

Catalysing Media Discourse on Routine Immunization Building Capacity of District and State Media in India

By Sonia Sarkar and S. Saunand

A Communication Success Story

Key Highlights

- ▶ In May 2011, a media capacity building exercise saw over 80 district, state and national media from Madhya Pradesh, India interacting simultaneously on Routine Immunization (RI), using Indira Gandhi National Open University's video conferencing system. This capacity building exercise culminated a year later with a High Level Editors' meet on RI in April 2012.
- ▶ If scaled up across states, this initiative could leverage existing Government infrastructure (IGNOU) and its network of 60 regional centres located in remotest corners of the country to catalyse media discourse on RI.
- ▶ Innovative use of technology: videoconference, mobiles, blog coupled with face-to-face interaction and field visits to initiate and sustain balanced and informed reporting.
- ▶ Post-media analysis shows 40 % increase in reportage on RI issues from national and state (Madhya Pradesh) media.

Photo: Over 20 top editors from English and Hindi print and TV media at the Editors' meet on RI



BASIC FACTS ABOUT THE INITIATIVE

- ▶ Capacity building of district and state media simultaneously with national media : India/ Madhya Pradesh (Pilot State)
- ▶ UNICEF and IGNOU partnership: Establishing a core group of select media on RI, launch of an online platform to capture trained journalists' writings: www.media4child.blogspot.com, recognition certificates by veteran journalists Vinod Mehta and Mark Tully
- ▶ Reduce Infant Mortality: MDG 4 and create enabling environment for acceptance of Routine Immunization programs by media

THE DEVELOPMENT CONTEXT

- ▶ Immunization is a highly cost effective way of preventing the diseases that kill the poorest children. The Government of India has declared 2012 as the Year of Intensification of RI.
- ▶ Media is a crucial ally in any public health initiative. To expand awareness and trust on RI, there is a need to find innovative and rapid ways of engaging with media especially at the district and state levels in order to catalyse informed discourse on Routine Immunization and limit negative media in case of Adverse Effects Following Immunization.
- ▶ A partnership was thus forged with IGNOU, the country's largest distance education University which has presence in the remotest corners of the country. This partnership was established keeping in mind the need to build capacities of media from difficult-to-access regions of the country. The state of Madhya Pradesh with 42% immunization rate (against the national average of 60%) was chosen as a pilot state. IGNOU's regional centres in Jabalpur and Bhopal were utilized to link up with the national media in Delhi.
- ▶ A pre-intervention media analysis was conducted to understand the tone and content of media reportage on RI. Results showed that two-third of the coverage was event based, 61% of the stories were negative with tendency to sensationalize news reports esp. those filed at district level, attributing AEFI deaths to the vaccine
- ▶ The engagement strategy was in three phases. The first phase connected over 40 district media from Jabalpur with 30 state media from Bhopal and ten national media from Delhi, simultaneously through videoconference of IGNOU. This enabled highlighting the urgency of the issue among a large cross-section of media.
- ▶ In the second phase, the same group of 80 journalists were taken to field visits. Journalists were exposed to hospitals and Anganwadi immunization sessions, walk-in freezers for demonstrating cold-chain vaccine storage.
- ▶ In the third phase, over 20 top-level editors from MP and Delhi were engaged with face-to-face, to create commitment and space for RI at the highest levels. Journalist icons, Mr Vinod Mehta and Sir Mark Tully publicly recognized efforts of some best journalists for their articles on RI engaged in May 2011.

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ANALYSIS OF SUCCESS FACTORS

- Choice of partner: IGNOU is a government entity and shares a common equity focussed vision with UNICEF- that of reaching the unreached.
- Low cost technology for communication and capacity building: It has robust infrastructure of videoconferencing facilities, IGNOU's internal SMS mobile system as well as network of television and radio - Gyaanwani and Gyaandarshan. This equipment kept the infrastructural costs low and enabled simultaneous engagement as well as ensured compressed learning times with a large number of media.
- Media analysis: A pre and post media analysis showed a 40 per cent increase in the number of non-event based stories. The sustained engagement through the year combined with field visits led to highlighting a wide variety of topics such as role of ASHAs, cold chain management, importance and factual information on RI sessions.



Journalists from Bhopal and Jabalpur interact with Anganwadi workers, during a field visit organized a day after the initial video conference.

Why it has worked?

- A strategic plan of engaging the media phase-wise over ten months helped ensure that we nurture and build capacities of a core group of media over a longer time. Usually media have high turnovers but the creation of an alternative platform to showcase their writings helped overcome this issue.
- Creation of (www.media4child.blogspot.com) and awarding the best writers at the end of the

engagement helped sustain the interest of the journalists throughout the period

- Strong teamwork between UNICEF national and state office teams as well as IGNOU Delhi and regional centers.
- Reinforcement of learning through field visits, SMS and body mapping exercises.
- Periodic sharing of RI related messages through SMS ensured that we remain in touch with those media who do not have access to computers/emails. This helped during AEFI reporting as they had our State immunization Officers' numbers to call back and clarify information before reporting.



KEY RECOMMENDATIONS FOR SCALING UP

Journalists in Bhopal interact with national media in Delhi through a giant video conference screen.

