Kantha Kahe Kahani
Swasthya Kantha Making Odisha Villages Healthier
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Scenario

“When people get energised and motivated to rally around a cause, collectives get formed and movements take shape. Odisha’s Swasthya Kanthas (Health Wall) to be maintained and updated by Gaon Kalyan Samities (VHSCs) emerged into one such movement, with many offshoots, each addressing a specific set of concerns.”

Social scientists and developmental economists are convinced that while serious policy recommendations may take time to get approved and piloted before being implemented smaller interventions that hold promise can be initiated without much ado. The linkage between sanitation and hygiene practices and health, especially in populous, poverty ridden developing countries like India, is now firmly established.

Communities in the rural and semi-urban areas have traditionally followed age-old customs and norms which have not been challenged by science and reason. Continuing to defecate in the open; washing hands with ash, mud or plain water; relying on home remedies for common as also serious medical ailments; not giving pregnant women vitamins, are habits that have prevailed for decades. Switching to modern trends by abandoning these behaviours is not seen as a beneficial move. Part of the reason is complacency and being in a comfort trap where inertia overtakes any attempt to change and part reason is lack of awareness. The biggest challenge then, for the government’s State Health Department is to educate, convince and motivate people to see merit in changing their behaviour/s, sometimes with results that may not be immediate, visible or even tangible, but which over a period of time will ensure good health.
Recognising the fact that sanitation and hygiene are essential to public health and development, the Government of Odisha (GoO) initiated a number of campaigns that emanated from a well researched and documented communication strategy. The purpose being to bring in behavioural change amongst the general public with regard to preventive care, leading to better health seeking behaviour and a greater demand for proper health care service delivery.

**Community participation seen as a vital driver of development**

Globally, there have been examples of communities driving their own reform process. In South Africa, the bell bajao movement brought down incidence of domestic violence dramatically. The moment there was hint of abuse or unrest in a household, the women folk brought out their kitchen vessels and created noise. As more people joined in, the victim got the confidence to break free and the perpetrator was shamed publicly. Domestic issues got resolved and not just women but their children too felt empowered and energised to work and aspire for a better life.

The Gaon Kalyan Samiti, also known as the Village Health and Sanitation Committee was designed as a community institution under NRHM. It aimed to generate community action on health problems found commonly in villages. Its members comprised of AWW, Ward member, ASHA, representatives of self help groups, Community Based Organisations, representatives from SC/ST communities and other influencers in the village community.

**Odisha’s initial health communication initiatives**

**GKS empowerment campaign**

In 2009, the 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 Odisha.

As part of this campaign the Swasthya Kantha (Health Wall) was designed to disseminate information and initiate group discussions on health and sanitation related aspects. Its purpose was to display IEC material and write specific action oriented health messages that could educate, inform and remind the community about their responsibility towards their own health.

At the end of this campaign around 40,000 plus GKS were formed each with an untied fund of Rs. 10,000 to help villages prepare and execute village health plans, generating awareness on health and sanitation issues.

**LLIN distribution campaign**

In 2010, the State Vector Borne Disease Control Programme (SVBDCP), DoH&FW used communication to generate demand for and cultivate the habit of using long lasting insecticidal nets (LLIN) to prevent malaria. Simultaneously, they also distributed LLIN across the state. This campaign again used Swasthya Kantha for informing the public on time, venue and date of LLIN distribution along with some key messages on malaria control and prevention and LLIN.

In the last two years Kantha has been used for disseminating information on other Programmes such as pulse polio, immunisation and other health related information.

**Learnings**

- High potential of GKS as a platform to execute interventions at the village level
- Swasthya Kantha was seen as a powerful dissemination tool
- Availability of untied funds gave GKS greater leeway to meet the health and sanitation needs of the community
Need for a focused Swasthya Kantha in campaign mode

Monitoring visits by officials from DoH&FW during the course of these two years revealed the following gaps in the way in which the Swasthya Kantha was being used:

- **Inconsistent and uneven usage**
  While some GKS villages were making optimum use of the Swasthya Kantha others were not. In some cases, it was used for making public announcements and other sundry messaging, not necessarily health related.

- **Incorrect messaging**
  Many messages written on the Swasthya Kantha were not technically correct.

- **GKS members not completely updated and well informed**
  Not in all cases, were GKS members equipped to fully follow the GKS guidelines. They lacked sufficient technical health and sanitation related knowledge and the soft skills necessary to generate awareness.

*Recognising the potential of the Swasthya Kantha as a powerful, effective and reasonable communication tool, the DoH&FW decided to have a focused Swasthya Kantha campaign. While designing this campaign, the above mentioned gaps were kept in mind.*
The Idea

“Odisha is a state, rich in folk art. It is also a land where stories and legends appeal to people. Using the ‘Kantha Kahe Kahani’ (wall tells a story) format to transmit health messages, people are shedding old habits and donning new and healthy behaviours.”

