Immune India through Community Radio
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**Graphic design:**
Cover page: Picture from Ministry of AYUSH’s website (ayush.gov.in)

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**Printed by:**
Printed and published on behalf of Director, CEMCA by
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The report is available for download here: http://www.cemca.org
Immune India through Community Radio

An Immunity Enhancement Campaign on behalf of Ministry of AYUSH

Commonwealth Educational Media Centre for Asia (CEMCA)
New Delhi
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYUSH</td>
<td>Ayurveda Yoga &amp; Naturopathy Unani Siddha Homeopathy</td>
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<td>CEMCA</td>
<td>Commonwealth Educational Media Centre for Asia</td>
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<tr>
<td>CLP</td>
<td>Community Learning Programme</td>
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<td>COL</td>
<td>Commonwealth of Learning</td>
</tr>
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<td>CRS</td>
<td>Community Radio Station</td>
</tr>
<tr>
<td>DST</td>
<td>Department of Science and Technology</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>ISM&amp;H</td>
<td>Indian Systems of Medicine and Homeopathy</td>
</tr>
<tr>
<td>MIB</td>
<td>Ministry of Information and Broadcasting</td>
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Preface

World over IMMUNITY word became a buzz word due to spread of COVID 19. Immunity means “Protection against a disease or illness against external influences”. There can be several reasons of weakened immunity like lack of exercise, unhealthy diet, stress, inadequate rest etc. These reasons cause infections in human body. Is it easy to boost the immunity? Yes. People need to change their dietary and lifestyle so that body fight off illness.

Ministry of AYUSH, GOI, provided appropriate responses effectively throughout the country since the Pandemic started in March 2020. During the COVID time, Ministry have come out with several advisories which focussed on prevention for improving the immunity and adopting simple remedies for enhancing the immunities.

Ministry of AYUSH for the first time engaged Community Radio Stations to connect to the community for Immunity Campaign. Community Radios are short range channels which provide information to people living in a locality and influence the communities. The Immunity campaign was implemented in 25 CRS located in rural areas of the country to promote awareness about AYUSH and beneficial effects of building immunity. Through this campaign, more than eighteen lakh community members were reached which belonged to rural, tribal, semi-urban areas in the project site. A survey of more than 13,000 people found that majority were not aware of the AYUSH and the practices. Community recommended more such campaigns from the AYUSH Ministry.

We thank Ministry of AYUSH for the assistance for the Immunity Campaign project through Community Radio Stations. We appreciate their willingness to support CEMCA to work with Community Radios.

We thank the invaluable support by the Community Radio Stations for broadcasting the programme and sending reports in a very timely manner. Their enthusiasm is highly appreciated in a time which was very important to all concerned. I want to take this opportunity to thank all the coordinators for understanding the work and submitting the reports instantly.

Monica Sharma and Nittin Paul Mathew were there helping wherever and whenever for three months of the project. They handled the project efficiently to meet the target.

I am grateful beyond measure to Team CEMCA for their compassion and active involvement throughout the project.

Hope the report will address the issues raised by the Community as “Ensure Healthy Lives and Promote Well-Being for All at All Ages” is one of the Sustainable Development Goals.

Madhu Parhar
Director
Ministry of AYUSH recommendations, based on Ayurvedic literature and scientific publications, for preventive health measures and boosting immunity with special reference to respiratory health.

**Measures for Enhancing Immunity**

- Drink warm water throughout the day.
- Daily practice of Yogasana, Pranayama and Meditation for at least 30 minutes.
- Spices like Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) and Lahsun (Garlic) recommended in cooking.
- Take Chyavanprash 10gm (1tsp) in the morning. Diabetics should take sugar free Chyavanprash.
- Drink Herbal Tea/Decoction (Kadha) made from Tulsi (Basil), Dalchini (Cinnamon), Kalimirch (Black Pepper), Shunthi (Dry Ginger) and Munakka (Raisin) - once or twice a day. Add jaggery (Natural Sugar) and/or fresh Lemon Juice to your taste, if needed.
- Golden Milk - half tea spoon Haldi (Turmeric) powder in 150 ml Hot Milk - once or twice a day.

**Simple Ayurvedic Procedures**

- **Nasal Application** - Apply Sesame Oil/Coconut oil or Ghee in both the nostrils (Pratimarsh Nasya) in morning and evening.
- **Oil Pulling Therapy** - Take 1 table spoon Sesame or Coconut Oil in mouth. Do not drink, swish in the mouth for 2 to 3 minutes and spit it off followed by warm water rinse. This can be done once or twice a day.

**Actions During Dry Cough/Sore Throat**

- Steam inhalation with fresh Pudina (Mint) leaves or Ajwain (Caraway Seeds) can be practiced once in a day.
- Lavang (Clove) powder mixed with Natural Sugar/Honey can be taken 2-3 times a day in case of cough or throat irritation.
- These measures generally treat normal dry cough and sore throat. However, it is best to consult doctors if these symptoms persist.

Source: Ministry of Ayush https://www.ayush.gov.in/
1. In the wake of the COVID-19, the Ministry of AYUSH contemplated the concept of the Immunity Enhancement Campaign to spread awareness and aid communities across the country, especially those in the rural areas where healthcare facilities are often inadequate.

2. The Ministry of AYUSH formed on 9th November 2014 ensures the optimal development and propagation of AYUSH systems of health care. The focus is for development of Education and Research in Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy.

3. Commonwealth Educational Media Centre for Asia (CEMCA) is an international organisation established by the Commonwealth of Learning (COL), Vancouver, Canada, to promote meaningful, relevant, and appropriate use of information and communication technologies to serve the educational and training needs of Commonwealth member states in Asia. CEMCA was granted diplomatic privileges and immunities by the Government of India under Section 3 of the United Nations (privileges and immunities) Act, 1947.

4. CEMCA was engaged by the Ministry of AYUSH to organise and coordinate activities related to the Information, Education and Communication (IEC), particularly with Community Radio Stations.

5. The Campaign adhered to the following objectives:
   - Use the medium of Community Radios to reach out to the tribal and semi-urban
   - Educate people about the alternative systems of medicine
   - Promote the practice of home remedies for immunity enhancement, and promote the AYUSH systems of medicine
   - Determine the access people have to the different healthcare facilities, especially in the rural parts of the country
   - Identify the major health risks in the society and work towards eliminating them.

6. According to the Ministry of Information & Broadcasting (MIB), There are 316 Community Radio Stations in India, out of which 25 were shortlisted for this project. The twenty-five CRS were selected from five regions in the country: North (5), Central & East (6), West (5), South (5) and North-East (4).

7. Community radio broadcasts were accompanied by a survey that was carried out in two phases. The survey collected basic details of the respondents regarding various aspects related to immunity, healthcare and sought recommendations for the Ministry of AYUSH. All the inputs from the survey were collated and analysed.

8. The research instrument used for collecting the data was Community Radio Survey.
Questionnaire for IEC and it was released in two phases.

9. The intervention strategies were:
   - Broadcast of an informational programme in English, Hindi and/or other regional language
   - Capacity building and monitoring of community radio stations

Table 1: Details of the CRS and Number of Listeners

<table>
<thead>
<tr>
<th>Zone/s</th>
<th>Name of CRS</th>
<th>Range in Kms</th>
<th>Language of Broadcast</th>
<th>Mode of Transmission</th>
<th>Location</th>
<th>Number of Listeners</th>
<th>Data Collected</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Radio Chitkara Chandigarh</td>
<td>10-15</td>
<td>Hindi</td>
<td>Broadcast</td>
<td>Semi Urban</td>
<td>35,000</td>
<td>355</td>
<td>201</td>
</tr>
<tr>
<td></td>
<td>Radio Gorakhpur Gorakhpur</td>
<td>15</td>
<td>Hindi</td>
<td>Broadcast</td>
<td>Rural</td>
<td>350,000</td>
<td>400</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>Radio Dehradun Jhajhra, Uttarakhand</td>
<td>15</td>
<td>Hindi</td>
<td>Broadcast</td>
<td>Semi-Urban</td>
<td>200,000</td>
<td>213</td>
<td>218</td>
</tr>
<tr>
<td></td>
<td>Waqt Ki Awaaz Kanpur Dehat, Uttar Pradesh</td>
<td>20-30</td>
<td>Hindi</td>
<td>Broadcast and Narrowcast</td>
<td>Rural</td>
<td>73,000</td>
<td>402</td>
<td>202</td>
</tr>
<tr>
<td></td>
<td>Radio Sharda, Jammu, J&amp;K</td>
<td>15</td>
<td>Kashmiri</td>
<td>Broadcast</td>
<td>Semi-Urban</td>
<td>15,000</td>
<td>350</td>
<td>202</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6,73,000</td>
<td>1720</td>
<td>1023</td>
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<td>South</td>
<td>Kadalosai, Rameswaram Tamil Nadu</td>
<td>15</td>
<td>English and Tamil</td>
<td>Broadcast and narrowcast</td>
<td>Rural</td>
<td>50,000</td>
<td>231</td>
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<tr>
<td></td>
<td>Vishnu Radio, West Godavari, Andhra Pradesh</td>
<td>15</td>
<td>Hindi and Telugu</td>
<td>Broadcast, Web radio and Android App</td>
<td>Rural</td>
<td>38,000</td>
<td>390</td>
<td>214</td>
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<tr>
<td></td>
<td>Radio Manjeera Medak, Telangana</td>
<td>15</td>
<td>English and Telegu</td>
<td>Broadcast and narrowcast</td>
<td>Rural</td>
<td>9,000</td>
<td>342</td>
<td>218</td>
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<td></td>
<td>Radio Namma Nadi, Bangalore Rural</td>
<td>24</td>
<td>English and Kannada</td>
<td>Broadcast and Web Streaming</td>
<td>Semi-Urban</td>
<td>45,000</td>
<td>359</td>
<td>203</td>
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<td></td>
<td>Radio Mattoli Wayanad, Kerala</td>
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<td>English and Malayalam</td>
<td>Broadcast and narrow cast</td>
<td>Rural</td>
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<td>385</td>
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<td>Total</td>
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<td></td>
<td></td>
<td>1,72,000</td>
<td>1707</td>
<td>1038</td>
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<tr>
<td>Central and East</td>
<td>Radio Mant, Purulia West Bengal</td>
<td>15</td>
<td>Hindi and Bengali</td>
<td>Broadcast</td>
<td>Rural and Tribal</td>
<td>50,000</td>
<td>400</td>
<td>200</td>
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</table>
# Executive Summary

Table 1 shows that the total number of listeners who listened to the Immunity Campaign were 18,27,800 (Eighteen lakhs twenty-seven thousand and eight hundred). The total number of respondents who filled the survey questionnaire were 13,992. There were 25 Community Radio Stations which broadcasted the programme in English, Hindi, and Regional Languages. The range of the Community Radios selected is from 10 – 60 Kms. Majority were within the range of 10-15 Kms. Majority CRS Broadcasted and Narrowcasted the programme. CRS were from rural, tribal and semi-urban area.

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<td>Radio Gorakhpur</td>
<td>15</td>
<td>Hindi</td>
<td>Broadcast</td>
<td>Rural</td>
<td>3,50,000</td>
<td>200</td>
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<td>15</td>
<td>Hindi</td>
<td>Broadcast</td>
<td>Semi-Urban</td>
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<td>20-30</td>
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<td>Broadcast and Narrowcast</td>
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<td>Kashmiri</td>
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<td>15,000</td>
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<tr>
<td>Total</td>
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<td></td>
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<td>Broadcast and Web Streaming</td>
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<td>Broadcast</td>
<td>Rural and Tribal</td>
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<td>Radio Snehi, Siwan, Bihar</td>
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<td>Broadcast</td>
<td>Rural</td>
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<td>Hindi</td>
<td>Broadcast and Narrowcast</td>
<td>Rural</td>
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<td>Hindi and Kachchhi</td>
<td>Broadcast and Narrowcast</td>
<td>Rural and Tribal</td>
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<td></td>
<td></td>
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<td>Broadcast and Narrowcast</td>
<td>Semi-Urban</td>
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<td></td>
<td></td>
<td>8,21,000</td>
<td>674</td>
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<td>Grand Total</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td>18,27,800</td>
<td>13,853</td>
</tr>
</tbody>
</table>

Table 1 shows that the total number of listener’s who listened to the Immunity Campaign were 18,27,800 (Eighteen lakhs twenty-seven thousand and eight hundred). Total number of respondents who filled the survey questionnaire were 13,992. There were 25 Community Radio Stations which broadcasted the programme in English, Hindi, and Regional Languages. The range of the Community Radios selected is from 10 – 60 Kms. Majority were within the range of 10-15 Kms. Majority CRS Broadcasted and Narrowcasted the programme. CRS were from rural, tribal and semi-urban area.
Immune India through Community Radio

10. Details of the CRS, number of listeners etc are presented in Table 1

11. Reports were received from individual radio stations. These reports were consolidated and presented by the zonal coordinators during different stages of the project.

12. The demographic profile of the respondents was analysed with reference to gender, age, occupation, radio listening habits, means of accessing health-related content, ailments and chronic diseases, susceptibility to infections, diet, engagement in physical activity, access to healthcare centres, preferred systems of medicine and adoption of measures suggested in the programme. The major findings include:

- Men formed majority of the participants in both phases of the survey. Participants from the age groups 21-30 years and 31-40 years together formed the majority and senior citizens above 60 years comprised the minority in both the phases.

- Most of the participants listened, read or watched health-related content through the means of different media such as radio, newspapers, television, social media etc. 90 percent of the participants stated that they listened to radio, and 82 percent said that they listened to health-related programmes on radio.

- The data does not any clear pattern about the preferred time for listening to radio. Most people reported that they listened to radio at random times.

- The participants were from diverse occupational backgrounds like farmers, teachers, government and private employees etc. There are also a large number of students. Most women who participated in the survey are either homemakers or self-employed.

- 55 percent of the respondents admitted to suffering from one or the other kind of chronic diseases or ailments. 12 percent of the total respondents suffered from either Blood pressure or Diabetes while 3 percent of the participants from Arthritis. 26 percent of the respondents stated that they suffered from ailments not listed in the questionnaire.
Most of the participants preferred taking a balanced diet comprising green vegetables, nuts, fruits, spices etc as a means to enhance their immunity. Only 35 percent of the participants preferred the intake of vitamin supplements.

52 percent of the participants said that they regularly engage in physical activities or follow an exercise routine.

24 percent of the participant reported not having access to a public health centre which means that nearly one in every 4 people are deprived of basic healthcare facilities.

45 percent of the participants chose Allopathy as their most preferred method of treatment. Ayurveda, followed by Yoga and Homeopathy, is the most preferred treatment methods amongst the AYUSH systems of medicine.

Most of the participants denied having access to centres of the AYUSH systems. Only 44 percent of the participants had access to an Ayurveda centre and just 30 percent of the participants had access to a Yoga Centre while 49 percent of the participants stated that they had access to a Homeopathy centre. Only 5 percent of the participants had access to a Unani centre and just 4 percent had access to a Siddha centre.

The major health concerns cited by the participants in their respective communities are poor hygiene, inadequate sanitation facilities, stagnant water, COVID-19, lifestyle diseases, allergies, mental health issues and common health issues prevalent in old-age people such as Arthritis, vision problems etc.

