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COVID -19, STIGMA & DISCRIMINATION AND CONTINUATION OF ESSENTIAL RMNCHA SERVICES WORKSHOP FOR COMMUNITY RADIO STATIONS, MAHARASHTRA
16 -18 JULY 2020

The workshop for the Community Radio Station, organized by the Centre for Social Behaviour Change Communication (SBC3) in association with UNICEF Maharashtra and Envisions Institute of Development (EID) over three days as half-day sessions. The session content is expected to be covered over four Modules as detailed below.

Workshop Objectives

At the end of the workshop participants prepared an outline of developing stories from the community for the Community Radio Station and strategy for:

1. Addressing the COVID -19 essential services and Non-COVID -19 essential services based on the needs of the community
2. Addressing Stigma and discrimination related to COVID -19

Workshop Agenda:

From	To	Session	Resource	Methodology & Content
DAY 1				
10:15	10:25	Welcome and Introduction	Harsha Mehta, C4D Specialist, UNICEF Nishit Kumar SBC[3]	CRS and COVID -19: An introduction to the training
10:25	11:00	Workshop Objectives and context of COVID -19	Varsha Chanda, EID	Presentation on importance of Community Engagement for COVID -19
11:00	12:15	**Session 1: Essential and Non-Essential services in COVID times**	Dr. Jyoti Potare, UNICEF Dr. Aparna Deshpande, & Jyoti Potare UNICEF Sandeep Tendolkar & Aparna Kulkarni Gowande, UNICEF	Presentation-45 mins Quiz - 15 mins Health(RMNCH+A) Nutrition services during COVID 19 WASH services MHM
12:15	12:45	Q&A	UNICEF Team, Varsha Chanda	Open discussion on COVID-19 Setting Context for Day 2 and 3
DAY 2				
10:15	10:30	Summary of Day 1 and Welcome to Day 2	Nehal Das, EID	
10:30	11:30	**Session 2: COVID-19 Introduction and Update**	Varsha Chanda, EID	Presentation-45 mins Quiz - 15 mins What, How, Transmission, Treatment Myths and Misinformation about COVID19 , COVID Warriors and their contributions
11:30	11:45	Rajeshwari Chandrasekhar UNICEF CFO Maharashtra		Setting the Context for Community Radio to address COVID-19 in Maharashtra
11:45	12:00	Dr. Ajay Ambekar, Director (Information) – DGIPR, Govt of Maharashtra		Community Radio and Social development context in Maharashtra
12:00	1:00	**Session 3: Stigma and Discrimination and Psychosocial Care**	Harsha Mehta, UNICEF Nisar Ahmad, EID	Presentation-45 mins, Quiz- 15 mins Genesis of Stigma. Understanding discrimination, Stress and management of stress, Domestic violence and Adolescents
1:00	1:15	Task based discussion and Q & A	Varsha Chanda , EID	Open discussion

DAY 3				
10:15	10:30	Summary of Day 2	Nehal Das, EID	
10:30	11:00	Child Protection during COVID times	Alpa Vora, UNCEF Child Protection Specialist	Presentation and discussion
11:00	12:15	**Session 4: Planning community mobilization**	Nishit Kumar, SBC[3] Nisar Ahmad, EID	Presentation and discussions 60 mins; Quiz- 15 mins Developing volunteer support system Radio programmes and interventions for community and adolescent engagement
12:15	12:45	Way Forward	N.A. Shah Ansari, President, Community Radio Association Harsha Mehta, UNICEF Nishit Kumar, SBC[3] Nisar Ahmad, Varsha Chanda, EID	Open Discussion for local strategy on Community Radio for COVID
12:45	1:15	Feedback and Closure	SBC[3]/UNICEF	Poll

Participant Profile

1. Community Radio Heads
2. Community Radio Reporters
3. Community Radio Programmers
4. Radio Script writers

Acknowledgements:

Ajay Ambekar, DGIPR:

We thank Guest Speaker, Ajay Ambekar, DGIPR- Maharashtra Government, for addressing all attendees and inspiring them to take their work forward.

N.A. Shah Ansari

We thank Guest Speaker, N.A. Shah, president of Community Radio Association for reminding everyone about the connect Community Radio Stations have with their community.

UNICEF Maharashtra:

We would like to thank UNICEF Maharashtra for facilitating the workshop with their subject experts on various topics such as WASH, MHM, COVID-19, Child Protection. We also thank Guest Speaker, Rajeshwari Chandrasekar, UNICEF Maharashtra CFO for addressing all workshop participants. Lastly, we express our gratitude for providing Zoom and registration links for the workshop.

Envisions Institute for Development:

We would like to thank Envisions Institute of Development for anchoring and facilitating training for the workshop. Envisions Institute of Development (EID) is a group of professionals who have joined together to bring to the development sector the best mix of the corporate sector's task orientation and social sector's soul of people orientation. Established in 2013, EID is a premier Knowledge Management, Research and Communications Company.

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Day 1:

The workshop started with a welcome note by Priya Subnis Arte, Founder and COO of SBC3. She welcomed everyone and highlighted that this workshop is to help the Community Radio Stations to plan their programmes for engaging communities to take preventive action on COVID 19. She mentioned that this is the time to rise together once again against COVID19. She stated that the workshop series is organized by SBC3 in association with UNICEF Maharashtra and EID. Special Invitees and Panelists Dr Ajay Ambekar, Director (Information's), DGIPR, Government of Maharashtra and Rajeshwari Chandrasekhar, Chief of Maharashtra. Harsha Mehta, Head of Communication for Development UNICEF Maharashtra was present for the programme. From Envision Institute of Development, Varsha Chanda was present during the workshop. She also introduced SBC3 members, Nishit Kumar, Founder and MD of SBC3, and Saanika Gokhale, Programme Coordinator SBC3.

She invited Harsha Mehta and Nishit Kumar who welcomed the participants on behalf of UNICEF and SBC3 respectively.

Panellist Name: Dr Aparna Deshpande

Topic: Nutrition services during COVID

Highlights from the session:

1. Breastfeeding is like a vaccine for newborn infants. There is no evidence which shows that child is affected due to breastfeeding. Breastfeeding benefits are more than anything. 5 years 13% preventable. Diarrhoea and pneumonia are preventable. Cognitive development and other diseases like heart, BP related issues can also be prevented.

2. If a mother is having symptoms or may be affected by COVID 19, she can still breastfeed. Whenever she is handling her child she should use a medical mask or tripled layers masks. If the mother is touching any material used by the child, they need to be disinfected. In case of any symptoms, immediate medical treatment should be taken.

3. Mother with symptoms can still breastfeed, by cleaning her breast and hands and collect the milk in the bowl and then feed it to the child. In the case, if the mother isn't well enough to provide milk to her child, human milk banks can be accessed to nourish the baby.

4. In case of unavailability of any of the above options on may use formula on advise from a medical officer. Since the formula milk contains a higher amount of minerals that can affect the child kidney and liver, it is a temporary option. We need to promote breastfeeding during the COVID-19 also.

5. Breastfeeding should not be stopped even if the child gets affected by COVID-19. If the child has completed 6 months, parents need to improve the intake of food to child and frequency needs to be increased. Breastfeeding should continue, we need to provide different types of food intake having the entire vitamin, minerals and other sources of nutrition. Complementary feeding should be given to the child; this information needs to be shared with the community.

6. A child's stomach is very small, during the COVID 19, if the child is used to eating 6 times a day and it is no longer possible to that, feed the child 4 times a day with solid foods to fulfil his needs. No processed food like chips etc. we need to wash our hand and child hand, there should be a separate vessel for the child. There should be extra feeding in case of a child is not well.

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7. We should have diversity in the food that we give to the child. We should provide food like milk, peanuts and non-vegetarian sources, this helps with the growth of the child. Foods like leafy vegetables are a great source of vitamin. Food items that improve our immunity should be added to the diet. These foods are good for fighting with COVID 19.

8. Vitamin D is also a type of preventive Vitamin. From 11 am to 1 pm, we should stand under the sun for some time Vitamin D. Exercise must be done on a regular basis; we need to maintain the activities, 60 minutes exercise for young people and 30 minutes for elderly. We should give our eyes rest from screens like TV or mobile.

9. Junk foods should be avoided. They contain a high level of sugar and salt; this can also cause illnesses.

10. Ensure cleanliness in the kitchen by: clean vessels and hands while cooking, Nails should be cut and clean, space for cooking should be very clean. Must Wash hands while feeding a child. We should keep the outside food for 4 hours, we should wash the vegetables in mild water, 50 ppm chlorine drops should be mix in the water to clean the vegetables. Soaps or sanitizers should be avoided on food items. Soap or mild water should be used to wash the packaged food and milk. it should be kept aside for 24 hours. COVID 19 is not spread by eating non-vegetarian foods, chopping board should be different for cutting non-vegetarian food.

11. Ingredients like; potato, garlic should be kept aside for 72 hours after bringing home. Single-use bags should be discarded and reusable bags should be washed immediately. They can also be kept under the sunlight.

12. Only one person from the home should go out to buy anything. We should make a list of materials, go out only when necessary. Different slippers are appreciated. Elderly and pregnant women should not go outside. Gloves should be used. Touching the face should be avoided, safe distance should be maintained. We should spend more money on material that will last for long, we should buy essential food items, rather than chocolate, chips etc. expiry date should be check.

13. Safe Drinking water- We should avoid the open drinking water, we should use cleaning material for cleaning water.

14. Vaccination to children on a timely basis, micronutrition supplementations and deworming tablets should be given.

15. We should speak with children and have a healthy dialogue with them. We should avoid being angry and get stressed while speaking with children. A happy environment should be maintained.

Nehal Das from EID conducted the poll quiz with the participants.

Poll quiz: 1 four questions need to be answered; 10 min were given to select the correct option.

1. To take the health care we need to follow the following protective measures:
   a. To keep physical distance
   b. To wear face mask
   c. A and B both

2. In the health services there is a need to add following health care facility
   a. COVID 19 services
   b. Maternal, Adolescent and children Health Care
   c. A and B both

3. In the pregnancy women should avail the ANC services.
   a.   Yes
   b.   No
   c.   Aya bai- Midwife consultation
4. In the Radio programme do we need spread awareness about the Influenza like Diseases
   a.   Yes
   b.   No
   c.   Aya bai- Midwife consultation

Questions	Correct Answers	Percentage of Participants correct answers
To take the health care we need to follow the following protective measures:	A and B both	100%
In the health services there is need to add following health care facility	A and B both	100%
In the pregnancy women should avail the ANC services.	A	83%
In the Radio programme do we need spread awareness about the Influenza like Diseases	A	100%

Poll 2:

1. Mother affected with COVID 19 can breastfeed child
   a.   Yes
   b.   No
   c.   Not sure
2. Can we eat non-veg during the COVID 19
   a.   Yes
   b.   No
   c.   Not sure

Questions	Correct Answers	Percentage of Participants correct answers
Mother affected with COVID 19 can breastfeed child	YES	100%
Can we eat non-veg during the COVID 19	55.5%	55.5%

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Questions asked to Dr Aparna Deshpande:

Q: Is it safe to eat non-vegetarian food during COVID 19?