Two strategies that played an important role in developing the “Swasthya Kantha Campaign” were the Integrated BCC strategy developed by the DoH&FW with support from TMST, DFID and the Information and Needs Assessment (INA) in tribal districts undertaken by State Institute of Health and Family Welfare (SIHFW), GoO.

Integrated BCC strategy focused on integration of communication activities of all the flagship programmes by designing communication strategies and developing standardised quality materials on BCC. This resulted in the inception of Centre of Excellence in Communication (CoE) by restructuring the SIHFW which has been the nodal BCC institute of the state.

CoE, SIHFW conducted an Information and Needs Assessment (INA) to understand health seeking behaviours, knowledge levels on services and entitlements and existing practices and behaviours amongst communities in hard to reach areas. The study also assessed knowledge levels on various health aspects and training needs of frontline workers. The findings of this study resulted in a behavioral change communication strategy for tribal districts that emphasized on complete and full information package to the ultimate beneficiary. Additionally the strategy suggested appropriate media mix with strong interpersonal communication focus.

Information and Need Assessment Study was undertaken among tribal groups in selected tribal districts of Orissa from June 2010, for the Centre of Excellence for Communication (CoE) under State Institute of Health and Family Welfare (SIHFW) under the Department of Health and Family Welfare. This was to undertake to understand the health situation and health related perceptions of the community, their current practices related to health, what influences their knowledge and practice becomes critical to improve the quality of health service delivery. The five health aspects which the State is currently focusing on MCH, TB, Malaria, Diarrhea and Family Planning were chosen as study aspects.

The recommendations that have come up as part of the study were

Information gap and training required on:
- Danger signs (pregnancy, new born and lactating mother)
- Breast feeding, colostrums feeding and complementary feeding
- Care of Newborns
- Health Services available for pregnant women and lactating mothers
- Growth Monitoring
- Family planning: spacing, delay of first pregnancy, temporary and permanent methods
- Risks and complications of health associated with early marriages and early pregnancies
- Sanitation and clean surroundings
- Availing of the health services provided
- TB – Diagnosis and treatment, care during treatment
- Last but not least Interpersonal Communication is the most effective medium and the required skills building amongst the service providers along with appropriate material
The success of earlier communication campaigns and learning from them and the suggestions from the BCC strategies prompted DoH&FW to embark on a more focused and sustained year-long communication campaign with Swasthya Kantha as background. The Swasthya Kantha Campaign initiative emerged as a mega multi media communication campaign that covered more than 40,000 villages across the state for a period of 12 months.

**Objectives of the campaign**

- To enhance people’s knowledge on preventive and curative measures of health and sanitation issues and promote health seeking behaviour and equitable access to health services
- To strengthen capacities of GKS members to support execution of the campaign at the village level.
- Broadcast media such as television (Doordarshan) and radio (All India Radio) to be used as distance learning method for frontline workers (ASHA/AWW)
- To provide a tried and tested platform for line departments to carry out village level activities

**Partners**
The DoH&FW designed the campaign with Technical and Management Support Team (TMST), DFID conceptualising the campaign, SIHFW providing the material development support and NRHM trained GKS members on implementation of the campaign at village level.

**Campaign Essentials**
The year-long Swasthya Kantha Communication campaign was designed as a broad-based multimedia, multisectoral mass mobilisation initiative so that its messages could reach every person in the community, most of whom were not literate.

The implementation strategy was based on

**Content:** Specific messages that had a sense of urgency, addressing chronic issues and which were important from Odisha’s point of view, were taken up. These included Maternal and Child Health, Tuberculosis (TB), nutrition and seasonal illnesses such as diarrhoea and malaria, Due care was taken to word them in a manner that was easy to understand, engaging and relevant to the socio-cultural milieu.

**Look and feel:** The campaign was titled “Kantha Kahe Kahani” (the wall tells a story). A logo, colour scheme and signature tune were finalised and efforts made to balance text with visuals. Locally relevant themes, icons and images were used with catchy captions, titles and short messages in Oriya. Local artists, calligraphers and IEC consultants worked together to create the right messaging.

**Dissemination:** Care was taken to have an appropriate media mix that could reach all sections of the community (SCs, tribals, vulnerable groups such as women and children) and media dark areas where no mass media was available.

Once the implementation strategy was finalised in consultation with the different government departments, the campaign was rolled out across the state. A systematic plan was mounted for the state, district and village level.
The Way

“Swasthya Kantha Campaign’s was a success and popular among various community groups as it addressed their concerns, it ‘talked’ to them in a language they understood and it was the result of months of untiring work and detailed planning.”