97 percent of the participants stated that the Immunity Enhancement Campaign was helpful to them and 90 percent of the participants said that they adopted the measures suggested in the broadcast. 89 percent of the participants reported noticing significant changes after adopting the measures.

Most people want to know more about Ayurveda, Yoga, Homeopathy and other alternative systems of medicine.

89 percent of the participants believe that the AYUSH systems can be effective treatment methods in their community.

31 percent of the participants, nearly one in every three, stated that they had trouble finding the AYUSH treatment methods in their community.

Following are the conclusions put forth through the survey:

Majority of the Community members were not aware of the Ministry of AYUSH. Through this campaign they came to know about the work of AYUSH Ministry.

Community wanted more campaigns related to health-related issues, alternate methods of treatment etc.

Establish more centres of the AYUSH systems of medicine and thereby improving the healthcare facilities.

Provide more doctors and healthcare staff belonging to the AYUSH systems.

Audience appreciated the content of the Campaign. They wanted to know more about the traditional methods of health care.

Set up medical camps in rural areas to aid the rural and marginalised communities.

Make medicines available at AYUSH stores at affordable prices. Plan schemes like providing Health Cards to make healthcare services affordable for the poor.

Develop strategic goals concerning the health sector on short-term and long-term basis.
All the United Nations Member States in 2015 adopted the 2030 Sustainable Development Goals. It has 17 goals and 169 targets to be achieved. Goal 3 is “Ensure Healthy Lives and Promote Well-Being for All at All Ages”. There are 13 targets to be achieved under this Goal. Before the COVID 19 Pandemic, progress was made under various health areas like Tuberculosis, Child and Maternal health, HIV and Immunization. However the Pandemic created Health care disruptions all over the World.

According to the Voluntary National Review Report on the Implementation of SDGs (2017) (http://niti.gov.in/writereaddata/files/India%20VNR_Final.pdf), India has made significant strides in improving various health indicators. The National Health Policy, 2017 has specified targets for universalising primary health care, achieving further reductions in infant and under-5 mortality, preventing premature deaths due to non-communicable diseases as well as increasing government expenditure on health. To achieve the targets of SDG, Government of India proposed to promote Ayurveda by establishing Ayurveda Hospitals in each district of the country. This is to be achieved with the support of AYUSH Ministry (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy).

Ministry of AYUSH

The Ministry of AYUSH was formed on 9th November 2014 to ensure the optimal development and propagation of AYUSH systems of health care. Earlier it was known as the Department of Indian System of Medicine and Homeopathy (ISM&H) which was created in March 1995 and renamed as Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in November 2003, with focused attention for development of Education and Research in Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy.

Objectives of the Ministry

The objectives of the Ministry are:

1. To upgrade the educational standards of Indian Systems of Medicines and Homoeopathy colleges in the country.

2. To strengthen existing research institutions and to ensure a time-bound research programme on identified diseases for which these systems have an effective treatment.
3. To draw up schemes for promotion, cultivation and regeneration of medicinal plants used in these systems.
4. To evolve pharmacopeial standards for Indian Systems of Medicine and Homoeopathy drugs.

### Systems of Medicine in AYUSH

**Ayush** is an acronym for five traditional medicinal systems as shown in the box. Apart from these systems the Ministry of AYUSH also promotes other indigenous and natural systems of medicine such as SOWA-RIGPA, Naturopathy etc. The Ministry aims to promote these systems of medicines that they can co-exist with Allopathy and improve the healthcare framework. A brief description as stated by the Ministry of AYUSH is described below:

**Ayurveda:** Life in Ayurveda is conceived as the union of body, senses, mind and soul. The living man is a conglomeration of three humors (Vata, Pitta & Kapha), seven basic tissues (Rasa, Raktu, Mansa, Meda, Asthi, Majja & Shukra) and the waste products of the body i.e. mala, mutra and sweda. Thus, the total body matrix comprises the humors, the tissues and the waste products of the body. The growth and decay of this body matrix and its constituents revolve around food which gets processed into humors, tissues and wastes. Ingestion, digestion, absorption, assimilation and metabolism of food have an interplay in health and disease which are significantly affected by psychological mechanisms as well as by bio-fire (Agni).

**Yoga:** Yoga is one of the six systems of Vedic philosophy. Maharishi Patanjali, rightly called “The Father of Yoga” compiled and refined various aspects of Yoga systematically in his “Yoga Sutras” (aphorisms). He advocated the eight-fold path of Yoga, popularly known as “Ashtanga Yoga” for all-round development of human beings. They are: - Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana and Samadhi. These components advocate certain restraints and observances, physical discipline, breath regulations, restraining the sense organs, contemplation, meditation and samadhi.

**Naturopathy:** Naturopathy is an art and science of healthy living and a drugless system of healing based on well-founded philosophy. It has its own concept of health and disease and principle of treatment. Naturopathy is a very old science. There are find several references in our Vedas and other ancient texts. The morbid matter theory, concept of vital force and other concepts upon which Naturopathy is based are already available in old texts.

**Unani:** UnaniTabb is the science of which we learn the various states of body, in health and when not in health, and the means by which health is likely to be lost and, when lost, is likely to be restored. The basic theory of Unani system is based upon the well-known four-humour theory of Hippocrates. This presupposes the presence, in the body, of four humours viz., blood, phlegm, yellow bile and black bile.

**Siddha:** Siddha system is one of the oldest systems of medicine in India. The term Siddha means achievements and Siddhars were saintly persons who achieved results in medicine. Eighteen Siddhars were said to have contributed towards the development of this medical system. Siddha literature is in Tamil and it is practised largely in Tamil speaking parts of India and abroad. The Siddha System is largely therapeutic in nature.
Introduction

**Homeopathy:** The word ‘Homoeopathy’ is derived from two Greek words, Homois meaning similar and pathos meaning suffering. Homoeopathy simply means treating diseases with remedies, prescribed in minute doses, which can produce symptoms similar to the disease when taken by healthy people. It is based on the natural law of healing—“Similia Similibus Curantur” which means “likes are cured by likes”. It was given a scientific basis by Dr. Samuel Hahnemann (1755-1843) in the early 19th century. It has been serving suffering humanity for over two centuries and has withstood the upheavals of time and has emerged as a time-tested therapy, for the scientific principles propounded by Hahnemann are natural and well proven and continue to be followed with success even today.

**Sowa-Rigpa:** ‘Sowa-Rigpa’ is one of the oldest, living and well documented medical traditions popular in the world. The term ‘Sowa Rigpa’ is derived from Bhoti language which means ‘Knowledge of Healing’. It is an ancient Indian medical system which was enriched in the entire Trans-Himalayan region. At present Sowa-Rigpa is more popular in Himalayan societies especially in J & K region’, Ladakh, Himachal Pradesh (Lahaul & Spiti), West Bengal (Darjeeling), Sikkim and Arunachal Pradesh and other parts of India. It is also being practiced in countries like Bhutan, Mongolia and Russia etc.

The Ministry of AYUSH collaborated with the Commonwealth Educational Media Centre for Asia (CEMCA) for the Immunity Enhancement Campaign. It was an initiative taken by the Ministry to spread awareness about the importance of immunity and disseminate practices that help to enhance immunity, especially in the rural areas where healthcare facilities are sparse. The project is a crucial intervention considering the extreme circumstances afflicted by the COVID-19 pandemic. CEMCA supported the Ministry in its initiative by engaging 25 Community Radio Stations selected from across the country. The project spanned over a period of two months from 10th December 2020 to 10th February 2021.

<table>
<thead>
<tr>
<th>About CEMCA</th>
</tr>
</thead>
</table>

The Commonwealth of Learning (COL) was created by the Commonwealth Heads of Governments in their meeting held in Vancouver, Canada in 1987. The organisation was established to promote distance learning, use of information and communication technologies (ICTs), and strengthening cooperation in education among the Member States of the Commonwealth. Fully operational since 1989, COL is financially supported by Commonwealth governments on a voluntary basis.

In response to the needs expressed by the Commonwealth countries in the Asian region for a more effective utilisation of information communication technologies in the process of teaching learning, COL established the Commonwealth Educational Media Centre for Asia (CEMCA) in 1994. An agreement was signed between COL and the Government of India in 1998 and CEMCA established its headquarters in New Delhi and the Government of India notified it as a diplomatic mission.

CEMCA’s strategic objectives are to serve as a regional electronic media resource centre for facilitating an effective exchange of information on educational media resources between educational and media organisations in the region, promoting greater use of electronic media in the delivery of distance education programmes, promoting linkages between CEMCA and other organisations to enhance the availability of educational media resources region wise, facilitating access to training in the development and use of electronic media resources for distance education, and serving as an information centre on educational technology (for details, visit http://cemca.org).
CEMCA’s Engagement with Community Radios in India

CEMCA has been very closely associated with all aspects of the development of community radio in India. These are:

- Policy and advocacy,
- Establishing community radio stations,
- Capacity building for community engagement and
- Station management as well as local content creation

CEMCA on behalf of the Ministry of Information and Broadcasting (MIB) has organised more than 50 consultations at the national, regional, and state levels over the last fourteen years. The primary objective of the consultations was creating awareness about the potential of and the process for setting up a CRS. At each consultation more than 40 representatives of educational institutions, civil society organisations, NGOs, and other institutions eligible and desirous of setting up a CRS were walked through the entire process.

CEMCA has designed an on-line application form for MIB which has considerably simplified and shortened the application process. CEMCA also played a key advocacy role in assisting various ministries to help civil society organisations get various clearances. The guidebook prepared provides online application processes. A Community Radio Facilitation Centre (CCFC) was set up at CEMCA in July 2011. Subsequently, in 2012 a facilitation unit was created at the MIB premises that helped CCFC provide further technical and administrative assistance to visitors as well as to the Ministry of Information and Broadcasting’s (MIB) Community Radio Cell. During this period, CEMCA helped more than 150 new applicants in setting up CR stations. Several trainees were also trained in the process to undertake CR facilitation work all over the country.

MIB and CEMCA co-hosted the First and Second CR Sammelan and Exhibition and instituted awards to celebrate good functioning CR stations. CEMCA compiled a Compendium of Functional CR stations for MIB. In 2019, CEMCA brought out a film on Step-by-Step Guidelines which was
launched by Secretary, Ministry of Information and Broadcasting, New Delhi. The film is available on MIB and CEMCA websites to assist interested organisations to prepare themselves and apply for setting up CR stations. (visit https://youtu.be/WrORhT6rOP8)

CEMCA has organised several capacity-building workshops for functional community radio stations to build and strengthen their capacity for developing productive and technically sound programmes. Women broadcasters were also trained by CEMCA under the technical training programmes.

CEMCA has been encouraging educational institutions and community radio stations to set up internet-based radio, also known as Web-Radio and CEMCA instituted the ‘EDAA Awards for Knowledge Sharing’.

CEMCA served as the implementing agency for a large-scale programme of NCSTC, Department of Science and Technology, Government of India for about five years and undertook a project titled ‘Science for Women’s Health and Nutrition and Radio Mathematics’. The programme provided more than 50 CRS project partners a platform to run a daily broadcast for women on health, nutrition, and creating awareness about planet earth.

### AYUSH Immunity Enhancement Campaign

The Ministry of AYUSH, Government of India, ran a campaign through Community Radio Stations from across India to create awareness and help improve the immunity of people, especially in the rural areas of the country. The project started on 10th December 2020 for a period of two months until 10th February 2021. The project brings together 25 Community Radios shortlisted from five geographic zones, which are- North, Central & East, West, South and North-East.

### Health in India

Approximately 5.8 million Indians die because of diabetes, cancer, stroke, heart and lung diseases each year in India. In other words, one out of every four Indians is at risk of dying from a Non-Communicable Disease before the age of 70. (https://www.nhp.gov.in/healthyliving/ncd2019).

According to the World Health Organisation, about 1.7 million Indians’ deaths are caused by heart diseases every year,

India stands at the second position in the list of most diabetic nations with more than 77 million diabetics. (https://www.thehindu.com/sci-tech/health/india-has-second-largest-number-of-people-with-diabetes/article29975027.ece)

Many diseases are outcomes of the poor lifestyle and bad living conditions. These can be avoided by creating an awareness about healthy lifestyle practices. A healthy diet, regular physical activity, avoiding the use of tobacco and alcohol, incorporating home habits like Yoga, following a healthy routine, practicing home remedies etc. can bring a drastic change and help in improving the health factors.
In India, nearly 4 crore people go below the national poverty line by spending on healthcare out of their own pockets in a single year. The poorest 10% of the population rely on sales of their assets or on borrowings, entailing inter-generational consequences on the family’s ability to access basic goods and affecting their long-term economic prospects. Out of total expenditure on healthcare, more than 70% goes out of the patient’s pocket, out of which 70% percent is spent on medicines alone, leading to debt and impoverishment.

(Retrieved on 28th February 2021 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4418149/)

This is where alternate systems of medicine, which are relatively affordable and proven effective, can be promoted. These systems have been in place and are being practiced for a long time. Initiatives to promote these systems will improve the poor conditions that exist now. It will be an effective measure to promote these systems in the rural areas where people mostly practice them and are ready to adapt them. Eliminating the misconceptions, creating awareness, setting up the infrastructure and appointing expert practitioners for these systems will provide the common masses with affordable and alternative treatment options.

## Importance of Immunity and the Present Scenario

The immune system exists to protect the host from noxious environmental agents especially pathogenic organisms, which may be in the form of bacteria, viruses, fungi or parasites. To deal with such an array of threats, the human immune system has evolved to include a myriad of cell types, communicating molecules and functional responses.

The immune system is always active, carrying out surveillance, but its activity is enhanced if an individual becomes infected. Hence an adequate supply of a wide range of nutrients is essential to support the immune system to function optimally.

## Role of Community Radio Stations in the AYUSH IEC Project

Community Radio Stations in India are predominantly located in the rural areas where radio remains an efficient and common medium of mass communication. Although televisions, smartphones and other devices are slowly making their way into the rural communities, radio is still important to the rural households. The government, different authorities and organisations effectively make use of radio to communicate with people, especially to spread awareness regarding different issues such as health, natural disaster, agriculture etc. Apart from being a source of entertainment, radio is also a vital source of information for the rural masses.

At the time of writing this report, the world is in the grip of a pandemic called severe acute respiratory syndrome or coronavirus 2 (SARS-CoV-2). In times such as these, one is reminded of the importance of a healthy lifestyle and adapt immunity.

The Community Radio Stations have essayed a crucial role in the current project in spreading awareness through different means amongst people from across the country.

## Conclusion

CEMCA, New Delhi is an inter-governamental organisation, which is the only regional agency of the Commonwealth of Learning (COL), implementing COL’s mandate in the eight countries of
Commonwealth Asia. CEMCA has been very closely associated with all aspects of the development of community radio in India like policy and advocacy, establishing community radio stations, capacity building for community engagement, station management, and local content creation.

The Ministry of AYUSH collaborated with CEMCA for the Immunity Awareness Campaign in the wake of the pandemic. The initiative contrived to reach out to people and promoted immunity enhancement practices among people. Efforts were also made to identify the healthcare issues prevalent in communities across the country, so that adequate steps can be taken to improve the situation in future. The project effectively utilised the medium of Community Radio Stations in running the Campaign with the objective to reach the last mile.