A: Non- vegetarian food provide us with iron, protein and other important nutrients. It has not been tested that people are affected by COVID 19 due to non-vegetarian food. It has to be cooked properly before consumption food. Those who eat non-vegetarian food they can eat it, but thoroughly wash our hands and meat. An RJ asked this question as the poll question was framed to be tricky.

Q: Can the virus be transmitted through breast milk?

A: The mother can breastfeed even if she is affected with COVID 19. She needs to use a mask, wash hand, there is need to clean the breasts, it is also not mandatory but if the affected mother is coughing by keeping her hand on chest hygiene needs to be followed. Even if the COVID 19 Virus is spread by the mother to the child then that does not affect the mother's milk, the research is ongoing. There are cases where pregnant women affected with COVID 19 have delivered a child without transmitting the disease to the infant. Children generally don't get severe symptoms like fever, mild and cough and cold.

Q: If the child is COVID positive what are the chances that the mother will also get infected?

A: We need to understand that child doesn't get exposed to the external environment, the chances are very less. There are more chances that the virus is transmitted from other people to the child. We don't promote to use a mask for the child until 2 years. The child may get infected from the family member or mother.

> World health organization and UNICEF is promoting that new born child should be with mother, in spite of the COVID 19 .

Q: Is there any correlation between heredity and malnourishment?
How is height and malnourishment interlinked?

A: Malnourishment is not hereditary, genetically it might be affected. Symptoms of Malnourishment like height are dependent on the genes. Short height or other symptoms depend upon the nutrition that is given to the child. It is more likely that a child may grow taller than the parents. If the child is affected with infection, this can also turn into stunting and malnourishment. If the family is facing food scarcity malnourishment is not hereditary.

Q: In the hospital environment, what is the probability of baby getting infected?

A: There is very less percentage of children getting infected with COVID 19, it is not because of the environment of the hospital. It is maybe because of the mother. Ultra-transmission of the COVID 19 does not affect the child. Placenta checks up or blood of mother and child needs to be checked to understand whether the child is infected by Virus, flu, rashes, diarrhoea is seen as a new symptom. Mutation of a virus can be seen. We are learning about this virus and research is still going on.

Q: People are very afraid to go and buy vegetables:

A: We should assign one person in the house to go out and buy the essential goods; we should avoid senior citizens or children going out. We should ask people who are healthy to go out, we should use different slippers to go out, sanitizer should be there, we should have a list, we should go and buy the material which is very much needed. We need to follow physical distancing; we should not touch our eyes, face while we are out. After coming back we should follow some precautions. We should follow the new normal rules which are; using a mask, washing hands and maintaining physical distancing. We should at least buy vegetables for one week.

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Panelist Name: Sandeep Tendulkar, UNICEF

Topic: COVID 19 and Wash:
Highlights from the Session:

1. Clean Water Bodies and vessels:
   a.   Corona does not spread due to water, but the water bodies. We should not over crowd our water bodies.
   b.   Drinking water-collection, handling and water body's cleanliness.
   c.   We should collect water in clean vessels
   d.   We should clean the vessels inside out.

2. Cleaning and safety of water:
   a.   1000 litre water bleaching powder for cleaning water.
   b.   Madiclore drops in 10 lit water. This water is drinkable after 10 min
   c.   Chlorination of water is important. Gram panchayat or Corporation should do this chlorination.
   d.   Using two- layered cloth for staining water. *Turti* is also an important to clean water.
   e.   Water should not be served after being tampered by human touch
   f.   Always keeping water on top,
   g.   Handling water by hand should be avoided. Need to use the different vessel.

Film Screening: WASH during COVID 19

Cleanliness of Toilets and COVID safety Measures:
1.   Water should be covered by a lid, to avoid the human touch.
2.   Corona affected person's flux contains the virus and it does retain in it for more than 11 days. Toilets need to be cleaned properly.
3.   People are more scared that if we use the public toilet so, they go for open defecation. This increases the risk of getting affected by CORONA or may be affected by other diseases.
4.   There is a need to have water and soap available nears toilets. Children's flux should be thrown in the toilets and not outside the house.
5.   Keep 1 -meter distance while using the public toilets.
6.   Using a mask in the pubic toilet is advised
7.   Not to spitting in the toilets
8.   Must wear slippers while using toilets.
9.   Wash hands after using the toilet properly.
10. Pedal cleaning washbasin, is recommended in public places.

Alert is happy!

Type of masks and its usages:

1.   N95: frontline workers mainly facing the COVID 19 patients must wear it
2.   Triple layers mask: ill person and person assisting in the ill person
3.   Face cover mask: Normal person going out
4.   Wash hands before wearing or removing the mask. Handles should be touched.

Hand washing Technic film screening
Hand washing Method:
Method: SUMAN- MA- *Samorun, Ulta, Muthi, Angatha, Nakha- Mangat*
Duration: 20-40 sec
Usage of water, soap and Sanitizer: Sanitizer with 70% alcohol, Clean water and Soap.

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Home quarantine and precaution:

1. All the waste should be collected in different bags to support the waste collectors or cleanliness workers for identification, segregation and disposal.
2. Bio-Medical waste should be disposed of with the support of agencies appointed to collect this type of waste if these agencies can't be accessed this bio-medical waste should be buried in the soil properly.
3. Promoting Waste Segregation: Schools have done work for awareness of waste segregation. There should be different waste boxes for corona related waste.
4. Communication Material for spreading awareness: IEC material should be promoted. Chandrapur NSS group has designed a chart with the Words to make general people understand the corona; UNICEF has prepared the Snake and Ladder game to promote this.

Panellist Name: Aparna Kulkarni

Topic: CORONA- Menstrual health management:

Highlights from the session:
1. There is a need to understand Menstrual health management.
2. It affects the girls' health and it affects her pregnancy.
3. During the adolescent age girls are dropped out due to menstruation.
4. Clean environment is very important, safe disposal of the pads, it also affects the animals around.

> Cotton Cloth for making Menstrual Pad:
> (4S) Suti, Swach, Suryapraksah, Swach handling

5. If the girl is not aware of the menstrual cycle then it affects her physically, socially and psychologically. This affects the child negatively; it has a very long-lasting impact on her life.
6. We have experienced that a girl reaching menarche is often forced to get married, in majorly in Marathwada region. If the girl child is not aware of the menstrual cycle then she may not behave proper understanding/knowledge about reproductive health. This causes risky pregnancies and ultimately it affects the infant.

The objective of the menstrual cycle management:

1. To create a positive attitude towards the menstrual cycle and changes in the body among girl child and parents
2. To create awareness about the physical, emotional, psychological changes and give scientific reasons behind the consequences of it, at the right time.
3. To prepare herself for the challenges that she is going to face in the adolescent age
4. To empower her with knowledge about the socio-cultural rituals and myths attached to the menstrual cycle.
5. Healthy habits
6. To create a viable environment to discuss the menstrual cycle hygiene and to create a capacitated human resource for management of the menstruation.
7. Menstrual health management friendly: toilets, school, village and society.
8. Physical, Mental and psychological changes in menstruation, challenges and solutions and good food and exercise was explained with the presentation and charts explaining the process to be followed.

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Usage of menstrual Pads

1. Cotton cloth- suti, swach, suryaprakashat, swach handling
2. Menstrual cups, tampons can be available
3. Pads are available with SHG groups- Asmita plus apps are available to access the pads.
4. Disposal of the pads is important. We should not keep the pads or other materials in open, we should incinerate it, or we can dispose of it inside the soil.

We should discuss the myths and misconception

1. Blood from the menstruation is unclean
2. Isolation in Menstruation
3. Visiting temples or watering plants.
4. Handling masalas, papad etc
5. Open disposal of pads
6. Not to dry the menstrual clothes in the sunlight

Poll:
1. How long do we need to wash hands>
    a. Only for 10 seconds-20-40 sec
    b. 10-20 seconds
    c. 20-40 seconds
    d. More than 40 seconds
    e. No matter how long
2. Who can use toilets?
    a. Only women
    b. Only Men
    c. Only the Elderly
    d. Only Children
    e. all family members
3. How frequently do we need to change pad?
    a. After 3 hours
    b. 12 hours
    c. 24 hours
    d. after 6 hours or before that
4. What to eat during Menstruation?
    a. Oily food
    b. Chips, Pizza's etc
    c. If don't feel to it, not to eat
    d. Healthy food

Questions	Correct Answers	Percentage of Participants correct answers
Till how much time we need to keep washing our hands	20-40 sec	100%
Who can use toilet	all family members	100%
How frequently we need to change Menstruation pad	after 6 hours or before that	75%
What to eat during Menstruation	Healthy food	100%

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Question and Answers:

Q: Do we need to take bath after going out during COVID 19

A: Yes, it is important since we should maintain cleanliness as the virus is unpredictable and cannot be seen. We should wash our own clothes and not to give it to another person to wash, it will help reduce the risk of infected by the virus.

Q: In the remote areas of Adiwasi pada's, we are using water from natural water sources, what precautions can be taken?

A: We have a myth that running water is clean, but it can be polluted with the human touch. We need to use chlorine or *Turati* to clean water before using.

Q: Pimples and redness in the vaginal area.

A: We need to clean the surface of the vagina and keep it clean always. We should use dry undergarments and dry them in the sunlight. It is not recommendable to use the warm water for washing the cloths during menstruation. We should dry it in the sunlight. We should not cover the undergarments or clothes kept for drying outside.

Priya Subnis Arte, thanked everyone for participating in the workshop. She asked for feedback from the participants and suggested that to keep posting about their suggestions for the subjects of the sessions.

Feedback from Participants:

1. Sachin Mendkule, Manndeshi, shared that COVID 19 has been the main discussion in last few days through our radio stations, but we got to know more information about the precaution during COVID 19 under the WASH and Menstrual health.