Chakradhar Sahu, State IEC Consultant, CoE, SIHFW

Preparatory work in the Pre Implementation Stage
For a successful state-level initiative that intended to run for a year with back-to-back activities involving local agencies, healthcare workers and government departments, it was imperative that all detailing and planning was completed before the actual launch. With sufficient experience of similar mass mobilisation and multimedia campaigns, the DoH&FW with support from SIHFW and its partner TMST, DFID set about outlining and working on the preparatory tasks. Broadly these included selection of health issues, branding and content development; finalising the media mix; producing IPC tools/TV and Radio programmes; distribution of IPC tools to villages; sending invites to all those who had to attend the state and district/block launch functions.

Campaign Management and flow of Activity Schedule
Step 1: Forming committees and sub committees with clear roles and responsibilities
State and district level commitment and involvement had a chain reaction, with the last man in the implementation cycle demonstrating the same enthusiasm and seriousness in making the campaign a success.

State level: The State Level Steering Committee (SLSC) had the Chief Secretary as Chairperson; Commissioner cum Secretary, DoH&FW as vice chairperson; Director, NRHM Odisha as Convener; and Director SIHFW as Co Convener. The sub committees comprised members from NRHM, SIHFW, TMST, DFID, UNICEF and other development partners.

District level: District Level Steering Committee (DLSC) was formed with District Magistrate as Chairperson; CDMO as Member Secretary; District Programme Manager, NRHM as Convener; and PHCO/ ADPHCO and District ASHA Coordinator as Co-Conveners with representatives from other line departments.

Step 2: Getting the campaign ready for roll-out
- Branding: Swasthya Kantha campaign had its own special logo, title and signature tune (Kantha Kahe Kahani) and colour theme (Swasthya Kantha colours – Black and yellow). It was attractive and relevant to the local context and setting.
- Selecting appropriate health issues/themes/sub themes: The core group identified four broad issues which were a priority for the DoH&FW, namely, Maternal and Child Health, Tuberculosis, Nutrition and Seasonal illnesses (diarrhea, malaria and respiratory infections).

Themes and Sub themes

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<thead>
<tr>
<th>Health Issue</th>
<th>Key Themes</th>
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<td>Child Health</td>
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<td></td>
<td>Neonatal care and Child bearing</td>
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<td></td>
<td>Children (One month to 12 months)</td>
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<td></td>
<td>Children under five (one year to five years)</td>
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<td>Seasonal illnesses</td>
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<td>Malaria</td>
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<td>Diarrhea</td>
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<td>Respiratory Infections</td>
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<td>Maternal Health</td>
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<td>Antenatal and child birth preparedness</td>
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<td>Nutrition and Tuberculosis</td>
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<td>Nutrition and Anemia</td>
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<td></td>
<td>Prevention and Diagnosis (TB)</td>
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<td>Treatment (DOTS)</td>
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- Developing messages of interest and use to the local population: Both advocacy and action oriented messages were prepared and verified with technical experts from respective directorates, NRHM and UNICEF. These included themes related to social practices and stigma, home-based care and prevention, government provisions and services available and when to approach health functionaries.

“We realised that correct information and effective presentation, was key to triggering behaviour change. From advising women on correct age to become pregnant (after 20 years of age) to following immunization schedule and identifying signs of malaria, the Swasthya Kantha has displayed at least 50 different messages.”

Purna Chandra Patnayak, PHEO, Bankoi, Khurda District
Each health issue (mentioned above) was allocated a quarter (three months) and within that, it focused on one theme a month. This entailed finalising 12 themes with four key messages per theme.

**Step 3: Selecting the most relevant media mix**
The campaign was mounted on a multimedia platform using mass media - electronic media (Doordarshan and All India Radio) and interpersonal communication (posters, activity guideline and calendar).

“Radio and TV programmes turned out to be an excellent source of distance learning for frontline workers, like us, who after the broadcast conducted IPC sessions with the community on the same topic.”

*Manorama Sahu, Additional HW (F), Khalikote, Bankoi PHC, Khurda District*

All media tools were produced after intense brainstorming and discussion. Content (scripts) and Creative was duly whetted by experts to ensure accurate representation. IPC materials produced included posters and activity calendars. As many as 12 posters were developed in Odiya on the 12 themes of the month. Guidelines were developed for frontline workers who used it for conducting IPC sessions. Post production, printed materials reached every revenue village with a GKS. The campaign covered nearly 40000 villages.

**Step 4: Partnership with Doordarshan and All India Radio (AIR)**
A partnership proposal was signed with Doordarshan and AIR for producing and airing the programme Kantha Kahe Kahani as part of the Swasthya Kantha Campaign. Objectives set for the programme were awareness generation of issues and visibility of services relating to the identified health aspects. And, also to engage different stakeholders to bring in commitment amongst the service providers, Gaon Kalyan Samitis and PRI members.