As on February 2021, there are 316 Community Radio Stations in India, according to the Ministry of Information and Broadcasting (MIB). https://mib.gov.in/sites/default/files/No.%20of%20Operational%20CRS.pdf
The Immunity Enhancement Campaign by the Ministry of AYUSH, Govt. of India is an endeavour to promote healthcare at the grassroot levels in India. The Ministry focuses on the alternative systems of medicine that can provide the citizens with options beyond Allopathy. Such an initiative would help create a network of healthcare where the alternative and much practiced systems of medicine can co-exist with Allopathy. Medical traditions such as Ayurveda, Yoga, Unani, Siddha and Homeopathy have been in practice for a long time in India, especially in the rural areas of the country and have proved very effective in healthcare, but with time these indigenous systems have faded into neglect and today remain oblivious to a large section of the Indian population. If revived and promoted, these systems can help in improving the health of people starting from the primary level. The advantage these systems provide to common mass is that they are often cost-effective and affordable. Adding to all this is the exigency to promote health and immunity enhancement practices in the aftermath of the global pandemic that took the lives of nearly 2.4 million people (as on 14th February 2021).

Taking these facts into consideration, the current project adheres to the following objectives:

- Effectively use the medium of Community Radio Stations to reach out to the tribal and semi-urban;
- Educate people about the alternative systems of medicine;
- Promote the practice of home remedies for immunity enhancement;
- Determine the access people have to the different healthcare facilities, especially in the rural parts of the country and
- Identify the major health risks in the society

**Immune India through Community Radio** was a broadcast of a programme that partnered with community radios in the country. The programme was presented in the form of a conversation to make it interesting and help people relate better. It discussed the systems of medicines such as Ayurveda, Yoga, Siddha, Unani, Homeopathy etc and their benefits. The programmes even put forward some basic home remedies and practices for the listeners to adopt for immunity enhancement. The podcasts were done in various regional languages, as it was important to gather inputs from the communities through CRS. This chapter comprises of the following:

- Project Framework
- Objectives of the Project
- Selection of Community Radio Stations


Methodology

- Study Instruments
- Duration of the Project
- Intervention Strategies
- Data Collection

### Project Framework

Surveys help in explaining educational phenomena in terms of the conditions or relationships that exist, opinions that are prevalent, effects that are evident, and trends that are developing. Within the mandate of the project, a descriptive survey method was used to collect the data.

The project adopted a comprehensive research framework. Three aspects - reach, language, and listenership - were considered while selecting the community radio stations. Figure 2.1 provides the framework of the project.

![Figure 2.1: Project Framework](image)

#### Objectives of the Project

The objectives of the project were to:

- Map community radios vis-à-vis a mutually-agreed-on approach that would help in meeting the representative aims.

- Organising online capacity building workshops to prepare all CRs for dissemination of the Immunity Campaign programme.

- Coordinating and monitoring CRS’ activities.
Immune India through Community Radio

- Compiling the data and analysing
- Interpretation and Recommendation

## Selection of Community Radio Stations

There are 316 CRS in India out of which 25 were selected using a purposive sampling technique with the following criteria:

- Active CRS which are functional
- Regional representation
- Language diversity
- Aspirational districts

Using these criteria, 25 CRS were selected from 5 regions of the country for this project. All communities and community members under each CRS were included as primary stakeholders in the project. The region-wise number of CRS is given in Table 2.1. A complete list of CRS is provided in Annexure 1.

### Table 2.1: Zone-wise number of CRS

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Zones</th>
<th>Community Radio Stations Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>North</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Central &amp; East Zone</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>West Zone</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>South</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>North East Zone</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

## Research Instruments for Data Collection

Data from primary sources of information was collected through a structured community radio survey questionnaire. The data was collected through both online and offline means. To consolidate the data collected through both the means, it was registered in Google Forms. Once the data was collected, the respective Zonal Coordinators had to submit a detailed report on the work done by the Community Stations that were assigned to them. The reports were collected three times- the first one as a fortnightly report of the first fifteen days which was submitted on 31st December 2020, the second one as a Phase-1 report on the pre-test part of the survey which was submitted on 25th January 2021 and the last one as a Phase-2 report on the second part of the survey, also serving as a closing report on the entire project and it was submitted on 15th February 2021.

The following research instruments were used for data collection:

### Structured Questionnaire

The *Community Radio Survey Questionnaires- AYUSH CAMPAIGN 2020-21* was prepared by CEMCA in English for community members. Further, the respective CRS’ translated the questionnaires
into their regional languages for better communication and understanding. The questionnaires (listed in Annexure 2) were handed out in two phases to gather information regarding how the community used the alternatives after listening to the broadcast for a month. The first survey questionnaire (Phase-1) was in effect for a period of 40 days from 10th December 2020 to 20th January 2021. It collected the basic demographic details of the respondents and sought to gather information regarding common health risks in the respective communities, physical activity, diet, health issues of the respondents, availability of healthcare centres etc. The questionnaire also contrived to determine the awareness of the respondents regarding alternative medicinal systems.

The second survey questionnaire (Phase -2) was in effect for a period of 20 days from 21st January 2021 to 10th February 2021. It too collected basic demographic details and focused on determining the impact of the Immunity Enhancement Campaign. The success stories were recorded and uploaded in the onedrive folder for the further reference.

### Duration and Timeline of the Project

Considering the importance and exigency of the AYUSH Immunity Enhancement at the national level, the following time frame was followed for the project:

- **Pre-preparation:** 01st December 2020 till 09th December 2020
- **Actual duration of Broadcast:** 10th December 2020 till 10th February 2021
- **Post project (data tabulation, report writing etc.):** 11th February 2021 to 28th February 2021.
- **Total duration:** December 2020 to February 2021 (three months)

The details of the timeline for the project are given in Table 2.2.

**Table 2.2: Schedule of implementing the Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>December 2020</th>
<th>January 2021</th>
<th>February 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation of CRS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity Building of CRS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual Broadcast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection from the Community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis and Report Writing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Intervention Strategies

**Broadcast of an Informational Programme**

The Ministry of AYUSH and CEMCA produced an informational broadcast for the Immunity Enhancement Campaign. The programme was then reproduced in different state specific regional languages to help the Campaign reach out to more people.

The duration of the informational broadcast was approximately 12 minutes.
Each CRS prepared the broadcast schedule for the audio programme. However, the broadcasting schedule of the podcast by CRS’ varied from one station to another. All the CRS prepared their broadcasting schedules and informed their communities in advance. The programme was broadcast at least two times by each CRS adding up to a daily airtime of at least 24 minutes. The CRS-wise broadcasting schedule is provided in Annexure 3.

**Narrowcasting, Web Radio and Apps**

Some CRS also did narrowcast of the programme to help the campaign penetrate and create an impact throughout the community. It was a very important measure that made sure that the information was carried out even to the most remote members. Innovative means such as Web Radio and App-based broadcast was also used in running the Campaign.
Capacity Building and Monitoring of Community Radio Stations

The project’s activities started with the capacity building of various stakeholders such as the project team, CRS managers, zone-wise coordinators, and data collection personnel. Online capacity building programmes were organised in various steps (Table 2.3).

**Table 2.3: Capacity Building and Review Meetings for CRS**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Capacity Building Programme</th>
<th>Date</th>
<th>Attended By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Orientation of CRS</td>
<td>07th December 2020</td>
<td>CRS, AYUSH Officials, CEMCA Team, Zonal Coordinators</td>
</tr>
<tr>
<td></td>
<td><strong>Commencement of the Project</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>First Review Meeting</td>
<td>11th January 2021</td>
<td>CRS, AYUSH Officials, CEMCA Team, Zonal Coordinators</td>
</tr>
<tr>
<td>3</td>
<td>Second Review Meeting</td>
<td>10th February September 2021</td>
<td>CRS, AYUSH Officials, CEMCA Team, Zonal Coordinators</td>
</tr>
</tbody>
</table>

Culmination of the Project 10th February 2021

All the capacity building activities were organised online. Online meetings were attended by CRS’ staff, AYUSH officials, CEMCA members and zonal coordinators.

Table 2.3 shows that the first capacity meeting was organised on 07th December 2020 to brief the 25 selected CRS on the activities and expectations of AYUSH Immunity Enhancement Campaign. Two more review meetings were conducted with CRS’ and project coordinators on 11th January 2021 and 10th February 2021. The last meeting served as a post project review meeting with CRS’ and project coordinators and it was organised by the Ministry of AYUSH and CEMCA.
Sample: Respondents

The purpose of this project was to promote immunity enhancement practices and help the Ministry of AYUSH in reaching out to people. For this, CRS were chosen as they are a low-cost medium which reach out to the rural community.

Table 2.4: Number of respondents

<table>
<thead>
<tr>
<th>Number of respondents in Phase 1</th>
<th>Number of respondents in Phase 2</th>
<th>Total number of respondents in the project</th>
</tr>
</thead>
<tbody>
<tr>
<td>8799</td>
<td>5054</td>
<td>13,853</td>
</tr>
</tbody>
</table>

Table 2.4 gives the number of respondents who filled the questionnaires as a part of Phase 1 and Phase 2. It also conclusively states the total number of respondents who were a part of the project including both the phases.

Data Collection Procedures

Both offline and online methods were used in the administration of the survey questionnaire. CEMCA created Google Forms for both the questionnaires in English and sent them to the CRS. Some CRS reproduced the survey in their local languages to help the people understand the questions better, thus helping the accuracy of the survey. The Google Forms were circulated among the community members, but it had limitations because not everyone was literate or had access to smartphones. Field visits and offline surveys had to be carried to accommodate all sections and age groups.
Data collection was closely monitored by the zonal project coordinators. A detailed report was submitted by the zonal coordinators during the different stages of the project. Activities were closely monitored by CEMCA’s project team.

The data was tabulated and analysed at CEMCA for interpretation.

The next chapter describes the Findings of the Survey.
This chapter provides an analysis of the socio-demographic profile of the community members who listened to the Immunity Enhancement Campaign broadcast. A total of 13,853 respondents from different social backgrounds and age-groups were sampled for the survey that was carried out in two phases. These respondents were selected by 25 Community Radio Stations that are spread out across five zones of the country. The data was collected over a period of two months from 10th December 2020 to 10th February 2021. Phase 1 of the survey was carried out and ranged over a period of 40 days from 10th December 2020 to 20th January 2021; Phase 2 that was carried out and ranged over a period of 20 days from 21st January 2021 to 10th February 2021.

Part A of this chapter analyses and briefly interprets the various demographic characteristics of the respondents. Supporting graphs and figures are provided under each variable. The information gathered from the communities through open-ended questions is also analysed in this part.

Part B gives a detailed zone-wise report and discusses the efforts made by each Community Radio Stations in the current project.

**Part A: Respondents’ Demographic Profile**

This section of the report endeavours to analyse the data collected through the survey carried out during the campaign. The survey was done in two phases- Phase 1 and Phase 2, with the intention of analysing existing conditions and determining the impact of the campaign after a month. Phase 1 of the survey was carried out over a period of 40 days from 10th December 2020 to 20th January 2021 and Phase 2 was done over a period of 20 days from 21st January 2021 to 10th February 2021. Given below is a brief analysis of all the questions that were posed to the respondents.

**Phase 1**

**Gender**

The first question asked to respondents of the survey was regarding gender. It was important to determine the outcome of gender composition as the behaviour of male and female respondents might differ when it comes to listening to CR. Figure 3.1 shows the gender composition in Phase 1 of the survey. The analysis of
the data shows that 55 percent of the respondents were male and 45 percent were female. Only two respondents among all identified themselves as transgender while 11 respondents chose not to disclose their gender.

Age

The second question that was posed as a part of collecting the demographic profile of the respondents was regarding their age. The age of the community members was collected as a continuous variable. Figure 3.2 defines the composition of respondents belonging to different age groups. The analysis of the data shows that most of the respondents in the survey are youth belonging to the age group of 21-30 years. They form 34 percent of the total respondents. 28 percent of the respondents belong to the age group of 31-40 years. Together these two sections form the majority of the respondents by adding up to a total of 62 percent. The reason for this might be that the survey forms were circulated widely as Google Forms, and both these age groups are more used to technology and social media as compared to people of other age groups. People aged 41-50 years formed 20 percent of the total number. People aged 51-60 formed 7 percent of the total respondents and people aged 20 or less formed 6 percent of the respondents. 44 respondents chose not to disclose their age. The analysis also points out that the number of senior citizens were the least, forming just 4 percent of the total respondents.

Radio Listening

This is an important question because the Immunity Enhancement Campaign was run through Community Radio Stations from across the country. The outreach of the campaign depended a lot on the number of listeners in the communities.

Figure 3.3 shows that 90 percent of the total respondents in the survey said that they listened to radio. Community Radio Stations adopt various ways to reach out to the community they are catering to, like Broadcast, Narrowcast, Web Radio etc. The listeners could be listening to radio programmes through any of these ways. Only 8 percent of the respondents said that they were non-listeners. 2 percent of the respondents chose not to respond to these questions.

The respondents were further asked that if they listened to radio, what time were they mostly likely to tune in.

An analysis of figure 3.4 shows that most people agreed that they listened to radio but didn’t mention the time that they were mostly likely to tune in. This category forms 46 percent of the total respondents. This might be because of the fact most people tune in to radio programmes at random hours. 14 percent of the total respondents said that they listened to radio in the afternoon or evening and 13 percent said that they preferred listening to radio during the morning hours. 11 percent of the
Immune India through Community Radio

respondents preferred to listen to radio at night. 2 percent of the respondents admitted that they were not active listeners. Nearly two percent of the respondents chose not to answer this question. Negligible ratios of the respondents fell in the other categories mentioned in the figure.

**Figure 3.4: Most preferred time for listening to radio**

Health-related programmes on radio

This question was almost a continuation of the previous one and tried to determine how many people actually listened to health-oriented programmes run by Community Radio Stations.

82 percent of the total respondents in the survey stated that they listened to health-oriented programmes run by the respective community radio stations (Figure 3.5). These programmes play a crucial role for the community by informing people about different campaigns, addressing health issues, providing suggestions for prevention and cure etc. 17 percent of the respondents denied listening to health-oriented programmes on radio. There is a possibility that they might have access to health-orient content through other means of communication. A negligible number of respondents did not respond to the question.

**Figure 3.5: Listening to health-related programmes on radio**

Reading articles related to health

This question was posed to determine whether the respondents had access to health-oriented content through the means of offline or online print media. 57 percent of the respondents stated that they
Findings and Discussion

read articles related to health. This could be through the means of newspaper, online print media etc. A relatively low number of respondents responded in positive to this question might be because of the fact that most of the respondents were from rural areas, and the literacy rate in rural areas is less than that of people in urban areas. 39 percent of the respondents denied reading content related to health while 4 percent chose not to respond to the question.

**Health-oriented programmes on TV or other media**

This question sought to determine the number of people who preferred to watch health-oriented content on either television or other visual media. 68 percent of the respondents stated that they watched content related to health on television or other visual media (Figure 3.7). A lot of health-related content is also available on social media platforms nowadays. There are numerous programmes that host live interactions with medical experts and address different health issues. 31 percent of the respondents did not watch health-oriented content on visual media. A negligible proportion of the respondents did not respond to this question.

