GKS village forms a part of the orientation to GKS members on Village level activities.

The Milestones

The campaign is contributing largely to the vision and commitment set out in the 5 year health communication strategy. The important milestones it aims to have achieved are;

- ❖ **Launching at the highest level by Hon'ble Chief Minister of Odisha** in presence of more than 5000 GKS members and showcasing success stories of GKS, Awards and recognitions, and model GKS village. The launch provided a platform for political, administrative, civil society and community to integrate and bring commitment for better health and health related outcomes
- ❖ **Integrated BCC strategy and Action plan** - This campaign facilitates **integration of all the communication activities** and strengthens the health communication plan in the state on major health and nutrition related issues identified to make it more need based
- ❖ An **'IEC Warehouse'** is being established in the SIHFW which will store, digitalise and disseminate standard IEC prototypes developed during the campaign that include, Radio and Television programmes of all 52 weeks, standardized scripts, posters and other IPC materials brought into the campaign through other innovations as value additions.
- ❖ A comprehensive programme implementation plan has been prepared giving adequate focus on **Community & Social Mobilization** activities utilising frontline functionaries like ASHA, AWW, ANM, SHG Leaders, Kalyani Club/NYKS/Youth Club Members, etc while building their capacities on inter personal communication
- ❖ Emphasis has been laid on strengthening **'Monitoring & Supervision'** of communication activities. **District wise Nodal Officers** responsible for monitoring communication activities in their respective districts every month and also to provide supportive supervision for improvement in the implementation.
- ❖ Clear guidelines and instructions that bring District & Block level MEM officers now responsible for implementation of communication activities of all Programmes including TB, Leprosy, Malaria, Filariasis, Blindness Control, IDD, to **integrate all communication activities** at the field level.
- ❖ **Capacity Building Initiatives** being strengthened to improve efficiency of IEC Personnel including MEIO, Dy MEIO, BEE, BPO, CF and frontline functionaries - HW (male / female), Health Supervisors, etc. and mass media being used as an alternative strategy for capacity building through distance learning approaches
- ❖ Innovative activities such as Village Contact Drives and Suno Bhoumi programme designed and executed focused on **media dark areas** such as tribal belts etc. to address specific communication challenges to improve the 'health seeking behaviour' of communities.
- ❖ Innovative tools being put to use for communication - **GRAMSAT** for sensitizing & educating stakeholders & service providers on various provisions & entitlements. NRHM also uses the **'Satellite Network'** for regularly reviewing the progress of the Programme Implementation.

Critical factors for success

As with any campaign of this magnitude a number of challenges arose and were tackled as and when they came up. Some are outlined below:

Time constraints in terms of feedback and preview

Generally when episode have to be aired by TV or radio stations they have a backup of at least a couple of weeks. However, due to the time constraint they were not able to do so. This caused a problem in reviewing and previewing of episode that were to be aired.

Since the scripts developed had to be technically correct a technical committee of both experts in health issues as well as creative personnel was instituted to provide input to these organisations. The technical committee found it difficult to get together on a regular basis, in this case twice every week, to review the script, preview the final product and provide feedback to Doordarshan and AIR.

The bottleneck was resolved by asking both the organisations to provide scripts as well as episode for eight weeks at a time so that it could be finalised before going on air.

Providing a panel of experts for the Programmes by Doordarshan

Since Doordarshan episode consisted of a drama followed by a discussion with an expert they required an expert for the shoot of every episode. The burden fell on SIHFW to provide these experts on a regular basis. This involved a lot of coordination to find an expert in the particular subject who would be free and willing to participate in the programme.

Production and distribution of IPC tools and orientation of huge pool of GKS members

A major difficulty that arose during the campaign was to print and deliver the IPC tools to over 40000 GKS across the State. The huge amount of logistics involved in delivering the material resulted in a delay in the start of the village level launch. However, once the material was delivered it left NRHM personnel free to go ahead with a strict monitoring format to ensure that the campaign was proceeding smoothly.

Training was another major predicament as it entailed orienting around 1.9 lakh GKS members spread across the State. This was solved by deciding to bring the training venue closer to the people and reducing the content so that it would be possible to conduct a non residential programme.