Both the media used the caller tune “Kantha Kahe Kahani” in their lyrics popularizing the tune and people humming the title song across the State. Television programme adopted magazine format and comprised of drama followed by a discussion with an expert in the field. It was for duration of thirty minutes and telecast every Tuesday at 5:05 PM. Radio programme was also of thirty minutes duration and was broadcast every Wednesday at 6:30 PM.

The programme is spread over a year covering 12 episodes in each quarter adopting feature based programmes, phone-ins and discussion forum on a particular theme. The themes and relevant material were provided to the
production agency by SIHFW/NRHM. Programme scripts were developed in extensive consultation with Obstetrics and Gynecology specialists, other health practitioners, social scientists, dramatists, TV producers and women.

This advocacy and information programme involved interviews, panel discussions with the officials of DoH&FW and DWCD, Health Minister, WCD Minister and other important government officials working on health programmes in Orissa including NGOs and bilateral partners. The production team of both television and radio visited districts such as Keonjhar, Kandhamal, Koraput and Puri to capture live case studies and demonstrations.

"Over time viewers lose interest in Doordashan programmes due to lack of creativity, repetition of programmes and also because these programmes are not in project or campaign mode. Whenever a programme is in campaign mode it brings in quality and standardization due to sponsorship. Kantha Kahe Kahani sponsored by SIHFW adopted a magazine format with a story component. We identified a good script writer and talented artists who made it possible for us to present the health message in a catchy and attractive way. This ensured understanding, acceptance and retention. At present SKC is looked at as a permanent programme. The title song is catchy which makes it easier for people to remember and hum it."

Deputy Director, Doordarshan, Sambalpur

**Step 5: Preparing for the State and Village Launch State launch**

**Formation of sub committees:** Six sub committees were formed to ensure smooth implementation of the launch. These covered event management coordination; GKS participant management; stage management; material development; GKS venue activity; food and refreshment; and media coordination.

**Orientation of sub committees:** All sub committees were oriented by NRHM and SIHFW, with support from TMST, DFID to avoid confusion in understanding of responsibilities leading to last minute glitches.

**Event management:** An event manager was hired to prepare the venue for the launch. SIHFW conceived and erected a model GKS village at the venue where TV screens were mounted to display audio-visual messages and blow-ups of posters and activity calendars.

**GKS participant management:** Apart from planning logistics, the committee finalised success stories for sharing and activities to be undertaken by GKS members.

**Media coordination:** Invitations for regional and national media were planned. Thirty second radio spots and jingles for FM radio were broadcast announcing the campaign.

**Guest management:** The concerned sub-committee coordinated all activities and protocols related to arrival and departure.
Implementation: Time to Roll-out the Campaign
The actual implementation of the campaign took place at the state and village level.
- State level launch: 19th January 2011
- District and block level: Between January 26th to February in some districts such as Sambalpur and August to September in some districts such as Khurda and Kalahandi (depending on when the districts received IPC material)

State Launch
Honourable Chief Minister of Odisha inaugurated the launch which was attended by more than 4000 GKS members from across the state. The Chief Minister unveiled the logo and caller tune (Kantha Kahe Kahani) of the Swasthya Kantha Campaign. On the occasion, Minister for Women and Child Development, Minister for Health and Family Welfare, Minister for Panchayati Raj, Commissioner cum Secretary, DoH&FW and Mission Director, NRHM Odisha in addition to MPs/MLAs, bureaucrats, district administrators and the Zilla Parishad Chairman were present.

The Chief Minister during the state launch released material and documents, making them public and sharing them with the audience, while seeking people’s support to make the campaign a success:
- Release of ‘Surabhi’, the GKS training module
- Release of Gaon Swasthya Samikhya logo
- Announcing the Gaon Swasthya Divas (Village Health Day) and Sustha Gaon Puraskar (Healthy Village Award)
- Release of IPC material

District and Block Launch
District level launch took place over a period of several months depending on when the particular district received the IPC material. Under the chairmanship of Chief District Medical Officer (CDMO) DPHCO and ADPHCO and with support from DPM, NRHM organised preparatory meetings to discuss detailed activity timeline for the launch, distribution of material to the blocks with instructions for distribution to villages and assignment of roles and responsibilities to each of the team members. On the date of the launch each district organised rallies, with a Ratha (chariot) moving around the town and nearby villages. The Ratha and rallies distributed pamphlets to the communities highlighting the details of the Swasthya Kantha campaign while the caller tune Kantha Kahe Kahani was played.
District Collector, heads of various line departments such as Women and Child Development and Rural Water Supply and Sanitation Department were invited to take part in the district launch. –

The district level launch was followed by the block level launch where the Block Development Officer (BDO), Child Development Programme Officer from DWCD and Block Chairman were present.