The analysis of the questions regarding accessing health-oriented content through different forms of media can prove helpful in planning further campaigns or programmes related to health and ensure maximum outreach.

**Susceptibility to cold and flu**

This question was posed to the respondents to determine how susceptible the community to cold, flu or common infections. The analysis of this data shows that 75 percent of the respondents stated that they do not tend to be infected by common cold, flu etc frequently while 24 percent of the respondents stated that they were susceptible to the same (Figure 3.8). This analysis can be an indication of the immunity of the respondents surveyed.

**Infection in the last six months**

83 percent of the respondents responded that they had not contracted any infections in the last six months while 16 percent stated that they did (Figure 3.9). The analytical outcome of this question becomes relevant keeping in mind the COVID-19 pandemic that affected nearly 11.1 million people worldwide at the time of writing this report. The analysis proves that most people in the rural areas have remained relatively unscathed.
Susceptibility to various diseases

The respondents were asked whether they suffered from common lifestyle diseases or health issues such as blood pressure, diabetes, arthritis, skin problems, loss of sleep etc. (Figure 3.10). 55 percent of the respondents admitted to suffering from one or the other kind of health issues. 26 percent of the total respondents stated that they suffered from health issues other than the ones mentioned in the survey questionnaire. 12 percent of the respondents suffered from either diabetes or blood pressure. 14 percent of the total respondents suffered from either skin problems or loss of sleep. 3 percent of the respondents stated that they suffered from arthritis, which is mostly common in senior citizens. 37 percent of the respondents stated that they are free of any health issues. 8 percent of the respondents did not respond to the question.

Immunity Enhancement

The respondents were asked to choose from a variety of options to determine the elements they included in their diet to improve their immunity. 46 percent of the respondents stated that they consumed all the listed things such as green vegetables, spices, fruits, nuts etc. (Figure 3.11). Green vegetables were the most preferred intake as 27 percent of the respondents stated that it was a part of their diet. 11 percent stated that they took fruits, nuts etc while 3 percent preferred spices. Many respondents included one or more of the listed options in their diet. All of these together constitute a healthy, balanced diet which is very essential for a robust immune system.

Vitamin supplements

The respondents of the survey were asked if they took any vitamin supplements in addition to the constituents in their diet. Only 35 percent of the respondents admitted to taking any vitamin supplements while a majority of 63 percent denied the intake of any supplements. 2 percent of the respondents did not respond to the question (Figure 3.12).
Findings and Discussion

Engagement in physical activities

Exercise and other physical activities are related positively to health and wellness. Studies over the years have proved that people who regularly engage in an optimum amount of physical activity are less prone to lifestyle diseases and other health issues such as obesity, lack of sleep etc. The respondents were asked whether they had an exercise routine or engaged in physical activities regularly (Figure 3.13). 52 percent of the respondents stated that they regularly engaged in physical activities or had an exercise routine. Astoundingly, 46 percent of the respondents admitted that they did not engage themselves in any physical activity. 2 percent of the respondents did not respond to the question.

Access to public health centre

The availability of public health centres is very important in working towards a healthy society. The more the number of public health centres and the better the facilities, more are the chances of having a healthy society. Respondents were asked whether they had a public health centre in their locality. Figure 3.14 shows that 74 percent of the respondents stated that they had access to a public health centre while 24 percent denied having access to a public health centre.

Preferred type of treatment

There are a lot of treatment methods available in India like Allopathy, Ayurveda, Yoga, Unani, Siddha, Homeopathy, Naturopathy etc. The respondents were asked to state what system of treatment they would prefer in times of an illness. A majority constituting 45 percent of the total respondents chose Allopathy as their most preferred treatment method (Figure 3.15). 18 percent of the respondents preferred other treatment methods than those that were listed in the questionnaire.

A combined 32 percent of the total respondents chose the AYUSH systems including Naturopathy. Ayurveda was the most preferred among the AYUSH systems with 13 percent respondents opting for it while Yoga and Homeopathy were each preferred by 8 percent, amounting to a total of 16 percent. Nearly 5 percent of the respondents preferred not to respond to the question.
Immune India through Community Radio

Access to Ayurveda Centre

Ayurveda is the most preferred treatment method among the AYUSH systems. But only 44 percent of the total respondents stated that they had an Ayurveda centre in their vicinity (Figure 3.16). 54 percent of the respondents denied having access or knowing of an Ayurveda centre in their vicinity.

Access to Yoga Centre

When asked about the availability of a Yoga centre in their vicinity, 67 percent of the respondents denied knowing of or having access to a Yoga centre in their locality. Only 30 percent of the total respondents had access to one. 3 percent did not respond to the question (Figure 3.17).

Access to Unani Centre

As shown in Figure 3.18, 92 percent of the respondents denied knowing of or having access to a Unani centre in their vicinity. A marginal 5 percent of the respondents stated that they had access to one while 3 percent chose not to respond to the question.

Access to Siddha Centre

As depicted in Figure 3.19, 93 percent of the respondents denied knowing of or having access to a Siddha Centre in their vicinity. A marginal 4 percent said that they had access to one while 3 percent of the respondents did not respond to the question.

Access to Homeopathy Centre

Figure 3.20 shows that 49 percent of the total respondents were aware of the availability of a Homeopathy Centre in their area while another 49 percent of the respondents denied having access to a Homeopathy centre. 2 percent of the respondents did not respond to the question.
Findings and Discussion

Conclusion

Analysis of the data collected during Phase 1 of the survey reveals the following:

- 55 percent of the respondents were male and 45 percent were female. There were two respondents from the transgender community and 11 respondents chose not to respond to this question.
- 6 percent of the respondents were below 20 years of age, 34 percent of the respondents belonged to the age-group 21-30 years while 28 percent were from the age-group 31-40 years. 20 percent of the respondents belonged to the age-group 41-50 years, 7 percent belonged to the age-group 51-60 years and 4 percent were above 60 years of age.
- 90 percent of the respondents were radio listeners while 8 percent of the respondents denied being so. 2 percent of the respondents did not answer the question.
- 46 percent said that they listened to radio at random hours. 14 percent tuned in the afternoon or evening, 13 percent did so in the morning and 11 percent during the night. 2 percent of the respondents said that they were not active listeners. There was a negligible number of listeners who fell under other categories.
- 82 percent of the respondents said that they listened to health-related programmes on radio while 17 percent denied doing so. 1 percent of the respondents did not answer the question.
- 57 percent of the respondents stated that they read articles related to health and 39 percent denied doing so. 4 percent of the respondents chose not to answer.
- 68 percent of the respondents said that they watched health-oriented programmes on television and 31 percent did not do so. 1 percent of the respondents chose to skip the question.
- 75 percent of the respondents denied being susceptible to cold and flu while 24 percent reported being susceptible to the same. 1 percent of the respondents chose not to answer.
- 83 percent of all the respondents reported that they did not contract any infections in the last six months while 16 percent agreed to catching some infection in the recent six months. 1 percent of the respondents did not answer the question.
- 36 percent of the respondents stated that they did not suffer from any chronic, non-communicable diseases. 8 percent of the respondents reported suffering from Blood Pressure, 4 percent suffered from Diabetes, 14 percent suffered from either loss of sleep or skin problems and 3 percent reported suffering from arthritis. 8 percent of the respondents chose not to answer the question.
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- 46 percent of the respondents said that they took spices, nuts, fruits, green vegetables and other things to enhance their immunity. 40 percent of the respondents took one or the other among the listed items and many took more than one of the listed items.

- 63 percent of the respondents denied the intake of any vitamin supplements while 35 percent agreed that they did. 2 percent of the respondents did not answer the question.

- 52 percent of the respondents said that they regularly engaged in physical activities while 46 percent said that they did not. 2 percent of the respondents chose to skip the question.

- 74 percent of the respondents agreed that they had access to a Public Health Centre while 24 percent denied having access to one. 2 percent did not respond to the question.

- 45 percent of the respondents chose Allopathy as their most preferred treatment method. 13 percent preferred Ayurveda, 8 percent preferred Yoga, 1 percent preferred Siddha, 8 percent preferred Homeopathy and 2 percent preferred Naturopathy. Only a negligible amount preferred Unani. 18 percent chose other treatment methods. 4 percent of the respondents did not answer the question.

- 44 percent of the respondents said that they had access to an Ayurveda Centre while 54 percent denied having access to one. 2 percent skipped the question.

- 30 percent of the respondents agreed on having access to a Yoga Centre while 67 percent denied it. 3 percent chose not to respond.

- 92 percent denied having access to a Unani Centre and only 5 percent agreed on having access to one. 3 percent did not answer the question.

- 93 percent denied having a Siddha Centre in their vicinity while only 4 percent said that they had access to one. 3 percent did not respond to the question.

- 49 percent of the respondents said that they had access to a Homeopathy Centre and an equal number of respondents denied the same. 2 percent did not answer the question.
Phase 2

The questionnaire circulated during Phase 2 of the survey also began with collecting basing the demographic details regarding age and gender, and later focused on specific outcomes and feedback regarding the campaign. A brief analysis of the data collected during Phase 2 is given below.

Gender

As in Phase 1, the majority of the respondents were male in Phase 2 as well. Out of the total respondents who were part of the survey in Phase 2, 59 percent were male and 41 percent were female. No respondents belonged to the transgender community, and 2 respondents chose not to disclose their gender.

Age

Figure 3.22 shows percentage of respondents belonging to different age groups in Phase 2. Unlike Phase 1 where most respondents belonged to the age-group 21-30 years, most respondents belong to the age-group 31-40 years in Phase 2. Collectively these two categories formed the majority of the total respondents in Phase 2, adding up to 56 percent. 18 percent of the respondents belonged to the age group 41-50 years, while 14 percent belong to the age group 51-60 years. The least number of respondents belonged to the age-group 61 years and above, comprising senior citizens. Three respondents preferred not to disclose their age.

Impact of immunity enhancement campaign

97 percent of the total respondents surveyed in Phase 2 were of the opinion that the Immunity Enhancement Campaign run by the Ministry of AYUSH was helpful to them. This points towards the good reception that the campaign has had among the communities across the country.

Listening to the programme and follow instructions

According to figure 3.24, 90 percent of the total respondents said that they listened to the programme and followed the suggestions to enhance immunity. Only 10 percent of people stated that they could not listen to the programme. This shows that the campaign run through Community Radio Stations has been successful in reaching a large section of the respective communities spread across the nation.
Suggestions after listening to the programme

Figure 3.25 shows that the respondents of the survey adopted the different suggestions put forward during the campaign. A large of the respondents fall under the ‘Other’ category as they adopted more than one measure. A separate number segregation of such data was not possible and hence was categorised under a single title named ‘Other’.

As seen in figure 3.26, 89 percent of the total respondents are of the view that they noticed effective changes after adopting the suggestions and practises put forth in the programme. 11 percent of the respondents denied noticing any significant changes. This might be due to the fact that they either did not adopt the suggestions in the first place or had already been practising them; other unspecified factors can also be the reason for this.

Information on different systems of medicine

As depicted in figure 3.27, most of the respondents would like to know more about Ayurveda. This might be because it is a treatment method that has been in practise in India for a long time and people trust it to be an effective treatment method. Ayurveda and Homeopathy are also amongst the most preferred treatment methods apart from Allopathy. After Ayurveda,
Findings and Discussion

Yoga and Homeopathy are the methods that people would like to know more about. A fair number of respondents also want to know more about other treatment methods along with Naturopathy, Siddha and Unani.

Effectiveness of AYUSH systems of medicine

Figure 3.28 shows that 89 percent of the respondents surveyed believe that the AYUSH systems can be effective treatment methods in their community while only 11 percent of the respondents disagreed to the same. This shows that the people from different parts of the country trust AYUSH systems to be effective and are ready to adopt them.

Difficulty in finding the AYUSH treatment methods in the community

31 percent of the respondents stated that they had trouble finding the AYUSH treatment methods in their locality. 68 percent of the respondents stated that they did not face much trouble in finding access to these treatment methods nearby. But these figures vary across different zones and the different types of treatment methods.

Figure 3.28: Opinion on efficacy of AYUSH systems of medicine

Figure 3.29: Difficulty in finding AYUSH treatment methods nearby
Conclusion

Analysis of the data collected during Phase 2 of the survey reveals the following:

- 59 percent of the respondents in Phase 2 of the survey were male and 41 percent were female. None of the respondents belonged to the transgender community and 2 respondents chose not to disclose their gender.

- 14 percent of the respondents were less than 20 years of age. 28 percent belonged to the age group 21-30 years, 28 percent belonged to the age group 31-40 years, 18 percent belonged to the age group 41-50 years, 8 percent belonged to the age group 51-60 years and 4 percent were above 60 years of age. 3 respondents chose not to reveal their age.

- 97 percent of all the respondents stated that the Immunity Enhancement Campaign was helpful to them.

- 90 percent of the respondents said that they listened to the programme and adopted the suggested measures. Most of the respondents adopted more than one measure.

- 89 percent of the respondents were of the opinion that they observed significant changes after adopting the suggested measures.

- Most of the respondents wanted to know more about Ayurveda, followed by Yoga, Homeopathy, Naturopathy, Siddha, Unani and other systems of medicine. Some respondents also wanted to know more about Allopathy.

- 89 percent of the respondents believed that the AYUSH systems of medicine can be effective treatment methods in their community.

- 31 percent of the respondents reported having difficulties in finding the AYUSH treatments methods in their community.
The Ministry of AYUSH collaborated with CEMCA to run an Immunity Enhancement Campaign throughout the country in the wake of the COVID-19 pandemic. CEMCA, along with the Ministry of AYUSH, selected 25 Community Radio Stations (CRS) from across five zones in the country and engaged them for this campaign. From the North Zone five CRS from Jammu & Kashmir, Uttarakhand, Chandigarh and Uttar Pradesh were chosen for this campaign, in which two are from Uttar Pradesh and one each are from Chandigarh, Jammu & Kashmir and Uttarakhand. They are listed below in Table 3.1.

### Table 3.1: List of CRS in North Zone

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>District</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Chitkara</td>
<td>Chandigarh (UT)</td>
<td>Chandigarh (UT)</td>
</tr>
<tr>
<td>Radio Sharda</td>
<td>Jammu</td>
<td>Jammu &amp; Kashmir</td>
</tr>
<tr>
<td>Radio Dehradun</td>
<td>Dehradun</td>
<td>Uttarakhand</td>
</tr>
<tr>
<td>Radio Gorakhpur</td>
<td>Gorakhpur</td>
<td>Uttar Pradesh</td>
</tr>
<tr>
<td>Waqt ki Awaaz</td>
<td>Kanpur-Dehat</td>
<td>Uttar Pradesh</td>
</tr>
</tbody>
</table>

Radio Chitkara, Radio Sharda, Radio Gorakhpur and Radio Dehradun in the North Zone have a range of nearly 15 kilometres, and Waqt ki Awaaz has a range of 25 kilometres.
Approximate number of listeners

It is difficult to ascertain a near precise number of listeners for a community radio station, but the station incharges have come up with an approximate number based on the population and the range of the respective community radio stations. The number of listeners are given in Table 3.2.