2. Gaurav Kurwade, Amaravati, house and personal hygiene is also important, this we will make awareness. At the village level, we found that people are not taking precautions.

3. Lata Jadhav, Manndeshi Radio station, shared that Sandip Tendulkar has given very important information, he has explained about the important things to keep in mind for the cleanliness of water for household use.

Instructions:

Saanika Gokhale has shared a Google sheet, for attendance, Google form should be filled before the next day sessions. Those connected with through WhatsApp they have Google form is available on their app. SBC³ also conducted a survey (google form) with 25 of the 26 CRS in Maharashtra. The survey covered hours of broadcast, days, types of programs, target audience, feed back method etc.

She thanked Varsha Chanda, Harsha Mehta and Nishit Kumar and all the Panelists for the day and requested participants to login by 10.15 am the next day.

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Day 2:

Nehal Das recapped topics from the previous day:
COVID 19 all services were stated
Importance of the Breastfeeding
Good food habits and a balanced diet for children
WASH- SUMAN
Cleaning and safety of water
Menstruation hygiene and precautions during Menstruation

Panellist Name: Varsha Chanda

Topic: COVID-19 Introduction and Update
She initiated a dialogue by asking the participants about what they know about COVID 19 and what they want her to explain about this virus.

Highlights from the Session:
Varsha Chanda discussed that Coronavirus is a family from SARC COV 2 virus and the real name of Corona.
1. This virus is very dangerous as it affects the human being early. Membrane proteins enter the lungs.
2. COVID 19- Corona Virus Disease 19. This name is used to avoid the stigmatizing the person, geography or people. The movie was screened to make an effort to understand COVID 19 and its symptoms.
3. Respiratory droplets are causing the spread of the virus. It can stick to any surface, and it can transmit by touching it and using the same hand near or on our face.
4. This virus remains till 9 days on the surface is an average opinion. The virus needs a body cell to survive. It will not survive outside more than 9 days, depending upon the type of surface and cleanliness.
5. Symptoms are Shortness in berthing, fever and cough and cold are most common worldwide. 27% of fever, cough 21%, itching in the throat 10 % seems worldwide.
6. In India 24% coughing, 27% fever, feeling down, headache and diarrhoea is also seen some of the symptoms. Elderly people having Hypertension, Cancer, Tuberculosis, Diabetes are more prone to get affected.

Following are the new Symptoms found in the COVID 19 by CDC:
1. Fatigue
2. Muscle ore body aches
3. Headache
4. New loss of tests or smell
5. Sore throat
6. Congestion or runny nose
7. Nausea or Vomiting
8. Diarrhea
Cases of COVID 19 are increasing exponentially.

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Measures were undertaken to control the cases in India:
1. Lockdown
2. Personal Safety
3. Physical distancing
4. Identifying person in the contact with COVID 19
5. Avoiding Community events
6. Disinfection of surface

Flattening the curve is very important to control the virus, precautionary measures are very important if we don't follow it that we can reduce the pick of the curve. 20 % population is affecting out of the virus. If we don't provide the proper health care facility to the affected people there is a possibility of an increase in death rate.
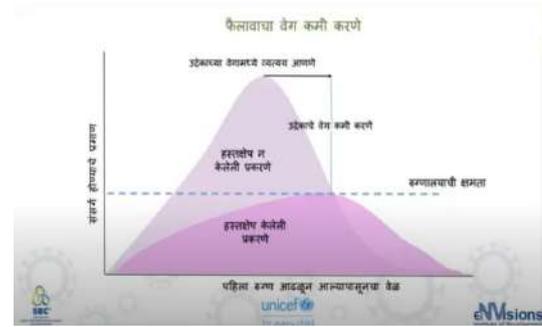
4th in the distribution of the cases, daily 25000 cases are identified; the testing rate is 9-10% in a day in India. 190 cases per 1 lack population can be seen.

Age group Affected

•0-10 is affected
•21-30 is affected the most
•21-30 is affected the most

Death Rate

•40 and above
•Recovery is high under 40

Why testing is important:

ASYMPTOMATIC AND PRE-SYMPTOMATIC

Mildly Symptomatic
- People who display very mild symptoms (like mild fever or mild cough)

Pre symptomatic
- People who do not show any symptoms at least till a week after contacting the virus. Later on they display symptoms such as fever, coughing, tiredness

Asymptomatic
- People who are infected by the virus but do not show any symptoms and might be transmitting the virus unknowingly

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1. Asymptomatic and Pre-Symptomatic people can infect others; we don't have a proper mechanism for testing this.
2. 80% Cases are mainly mild symptomatic and asymptomatic.
3. Videos were shown why there is a need to use the protection mechanism in the COVID 19.
4. Droplets are sustained in the room for at least 1 hour. It can also generate microdroplets.
5. When we open the window, microdroplets waved off. So it is mandatory to use a mask. We should keep all the windows and doors open and should keep the AC switch off.
6. Public transport is the most prone to get affected. During the travelling buses should be open buses, physical distancing should be followed. Mask and shield are preferable, not to touch any surface and don't touch to your face.

Question and Answers:

Q: Is this virus transmittable through the milk
A: Infection remittance is not more in this material. We should wash our hands to break the shield of the virus. We should wash our hands minimum for 20 sec to break the shield of the virus. There is a need to have 60% alcohol for destroying the virus.

> Vegetables should be soaked in the salt.

Video showing the handwash was screened to make note of 20-sec hand wash and system to wash the hand.

Transmission probability, if we use the mask:
1. No mask by COVID carrier and but by Healthy Contactor 70%
2. COVID carrier mask and not by healthy contactor 5%
3. If both of them use masks 1.5%

> Bleach preparation: 5 to 6% solution, 4 teaspoons of 1 liter, detergent solution

Droplets spread:
1. If we don't use mask 4 ft
2. Handkerchief 2 ft
3. Mask cover 2.5 inch
4. Professional mask only 1 inch

Home Quarantine caregiver and family members
1. Bleaching solution is important, washing clothes in the warm water and drying in the sunlight, the entire surface should be disinfected.
2. Oxygen level should be monitor.
3. Even in case of symptoms are not seen, it will show that oxygen level is very less.
4. Complete isolation should be followed.
5. Separate vessels, everyone should wash the clothes in bleach.
6. Caregiver should monitor the symptoms within the 14 days of quarantine.
7. Separate room for the caregiver should be there for the home quarantine,
8. She should attend the patient for 24/7
9. Need to be in contact with the doctor and hospital.
10. Triple-layer mask by the family members,
11. Disposal of the masks is very important. Corporation has made a service for people to be quarantined in homes. Bleaching should be done for washing masks and it should be kept in a different bag. Tests should be done

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Priya Subnis Arte welcomed Rajeswhari Chandarshekhar and Ajay Ambekar

Introduction about the Rajeshwari Chandrasekhar:

Rajeshwari Chandrasekar is associated with UNICEF since June 2013 as UNICEF Maharashtra Chief Field Officer. She has contributed for more than 26 years in UNICEF not only in India but also worldwide, specifically, Indonesia and Kenya. She was working as a Chief Social Policy, Planning, Monitoring in Kenya. She has been working with UNICEF as a researcher for 11 years. She has completed her Masters in Economics and she has published her papers in the Economic and Political weekly.

This pandemic has created a threat and it has reached our doorsteps. UNICEF is trying from 20th March to support Maharashtra Government and Local bodies to understand the change brought due to COVID 19. We are focusing on women and children the most. More than 1.5 lakh death cases are reported There is a sense of panic and fear. We are getting different types of information from the different media, we are not able to decipher what is true and what is false. Researchers and scientists are doing their job but the virus is also changing the scenario rapidly. It is also impacting socially due to the myths around it. We have created the COVID 19 training kit for the frontline workers and all the government service givers. We should understand first of our self-care/safety. We need to focus on nutrition, health and WASH. Young people are becoming intolerant and there is need to have pschyo-social support. To spread the word we should have different messaging for urban and rural areas. WHO is researching it, we have seen that there is aerial transmission. We should follow safety measures. Though the whole state has internet service providers, only 40 % of people have internet access. Thus, radio is a very effective medium in such times.

We feel that with CRS we will be able to create awareness. We know that you will create awareness about it and myths can be avoided. We should reach to the communities, to spread the word about COVID 19. We with our partners are here to support you to reach to people through this workshop. Stigma and discrimination are also important to discuss with the community. We as UNICEF need your support to reach to people to the most elderly, children, women, adolescent people through a community radio station.

Rajesshwari Chandrasekharan, UNICEF

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Ajay Ambekar, presently works as Director, Information, Government of Maharashtra, India * Director, Cultural Affairs, Government of Maharashtra * Dy. Secretary (Protocol) Government of Maharashtra -* Dy. Secretary (Tourism), Government of Maharashtra * Director, Cultural Affairs * Public Relations Officer to the Chief Minister

Community radio stations are very important in the pandemic situation; Prakash Jawdekar has taken consultation with community radio stations. We know that you are all facing some challenges, you are playing an important role in spreading awareness about COVID 19. UNICEF and Maharashtra felt that the mass media has limitations, Government information can be given through the Community Radio stations. Private radio stations are very limited, and they primarily focus on entertainment. We should have a proper medium to reach to the local people. Government information is very flat and does not have entertainment on it. We should have other/innovative mediums to discuss the same. CRS reaching to local people plays an important role in spreading awareness. Information and Directorate Information, Government of Maharashtra, India, is playing a major role in it. Community radio stations who promote a local language, culture are very important to reach to people.

There is a need for a budget for running the Community Radio station, I don't have statistics for the statements that I am going to give. As per Central government suggestion Educational institutions, Universities, NGO's are assigned as CRS and given license for the same. Our strength should be understood. Target audience is very important. Manndeshi Radio station is only concentrated on *Mandeshwari* people. We should have a sustained plan for running the Community Radio stations. We should identify the need for the community or target audience. The competition is not with the social media platforms since it is reaching to a mass audience. We should reach to people with their own language and culture for strengthening the process of communication of community radio station.