Village Launch
GKS members who had already been oriented formally introduced the campaign at the village level. Related to the campaign, the following announcements were made:

- A prominent village level personality would be invited to release the poster on fourth Thursday of every month
- Each week of the month would be dedicated to each of the four messages on the poster for the month.
- GKS members would conduct group meetings, encouraging the community to discuss issues and clarify doubts
- Village level activities included release of poster and pasting it on Swasthya Kantha, formation of listener/viewer groups to watch the TV programme every Tuesday, listen to the Radio programme every Wednesday and on every Thursday conduct IPC sessions using the poster pasted on the Swasthya Kantha, discuss the message of the week while also clarifying doubts related to the message

The GKS member was an important link in the programme and one that connected the people with the government facilities/planners/implementers. Training the GKS worker and building his capacities, especially with regard to a short-duration multimedia campaign which had specific goals, required relevant training, sensitisation, orientation and knowledge building. During the capacity building of GKS, a module on Kantha Kahe Kahani Campaign was introduced and a separate session allotted to discuss implementation of the campaign at village level through distance learning and IPC sessions.

Mr. Susanta Nayak, State Facilitator, Community Participation, NRHM Odisha

Preparing Implementers of the Campaign
Communication personnel associated with Swastha Kantha Campaign right from the district to village level were oriented on the nitty-gritty of implementation.

Orientation of district and block officials
The concept behind the Swasthya Kantha Campaign was explained to all 30 districts officials comprising ADMO (FW), District Public Health Communication Officer and ASHA Coordinator by the CoE, SIHFW with support from TMST, DFID at Bhubaneswar. This was followed by an orientation for ADPHCO/PHEOs on the Swasthya Campaign in a training on basic communication skills. At the district level DPHCO and ADPHCO reoriented the PHEOs after receiving instructions from the State to launch and implement the campaign.

CoE, SIHFW oriented all the district and block level communication officials on basic communication skills, documentation, report writing and monitoring. Training of communication cadre helped the district teams to implement, document and monitor campaign efficiently and in a focused manner.

Smooth flow of information from state to districts Soon after receiving instructions from the State we organised preparatory meeting at the district level under the chairmanship of the CDMO. In this meeting a timeline for implementation of the campaign with clear roles and responsibilities were decided. After this we oriented all the PHEOs in the district on the campaign and shared the timeline. PHEOs in turn oriented the frontline workers during their monthly review meetings and material.

Rao, ADPHCO, Sambalpur
Capacity Building of GKS members in sync with preparations for the campaign
NRHM, Odisha with support from NGOs undertook the massive operation of training more than 1.9 lakh GKS members on operations and functions of the Samities. Understanding the importance of IPC skill building amongst ASHAs and other GKS members for carrying out awareness generation programmes, NRHM Odisha included a detailed session on IPC and Swasthya Kantha Communication Campaign. In these sessions it was ensured that the campaign guidelines along with poster and activity planner were introduced.

Logistics
The districts received the materials directly from the State. These reached the districts at different points of time, since the printing schedule coincided with the phase-wise implementation. For example Khurda which was close to the state capital, received the material in August while Sambalpur received it in October.

Once the material was received by the districts, it was immediately distributed to the blocks. At the block level, the Block Programme Officer (BPO), NRHM with support from PHEO handed it over to the CDPO, who passed it on to ASHAs and AWWs during sector level meetings.

An external agency undertook the responsibility of printing and distribution. Materials arrived from the district in the Block Programme Management Unit van which took them to the blocks. From here, the sector supervisors or vaccine delivery staff took the responsibility to distribute them in all the sectors under each block and from the sectors to the sub-centre. This was followed by the ANM and health worker in the sub centre taking the help of the ASHA in distributing the materials in each of the GKS.

The channel of distribution was as follows:

IMPLEMENTATION AT THE GROUND LEVEL
The material was received at the village level much after orientation of ASHAs and AWWs. Not wasting time they went ahead to form listener or viewer groups (depending on the medium available and preference) and ensure that the community especially women watch/listen to the Kantha Kahe Kahani programme (Wall narrating a story) being aired every Tuesday and Wednesday respectively. The GKS used the time to relocate the Swastha Kantha in villages where it was not at a public place. In villages where the placement was appropriate but where the Swasthya Kantha was dilapidated it was renovated.
Upon receiving the material, ASHAs with support from AWW pasted the poster of the month and initiated discussions around the topics. Where ever challenges and doubts ASHAs had were clarified during the sector level meeting.

On Tuesday and Wednesday depending on the availability and preference of media (TV/Radio) ASHA ensured that the listener/viewer groups met and listened / viewed the programme. On Thursdays the group met to discuss issues that they had related to the topic while ASHA used posters to reemphasize the messages. ASHA/AWW and in certain cases Health Worker (Female) recorded the names of members participating in the session in registers. These registers have become monitoring tools for PHEOs during their monitoring visits.