Table 3.2: Approximate number of listeners

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Number of Listeners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Chitkara</td>
<td>35,000</td>
</tr>
<tr>
<td>Radio Sharda</td>
<td>15,000</td>
</tr>
<tr>
<td>Radio Dehradun</td>
<td>2,00,000</td>
</tr>
<tr>
<td>Radio Gorakhpur</td>
<td>3,50,000</td>
</tr>
<tr>
<td>Radio Waqt ki Awaaz</td>
<td>73,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,73,000</strong></td>
</tr>
</tbody>
</table>

Mode of transmission of the campaign

Community Radio Stations, like other radio stations, primarily use the broadcasting mode of transmission but since most of them operate among rural communities, they also resort to narrowcasting to reach more audience and help their respective community to know about important information. Narrowcasting is an effective technique in communities/regions where people don't have access to radio sets or are not used to listening to the radio. Other means of transmission used are Internet Media, social media etc. Given below are the modes of transmission used by the Community Radio Stations in the North Zone to promote the AYUSH Immunity Campaign.

Table 3.3: Mode of transmission

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Mode of Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Chitkara</td>
<td>Broadcast</td>
</tr>
<tr>
<td>Radio Sharda</td>
<td>Broadcast and Internet Radio</td>
</tr>
<tr>
<td>Radio Dehradun</td>
<td>Broadcast</td>
</tr>
<tr>
<td>Radio Gorakhpur</td>
<td>Broadcast</td>
</tr>
<tr>
<td>Radio Waqt ki Awaaz</td>
<td>Broadcast and Narrowcast</td>
</tr>
</tbody>
</table>
Findings and Discussion

Schedule of the Broadcast

Table 3.4: Broadcast Schedule of North Zone

<table>
<thead>
<tr>
<th>Days (10/12/20-10/02/21)</th>
<th>Name of CRS</th>
<th>Broadcast Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Chitkara</td>
<td>1.00 PM, 3.00 PM &amp; 8.00 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Sharda</td>
<td>Thrice a day at different timings</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Dehradun</td>
<td>Four times between 7.00 AM &amp; 7.00 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Gorakhpur</td>
<td>7.00 AM &amp; 8.00 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Waqt ki Awaaz</td>
<td>1.31 PM &amp; 8.13 PM</td>
</tr>
</tbody>
</table>

All the CRS in the North Zone broadcast the programme at least twice a day in their schedule from 10th December 2020 to 10th February 2021. Radio Chitkara and Radio Sharda broadcast the programme thrice a day, clocking an airtime of at least 36 minutes each. Radio Dehradun broadcast the programme four times daily, hence clocking an airtime of at least 48 minutes. Radio Gorakhpur and Waqt ki Awaaz both clocked 24 minutes each by broadcasting twice a day.

Language(s) used

Initially, all the Community Radio Stations were provided with the audio programme in Hindi and English along with their scripts. The stations were given the opportunity to translate the content into their own regional languages to reach out efficiently to the respective local communities.

Radio Chitkara, Radio Gorakhpur and Waqt ki Awaaz broadcast the programme in Hindi, while Radio Dehradun used both the Hindi and English versions. Radio Sharda developed a Kashmiri version of the programme.

Methodology

All the Community Radio Stations in the Zone adopted a similar methodology for the current project. The Hindi version of the programme was used mostly by the CRS in the zone along with regional languages and dialects. Survey forms were circulated, and the data was collected. Google Forms were used by all the stations as a uniform means of data collection. The following is a brief individual report of each station.

Radio Chitkara- At Radio Chitkara, the survey was conducted online through the means of e-mail, WhatsApp etc. It made collection of data a hassle-free task.

Radio Sharda- Radio Sharda actively promoted the campaign by running a string of complementary health-oriented programmes. It interacted with listeners frequently and the data was collected through both offline and online means.

Radio Dehradun- Radio Dehradun did field visits and collected the data manually from its community members and later integrated the same into Google Forms created with the support of CEMCA.
For Radio Gorakhpur that caters to a largely rural community, data collection through online means was difficult. Hence, the staff at Radio Gorakhpur did field visits to promote the campaign and carry out the survey. The data collected manually was later integrated into Google Forms created with the support of CEMCA.

Waqt ki Awaaz - Waqt ki Awaaz interacted with the local community during the campaign. On field visits played a crucial role in promoting the campaign and clarifying the doubts of the community. Phone-in service was used, and the data was collected through online and offline surveys, and was later integrated in the Google Forms.

### Analysis

#### Table 3.5: Numbers of respondents in different phases

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>No.of respondents in P1</th>
<th>No.of respondents in P2</th>
<th>Total Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Chitkara</td>
<td>355</td>
<td>201</td>
<td>556</td>
</tr>
<tr>
<td>Radio Sharda</td>
<td>350</td>
<td>202</td>
<td>552</td>
</tr>
<tr>
<td>Radio Dehradun</td>
<td>213</td>
<td>218</td>
<td>431</td>
</tr>
<tr>
<td>Radio Gorakhpur</td>
<td>400</td>
<td>200</td>
<td>600</td>
</tr>
<tr>
<td>Waqt ki Awaaz</td>
<td>402</td>
<td>202</td>
<td>604</td>
</tr>
<tr>
<td>Total Respondents in North Zone</td>
<td>1720</td>
<td>1023</td>
<td>2743</td>
</tr>
</tbody>
</table>
Radio Chitkara- The survey was carried out by Radio Chitkara amongst people from different age groups. Most of the respondents were listeners of radio programmes and also read and watched health-oriented content. A majority of the people surveyed denied being susceptible to infection and having caught one in the recent past. Blood Pressure, Diabetes, loss of sleep, Arthritis etc. were listed as the diseases that most people suffered. A healthy, balanced diet is preferred over any vitamin supplements. The majority of the respondents said that they regularly engaged in physical activities. It was found that most of the people have access to a public health centre. Ayurveda, Yoga and Homeopathy are preferred by a significant number of respondents. The campaign had a good reception in the community and most people believed that the AYUSH systems can be effective treatment methods in their community.

Radio Sharda- Radio Sharda had people from different age groups as respondents to this survey and they belonged to different backgrounds. Most of the people agreed that they read, listened and watched health-oriented content. The majority of the respondents said that they were not susceptible to infections and did not catch any in the recent past. Blood Pressure, Diabetes, skin problems etc are amongst the major diseases in the community. The study shows that a significant number of people also took vitamin supplements in addition to a balanced diet. Many respondents also said that they regularly engage in physical activities. Public health centres, Yoga centres and Ayurveda centres were available for many respondents in their vicinity. Although not a majority, a fair share even reported having access to a Homeopathy centre. Siddha and Unani were found to be the systems that the respondents least knew about.

Radio Dehradun- Most of the people surveyed by Radio Dehradun belonged to the age group of 21-30. The survey was equally balanced in terms of gender. A few transgender people were also part of the survey. Most people preferred reading or watching health-oriented content rather than listening to it on radio. This might be because most of the respondents are young. Most of the people surveyed denied being susceptible to infection and did not catch any lately. Blood Pressure, Skin problems and loss of sleep were the diseases that were most prevalent. A fair amount of people took vitamin supplements in addition to a balanced diet. An astounding 52% of people preferred Yoga over other treatment systems. Most of the people had access to public health centres, Yoga, Ayurveda and Homeopathy centres. A few also said that they had access to Unani and Siddha centres. Many people believe that the traditional systems of medicine can be effective treatment methods in their community.
Immune India through Community Radio

Radio Gorakhpur - Men formed most of the people surveyed by Radio Gorakhpur. Most of them belonged to the age group of 31-50. A large number of people preferred to listen to health-oriented content rather than read or watch them. Almost half of the people admitted that they were susceptible to infections and had contracted one lately. Blood Pressure and loss of sleep are the problems that the respondents most often complained of. Most people preferred fruits, nuts etc over vitamin supplements. Only a few people agreed that they regularly engaged in physical activities. A large portion of the people preferred Allopathy as their go-to treatment method. Majority of the people also agreed that they had access to a public health centre while a respectable number of people said that they had access to Ayurveda and Homeopathy centres. A very negligible number of people said that they had access to Siddha and Unani centres.

Waqt ki Awaaz - Waqt ki Awaaz surveyed people from different age groups and lines of profession. Most of them were farmers. They preferred listening to health-oriented information rather than reading or watching them. Most of the respondents denied being susceptible to infections and said that they did not contract any in the recent past. Blood Pressure, skin problems and loss of sleep were the most prevalent diseases that most respondents suffered from. Most people preferred green vegetables over any other vitamin supplements. Allopathy remained the most preferred treatment type. While many people said that they had access to a public health centre, most of them denied having access to centres of the AYUSH systems.

Access to Health Centres in North Zone

Most of the respondents surveyed in the North Zone agreed that they have access to a public health centre. Unlike other zones, many respondents in the North Zone said that they had access to a Yoga centre. Although not a majority, the number of respondents agreeing to the availability of Ayurveda and Homeopathy centres are also respectable. Like in other zones, Siddha and Unani centres are not available to most of the respondents in the North Zone.

Figure 3.30: Access to Health Centres in North Zone
Discussion

During the campaign, the CRS regularly interacted with their respective local communities to promote the campaign. Most people did not know much about the AYUSH systems of Unani and Siddha, while Ayurveda, Yoga and Homeopathy have been in practice in the region for a long while now. The interactions with the communities were vital to spread the word about the campaign. A lot of people admitted to adopting the remedies and suggestions put forth in the programme and they believed adopting these remedies proved beneficial.

Conclusion

All the Community Radio Stations in the North Zone were active respondents and promoters of the Immunity Enhancement Campaign. The radio stations engaged their staff in reaching out to their respective local communities. Placed in rural and semi-urban areas, these stations faced numerous difficulties during the project. Survey and data collection were impeded by several factors like ineffectiveness of online forms in certain areas, but on field interactions and surveys made sure the data collection was done within the stipulated time frame. Awareness about Unani and Siddha is quite negligible as compared to Ayurveda, Yoga and Homeopathy in the North Zone.
The Ministry of AYUSH collaborated with CEMCA to run an Immunity Enhancement Campaign throughout the country in the wake of the COVID-19 pandemic. CEMCA, in consultation with the Ministry of AYUSH, selected 25 Community Radio Stations (CRS) from across five zones in the country and engaged them for this campaign. There are five states in the South Zone- Andhra Pradesh, Karnataka, Kerala, Tamil Nadu and Telangana. Five CRS from each of these states were chosen for this campaign. They are listed below in Table 3.6.

Table 3.6: List of CRS in South Zone

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>District</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Vishnu</td>
<td>West Godavari</td>
<td>Andhra Pradesh</td>
</tr>
<tr>
<td>Radio Namma Naadi</td>
<td>Bengaluru</td>
<td>Karnataka</td>
</tr>
<tr>
<td>Radio Mattoli</td>
<td>Wayanad</td>
<td>Kerala</td>
</tr>
<tr>
<td>Radio Kadal Osai</td>
<td>Rameswaram Island</td>
<td>Tamil Nadu</td>
</tr>
<tr>
<td>Radio Manjeera</td>
<td>Sangareddy</td>
<td>Telangana</td>
</tr>
</tbody>
</table>
Findings and Discussion

All the CRS in the South Zone have a range of nearly 15 kilometres.

**Approximate number of listeners**

It is difficult to ascertain a near precise number of listeners for a community radio station, but the station in charges have come up with an approximate number based on the population and the range of the respective community radio stations. The numbers are given in Table 3.7 below.

**Table 3.7: Approximate number of listeners**

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Number of listeners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Vishnu</td>
<td>38,000</td>
</tr>
<tr>
<td>Radio Namma Naadi</td>
<td>25,000</td>
</tr>
<tr>
<td>Radio Mattoli</td>
<td>300,000</td>
</tr>
<tr>
<td>Radio Kadal Osai</td>
<td>50,000</td>
</tr>
<tr>
<td>Radio Manjeera</td>
<td>9,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,22,000</strong></td>
</tr>
</tbody>
</table>

**Mode of transmission of the campaign**

Community Radio Stations, like other radio stations, primarily use the broadcasting mode of transmission but since most of them operate among rural communities, they also resort to narrowcasting to reach more audience and help their respective community to know about important information. Narrowcasting is an effective technique in communities/regions where people don't have access to radio sets or are not used to listening to the radio. Other techniques such as Web Radio, mobile apps etc are also used. Given below are the modes of transmission used by the Community Radio Stations in the South Zone to promote the AYUSH Immunity Campaign.

**Table 3.8: Mode of Transmission**

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Mode of Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Vishnu</td>
<td>Broadcast, Web Radio and Mobile App (iOS and Android)</td>
</tr>
<tr>
<td>Radio Namma Naadi</td>
<td>Broadcast and Web Radio</td>
</tr>
<tr>
<td>Radio Mattoli</td>
<td>Broadcast</td>
</tr>
<tr>
<td>Radio Kadal Osai</td>
<td>Broadcast and Narrowcast</td>
</tr>
<tr>
<td>Radio Manjeera</td>
<td>Broadcast and Narrowcast</td>
</tr>
</tbody>
</table>

“It has become the need of the hour to preserve the medicinal treasures available in nature and use them scientifically. I hope that the Ministry of AYUSH’s campaign broadcast on radio has been helped the people of our community in realising the importance of naturally available medicines and using them effectively.”

*Doctor Sijo Kuriakose, Wayanad, Kerala*
Schedule of the Broadcast

Table 3.9: Broadcast Schedule of South Zone

<table>
<thead>
<tr>
<th>Days (10/12/20-10/02/21)</th>
<th>Name of CRS</th>
<th>Broadcast Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Vishnu</td>
<td>8.30 AM, 4 PM &amp; 7.30 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Namma Naadi</td>
<td>8.30 AM &amp; 6.30 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Mattoli</td>
<td>3.05 PM &amp; 9.35 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Kadal Osai</td>
<td>9.00 AM &amp; 5 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Manjeera</td>
<td>8.30 AM &amp; 11.00 AM</td>
</tr>
</tbody>
</table>

Radio Kadal Osai, Radio Namma Naadi, Radio Manjeera and Radio Mattoli broadcast the audio programmes twice a day in their daily schedule while Radio Vishnu broadcast thrice in a day. Each session of the broadcast is nearly 12 minutes, which means a minimum broadcast time of 24 minutes by Radio Kadal Osai, Radio Namma Naadi, Radio Manjeera and Radio Mattoli, and a minimum broadcast time of 36 minutes by Radio Vishnu.

Language(s) used

Initially, all the Community Radio Stations were provided with the audio programme in Hindi and English along with their scripts. The stations were given the opportunity to translate the content into their own regional languages to reach out efficiently to the respective local communities. The Hindi and English audios were aired until the radio stations translated and recorded the programmes in their regional languages.
Findings and Discussion

Radio Vishnu translated, recorded, and broadcast the programme in Telugu. Radio Manjeera aired the programme in Hindi until 30th December 2020 and later developed a local version of the programme. Radio Mattoli has also translated, recorded, and broadcast the programme in Malayalam, while Radio Kadal Osai did the same in Tamil and Radio Namma Naadi did it in Kannada.

Methodology

All the Community Radio Stations in the Zone adopted a similar methodology for the current project. All the stations endeavoured to translate and create regional versions of the content. Survey forms were circulated, and the data was collected. Google Forms were used by all the stations as a uniform means of data collection. The following is a brief individual report of each station.