Ajay Ambekar, Director of Information, Government of Maharashtra, India
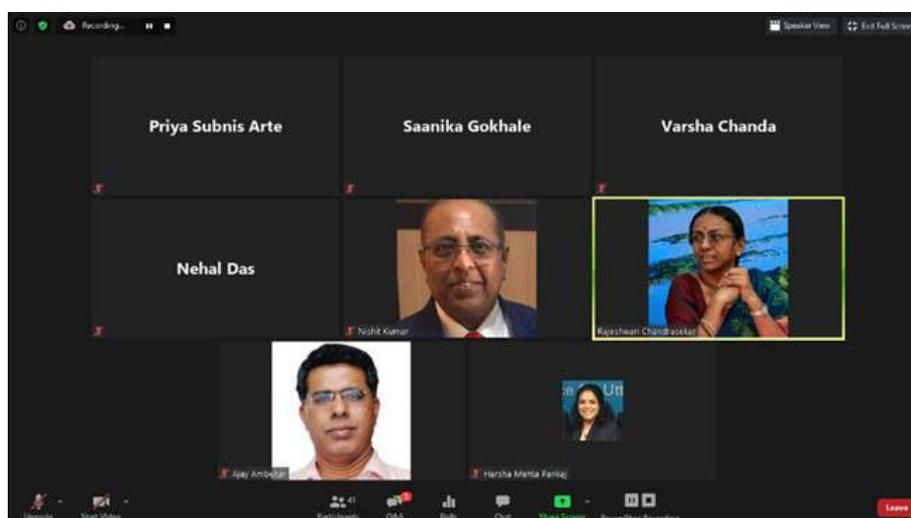
KVK Babhaleshwar, asked for agricultural assistance, information and support from UNICEF. Ajay Ambekar explained that agricultural questions are very important and this platform is not to discuss this, financial support should be provided, the Health Department is going to give the Budget to the Community Radio Station. Impact of community radio station data is not available. Audit bureau stations, give the users statistics, but in case of community Radio stations, it is very difficult. Hence, in radio stations, it is provided. Every week for electronic media TRP has been provided, even the advertisers provided the advertisement for the same. Community radio stations profiling should be there. There is a need to do a small survey for the same. We can make an effort for this. All the community radio stations can come together and they can conduct this survey.

Poll Quiz 2

1. Depending upon the type of surface, SARS CoV-2 can survive for
    a. 2 hours to 9 days
    b. 2 days to 9 days
    c. 2 days to 3 days

2. Flattening the curve means…
    a. Delaying outbreak peak
    b. Reducing outbreak peak
    c. Both A and B

3. Pre-symptomatic are people who
    a. Do not show symptoms at all
    b. Do not show symptoms till about a week
    c. Have very mild symptoms that are not noticeable

4. Transmission probability of the virus when both carrier and contact are wearing a mask is
    a. 1.2%
    b. 5%
    c. 1.5%

Questions	Correct Answers	Percentage of Participants correct answers
Depending on the type of surface, SARS-KOVI-2 can survive ..	2 hours to 9 hours	71%
To reduce the transmission of virus what is important	A and B both	64%
How frequently we need to change Menstruation pad	Mild Symptomatic	70%
Contact and carrier masks probability of transmission of the virus.	The answer is not clear	

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Panelist Name: Harsha Mehta

Topic: Stigma and Discrimination and Psychosocial Care
Highlights of the session:

On the news channel or social media, we have found that frontline workers are facing discrimination. All the migrant workers are migrating or are not getting job opportunities. If we look at the health sector, this stigma was also there in case of HIV aids, they use to stigmatize certain groups CSW, MSM, Truck Drivers etc. people don't have proper and correct information about COVID 19. There are fear and myths related to this. This is a Chinese disease and everyone was stigmatizing China, but we found that Northeast people started facing social discrimination. In Bangalore and Mumbai, they were thrown out of their jobs and they were asked to leave, this has affected their lives. Other groups like domestic workers and other informal workers like electrician, facing survival issues. Migrants were leaving the city, with the most difficult situation and walking on the road. Some people provided them with food, water and other things; we found that they were forced to leave the city. 12 years child died while walking. Frontline workers are also stigmatized; they were not allowed to enter society.

She shared experience, of one doctor, from Bandra, his residential society members asked him not to enter the society, since they felt that he can carry the COVID 19 virus since he is working in the Public health officers, many Residential welfare societies are not supporting. They are asking people to leave the place/ even in case of Quarantine people were asked to leave the place. Religious communities were also targeted by the media stating the spread of the CORONA virus. In the case of Ebola, they were using used water in Nigeria, for beryl practices. That time also one particular community was targeted stating that Ebola has caused because of them. If we see that what are the reasons to stigmatizing or discriminating people. As Rajeshwari Chandrasekhar said that this is a new virus we were not prepared for it. We know that we don't have the vaccine available. People are in a situation of fear and confusion. They are treated that they will get infected and will die or maybe the family will also get affected, what if I have to go to government isolation centre, or maybe it can affect the areas where I am staying. These thoughts have also pushed people to decide that not to inform that they are affected by COVID 19 virus. This can cause an increase in corona cases.

We need to understand stigmatization. Stigmatization cases were discussed with the participants were asked to share their opinion about the stigmatization.

1. At the end stigmatization affects everyone. There will be low self-esteem, depression. They don't ask for support or helpline or psychiatric support, motivation level also reduces.
2. There is a need to minimize the stigma, we need to focus on facts, government websites. Negativity creates a negative environment. Try to create a positive environment and collective family activities are also important for creating a positive environment.
3. We should understand that anyone can get COVID 19, Amitabh is also affected out of COVID 19, there is need love, compassion, support people affected with COVID 19.
4. There are helplines available that can support the people for psychosocial support, helplines for women and children and also health-related support.

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Panelist: Nisar Ahamad

Topic: Psychosocial Care and Support

Prof. Nisar Ahmad, Director EID, is an MBA from Faculty of Management Studies, University of Delhi, an Executive Programme Certificate in Consulting Process from Maastricht School Of Management, Netherlands. He possesses more than 37 years' experience. Prof Ahmad is a Change Management Coach certified by Innovations Associates, Boston, USA. He has also completed certificate courses on Social Norms Social Change from the University of Pennsylvania, on Engaging Citizens and Public-Private Partnerships from the World Bank.

Currently associated with National Health programmes with MoHFW like BRIDGE for Immunization and ACSM for TB, Prof Ahmad is working as part of the COVID-19 task force for communication with the WHO.

He asked everyone to unmute their mikes. He asked questions regarding the media as a medium. *Ek chidiya anek chidiya* in the childhood we used to watch. The story was depicting unity, without any discrimination.

Radio can be so much impactful for providing messages.

Key messages:

Children are getting stressed since they are not able to go to school and meet their friends. Their parents are also affected, due to job loss and survival issue. This can also transmitted to child and there are negative and stressful situation in the house.

    a.   Sleepless Night
    b.   Urinating
    c.   Stomach Issue
    d.   Child Becoming angry

**Following are important measures:**

1. To identify the stress or emotion that child is going through
2. Communication with elderly or experience people
3. Have good and quality communication with child
4. Good balanced diet for child
5. Seek support from 1098 in case of protection and care related cases.

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Community Radio stations can help in this

1. Use words that are sensitive and avoid stigmatizing the words
2. Try to reach out to elderly people
3. Positive messaging
   a. Create awareness
   b. Recovery cases and success stories

4. Message about unity and Solidarity
   a. Ask the influential person to talk on the CRS.
   b. Positive and hopeful news to be given

Community Messaging
   a. Indoor games and activities should be given to people
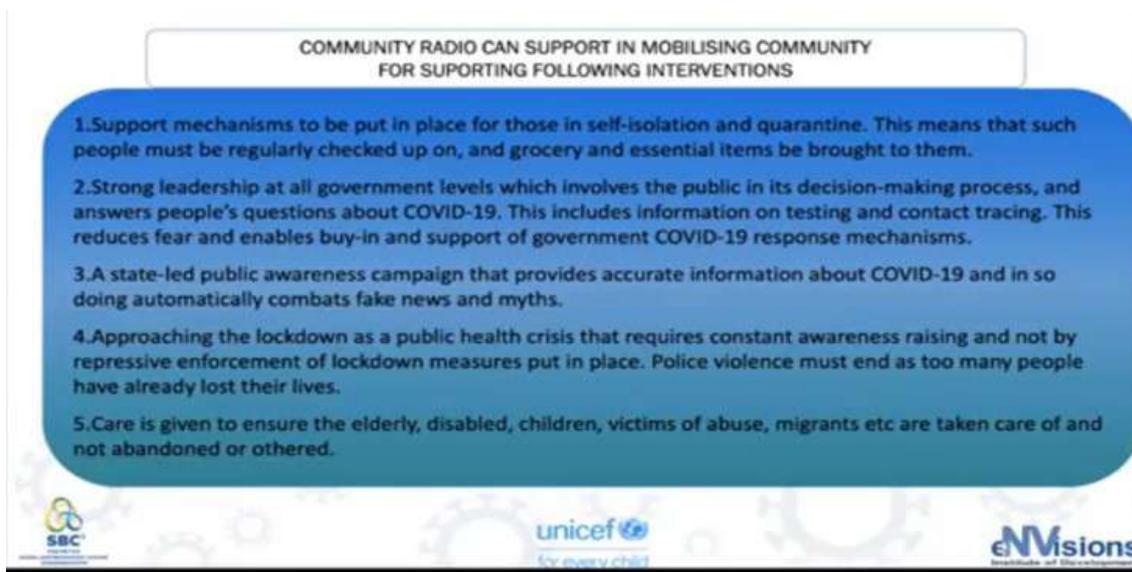
Things to remember for CRS awareness Programmeme:

1. Use the correct terms
2. unbiased statements while discussion,
3. Statistics with sensitivity and not to create negative environment
4. Understanding the mental health situation.

5. Don't use sensational language,
6. Use accurate information;
7. Don't create panic situation using Roomers and misleading messages
8. Encourage for peoples participation for generating information.
9. Call to action for encouraging people to act
10. Discuss the traumatic experience cases and recovery out of it.
11. Principals of messaging- Transparency, flexibility and gain perspectives and focus on humanity
12. Importance of the Frontline workers and their work should be recognized.
13. Talk about the discrimination and harassment these frontline workers face.
14. Use of physical distancing as a term rather that Social Distancing.

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Day 3:

Saanika Gokhale welcomed everyone, she introduced the Panelist. NA Ansari, Alpa Vora, UNICEF, Madhuri Tambe, Counseling Physiologist, Vikas Sawant, State consultant, UNICEF, Nishit Kumar, SBC3, Ahmad, EID, Director. She invited Nehal Das for a summary of last day

Nehal Das shared the recap and Vikas Sawant shared a presentation on Child Marriage and I call mental health support helpline session was conducted by Madhuri.

She asked Varsha Chanda to conduct the Quiz

Participants can answer by unmuting or using a chatbox.

The quiz was based on COVID 19 awareness and discrimination.