“Awareness generation using Swasthya Kantha is very effective as both literate and semi literate audiences are able to understand the pictures in the posters. And as one month is allotted to one message, the same message and information around the message is being reiterated during other events at village level such as Village Health and Nutrition day (VHND). The Swasthya Kantha materials are helping us during orientation of ASHAs in sector level meetings.”

Mr. Alekh Ghuta, Public Health Extension Officer (PHEO), Jujumura Block, Sambalpur District

“Awareness generation is happening due to the campaign as messages are all technically correct and also appealing. There is definite impact on the community on health related aspects due to regular discussions around health issues. GKS is writing the contact number of Janani Express (emergency ambulance service for pregnant women and mothers) on the Swasthya Kantha”

Dr. Asutosh Hota – Incharge-cum-special-Gynecologist

**MONITORING**

No separate and distinct monitoring activity or formats were used for the campaign. Monitoring was in-built as part of the regular IEC/BCC activities undertaken by SIHFW and NRHM. Swathya Kantha campaign will be one of the activities monitored as part of the concurrent monitoring by the PHEOs/BPOs.

ASHAs were given a register to maintain records of members who participated in radio listening/TV viewing/IPC sessions. All responses and feedback were duly recorded in the registers which became a kind of monitoring tool for the PHEOs during their visits.

**Observations during monitoring visits by PHEOs**

- Register was regularly maintained, recording the attendance pattern of listener groups
- While attendance for the TV programmes was high, for radio it was relatively lesser
- Thursday discussions were also meticulously recorded
- People were able to recall messages
- Some of the ASHAs (whose literacy levels were higher) were able to remember the messages well
- These materials served as a useful resource for orientation of ASHAs
- CDMOs were closely monitoring the campaign
“When ever I visit the village for monitoring purposes, I find the registers maintained by the ASHAs for the Swasthya Kantha Campaign very useful. It has neatly demarcated columns and precise information. Also, where people cannot write their name, the thumb impression has been taken, giving me a clear idea of the kind of coverage that has taken place and the level of understanding that the community has arrived at. This will help us when we undertake the impact assessment of the campaign”

Alekh Ghuta, PHEO, Jujumura Block, Sambalpur
INNOVATIONS, ACHIEVEMENTS AND CHALLENGES

Innovations

Village Contact Drives using mobile units helped reach a larger population

Village Contact Drives as the name suggested were designed to help people connect with the campaign. It aimed to draw large crowds who could benefit from the information that would be disseminated through the Swasthya Kantha and lead to discussion and dialogue around the health theme. Mobile health units were seen as a productive vehicle which could move around the project sites. These units had a doctor and NGO worker on board. They conducted the Focus Group Discussions, summarised case studies and shared them with the people. They were strategically positioned and run through areas which were more vulnerable than others. In this way services and IPC could be integrated into a single package.

Since the campaign was for a year, regular additional activities were needed 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. Wherever top-ups were used, programmes officials felt they could use the window provided by the campaign to implement their own IEC plans, helping them reach the programmatic targets in a more focused way. In media dark areas, the block organised village contact drives to generate awareness on the campaign.

The Block on its part identified Pala (folk performance) teams and oriented them with scripts that had information on the campaign. At the sub center level, the oriented PALA team performed the concerned shortlisted message, asking people to join discussions at the village level. Below are some lines from the song coined by the Pala team
**Incorporating reproductive and child health messages into the campaign expanded its scope and relevance**

Since TV and radio could not be accessed in all villages, RCH messages were incorporated into the Swasthya Kantha campaign in the media dark areas. RCH programme managers spent time with the TV and radio teams to see how their messages could be integrated and mainstreamed in the overall campaign and story line of their episodes. During the IPC sessions at the village level, many of the discussions included the topic of Maternal and Child Health. The miking system was also made use of in villages where TV and radio did not have an access.

Four districts were selected from among the most vulnerable districts in the state to pilot this intervention. They were Keonjhar, Koraput, Kandhamal, Kalahandi and Sonepur. (Kalahandi and Sonepur were clubbed together and treated as a single district). Another two to three of the most vulnerable sub-centers were selected from among these districts. Nine spots at the GKS level were chosen thereby making it a total of 36 points. These vulnerable areas were identified by NRHM.

Listener groups were created by broadcasting the cassettes of episodes developed for the radio programme “Kantha Kahe Kahani” through loud speakers. Nine spots were chosen per district at the GKS level. Similar plans were made for viewing videos of episodes that were already telecast by DD. In both cases the equipment required for miking and video show belonged to the concerned GKS.

**UNICEF immunisation intervention also included in the campaign**

UNICEF was in the process of implementing an intervention on immunization in certain areas. Consultations were held to see that this got implemented during the window provided for child immunization in the Swasthya Kantha Campaign. Similarly, any health intervention that was launched during the year was also incorporated in the Campaign during the window provided for the respective theme so as to derive maximum output while also imparting fresh impetus to the campaign. The success with which different health concerns got included served both the people in the districts as also government programmes well. A large-scale, mass media campaign like the Swasthya Kantha was already mounted on a huge platform where planning, media publicity, dissemination and people management were taken care of. Including other themes was therefore not difficult. UNICEF’s immunization programme which is a lifesaver for pregnant mothers and new born infants only served to strengthen the health profiles of the local community.