Radio Vishnu- Radio Vishnu broadcast the audio programme in the regional language Telugu. It also encouraged ASHA and Anganwadi workers to promote the programme in the rural areas. The data was collected through the means of phone calls in a health-related programme called ‘AYUSHMAN BHAVA’. The respondents of the survey are balanced between listeners and non-listeners. The respondents belong to different social backgrounds and professions.

Radio Namma Naadi- Radio Namma Naadi broadcast the programme initially in English and later switched to Kannada; the duration of the Kannada audio programme is 14 minutes and 45 seconds. The station collected the data through the means of phone calls, field visits and social media interactions.

Radio Mattoli- Initially the programme was aired in English until the Malayalam version was developed. The radio station also created programmes and interactions with health experts to compliment the current project. The RJ gave a brief introduction to the campaign before the programme was aired. The data was collected through phone calls and live interactions at times with the help of people from the Listeners Club at the station.

Radio Manjeera- Radio Manjeera also developed its own Telugu version of the programme. The data was collected through the means of phone calls. In addition to the broadcast, the station also conducted interviews and sessions on immunity improvement with experts and doctors from the fields of Ayurveda and Allopathy.

Since listening to the programme, I have become very conscious about the diet of my family. The programme helped us know the medicinal value of various things that are commonly available. I am sure that our community has benefitted from this campaign.

Ms. Deepalakshmi, (Anganwadi worker, Ramanad, Tamil Nadu)
Immune India through Community Radio

**Radio Kadal Osai** - At Radio Kadal Osai, while the programme was being aired as per the schedule, the survey questionnaire was filled by the station staff through phone calls made to the people in the region. These people had already participated in a quiz competition where they had provided their numbers which made it convenient for the station to approach them for this survey. The respondents in the survey were chosen from both the listener and non-listener groups, and it helped maintain the balance. The surveyed people also belonged to various backgrounds and professions ranging from fishermen to educators to small scale business owners.

After the initial fifteen days, the survey questionnaire was translated in Tamil for the convenience of the respondents. This helped in reaching out to more people and made data collection easier.

**Analysis**

**Table 3.10: Numbers of respondents in different phases**

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>No. of respondents in P1</th>
<th>No. of respondents in P2</th>
<th>Total Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Vishnu</td>
<td>390</td>
<td>214</td>
<td>604</td>
</tr>
<tr>
<td>Radio Namma Naadi</td>
<td>359</td>
<td>203</td>
<td>562</td>
</tr>
<tr>
<td>Radio Mattoli</td>
<td>385</td>
<td>202</td>
<td>587</td>
</tr>
<tr>
<td>Radio Kadal Osai</td>
<td>231</td>
<td>201</td>
<td>432</td>
</tr>
<tr>
<td>Radio Manjeera</td>
<td>342</td>
<td>218</td>
<td>560</td>
</tr>
<tr>
<td><strong>Total Respondents in South Zone</strong></td>
<td><strong>1707</strong></td>
<td><strong>1038</strong></td>
<td><strong>2745</strong></td>
</tr>
</tbody>
</table>

**Radio Vishnu** - There has been a very positive response to the programme. The listeners of Radio Vishnu mostly reside in rural and semi-urban areas and they tend to seek natural remedies for their ailments. The listeners have started practising the tips suggested in the programme. Some listeners were concerned about their current medical conditions and were in doubt about adopting natural remedies immediately. The team visited many Ayurvedic doctors, Homeopathy doctors, Yoga instructors, Naturopathy and Unani Centres to spread word about the campaign. Many experts expressed their interest to participate in such programmes that help in raising awareness in the community. Many people are of the opinion that such campaigns should extend beyond Immunity Enhancement. A few doctors have requested for the audio of the programme so that they could play at their centres. Schools and heads of institutions were contacted and were requested to pass on the schedule of the programme to the students. Health workers were very enthusiastic to participate in the programme. The radio station also organised talks and discussions within the community.

71 percent of the respondents in phase 1 belong to the age groups ‘less than 20’ and 21-30 years. Hence, most of the respondents stated that they are immune to common infections and chronic diseases. Nearly a third of the respondents said that they did not have access to a public health facility. Allopathy, Homeopathy and Yoga were chosen by almost equal numbers of respondents as their most preferred treatment methods.
Radio Namma Naadi: The programme had a good reception. People listened to the programme and were quick to adopt the home remedies suggested in the programme. A large majority of the people believe that the AYUSH systems can be effective treatments methods in their community. The listeners were mostly acquainted with Ayurveda and they posed queries about newer methods of natural treatment. The youth posed the doubt that if the AYUSH treatment methods are effective, but people above 35 had faith in indigenous treatment methods. Many people also requested for the audio clip of the programme. A large majority of the people believe that the AYUSH systems can be effective treatments methods in their community.

Most of the respondents stated that they accessed health-oriented content through different media. Most people said that they were susceptible to common flu; the commonly cited chronic diseases are Diabetes and Blood Pressure. More than a third of the respondents said that they did not have access to a public health centre. Yoga and Ayurveda are the most preferred treatment methods, and a respectable number of people stated that they had a Yoga or Ayurveda centre in their vicinity.

Radio Mattoli: Radio Mattoli interacted with the listeners on call. They brought health experts including DMOs and doctors on their programmes to have live interactions with the audience. These programmes have directly and indirectly helped to promote the AYUSH campaign. The listeners at Radio Mattoli are active respondents in the live interactive sessions featuring health experts. They were keen to listen and know more about topics regarding traditional medicine and healthcare. During the live sessions, the listeners clarified their doubts with the experts regarding different health issues. It helped the listeners find remedies and know more about matters related to health. In the survey conducted by Radio Mattoli, the respondents were almost evenly distributed among the different age groups. The collected data indicates that most members of the community regularly read, watch or come across health-related content. Most of the respondents have not been infected by any infections in the recent past and those that admitted to being infected cited COVID-19, common cold and flu, allergies etc. Loss of sleep and Blood Pressure are the leading ailments in the community. The survey result also finds that most people have access to proper health facilities and the majority prefers Allopathy over any other treatment method. However, People are keen to follow AYUSH treatment methods which was evident in the post-test survey. Most of the respondents admitted that they had difficulty in finding AYUSH centres in their locality. Wayanad remains the only district in the state without a medical college; hence, alternative treatment facilities can be very helpful in such a scenario.

Radio Kadal Osai: The campaign has had a good reception among the local people. The broadcast timings were circulated on call to help the programme reach out to a bigger audience. People could relate to and comprehend the risk of COVID-19 after listening to the audio and most of them are now more aware of the importance of immunity. Based on the statistics from the Google form, it has been found that nearly 75% of the population has not encountered any illness or infections in the last 6 months. Around 75% of the surveyed people claimed to have no chronic or long-term diseases that they were aware of like diabetes, blood pressure, arthritis and skin problems.

Some people had family members with terminal diseases or neurological disorders which required regular check-ups and treatment. When asked about the most common health concerns in their areas, the primary issues were deadly diseases like Malaria (caused by mosquitos which breed due to stagnation of water). Another common issue cited was the lack of hygiene. Most people claimed diabetes or blood
pressure to be the biggest health concerns in their area, which they felt was caused due to changing food habits and consumption of hybrid crops.

People were keen to adopt the suggested remedies and practices into their daily life. Some even asked to broadcast the programme more often than as scheduled. Some of the people who were called to be surveyed were non-listeners, but they expressed interest in the programme. Most people in the region seem to have faith in the traditional remedies; they have mentioned that they would try herbal remedies at home to improve their health. People are aware of the advantages of practising these methods but have not been able to harness the best out of them because of the lack of trained practitioners. An astounding 80% percent of the respondents believed that the AYUSH systems could be effective treatment methods in their community.

Radio Manjeera- The listeners of Radio Manjeera gave positive feedback about the Ministry of AYUSH’s effort to run this campaign. The complementary programmes that include sessions with medical experts are also well received by the audience. People became aware of alternative treatment methods because of the campaign. Most listeners have started to follow the suggestions put forth in the programme and the ones given by the health experts. The survey results at Radio Manjeera show that the community is aware of the traditional methods of treatment and kitchen remedies. Nearly half of the respondents belong to the age group 31-40 years. Most of the respondents accessed health-oriented content on different media. Majority of the people agreed that they had a public health centre in their locality. Most respondents stated that they knew of or had access to centres of all the AYUSH systems except Siddha. Another major finding is that apart from Ayurveda, Yoga and Homeopathy, most people in the community do not know much about Siddha and Unani.

Access to Health Centres in South Zone

As per the data collected, most of the respondents in the South Zone had access to public health centres. But, at the same time, the data shows that most of the respondents do not have access to any centres of the AYUSH medical systems. However, there are a fair number of Ayurvedic and Homeopathic centres, but the number of Yoga, Unani and Siddha centres are quite low.
Findings and Discussion

Discussion

The CRS interacted with their respective local communities in many ways in addition to broadcasting the programme. The programme was also narrowcast by some of the CRS which helped them to reach out to those people who did not have access to radio or were not frequent listeners. The interactions with the medical experts were very helpful in promoting the Campaign. More people became aware of the AYUSH systems of medicines. The home remedies suggested in the programme have proved helpful to the communities in the pandemic situation. Most people were keen to know more about these systems as they believed that the AYUSH systems could be effective treatment methods in their community.

Conclusion

All the Community Radio Stations in the current project have been active respondents and promoters of the Immunity Enhancement Campaign. It was a tedious but was inevitable task to translate the content into the respective regional languages, but the stations put in their best efforts to help the campaign in reaching out to a wider audience.

The community radios mostly cater to a rural audience who tend to prefer traditional treatment methods. In such a scenario, the current project can be extremely helpful and yield great results. People have started to take preventive measures and have begun to pay attention to personal hygiene, immunity enhancement etc under the present COVID-19 circumstances. Such a campaign is the need of the hour in dire times as these.
The Ministry of AYUSH collaborated with CEMCA to run an Immunity Enhancement Campaign throughout the country in the wake of the COVID-19 pandemic. CEMCA, in collaboration with the Ministry of AYUSH, selected 25 Community Radio Stations (CRS) from across five zones in the country and engaged them for this campaign. Six CRS from Central and Eastern Zone states were chosen for this campaign. The chosen CRS are listed below Table 3.11.

Table 3.11: List of CRS in Central and East Zone

<table>
<thead>
<tr>
<th>Name of the CRS</th>
<th>District</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Snehi</td>
<td>Siwan</td>
<td>Bihar</td>
</tr>
<tr>
<td>Radio Jagriti</td>
<td>Giridih</td>
<td>Jharkhand</td>
</tr>
<tr>
<td>Radio Sanskar</td>
<td>Jagatsinghpur</td>
<td>Odisha</td>
</tr>
<tr>
<td>Radio Mann</td>
<td>Vidisha</td>
<td>Madhya Pradesh</td>
</tr>
<tr>
<td>Hamar CR</td>
<td>Surajpur</td>
<td>Chhattisgarh</td>
</tr>
<tr>
<td>Radio Mant</td>
<td>Kolkata</td>
<td>West Bengal</td>
</tr>
</tbody>
</table>

Central and East Zone Report

The Ministry of AYUSH collaborated with CEMCA to run an Immunity Enhancement Campaign throughout the country in the wake of the COVID-19 pandemic. CEMCA, in collaboration with the Ministry of AYUSH, selected 25 Community Radio Stations (CRS) from across five zones in the country and engaged them for this campaign. Six CRS from Central and Eastern Zone states were chosen for this campaign. The chosen CRS are listed below Table 3.11.
All the CRS in the Central and East Zone have a range of nearly 15 kilometres

**Approximate number of listeners**

It is difficult to ascertain a near precise number of listeners for a community radio station, but the station in-charge has come up with an approximate number based on the population and the range of the respective community radio stations. The figures are listed below.

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Number of listeners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Snehi</td>
<td>25,000</td>
</tr>
<tr>
<td>Radio Jagriti</td>
<td>1,80,000</td>
</tr>
<tr>
<td>Radio Sanskar</td>
<td>80,000</td>
</tr>
<tr>
<td>Radio Mann</td>
<td>50,000</td>
</tr>
<tr>
<td>Hamara CR</td>
<td>50,000</td>
</tr>
<tr>
<td>Radio Mant</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,35,000</strong></td>
</tr>
</tbody>
</table>

**Mode of Transmission of the Campaign**

Community Radio Stations, like other radio stations, primarily use the broadcasting mode of transmission but since most of them operate among rural communities, they also resort to narrowcasting to reach more audience and help their respective community to know important information. Narrowcasting is an effective technique in communities/regions where people don’t have access to radio sets or are not used to listening to the radio. Given below are the modes of transmission used by the Community Radio Stations in the Central and East Zone to promote the AYUSH Immunity Campaign.

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Mode of Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Snehi</td>
<td>Broadcast, Web Radio and Mobile App (iOS and Android)</td>
</tr>
<tr>
<td>Radio Jagriti</td>
<td>Broadcast and narrowcast</td>
</tr>
<tr>
<td>Radio Sanskar</td>
<td>Broadcast and Narrowcast</td>
</tr>
<tr>
<td>Radio Mann</td>
<td>Broadcast and Narrowcast</td>
</tr>
<tr>
<td>Hamara CR</td>
<td>Broadcast and Narrowcast</td>
</tr>
<tr>
<td>Radio Mant</td>
<td>Broadcast</td>
</tr>
</tbody>
</table>

“I and my colleagues have been listening to the Ministry of AYUSH’s campaign on immunity. We learnt a lot about improving immunity through different practices adopted from the AYUSH system of medicine. There should be more of such campaigns that are extremely beneficial for common people.”

*District Bye Election Officer, Siwan, Bihar*
Schedule of the Broadcast

Table 3.14: Broadcast Schedule in Central and East Zone

<table>
<thead>
<tr>
<th>Days (10/12/20-10/02/21)</th>
<th>Name of CRS</th>
<th>Broadcast Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Snehi</td>
<td>8.00 AM &amp; 7.00 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Jagriti</td>
<td>9.00 AM &amp; 6.00 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Sanskar</td>
<td>7.00 AM &amp; 10.00 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Mann</td>
<td>11.45 AM &amp; 7.00 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Hamar Radio</td>
<td>7.00 AM &amp; 6.00 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Mant</td>
<td>9.00 AM &amp; 4.00 PM</td>
</tr>
</tbody>
</table>

All the CRS in the Central and East Zone broadcast the programme twice a day in their schedule from 10th December 2020 to 10th February 2021. Each session of the programme was 12 minutes in duration which ensured a daily airtime of at least 24 minutes by these stations.

Language(s) used

Initially, all the Community Radio Stations were provided with the audio programme in Hindi and English along with their scripts. The stations were given the opportunity to translate the content into their own regional languages to reach out efficiently to the respective local communities.

Radio Snehi, Radio Jagriti, Radio Mann and Hamar Radio broadcast the programme in Hindi itself. Radio Mant promoted the programme in Bengali although the Hindi programme was broadcast. Radio Sanskar also promoted the programme in their regional language Odia.
Findings and Discussion

Methodology

All the Community Radio Stations in the Zone adopted a similar methodology for the current project. The Hindi version of the programme was broadcast by mostly all the CRS in the zone. Survey forms were circulated, and the data was collected. Google Forms were used by all the stations as a uniform means of data collection. The following is a brief individual report of each station.