Saanika Gokhale invited Alpa Vora and she introduced Vikas Sawant and Madhuri Tambe for delivering the session on Child Marriage and, She highlighted the following points before starting the discussion:

1. Abuse on children is increasing and child marriages are increasing
2. Increase in the Mental Health Issues
3. Increase in uncertainty and children and youth are facing loneliness due to distancing and lockdown.

Panelist: Vikas Sawant

Topic: Child Protection during COVID times
Highlights from the session:
1. We should not see the Child Marriage in the Isolation it has different abuse dimensions.
2. There is reduce in the child marriage cases but it is not happening the way it has to be.
3. Child Marriage need speedy efforts
4. It is linked with the Mindset of the society, it needs collective efforts.
5. There are 17 Districts in Maharashtra, red zone for Child Marriage.
6. We also need to look at the districts with the low rate of child marriage too.
7. Mindset of the society about the Gender role should be focused.
8. Education of children should be taken to consideration for eradicating child marriage.
9. We need to double our efforts now since the situation has changed.
10. There should be a collaboration of different social and administrative structures locally.
11. Different Child Protection systems should maintain data of children dropouts and child Marriage, and review for planning the strategy.
12. Mindset about Child Marriage should be changed.
13. Efforts for capacitating Adolescent girls.

Measures to stop Child Marriage:
1. Improving the girl child enrollment in the schools and support for completing education. Monitoring by Teachers on child progress and attendance.
2. Improving the capacity of Gram Sevak and Police Patil to deal with the child marriage cases with the support of other Gram panchayat officials.
3. Compulsion of Registration of marriage and awareness with the Religious leaders, caters, and other stakeholders responsible for marriage.
4. BBBP Taskforce at the district level to tackle Child Marriage.
5. Monthly meetings should be encouraged.

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I CALL for Mental health support helpline was discussed by Madhuri Tambe

Psychosocial impact due to COVID:
1. Anxiety about the getting affected with Virus.
2. Checking the symptoms every time
3. Difficulty in accepting new normal
4. Anxiety, stress and physical fatigue,
5. Discrimination and Stigma

Impact of children and youth:
1. Change routine like school time table etc
2. Change in food and sleeping habits
3. More anxiety and irritation
4. Anxiety about parents
5. Uncertainty about future
6. Increase in vulnerabilities of children staying on streets, shelter homes and boded labours.

Ways to respond to children
1. Discuss the COVID severity sensitively with children.
2. Aware them about reality.
3. Understand the stressful situations
4. Give them hope and respond to them positively.
5. Include exercise in their routine.
6. Give bearable responsibilities to them.

Impact on women:
1. Increase in responsibilities
2. Detached from the support person
3. Lockdown and domestic violence
4. Scarcity of basic services and needs
5. Financial problem
6. Scarcity of Medicine and other health care services.

How to deal with these issues:
1. Don't judge people while understanding their problem.
2. Ask them to seek for help and seek the psychosocial therapy
3. Self-care
4. Link them with organizations providing mental and physiological support
5. Make a plan for their safety – Helplines and essential services contact
6. Calling the I CALL will benefit the people to seek support psychosocial.

Polls:

1. Child Marriage is child abuse
   a. Yes
   b. No
2. There is Increase in the Child marriage during the lockdown
   a. Yes
   b. No
   c. Not sure
3. Child Marriage and Child Safety is correlated
   a. Yes
   b. No
4. Controlling the child marriage is only Government's responsibility.
   a. Yes
   b. No

Questions	Correct Answers	Percentage of Participants correct answers
Child Marriage is child abuse	Yes	100%
There is Increase in the Child marriage during the lockdown	Yes	36%
Child Marriage and Child Safety is correlated	Yes	84%
Controlling the child marriage is only Government's responsibility	No	100%

Participants mentioned that questions are little confusing, Varsha explained that the audience can ask any type of question and we should be ready for that
Questions were clarified, Sachin Manndeshi, he explained that Sugarcane workers are more prone to have more child marriage cases due to the *Koyta* or half *koyta* system. There are cases where child get married to become a full *koyta* for earning money in the sugarcane workers.

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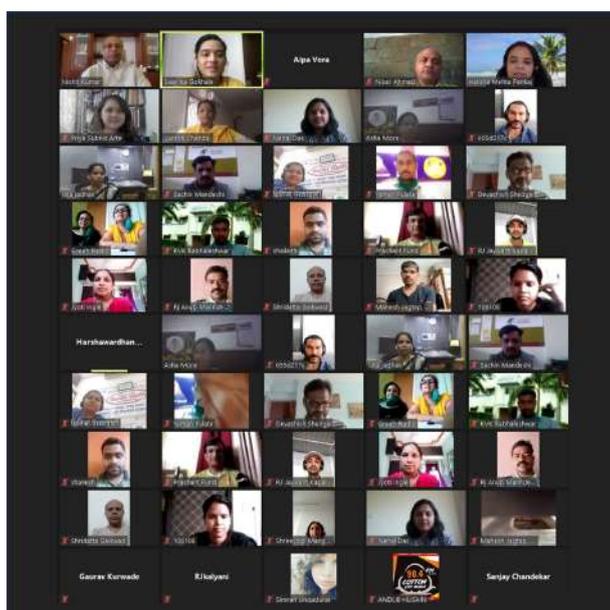
Community Radio stations and Coronavirus *ka baja*

Panellist: Nishit Kumar and Nisar Ahmad
Topic: Planning community mobilization
Highlights of the Session:
We need to understand the audience
1. Primary and secondary audience
2. Primary- direct target audience
a. Primary- direct target audience
b. Secondary- those who influence the target audience, we should have a reference to these secondary audiences
3. Creating awareness and Creating action is important: Examples were given to the audience to understand the power of the Community Radio stations for creating awareness and make a change in the community.

What can be your plan?
1982 Asian games, low power transmitting station for TV and Aakashwani, were able to learn out of it. What is a characteristic of successful radio stations, meaning listenership is more and them listening on regular basis.
He started with examples, for conveying the message that community radio stations are very important to spread awareness among a large population. There is need to consistency, practical approach and messaging while doing the same. He gave examples of AMUL India, RJ Jitu Raj and Theater for change.

 He discussed the following mobilization strategies with the CRS:
Competitions:
1.Essay
2. Songs
3. Elocution
4.Mask designing
5. Area cleaning
6. Wall painting etc

How can CRS mobilize people:
1. Database of local people
2. WhatsApp messaging
3. Local language posters
4. Wall painting
5. Rickshaw announcement
6. Radio Play

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UNICEF is an international organization, working on Human development the most. We are providing you with the knowledge and skills to create awareness about Community Issues like nutrition, health etc

We are creating a 10 people panel, we are recording interviews. That can be used by CRS to broadcast. For making the content, we can support CRS. Funding will be also available. From August to September 2020 he requested CRS to make a strategy to create awareness about the COVID and related Topics. Gifts will be given to the CRS having a good strategy and have reached to a larger number of listeners. All the publicity material will be provided to CRS. UNICEF and SBC3 will speak with all the community radio stations, we can discuss how can we support and help CRS in doing the same. We can have competition, the data-base of the people listening to us. Keep Records of the listens to views and feedback.

This strategy should contain:
1. Issue
2. Primary audience and secondary audience
3. Secondary audience
4. CRS programme
5. Advertisement
6. Resources
7. Validation
8. Support from SBC3

Panellist: N.A. Shah Ansari

Topic: Way Forward

N.A. Shah Ansari is a rights activist and Journalist with community media specialist working for the last 27 years. He has completed his master's in Public Administration, Rural Development, Business Administration, Journalism and Mass Communication. He has worked for regional and national newspapers. He is also expert in governance and development. He has started his first community radio station in Odisha, Namskar Community Media Network; he is a president of Community Radio Association.

He explained that we are making this effort to mobilize all the Writers, RJ's and production people. We are very happy to have this forum. Our responsibility has increased as the pandemic situation has increased as the community radio work is important. We should be safe and we should ask the minimum people to come for CRS. We should promote telephonic communication and programmes etc. We should decide what will be next. CRS we are working since from last 2006, civil society organizations have also entered the fraternity.

Language- Real-time messaging and local messaging is very important

1. As compare to other states, we are different government support packages were also communicated through CRS. We are supporting people to understand the current situation, about the COVID related major information like quarantine centres, government facilities also connecting the local administrative officers is also an important thing that we are doing. We should think about what next

2. Child marriage is increasing, dropouts are going to increase. Online and whats app sessions are increasing. Community radio listens are not having internet facility. Drop out situation is going to increase. I request that there have to be monthly meetings, capacity building programmes, community radio we share experience, content share, we have brotherhood than the competition.

3. We decided that through our CRS, we will make fewer community dropouts. We thought we should identify the children. We found that there has to be participation from the community to make a change and encourage them to speak about it. We with the support of the experts- PRI members, Administrative we supported the child to attend the school. Chale hum Bharti ko milke school bheje, listeners used to share their experiences while doing this, e also used to thanks them, we started this process in the nearby 15 villages. We continued this process. In the sarv shiksha abhiyan report they mentioned that due to CRS intervention, 165 schools have become the 0 school dropout

Nishit asked for open discussion:

How many shows do we need to do?
1. Devashish Shedge: Concern is that COVID 19 is going to be there, how to live with COVID 19, counselling, livelihood should be provided. Along with the safety measures we also think about how can we go forward

2. Nishit Kumar suggested that these two issues are very important. We are going to have an expert to discuss, we will discuss the counselling, we are going to discuss with each of your stations.

3. Varsha Chanda added that we should continue our messaging about the protection from COVID 19, we should encourage for new normal safety measures.

4 Nisar Ahmed shared that this is a really good platform to experiment and messaging will play an important role. This will be a better forum to experiment and discuss what we can do it.

5. Shri data Gaikwad, Pune: Till how many times the programmes are going to be broadcasted and what will be the duration of the programme?

6. Nishit Kumar shared that Maharashtra radio stations are going to have the competition, radio can conduct the competitions and take community participation and then it is important to have a strategy to record the feedbacks etc. CRS will be doing presentations' after 30th September.
7. Harsha Mehta shared that we will start speaking with each of the radio stations. Before August 1, will have an agreement on how are we going to work together as well as your suggestions for the formation of the content.

8. Jyoti Ingle asked that how many times we are going to Broadcasts these programmes, Nishit sir shared that we all can decide together. CRS, Official mail ids are there with the UNICEF, so that we can share all the information with the official mails. Saanika Gokhale shared that everyone needs to fill the Google sheet and we can have a communication on the contact details.