**Collaboration with Song and Drama Division**

In the month of May 2011 Song and Drama division, Ministry of Information and Broadcasting, Eastern Region contacted NRHM, Odisha to guide and support them in organising awareness and publicity campaign in the 30 districts promoting various initiatives of NRHM.

The Mission Director, NRHM, Odisha directed the Division to use messages and themes of Swasthya Kantha campaign on maternal and child health and communicable diseases. Further Mission Director directed all the Chief Medical Officers at district level to identify two to three vulnerable blocks which are also media dark areas. This instruction was given mainly to cover all areas where there is low penetration of TV and Radio and also to reemphasize the messages on the key health aspects.

It was also instructed that at village level Gaon Kalyan Samities (GKS) and Swasthya Kantha be used for publicizing the awareness generation campaign of Song Drama Division. This ensured an active involvement of GKS in the awareness generation programme and Swasthya Kantha to be the information display board. The entire initiative was successful
as GKS and ASHA were by then oriented on how to conduct IPC sessions at village level by using Swasthya Kantha and were also well versed with messages and themes of Swasthya Kantha campaign.

**NRHM’s partnership with Field Publicity for special publicity campaign**

NRHM, Odisha partnered with Directorate of Field Publicity for the special publicity campaign in all 30 districts from October 2011 to January 2012. NRHM wanted the campaign to focus on maternal and child health and communicable diseases such as malaria and tuberculosis.

As part of the campaign NRHM directed the Field Publicity Division to adopt messages and themes of Swasthya Kantha campaign. Further NRHM also ensured that the campaign is aligned with the Village Contact Drive – existing communication activity which again is using Swasthya Kantha materials such as posters, guidelines. In this campaign again instruction to involve GKS and updating Swasthya Kantha at village level was given.
ACHIEVEMENTS

Faster adoption of healthy behaviours at the block level
Villagers are now regularly weighing their children and maintaining a chart. The PD is successful and people are asking for and using the Janani Express. Immunisation dropouts have gone down substantially with more people going in for immunisation. Trained GKS members and ASHAs have been continuous follow-up and this has pushed up the number of people going to the CHC/PHC.

“Earlier we knew many things but now we have the materials, data and accurate information to back our beliefs and knowledge. This gives us greater confidence as we interact with households and convince people on following healthy behaviours.”

Outreach established to all 30 districts through the media
The success of the programme was in its ability to reach as many as ..........people across all project districts over a 12-month period. Using all media tools and vehicles, the campaign customised messages for television, radio, wall paintings, posters, interpersonal communication, mobile units and training of GKS workers. Advocacy related activities were taken up with stakeholders and training and orientation activities were held with service providers/facilitators/programme implementers/NGOs. The same message was transmitted in different ways to reach the target groups which include village leaders, PRI members, youth groups, women self help group members, mahila mandals, Kalyani Club Members and other committees like VEC.

Excellent feedback to the radio and TV programmes
TRP and feedback from listeners of AIR showed that the programmes were well received by the target audience. Some of the jingles were on the lips of many people. Messages beamed through television episodes were taken up for discussion in many village meetings. Radio programmes too touched a chord with the people since most households had a radio and the episodes were in their local language, citing examples and case studies that they could easily relate to. The programmes were backed by a lot of personal interaction through the GKS and ASHA members who carried literature, visual aids, posters and other materials, discussing health issues with them, clarifying their doubts and allowing them an opportunity to share their views.

Observation
The viewer group from Kulusal village, Jujumura block, Sambalpur district, were able to narrate what they remembered from the episode they watched on Vitamin A.
- Vitamin A- One blind boy who begs for money and people beat him. Man gives shelter and also talks about Vitamin A.
- Benefits of Vitamin A

Ms. Mithila Pradhan, 30 years, Unmarried; Ms. Misri Latha Dash, 35 years, married; Ms. Rashmita Khamani, 18 years, unmarried; Ms. Sushma Khamani, 27 years, married
Kulusal Village, Jujumura block, Sambalpur
Recall of messages of women on Wednesday after watching the television programme on Tuesday

One woman was able to recall yesterday’s episode of Kantha Kahe Kahani (KKK) on vitamin E, the topic of the episode. They liked the title song of KKK. Another Woman named Lily Mahakur, mother of a 1 and ½ year old daughter was able to recollect messages on diarrhea, nutrition, immunization and child health as she regularly watches the TV programmes. She was also able to identify posters related to those months. She was able to narrate the message given in one episode on Child Health “Do not leave small children, with older children”.