Radio Snehi- Radio Snehi promoted the campaign with jingles in addition to the broadcast. The radio station also engaged health experts for interactions with the audience. To spread the word about the campaign, ZOOM meetings were conducted with health workers, doctors, ASHA workers and ANMs. The radio station also complimented the campaign by promoting it in their other programmes and engaging other stakeholders. They titled the programme as ‘Immunity Badhao, Rog Bhagao’. The survey data was collected through phone calls and with the help of volunteers who helped the offline survey.

Radio Jagriti- Radio Jagriti also promoted the campaign in the local dialect Khortha in addition to the broadcast in Hindi. This helped the campaign to reach out to the local community. Narrowcasting was effectively used by the station's team to reach those members of the community who did not have access to radio or were not frequent listeners. This ensured that members from different stratas of the community interacted with and that they were aware of the campaign. The Google forms were also translated into Hindi for the ease of the local community.

Radio Sanskar- The programme was reproduced by Radio Sanskar in Odia to help the campaign reach out to the community members. The programme was disseminated through narrowcasting which was very essential for the campaign to have the necessary outreach in their community. The survey was done mainly through offline means because of the obstacles faced in conducting an online survey. The staff at Radio Sanskar later integrated the offline data collected into the Google Form provided by CEMCA.
Immune India through Community Radio

**Radio Mann**- Radio Mann is placed in a region with a population of 5 lakh and caters to 50,000 active listeners. They broadcast the programme and promoted it through their social media handles. The data was collected online in Google Forms by the means of phone calls and social media interaction. The station actively spread the word about the campaign and promoted the use of home remedies in its local community.

**Hamar CR**- Hamar Radio caters to almost active 40,000 listeners in an area with a population of almost 2 lakh people. The programme was broadcast in Hindi and was actively promoted by the station staff through social media. The survey and feedback were collected through the means of Google Forms.

**Radio Mant**- Radio Mant reached out to the local community and spread word about the campaign. The staff at the radio station interacted with the members of the community and collected the survey data from them through phone calls which was later integrated into Google Forms.

**Analysis**

**Table 3.15: Numbers of respondents in different phases**

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>No. of respondents in P1</th>
<th>No. of respondents in P2</th>
<th>Total Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Snehi</td>
<td>350</td>
<td>250</td>
<td>600</td>
</tr>
<tr>
<td>Radio Jagriti</td>
<td>333</td>
<td>204</td>
<td>537</td>
</tr>
<tr>
<td>Radio Sanskar</td>
<td>443</td>
<td>200</td>
<td>643</td>
</tr>
<tr>
<td>Radio Mann</td>
<td>401</td>
<td>200</td>
<td>601</td>
</tr>
<tr>
<td>Hamar Radio</td>
<td>364</td>
<td>211</td>
<td>575</td>
</tr>
<tr>
<td>Radio Mant</td>
<td>400</td>
<td>200</td>
<td>600</td>
</tr>
<tr>
<td><strong>Total Respondents in Central &amp; East Zone</strong></td>
<td><strong>2291</strong></td>
<td><strong>1265</strong></td>
<td><strong>3556</strong></td>
</tr>
</tbody>
</table>

**Radio Snehi**- The survey done by Radio Snehi was balanced in respect to gender. It included people from different age groups. There was also a steady balance between listeners and non-listeners. People in the community were of the opinion that they had access to health-oriented information through different means such as newspapers, radio, television etc. People included physical activities as a part of their daily routine. Most people did not take any vitamin supplements but preferred a healthy diet. The campaign had a positive reception among the audience. More people are now drawn towards trying Ayurvedic and Homeopathic medicines. Many of the listeners have adopted the remedies suggested in the programme.

**Radio Jagriti**- The survey conducted by Radio Jagriti included men and women equally from different professions including farmers, students, teachers etc. The women were mostly homemakers. Most people were in the 20-40 age group. Respondents were of the opinion that they mostly gathered health related information by listening to the radio. Most people said that they were not susceptible, and they did not catch any infections lately. Diabetes and Blood Pressure are two diseases that were mainly found in the community. Green vegetables and a wholesome diet were preferred over any supplements. Common flu, cold, malaria, skin problems and lack of hygiene were listed as the major health risks in different regions.
Radio Sanskar- Radio Sanskar did the survey in a community that mostly comprises farmers. A majority of the women were homemakers, while some were teachers, tailors etc. The survey was balanced across different age groups. Most respondents said that they were active listeners of radio. They also read and watched health-oriented content. Few people admitted to being susceptible to infections and catching any infections in the last six months, though it was mostly common cold and fever. Diabetes proved to be the most common disease amongst the respondents. Most people said that they actively engaged in physical activities. Allopathy was the most preferred form of treatment and many said that they had access to a public health centre. A few people did prefer Ayurveda and Homeopathy as a means of treatment.

Radio Mann- Men slightly outnumbered women in the survey conducted by Radio Mann. Respondents were mostly students, housewives or farmers etc. Most of the respondents belonged to the age group 21-40. Most of the people said that they had access to health-related content through the means of radio, newspaper and television. A fair share admitted that they were susceptible to infections and had contracted one lately. Skin problems were named along with diabetes as a major risk in the community. Most people preferred a healthy diet or over any supplements. There was a fair share of people who preferred treatment methods other than Allopathy. Although low, people said that they had access to centres of AYUSH systems.

Hamar Radio- Men far outnumbered women in the survey conducted by Hamar Radio. People mostly listened to the radio in the morning. They also read and watched health-oriented content. Almost three quarters of the respondents said that they were not susceptible to infections. Blood Pressure was listed as the major health risk. People mostly preferred green vegetables and a healthy diet over vitamin supplements. A large majority said that they regularly engaged in physical activities. Most people responded that they had access to a public health centre. The survey also shows that there are a good number of Ayurveda and Homeopathy centres.

Radio Mant- The respondents in the survey conducted by Radio Mant were mostly farmers and they were spread across different age groups. Most people had access to health-related information through different means. Many people did complain of multiple ailments such as skin problems, diabetes,
Immune India through Community Radio

arthritis, loss of sleep etc. A fair share of people did not have access to a public health centre. Ayurveda and Homeopathy were preferred as treatment methods along with Allopathy. Except for Ayurveda, there were not many centres of other systems in the region.

Access to Health Centres in Central and East Zone

Majority of the respondents in the Central and East Zone have access to a public health centre. The numbers of Ayurveda and Homeopathy centres are relatively good as compared to those of Yoga, Siddha and Unani.

![Access to Health Centres in Central and East Zone](image)

Discussion

Narrowcasting was effectively used by the CRS in the Central and East Zone, otherwise the campaign would have reached only a limited number of listeners. The impact of such a health campaign can reach its full potential only when it is disseminated throughout the community. The interactions of the CRS staff with the community members helped the outreach of the campaign and resulted in people adopting the remedies and preventive measures suggested by the Ministry of AYUSH. Many people enquired about the AYUSH systems and are keen to adopt them as a means of treatment. Ayurveda and Homeopathy are already prevalent among many of these communities. Yoga, Siddha and Unani need to be actively promoted.

Conclusion

The Community Radio Stations selected for the campaign in the Central and East Zone did a commendable job in making the Immunity Enhancement Campaign a success. Many listeners of the programmes believed that more of such campaigns are needed to spread awareness regarding different health issues and to promote health-oriented practices. Running such campaigns will also attract people's attention towards the AYUSH systems of medicine and help promote them, especially amongst the rural communities.
The Ministry of AYUSH collaborated with CEMCA to run an Immunity Enhancement Campaign throughout the country in the wake of the COVID-19 pandemic. CEMCA, in collaboration with the Ministry of AYUSH, selected 25 Community Radio Stations (CRS) from across five zones in the country and engaged them for this campaign. Five CRS from Gujarat, Maharashtra and Rajasthan were chosen for this campaign, in which two were from Maharashtra, two from Rajasthan and one was from Gujarat. They are listed below in Table 3.16.

Table 3.16: List of CRS in West Zone

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>District</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Saiyere</td>
<td>Kutch</td>
<td>Gujarat</td>
</tr>
<tr>
<td>Radio Yeralavani</td>
<td>Sangli</td>
<td>Maharashtra</td>
</tr>
<tr>
<td>Radio Nagar</td>
<td>Ahmednagar</td>
<td>Maharashtra</td>
</tr>
<tr>
<td>Radio Kisanvani Deeg</td>
<td>Bharatpur</td>
<td>Rajasthan</td>
</tr>
<tr>
<td>Radio Tilonia</td>
<td>Ajmer</td>
<td>Rajasthan</td>
</tr>
</tbody>
</table>

Radio Tilonia, Radio Saiyere and Radio Kisanvani Deeg in the West Zone have a range of nearly 15 kilometres, while Radio Nagar and Radio Yeralavani have a range of 30 kilometres and 25 kilometres, respectively.

“\nWe listened to the AYUSH programme everyday. We came to know from this programme about different kitchen remedies and the information is really helpful. We even started engaging in physical activities to keep fit. We would like to know more about Unani and Siddha as we are not familiar with these systems.  

Hanamantraygaud Bagali, Maniknal Village, Maharashtra"
Approximate number of listeners

It is difficult to ascertain a near precise number of listeners for a community radio station, but the station incharges have come up with an approximate number based on the population and the range of the respective community radio stations. The numbers are listed below.

Table 3.17: Approximate number of listeners

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Number of listeners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Saiyere</td>
<td>14,800</td>
</tr>
<tr>
<td>Radio Yeralavani</td>
<td>12,000</td>
</tr>
<tr>
<td>Radio Nagar</td>
<td>30,000</td>
</tr>
<tr>
<td>Radio Kisanvani Deeg</td>
<td>1,25,000</td>
</tr>
<tr>
<td>Radio Tilonia</td>
<td>60,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,41,800</strong></td>
</tr>
</tbody>
</table>

Mode of Transmission of the Campaign

Community Radio Stations, like other radio stations, primarily use the broadcasting mode of transmission but since most of them operate among rural communities, they also resort to narrowcasting in order to reach more audience and help their respective community to know about important information. Narrowcasting is an effective technique in communities/regions where people don’t have access to radio sets or are not used to listening to the radio. Other means of transmission used are Internet Media, social media etc. Given below are the modes of transmission used by the Community Radio Stations in the West Zone to promote the AYUSH Immunity Campaign.

Table 3.18: Mode of Transmission

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Mode of Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Saiyere</td>
<td>Broadcast and Narrowcast</td>
</tr>
<tr>
<td>Radio Yeralavani</td>
<td>Broadcast and Narrowcast</td>
</tr>
<tr>
<td>Radio Nagar</td>
<td>Broadcast and Internet Streaming</td>
</tr>
<tr>
<td>Radio Kisanvani Deeg</td>
<td>Broadcast and Narrowcast</td>
</tr>
<tr>
<td>Radio Tilonia</td>
<td>Broadcast and Narrowcast</td>
</tr>
</tbody>
</table>

Schedule of the Broadcast

Table 3.19: Broadcast Schedule of West Zone

<table>
<thead>
<tr>
<th>Days (10/12/20-10/02/21)</th>
<th>Name of CRS</th>
<th>Broadcast Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Saiyere</td>
<td>12.30 PM &amp; 4.30 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Yeralavani</td>
<td>9.00 AM, 5.30 PM &amp; 8.00 PM</td>
</tr>
</tbody>
</table>
Findings and Discussion

<table>
<thead>
<tr>
<th>Day</th>
<th>Station</th>
<th>Time Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Nagar</td>
<td>4.00 PM-12.00 PM &amp; 7.27 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Kisanvani Deeg</td>
<td>9.00 AM-12.30 PM &amp; 6.00 PM-9.30 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Tilonia</td>
<td>7.00 AM &amp; 7.00 PM</td>
</tr>
</tbody>
</table>

All the CRS in the West Zone broadcast the programme twice a day in their schedule from 10th December 2020 to 10th February 2021, except for Radio Yeralavani who broadcast the programme thrice. Each session of the programme was at least 12 minutes in duration which ensured a daily air time of at least 24 minutes by Radio Saiyere, Radio Nagar, Radio Kisanvani Deeg and Radio Tilonia. Radio Yeralavani clocked an airtime of 36 minutes per day.

Language(s) used

Initially, all the Community Radio Stations were provided with the audio programme in Hindi and English along with their scripts. The stations were given the opportunity to translate the content into their own regional languages to reach out efficiently to the respective local communities.

During the pre-test phase, Radio Nagar, Radio Tilonia and Radio Yeralavani broadcast the programme in Hindi, while Radio Kisanvani Deeg also resorted to Braj Bhasha in addition to Hindi, and Radio Saiyere did its broadcast in Kutchi. In the post-test phase, Radio Yeralavani also added Marathi and Kannada versions in the campaign.

Methodology

All the Community Radio Stations in the Zone adopted a similar methodology for the current project. The Hindi version of the programme was used mostly by the CRS in the zone along with regional languages and dialects. Survey forms were circulated, and the data was collected. Google Forms were used by all the stations as a uniform means of data collection. The following is a brief individual report of each station.

**Radio Saiyere**- After initially broadcasting the programme in Hindi, a team at Radio Saiyere translated the script and produced a Kutchi version which was used thereafter. The forms were also rolled out in the local language for the ease of the community members. Discussions were held and the team was trained to collect data from the community. The team spread word about the campaign in different villages.

**Radio Yeralavani**- In addition to broadcasting thrice a day, Radio Yeralavani also did narrowcasting. The data collection was done every day through online means and also during community gatherings. For the ease of the community members, the Google Form was also made available in Hindi. The radio station caters to a farming community and had its limitations in carrying out the survey because gathering a response was difficult during the initial days. The radio station also engaged ASHA workers in the campaign. Because of the local community’s inclination towards home remedies and Ayurveda, the radio station frequently airs advice and tips in its programmes.

**Radio Nagar**- Radio Nagar made a combined use of broadcast and narrowcast to run the campaign. The radio stations made its own jingles, skits and included interactive sessions as a part of the campaign to garner the attention of its listeners. The data was collected online with the help of Google Forms.
Radio Kisanvani Deeg: The team at Kisanvani Deeg also used the means of both broadcast and narrowcast to run the campaign. The data was collected in Google Forms created with the help of CEMCA. The remedies and suggestions from the Immunity Enhancement Campaign were included in many other programmes of the radio station to benefit the local community.

Radio Tilonia: With the means of broadcast and narrowcast, Radio Tilonia managed to penetrate and promote the campaign within the rural community that it caters to. The team at Radio Tilonia reached out to the community and engaged with them, especially with women, to help the purpose of the campaign. The radio station gathered data through different means like field surveys, phone calls, e-mail, social media like WhatsApp etc. The data was later integrated into Google Forms.