9. Rahul Thakre, Panzara Vahini Sakri, Dhule asked that how many programmes should be done. How many time we need to broadcast, is this depend upon the radio station?

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10. Nishit Kumar Explained it, Episodes will be decided by the CRS. COVID, Health, Nutrition, Mental Health Issues, the issues which we listen in the last three days will be covered in it. Also COVID and impact on the community like Child Marriage, etc will be covered. We will do an agreement with each radio station. It depends upon the CRS to continue the discussion around these subjects and take a note about the community needs too.

11. Lata Jadhav shared that community engagement is must but the competition is important. We can also do the competitions through online medium. We should do the competition through online mediums with physical distancing. CRS has the liberty to conduct these competitions.

Saanika Gokhale added that through hashtag most of the Radio stations are running the competition. We have many options and COVID 19 has pushed us to use the different social media options to reach to people.

UNICEF and SBC3 are in partnership, Harsha Mehta added. We are going to provide the guideline to CRS. We will fix the dates and time for meeting with each of the Radio discussion, PPT's format shared by Nishit Kumar and Nisar Ahmed will be discussed in it.
In the format, we have said that what is the contemporary issue of the community, CRS need to decide what programmes they want to plan. We will send the guideline, you don't need to discuss now. In the meetings with CRS, we can make a plan for each of CRS.
This workshop is to initiate communication. Nishit Kumar sir showed the agreement to the Harsha Mehta's explanation. He added that we are more interested in building the community engagements and people's participation and create awareness about the subjects.
Saanika Gokhale shared that all should switch on their videos and then maybe we can do photos.

Conclusion:
Priya Subnis Arte concluded the session by thanking everyone for participation and Panelist, Varsha Chanda, Harsha Mehta, Alpa Vora for giving their valuable time for the session.
Harsha Mehta also showed her gratitude for Rajeshwari Chandrasekhar, Varsha Chanda, UNICEF experts, SBC3. She informed that Ajay Ambekar sir is going to have an intense session with all the CRS.
Feedback from the Participants:

Asha more: Very informative workshop, thank you.

Andlib Husain: Thank you for 3 days session.it was extremely helpful for making more programmes. Kindly send details by mail. We will work together

KVK Babhaleshwar: We participated in the conference organized by UNICEF for 3 days. There were very nice daily sessions. Thank you all from KVK Pravara CR. All our teams participated in the 3-day session
Shailesh: thanks a lot of lots of useful things covered in this workshop apart from COVID 19

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Annexure A: Participating Community Radio Stations

Sr. No.	CRS Participants
1	Yeralavani
2	MGM Radio
3	Radio Panzarawani
4	Mandeshi Tarang Vahini
5	Puneri Awaz
6	Radio Vishwas
7	Vidyavani Community Radio
8	Radio Vatsa Gulm
9	Radio Nagar
10	Sadhana Radio
11	Vasundhara Vahini
12	KVK Pravara
13	Radio Mast
14	Ashwamegh Radio
15	Greed Radio
16	Cotton City Radio
17	Radio Bhumi
18	Radio MGIRI
19	Radio Wardha
20	Swaranant CR
21	Independent Community Media Practitioner

Annexure B: Workshop Panelists

Sr. No.	Panelists
1	Ajay Ambekar, DGIPR
2	N.A. Shah Ansari, President, Community Radio Association India
3	Rajeshwari Chandrasekar, UNICEF
4	Alpa Vora
5	Harsha Mehta, UNICEF
6	Dr. Aparna Deshpande, UNICEF
7	Sandeep Tendolkar, UNICEF
8	Jyoti Potare, UNICEF
9	Aparna Kulkarni-Gowande, UNICEF
10	Madhuri Tambe
11	Vikas Sawant
12	Nishit Kumar, SBC3
13	Priya Subnis Arte, SBC3
14	Saanika Gokhale, SBC3
15	Nisar Ahmed, EID
16	Varsha Chanda, EID
17	Nehal Das, EID

Annexure C: Google Form

Section 1: About the CRS

1. Name of CRS: _____

2. Broadcasting from (name of town/Block) _____

3. Broadcast license from year: _____

4. Coverage radius:
   a. Upto 10 kms
   b. 20 to 30 kms
   c. More than 30 kms

5. Primary areas covered (towns/villages/district):

6. Population covered (approximately):
   a. Less than 10000
   b. 25000 to 50000
   c. 50000 to 1 lakh
   d. 1 lakh to 2.5 lakhs
   e. More than 2.5 lakhs

7. Broadcast days:
a. Daily
b. Once in 2 days
c. Once in 3 days
d. Once in week

Hours of broadcast:

8. Number of hours:
a. 1
b. 2
c. 3
d. 4
e. 5
f. 6
g. 8
h. 12

9. Timing: From_____ am /pm to _____ am/pm

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10. Primary Target audience:
    a. Farmers
    b. Students
    c. Housewives
    d. Others (Please specify) _____

Content source for broadcast:

11. Own production (what percentage of content is produced by yourself):
    a. 10%,
    b. 25%,
    c. 50%
    d. 100%

12. Breakup of content:
    a. Interviews: _____%
    b. Film songs: _____%
    c. Educational programs for children: _____%
    d. Information programs for Farmers: _____%
    e. Radio Plays: _____%
    f. Discussions: _____%

13. Most Popular programs (enter name and type of program):

14. Audience feedback method:
    a. Phone calls
    b. Letters
    c. WhatsApp
    d. Others (please specify) _____
    e. Events conducted:
    f. Competitions
    g. Radio workshops
    h. Others (please specify)_____

Staff:

15. Full-time staff (is it possible to give a range?)

      a.   1

      b.   2

      c.   3

      d.   4

      e.   5

      f.   6

      g.   More that 6

16. Part time staff

      a.   1

      b.   2

      c.   3

      d.   4

      e.   5

      f.   6

      g.   More than 6

17. Station Head/in charge:

18. Name _____

19. Mobile number _____

20. Email id _____

21. Community radio promoted by:

      a.   Radio spots

      b.   Posters

      c.   Mobile messages

      d.   No promotion

22. Groups who have been involved in radio programs:
    a.   ASHA workers
    b.   Anganwadi workers
    c.   SHG
    d.   Mahila Mandals
    e.   Youth groups
    f.   Panchayats
    g.   Others (Please specify) _____

23. Average Monthly expenditure of CRS:
    a.   Less than Rs 25,000
    b.   Rs.25000 to Rs 50000
    c.   Rs. 50000 to Rs 100,000
    d.   Rs. 100,000 to Rs 250,000
    e.   More than Rs 250,000

Section 2: About the person taking the survey:

24. Name: _____

25 Designation or role: _____

26. Email id: _____

27. Mobile: _____

28. List community issues for which a CR program can be used
    a.   Address COVID stigma
    b.   Health programs
    c.   Women's empowerment
    d.   Gender Violence

29. Overall majority CR listeners are :
    a.   Children below 15
    b.   Adolescents
    c.   Housewives
    d.   Farmers
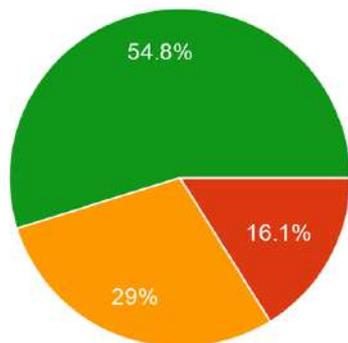   e.   Old adults

Annexure D: Google Form Graphs

Designation or role/ कामाचे स्वरूप

31 responses

Broadcast license from year/ प्रसारण लयसुन्स चे वर्ष

31 responses

Coverage radius/ प्रसारण क्षेत्र

31 responses

- Upto 10 kms/ १० किलोमीटर पर्यंत
- 20 to 30 kms/ २० ते ३० किलोमीटर
- More than 30 kms/ ३० किलोमीटर हुन जास्ती

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unicef
for every child

Population covered (approximately)/ साधारण प्रसारण क्षेत्रातील लोकसंख्या

31 responses

- ● Less than 10000/ १०,००० पेक्षा कमी
- ● 25000 to 50000/ २५,००० ते ५०,०००
- ● 50000 to 1 lakh/ ५०,००० ते १ लाख
- ● 1 lakh to 2.5 lakhs/ १ लाख ते २.५ लाख

54.8%
16.1%
29%

Broadcast days/ आठवड्यात किती वेळा प्रसारण करता?
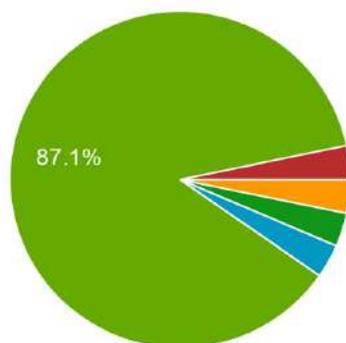
31 responses
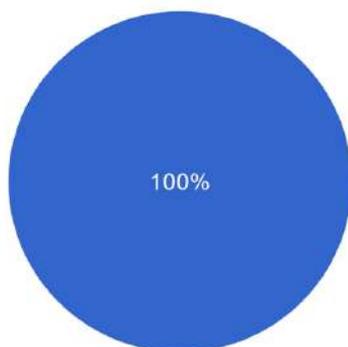
- ● Daily/ रोज
- ● Once in 2 days/ २ दिवसातून एकदा
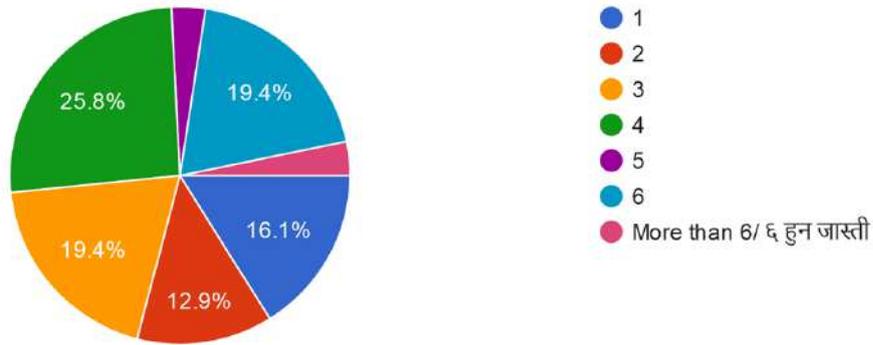- ● Once in 3 days/ ३ दिवसातून एकदा
- ● Once in week/ आठवड्यातून एकदा

100%

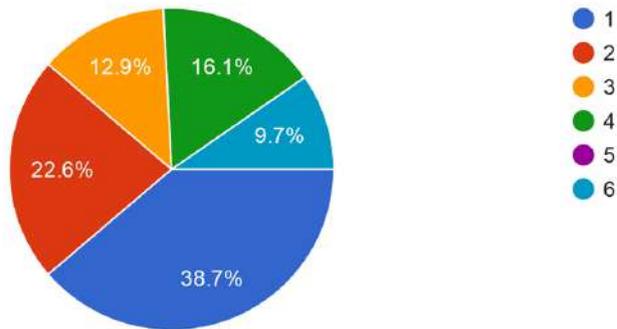## Hours of broadcast/ आठवड्यात किती तास प्रसारण होत असेल?