- 2012 has been declared as the Year of Immunization by the Government of India. A national and state level partnership between the Ministry of Health, IGNOU regional centers and UNICEF state offices can ensure that this combination of using videoconferencing technology, SMS, University radio and television combined with actual field visits can be used to its maximum potential for building capacities of district, state and national level media.
- Media analysis shows that negative AEFI based stories are sourced largely at the district level and are printed in multiple editions, thus contributing to lack of trust and fear of the vaccination program. It is thus essential to adopt innovative methods as described in this report, to build capacities of district level media and create networks for them to be in touch with

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relevant Government spokespersons and partner organisations.

Use of low cost tablets as a self-instructional tool on RI for media and frontline health workers could act as a catalyst for two-way communication and informed reporting

- Major challenges are the delays in getting approval for the partnership. IGNOU has to run the proposal through several internal management committees and the process may sometimes become dependent on the drive and enterprise of a single/few individuals rather than the institution as a whole. This is even when all budgetary support is being provided by UNICEF. This was overcome by directly engaging with the Vice Chancellor's office at the National level and simultaneous advocacy with the Regional level by UNICEF Madhya Pradesh office.

- Some of the remote regional centers may have non-working computers/ video-conferencing facilities or may lack two way conferencing. In such situations UNICEF intervened to provide back-up/ bolster technical facilities in the existing studios so that interaction at national, state and district level could take place smoothly.



Dr. Gagan, Health Specialist UNICEF Madhya Pradesh explains about vaccine storage units to media, Jabalpur, India

Factors which need particular attention for scaling up or replication in other contexts?

- Being initiated at national level, prior advocacy and clear written instructions from IGNOU head office to the Regional Center (State) Heads of IGNOU are a priority. The convening power of the nodal Ministry involved will be further help. Most delays are caused due to the absence of such administrative instructions. The use of IGNOU mass media- Gyanvani and Gyandarshan can also be delayed in absence of these clearances.

- It is essential that the same group of journalists who are engaged during video conference are re-engaged for the field visits and subsequently encouraged to

contribute more articles. The best among them can be recognized publicly as this was demonstrated in this case-study. It is also necessary to constantly provide the trained media with data and research papers on RI (tailored to the local context) which can act an impetus for more articles.

- Use of SMS to be constantly in touch with the core group of media hence trained. This ensures that the journalists have a ready-reference number in case they want to revert for further details. It also provides triggers for writing their stories.

- Engaging the senior editors of the trained journalists facilitates the commitment of space and importance to the issue is ensured. (Often health correspondents at state and district level who may have undergone the training have to convince editors why they are focusing on a seemingly "non- priority" issue.)

- A pre and post media analysis is essential in order to provide guidelines to the topics that need to be focused upon, during the capacity building exercise.

Cost Involved

Equipment for video-conferencing / radio and television network (in kind) by IGNOU- Rs.1,200,000

Logistics of Media Resource Persons, coordination fees (stay and travel for Delhi and one state) - Rs. 500,000/-

Pre and post –media analysis –Rs. 200,000/-

Resource person to be engaged for the entire duration of project-Rs. 333,000/-

Time Frame

Zero phase: Meeting relevant officials in IGNOU, approval of the proposed project, relevant communication between head office and states, pre-intervention media analysis: six months (Jan-May 2011)

First phase: holding simultaneous video conference, facilitating field visits: five months (June-September 2011)

Second phase: (Consolidation of the network, creation of blog, soliciting articles periodically from the trained journalists, post intervention media analysis: three months (October 2011- December 2011)

Third phase: (Assessment of the articles, Engagement with the Editors, Editors' Meet: four months (January-April 2012)

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Essential Steps for sustainability and scale-up

- Periodic field visits within state as well as cross-state visits to showcase RI success.
- Regular dissemination of data/ resources to the trained core group of media via SMS and internet.
- Expand training to radio, TV and web based media, strengthen training through video-conference.
- The extensive reach of educational TV-Gyandarshan and the network of FM radio stations – Gyaanwani can be utilized to reach hard-to-reach populations. Prior information about telecast/ airing of the programs is a weak area that can be strengthened through targeted SMS/ public service announcements by IGNOU.
- NRHM can earmark funds for strengthening capacities of district and state media, especially in priority states using this system.
- In parallel, IGNOU can strengthen the two-way distance learning teleconference systems present in remote areas so that the country- wide connect and holistic capacity building of media present in tribal and marginalized populations can be achieved.
- Capacities of State Immunization Officers (SIO) and District Immunization officers (DIO) for effective media engagement and response can also be strengthened. At present, IGNOU which manages the distance education component of teachers' training under the Sarva Siksha Abhiyan can replicate the same for exchange of experience/ capacity building of SIOs and DIOs.
- In 2012 UNICEF plans to expand the partnership by training radio media from the lowest RI districts and telecasting the best audio products through IGNOU's Gyanvani radio and participating stations.

ABOUT US



UNICEF is on the ground in over 150 countries and territories to help children survive and thrive, from early childhood through adolescence. The world's largest provider of vaccines for developing countries, UNICEF supports child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation, and AIDS. UNICEF is funded entirely by the voluntary contributions of individuals, businesses, foundations and governments.



The Indira Gandhi National Open University (IGNOU) was established by an Act of Parliament in 1985. It strives to build an inclusive knowledge society through inclusive education. It has tried to increase the Gross Enrollment Ratio (GER) by offering high-quality teaching through the Open and Distance Learning (ODL) mode.

Today, it serves the educational aspirations of over 4 million students in India and 36 other countries through 21 Schools of Studies and a network of 67 regional centres, around 3,000 learner support centres and 67 overseas centres. <http://www.ignou.ac.in/ignou/aboutignou/profile/2>

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