But at the same time the most critical factor that can determine the success of the campaign is;

- a. Level of involvement of all stakeholders in the process
- b. Essence of time as critical time gestation is only 7 days/week where topics will change which needs reinforcement at various IPC levels
- c. Publicise the programmes in Radio and Television and make it a part of community's daily life
- d. Implementation Follow-up and monitoring with mid term corrections and review

Innovations

Since the campaign is for a period of one year regular additional activities were required to infuse enthusiasm into the project. A top up strategy was thought out mainly to optimally use the resources available in the existing plans and programmes and to enhance the impact of the campaign while yielding better results for the linked programmes. Top ups were used where ever programmes officials felt they could use the window provided by the campaign to implement their own IEC plans and thereby reach the programmatic targets in a more focused way.

Village Contact Drive

Social Mobilisation Campaign in the Media Dark area: The RCH focus blocks more or less coincide with the tribal pockets which are essentially media dark areas where penetration of Television and Radio is poor. With poor penetration of modern mass media tools, folk dance, folk shows, magic shows etc. are still the most preferred medium for information dissemination. In those media dark and hard to reach areas we can organize social mobilization campaign as a day long activity and the shows should be organised around the areas where the density of lactating and pregnant mothers are higher. This may also be organised in the advantageous locations nearing Swasthya Kantha through different traditional / folk media activities like baby show, puppet show/magic show, jatra/palla, pada yatra/rally, Video Show/ QUIZ/QA session and exhibition with enough pre-publicity.

The village contact drive is a combination of activities such as;

- A day long event comprising of an exhibition on child health, health camp/sisu mela, Folk/Video show, focus group discussion* with mothers facilitated by MHU Doctor and other health functionaries, baby shows, Quiz, competitions etc.
- Pre-publicity of the event by NGO through miking, poster in swasthya kantha, banners, orientation to GKS members and village leaders and any other medium suitable to the condition.
- Play the radio episodes of Kantha Kahe Kahani during the event

Suno Bhouni – an intervention with SHGs

Realising the social potential of SHGs: Self Help Groups or commonly known as SHGs represent an opportunity for social action and empowerment through women's involvement in considering, addressing and participating in issues that affect their members and their communities, including issues that affect women in particular. One reason is the huge challenge involved in women having the right to speak out and participate in decision making on their rights and entitlements relating to health and nutrition. The related reason is that social objectives too require a strategic approach, persistence and follow-up. A campaign to empower 'Self Help Groups' in all the 47000 villages across the State of Orissa on health and nutrition related messages. The broad objectives of the 'Suno Bhouni' Campaign are to provide health and nutrition messages for improved health and nutrition seeking behavior and link

service package for women related schemes and help in establishing SHGs as a reliable health and nutrition communication resource at the village level. The Campaign will use the existing platform of Swasthya Kantha Campaign launched recently.

‘SUNO BHOUNI’ will use a inter personal communication kit comprising of leaflets, flipbooks, flashcards etc along with existing radio and television programmes and posters available from existing Swasthya Kantha campaign. The communication package to initiate participatory dialogues among women SHG members facilitated by AWW and ASHA. Creation of radio listener groups and community level actions with various activities are promoted through SHG involvement.

Looking ahead

The campaign is looking ahead for two major outcomes;

- a. Creating an empowered community of Gaon Kalyan Samitis with activity based learning and making Swasthya Kanthas more vibrant
- b. Integrating health and nutrition in promoting behavior change issues with creation of an informed community

While looking at other measurable outcomes, the design and idea of the campaign promotes a creation of a platform of information dissemination, community dialoguing and participation at the village level with an integrated approach towards health communication.

The platform of using Gaon Kalyan Samitis under the backdrop of Swasthya Kantha is an innovative approach to promote the vision of ‘Sustha Gaon, Sustha Panchayat and Sustha Odisha’. While this brand Swasthya Kantha or the health wall is more vibrant as an information dissemination tool and establishes its identity, community and developmental programmes will come closer and bridge the information and knowledge gap.

Swasthya Kantha Campaign is now well integrated as a mainstream campaign on health and nutrition and forms an integral part of NRHM PIP 2011-12. The beginning with a campaign mode now brings the opportunity as a backdrop for all integrated health communication plan in Odisha.