31 responses

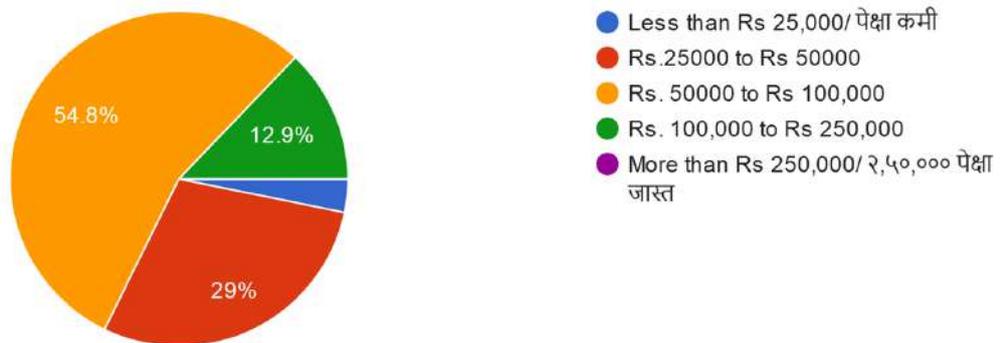
- ● 1
- ● 2
- ● 3
- ● 4
- ● 5
- ● 6
- ● 8
- ● 12 or more
- ● 12

87.1%

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full time Staff/ पूर्ण वेळ काम करणारे कर्मचारी

31 responses

- 1
- 2
- 3
- 4
- 5
- 6
- More than 6/ ६ हुन जास्ती

Part time staff/ अर्धा वेळ काम करणारे कर्मचारी

31 responses

- 1
- 2
- 3
- 4
- 5
- 6

Average Monthly expenditure of CRS/ साधारण महिन्याचा खर्च

31 responses

- Less than Rs 25,000/ पेक्षा कमी
- Rs.25000 to Rs 50000
- Rs. 50000 to Rs 100,000
- Rs. 100,000 to Rs 250,000
- More than Rs 250,000/ २,५०,००० पेक्षा
  जास्त

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Primary Target audience/ कुठल्या गटातले जस्तीत जास्त श्रोते आहेत तुमच्या रेडिओ चे?

31 responses

Category	Value
Children below 15/१५ वर्षांचा खाली मुले	22 (71%)
Farmers/ शेतकरी	27 (87.1%)
Adolescents/ युवा	25 (80.6%)
Housewives/ गृहिणी	24 (77.4%)
Old adults Others/ वरिष्ठ किंवा इतर	21 (67.7%)
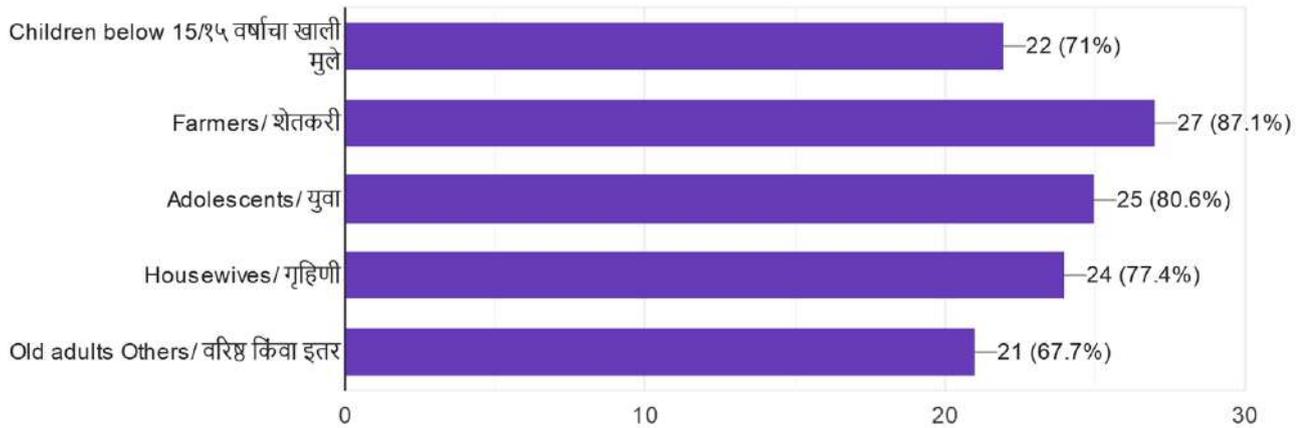
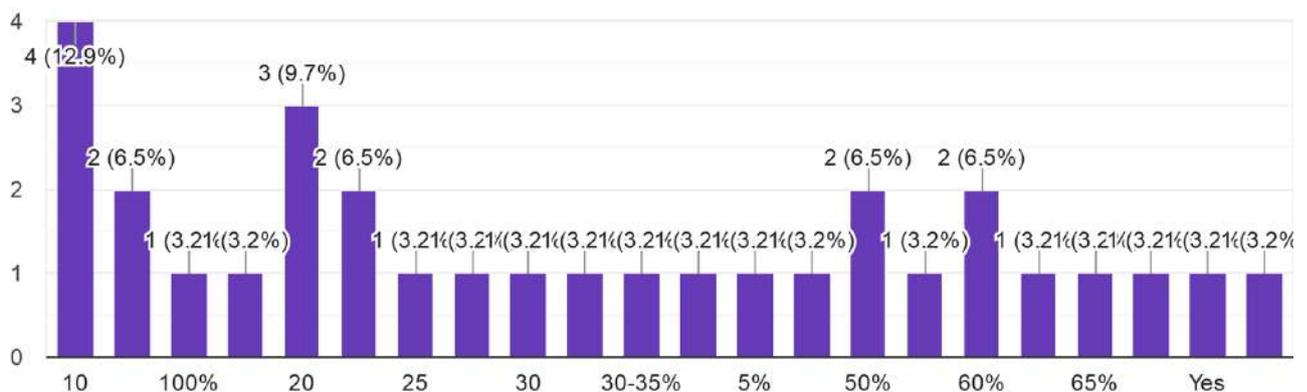## Own production (what percentage of content is produced by yourself)/ स्वतः निर्मिती केलेल्या कार्यक्रमांचे %

31 responses

- 10%,
- 25%
- 50%
- 100%
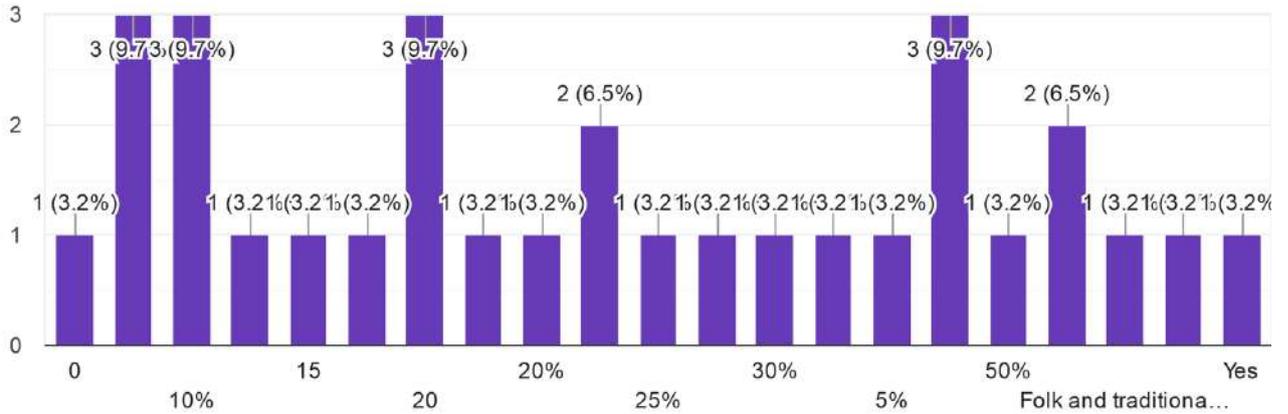
61.3%
9.7%
29%
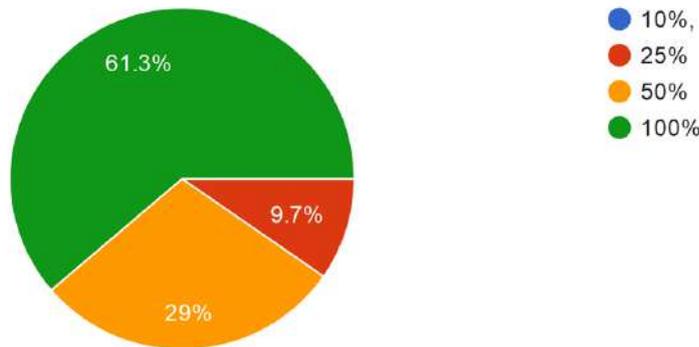
Interviews/मुलाखती %