Catchy caller tunes
Special caller tune was used to develop the title song played on Doordarshan and All India Radio, making the Kantha Kahe Kahani (wall narrating a story) musical notes very hummable and popular with messages on health being absorbed by people. In villages of Odisha this campaign is popularly known as Kantha Kahe Kahani because of the caller tune.

CHALLENGES AND LESSONS LEARNT

As with any campaign of this magnitude a number of challenges arose and were tackled as and when GKS members encountered them during the implementation of the Swasthya Kantha Campaign. Some of these were:

Difficulty in mobilising large turnout of people at every event
The ASHAs and AWWs were very important members of the GKS. They were close to the community, had access to households and were strong influencers. In most cases they succeeded in getting people to attend the sessions, meetings, events and other functions. However, there were times when they found it difficult and could not arrange for large attendance. Being well versed with the local people and situations, they navigated their way as they went along, enlisting support of other community members and putting in place simple mechanisms to ensure that more people were interested to attend.
Lessons learnt

- An independent television would help the entire group to see and discuss the topics that were broadcast on DD without having to crane their necks to get a good view.
- Presenting snacks and prizes for simple quizzes would generate interest and boost attendance
- A better visual spread through posters and other innovative IEC material would also draw the crowds
- Within one month four health messages were shared and sometimes they tended to be repetitive and/or inter-related. To avoid repetition, new messages could be added
- Writing space on Kantha could be increased in some cases where the message was longer or if the topic/health condition needed a bigger explanation

“Attendance in our village would be better if we had a bigger place for the meeting. Also, the village does not have an anganwadi centre which could have served as an ideal venue.”

Jodapada village, Bolgarh Block, Khurda district

Inadequate time to solicit feedback and preview TV and radio episodes

Prior to the airing of an episode on TV or radio, there should be a back-up of at least a few weeks. However, due to time constraints this was not always possible. This led to not sufficient time being given to reviewing and previewing the episodes. Had this been done, there could have been a more thorough quality check as also tighter editing.

The technical experts who whetted the scripts needed more time to review the content. In the absence of enough time, while AIR could play the tapes of the final product over the phone and finalise the content it was difficult for Doordarshan to do the same. For them it was necessary to screen the tapes for the technical committee so that they could view them and provide feedback.

Lesson learnt

Both TV and AIR were asked to provide scripts and episodes for eight weeks in one go so that this could be finalised before going on air. Also it was decided to try and get the technical experts to meet twice a week to meet twice a week, to review the script, preview the final product and give feedback to Doordarshan and AIR to enable them do the creative visualisation, direction and production at their end

Providing a panel of experts for the programmes on Doordarshan

Since the Doordarshan episodes comprised of a drama followed by discussion with an expert, they required the expert’s availability while shooting every episode. This was the responsibility of SIHFW and it involved a lot of coordination to find a suitable expert would be free and willing to participate in the programme.

Production and distribution of IPC tools

A major difficulty that arose during the campaign was to print and deliver IPC tools to over 40000 GKS across the State. The huge amount of logistics involved in delivering the material resulted in a delay at 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 a large number of GKS members

Training was another major predicament as it entailed orienting around 1.9 lakh GKS members spread across the State.

Lesson learnt

The training venue was brought closer to the people. Also reducing the content so that it would be possible to conduct a non residential programme.
Better site management and logistics needed
In many places a proper site was not identified for the construction of the Swasthya Kantha as also for holding the meeting. The posters and other IEC materials that were developed needed to be better positioned at the venues.

Lessons Learnt
New Swasthya Kanthas could be developed wherever the old one was not in proper condition or if it was not in a well located area.

Having a Communication and Media Plan
The campaign which was implemented at the state, district and village level was a communication challenge but one which presented immense opportunity to integrate multiple communication and media vehicles. Mass media, IPC, public mobilisation and local media and cultural formats were used to maximum advantage to help deliver the state’s mandate on improving health seeking behaviour and access to health and health related services.

The campaign directly mobilised village populations representing people across socio-economic, religious and cultural groups, reaching thousands of people with their messages. A mobilisation of this scale and impact was seen as a significant state event, which had potential of attracting media, generating public participation and galvanising public and private delivery mechanisms. This entailed close coordination with District Administration to understand local dynamics. Communication planning therefore had to be a multi-pronged approach encompassing the following:

- Local mobilisation was key to generating large-scale active participation across villages, blocks and districts in a series of events planned and managed in the villages
- Local celebrities were involved in festivals and events to pull in crowds.

Communication outreach was planned to maximise impact, especially in “unreached” and media dark areas, through GKS members

Challenges to ASHA
Biggest challenge ASHAs faced was they were given only one set of posters and during rainy days posters pasted on Swasthya Kantha which is outside any building was spoiled and they did not have another to replace it.
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.