31 responses

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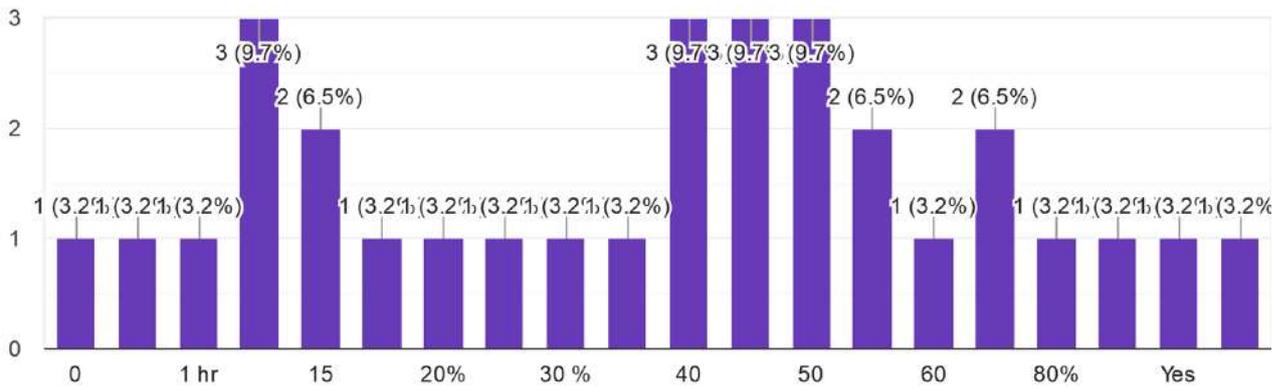CHANGE COMMUNICATION
SBC³

unicef
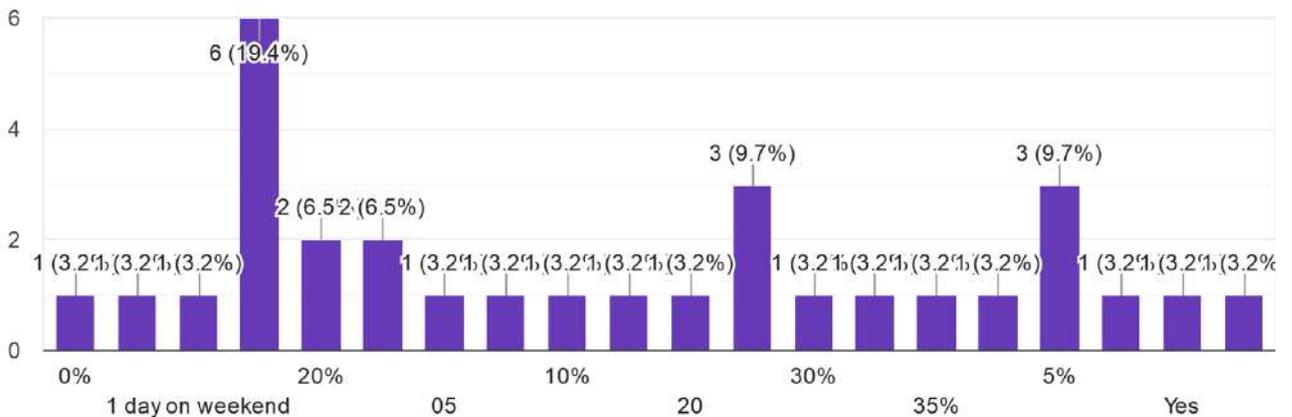for every child

Film Songs/ चित्रपट गीत %

31 responses

Information Program for Farmers/ शेतकऱ्यांचा साठी माहितीपर कार्यक्रम %

31 responses

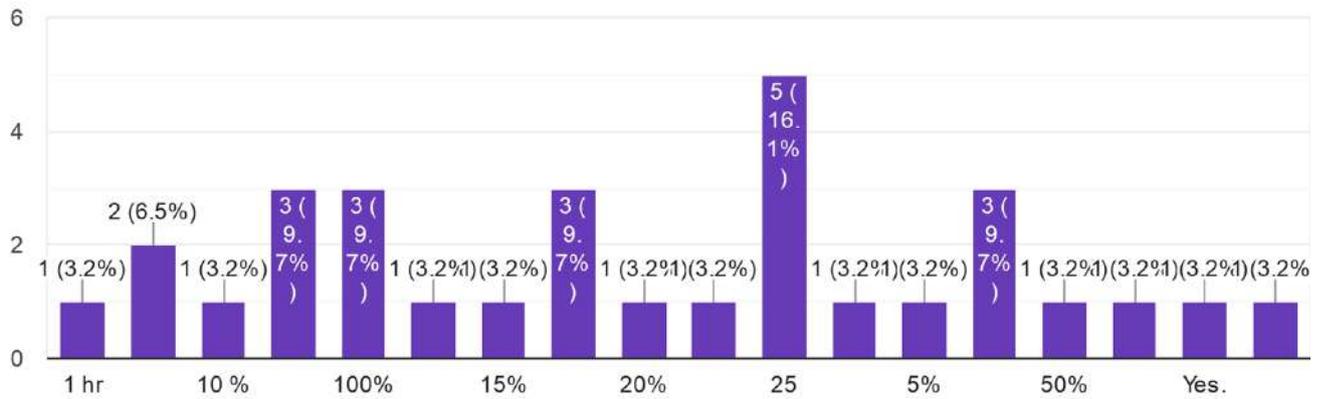## Radio Plays/ रेडिओ वरील नाटके %

31 responses

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Discussions/ चर्चा %

31 responses

Audience feedback method/ श्रोत्यांचा अभिप्राय कसा घेतला जातो?

31 responses

- Phone calls/ फोन
- Letters/ पत्र
- WhatsApp/ व्हाट्सअप संदेश
- Others/ इतर
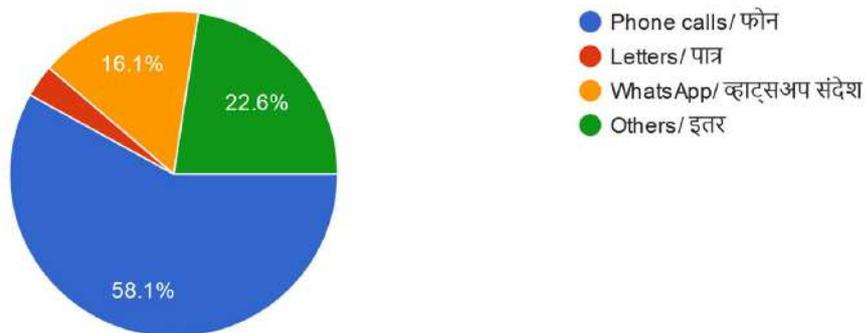
Events Conducted/ कार्यक्रमाचे सस्वरूप

31 responses

- Competitions spardha
- Radio workshops/ रेडिओ वरील कार्यशाळा
- Others/ इतर
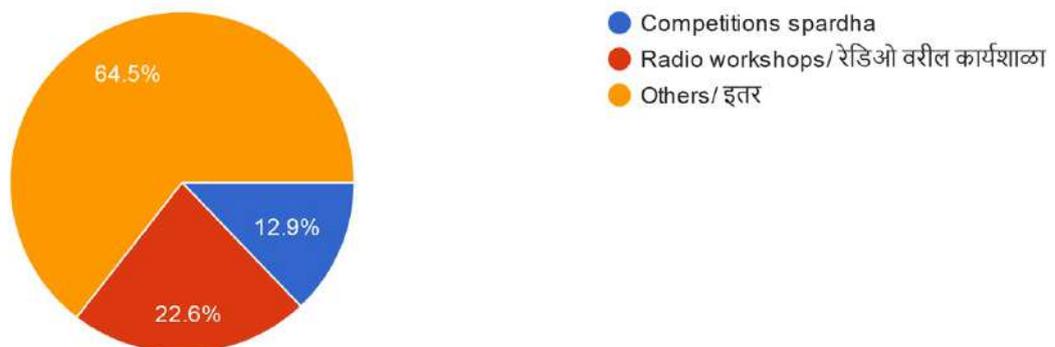
Community radio promoted by/ कार्यक्रमांची जाहिरात कशी होते?

31 responses

- ● Radio spots radio spots
- ● Posters
- ● Mobile messages/sms
- ● No promotion/जाहिरात करत नाही

90.3%
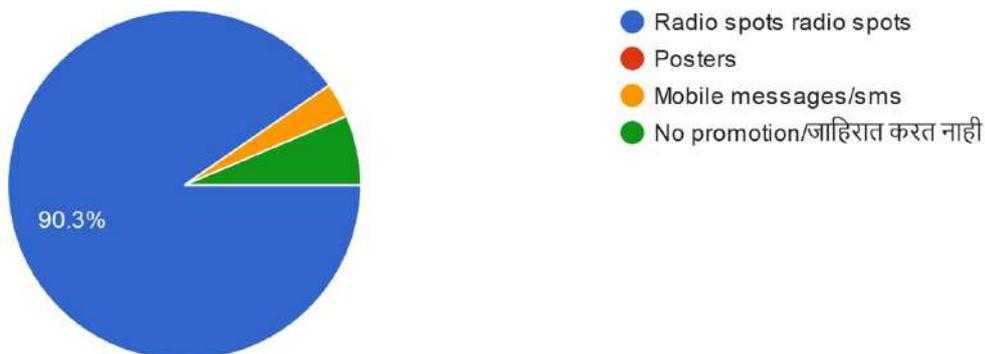
List community issues for which a CR program can be used?/ कुठल्या मुद्द्यावर रेडिओ प्रोग्रॅम बानू शकतो?

31 responses

- ● Address COVID stigma/ COVID विषयी अपराधी भावने मागची कारणे
- ● Health Programs/ आरोग्यचे कार्यक्रम
- ● Women's empowerment/ महिलांचा सबलीकरण
- ● Gender violence/ लिंग हिंसा

16.1%
67.7%
16.1%
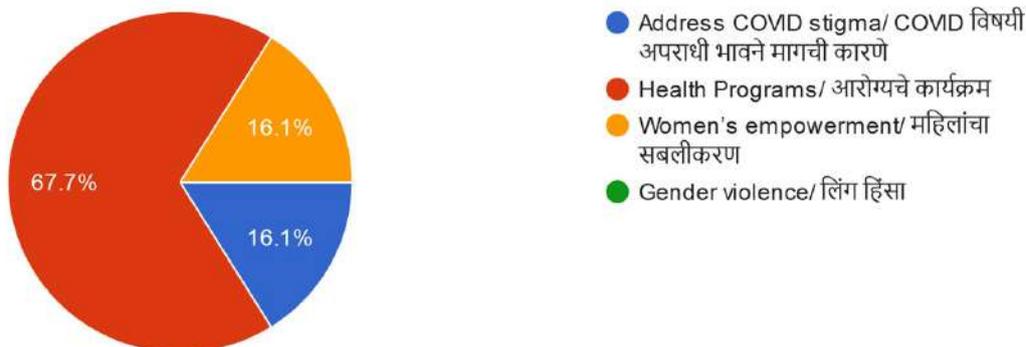
Groups who have been involved in radio programs/ आत्ता पर्येंत कुठल्या गटांना सहभागी केलाय?

31 responses

- ● ASHA workers
- ● Anganwadi workers
- ● SHG
- ● Mahila Mandals
- ● Youth groups
- ● Panchayats
- ● Others (Please specify)

25.8%
9.7%
9.7%
12.9%
12.9%
22.6%

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