Analysis

Table 3.20: Numbers of respondents in different phases

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>No. of respondents in P1</th>
<th>No. of respondents in P2</th>
<th>Total Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Saiyere</td>
<td>402</td>
<td>200</td>
<td>602</td>
</tr>
<tr>
<td>Radio Yeralavani</td>
<td>351</td>
<td>257</td>
<td>608</td>
</tr>
<tr>
<td>Radio Nagar</td>
<td>320</td>
<td>204</td>
<td>524</td>
</tr>
<tr>
<td>Radio Kisanvani Deeg</td>
<td>369</td>
<td>193</td>
<td>562</td>
</tr>
<tr>
<td>Radio Tilonia</td>
<td>300</td>
<td>200</td>
<td>500</td>
</tr>
<tr>
<td><strong>Total Respondents in West Zone</strong></td>
<td><strong>1742</strong></td>
<td><strong>1054</strong></td>
<td><strong>2796</strong></td>
</tr>
</tbody>
</table>
**Radio Saiyere**- Most of the people Radio Saiyere approached were farmers. The women were mostly homemakers. The survey was balanced between listeners and non-listeners across different villages. But a fair share of the respondents however had access to health-oriented information through different means such as television, newspaper etc. A surprisingly large majority of the respondents denied being susceptible to infections and most of them also denied having diseases like Blood Pressure, Diabetes, Arthritis etc. Majority of the respondents preferred a healthy diet over supplements and said that their daily routine work compensated for physical activities. Allopathy is the most preferred treatment method. A respectable number of the respondents were of the opinion that they did not have access to a public health care centre. Most respondents denied having access to any of the AYUSH systems’ centres.

**Radio Yeralavani**- The campaign had a good reception in the local community. During the interaction with community members, it was found that most of the remedies suggested in the programme were already in practice within the community. Most people were aware of the importance of a healthy, balanced diet to enhance immunity. The survey included fair shares of people from different age groups. Most of them admitted that radio was their only source of health-oriented information. This highlights the importance of the role that Community Radio Stations play in the rural areas of the country. Most people denied being susceptible to diseases or any infections. Almost all except a few said that they took a balanced diet and denied taking any supplements. Many of the respondents said that they did not have access to a public health centre. Apart from Allopathy, many people preferred Ayurveda and Naturopathy as effective means of treatment.

**Radio Nagar**- The respondents in Radio Nagar’s survey were from different fields of occupation and mostly belonged to the age group of 21-40. These people had access to health-oriented information through different means. Skin problems and loss of sleep were listed as major issues that respondents suffered with. Green vegetables were preferred as a part of the diet while a large number of people also admitted to taking vitamin supplements. A majority of the people said that they had access to a public health centre. Allopathy, Ayurveda and Homeopathy are the most preferred treatment methods. Most people had access to Ayurveda and Homeopathy centres while some also agreed having access to Yoga centres, but the number of Siddha and Unani centres are on the lower side. Amongst the many health risks listed by the respondents, mental health issues and lifestyle diseases are most cited.

**Radio Kisanvani Deeg**- Many respondents of the survey conducted by Kisanvani Deeg said that they have started adopting the suggestions put forward in the campaign. The respondents were distributed between different age groups and most of the agreed to be active listeners of radio. While most of them did not read health-oriented articles, a few of them did watch health-oriented programmes on TV. Majority of the respondents denied being susceptible or having any diseases. Blood pressure was listed as the most common disease in the respondents. Most people preferred green vegetables over any vitamin supplements. The majority of them also said that access to a public health centre. Allopathy is the most preferred form of treatment but a considerable number also for Ayurveda and Homeopathy. A few said that they had access to a Yoga centre but the number of positive responses on availability of Unani and Siddha centres remained low.

**Radio Tilonia**- The campaign received a very positive response in the community. ‘Daadi Maa ke Nuske’ proved to be a hit and many people started adopting the practices suggested in the programme. The respondents were spread across all age groups and a majority of them agreed that they accessed health-oriented information through different means. Majority of the respondents also denied being susceptible to infections and catching one in the last six months. Blood Pressure, skin problems, loss of
sleep and other ailments were listed as the diseases many respondents suffered from. A healthy, balanced was preferred over vitamin supplements. Most people agreed that they had access to a public health facility. Homeopathy, Naturopathy and Ayurveda were listed as the most preferred treatment methods along with Ayurveda. The survey indicated a lack of AYUSH systems’ centres in the region where the radio station is situated.

**Access to Health Centres in West Zone**

![Figure 3.33: Access to Health Centres in Central and East Zone](image)

Most of the respondents agree to having access to a public health centre. The data indicates that there are a significant number of Ayurveda and Homeopathy centres. People having access to a Yoga centre are relatively higher in comparison to those having access to a Siddha or Unani centre.

### Discussion

The interactions of the CRS with the local communities have the community members know more about the AYUSH systems of medicines. Many people had doubts whether these systems were authentic and whether they could be trusted. The current campaign by the Ministry of AYUSH has helped to dispel a lot of misconceptions and myths about these systems. The programme was narrowcast at community gatherings, especially amongst women. During the interactions, many people believed more of such campaigns were needed and that they looked forward to advice from health experts in these fields. Many of them have already been practising the suggestions and many have adapted them after listening to the campaign. The need for more AYUSH centres has also been voiced by the communities.

### Conclusion

The Community Radio Stations had great difficulty in reaching out to the local communities in the initial stages of the campaign but with effective outreach methods and unflinching efforts, they were able to help the campaign reach a large number of people in their respective communities. They realised the important role that such a campaign could play in the times of the pandemic. Collecting data was also a tedious process because it had to be mostly done through offline means and later had to be integrated to the Google Forms, but the ceaseless efforts of the CRS in the zone was crucial in completing everything within the stipulated time frame.
The Ministry of AYUSH collaborated with CEMCA to run an Immunity Enhancement Campaign throughout the country in the wake of the COVID-19 pandemic. CEMCA, in collaboration with the Ministry of AYUSH, selected 25 Community Radio Stations (CRS) from across five zones in the country and engaged them for this campaign. There are seven states in the North-East Zone-Arunachal Pradesh, Assam, Meghalaya, Nagaland, Manipur, Tripura and Mizoram. There are only 11 Community Radio Stations in the North-East. Reaching out of most of them is difficult due to constraints such as language barrier, difficulty in establishing contact etc. Many of the states in the zone do not have a Community Radio Station at all. Four CRS from Assam, Manipur and Tripura were chosen for this campaign, out of which two were from Assam, one from Manipur and one from Tripura. They are listed below given in Table 3.21.

Table 3.21: List of CRS in North-East Zone

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>District</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Gyanmalinee</td>
<td>Dibrugarh</td>
<td>Assam</td>
</tr>
<tr>
<td>Radio Jnan Taranga</td>
<td>Guwahati</td>
<td>Assam</td>
</tr>
<tr>
<td>Friend CR</td>
<td>West Tripura</td>
<td>Tripura</td>
</tr>
<tr>
<td>Radio Nongin</td>
<td>Thoubal</td>
<td>Manipur</td>
</tr>
</tbody>
</table>

Radio Gyanmalinee, Radio Jnan Taranga, Friend CR and Radio Nongin in the North-East Zone have a range of nearly 15 kilometres.

The immunity campaign by the Ministry of AYUSH has been very beneficial for the community as it helped them enhance their immunity and stay healthy. We are delighted to be able to broadcast this program on Radio Gyanmalinee and we have been able to collect feedback from the listeners about the program. We would be glad to broadcast programmes of this kind in the future too.

Professor Nirode Baruah, Radio Gyanmalinee, Dibrugarh, Assam
Approximate number of listeners

It is difficult to ascertain a near precise number of listeners for a community radio station, but the station incharges have come up with an approximate number based on the population and the range of the respective community radio stations. The numbers are listed below.

Table 3.22: Approximate number of listeners

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Number of listeners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Gyanmalinee</td>
<td>5,000</td>
</tr>
<tr>
<td>Radio Jnan Taranga</td>
<td>1,000</td>
</tr>
<tr>
<td>Friend CR</td>
<td>3,00,000</td>
</tr>
<tr>
<td>Radio Nongin</td>
<td>20,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,26,000</strong></td>
</tr>
</tbody>
</table>

Mode of Transmission of the Campaign

Community Radio Stations, like other radio stations, primarily use the broadcasting mode of transmission but since most of them operate among rural communities, they also resort to narrowcasting in order to reach more audience and help their respective community to know about important information. Narrowcasting is an effective technique in communities/regions where people don’t have access to radio sets or are not used to listening to the radio. Other means of transmission used are Internet Media/social media etc. Given below are the modes of transmission used by the Community Radio Stations in the North-East Zone to promote the AYUSH Immunity Campaign.

Table 3.23: Mode of Transmission

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>Mode of Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Gyanmalinee</td>
<td>Broadcast</td>
</tr>
<tr>
<td>Radio Jnan Taranga</td>
<td>Broadcast and Narrowcast</td>
</tr>
<tr>
<td>Friend CR</td>
<td>Broadcast</td>
</tr>
<tr>
<td>Radio Nongin</td>
<td>Broadcast and Narrowcast</td>
</tr>
</tbody>
</table>

Schedule of the Broadcast

Table 3.24: Broadcast Schedule of North-East Zone

<table>
<thead>
<tr>
<th>Days (10/12/20-10/02/21)</th>
<th>Name of CRS</th>
<th>Broadcast Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Gyanmalinee</td>
<td>8.30 AM &amp; 4.30 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Jnan Taranga</td>
<td>1.30 PM, 3.45 (Assamese) PM &amp; 3.57 PM (Hindi)</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Friend CR</td>
<td>9.30 AM, 11.55 PM &amp; 8.20 PM</td>
</tr>
<tr>
<td>Sunday to Saturday</td>
<td>Radio Nongin</td>
<td>11.45 AM &amp; 6.00 PM</td>
</tr>
</tbody>
</table>

All the CRS in the North-East Zone broadcast the programme from 10th December 2020 to 10th February 2021. Each session of the broadcast was approximately 12 minutes long. Radio Gyanmalinee
am Radio Nongin broadcast the programme twice a day, while Radio Jnan Taranga and Friend CR broadcast thrice a day.

**Language(s) used**

Initially, all the Community Radio Stations were provided with the audio programme in Hindi and English along with their scripts. The stations were given the opportunity to translate the content into their own regional languages to reach out efficiently to the respective local communities.

Radio Nongin used the English version of the programme in the initial days of the broadcast until they developed their own version of the programme in Manipuri language. Radio Gyanmalinee and Friend CR broadcast the Hindi version and also promoted the campaign in Bengali while Radio Jnan Taranga came up with an Assamese version of the program.

**Methodology**

All the Community Radio Stations in the Zone adopted a similar methodology for the current project. The Hindi version of the programme was used mostly by the CRS in the zone along with the regional languages. Survey forms were circulated, and the data was collected. Google Forms were used by all the stations as a uniform means of data collection. The following is a brief individual report of each station.

**Radio Gyanmalinee** - The radio station spread word about the campaign through field visits. Most of the survey was done offline and was later integrated into the Google Forms.

**Radio Jnan Taranga** - The programme was broadcast, and the data was collected from the community through different means like e-mail, WhatsApp, offline survey etc. Radio Jnan Taranga replaced Radio City from Arunachal Pradesh due to connectivity issues. The radio station started running the campaign in the last week of December 2020.
Immune India through Community Radio

**Friend CR** - After the broadcast of the programme, the data was collected by Friend CR through call-in services, recording kits, online and offline surveys.

**Radio Nongin** - At Radio Nongin, the staff reached out to the community by doing field visits and collected the data manually. It was later fed into Google Forms.

**Analysis**

**Table 3.25: Numbers of respondents in different phases**

<table>
<thead>
<tr>
<th>Name of CRS</th>
<th>No. of respondents in P1</th>
<th>No. of respondents in P2</th>
<th>Total Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Gyanmalinee</td>
<td>468</td>
<td>200</td>
<td>668</td>
</tr>
<tr>
<td>Radio Jnan Taranga</td>
<td>119</td>
<td>120</td>
<td>239</td>
</tr>
<tr>
<td>Friend CR</td>
<td>409</td>
<td>154</td>
<td>563</td>
</tr>
<tr>
<td>Radio Nongin</td>
<td>343</td>
<td>200</td>
<td>543</td>
</tr>
<tr>
<td><strong>Total respondents in North-East Zone</strong></td>
<td><strong>1339</strong></td>
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**Radio Gyanmalinee** - The radio station collected surveys from more than 450m people from across different age groups and professions. Most of the people surveyed said that either listened, read or watched health-oriented content through different means. Majority also they being susceptible to infection and said that they did not catch any in the recent past. Diabetes, Blood Pressure, Arthritis, loss of sleep etc were listed among the major diseases in the respondents. A fair share of people took vitamin supplements in addition to a balanced diet. Most people said that they had access to a public health centre. Allopathy is the most preferred treatment method. Apart from Homeopathy centres, none of the other AYUSH systems seem to be available to the people in the region.

**Radio Jnan Taranga** - Radio Jnan Taranga reached out to people from different age groups for its survey. Most of the respondents were listeners of radio and accessed health-oriented content through other means. Numerous other health issues including eye diseases, hypertension etc were listed along with lifestyle diseases such as Diabetes and Blood Pressure. Most people denied being susceptible to infections. Most of the people have access to public health centres. Allopathy and Ayurveda are the most preferred methods of treatment. Many people said that they had Ayurveda and Homeopathy centres in their vicinity but denied having access to Yoga, Siddha and Unani centres. In the post survey, it was found that many people believe that AYUSH systems can be effective treatment methods in their community.

**Friend CR** - Although people from all age groups were a part of Friend CR’s survey, people from the age group of 21-30 years form the majority. The respondents included students, teachers and people from different professions. Most of the respondents stated that they either read, listened or watched health-oriented content on different media like newspaper, radio, social media, television etc. Though not a majority, a fair number of people stated that they were susceptible to flu or common infections; most people did not contract any infections in the recent past. Due to the fact that a majority of the respondents were relatively young, most people said that they did not suffer from any chronic diseases.
Among those who admitted to suffering from a chronic disease, Blood pressure was the leading risk followed by Diabetes. Other health issues like allergies, skin problems, loss of sleep, eye problems etc were also listed by the respondents. Most of respondents said that they took vitamin supplements in addition to diet. A fair number of people said that they regularly engaged in physical activity. The majority of the respondents agreed that they had access to a public health centre. Allopathy followed by Homeopathy and Ayurveda were the most preferred methods of treatment. Many said that they had access to either an Ayurveda or Homeopathy centre but denied having access to a Unani or Siddha centre. The campaign had a good reception in the local community and many people adopted the practices and home remedies suggested in the programme.

Radio Nongin - The survey conducted by Radio Nongin comprised 49 percent male and 51 percent female respondents. Most of the respondents were from the age group 21-30 years and were mostly students. Majority of the respondents stated that they read, listened or watched health-oriented content on different media. Most people were also said that they were immune to common infections, flu, and other chronic diseases, and had not contracted any in the recent past. Green vegetables are the most preferred source of essential intake, and some preferred taking vitamin supplements. Only half of the respondents agreed that they regularly engaged in physical activities. Majority of the people said that they had access to a public health centre and Allopathy is the most preferred treatment method. While many said that they had access to a Homeopathy centre, most of the respondents stated that had no centres of Ayurveda, Yoga, Siddha and Unani in their vicinity.

Access to Health Centres in North-East Zone

A large majority of the respondents said that they had access to a public health centre in their locality. The survey finds that most people also agree that they have access to a Homeopathy centre. Although not a majority, a fair share of people agree to having access to Yoga and Ayurveda centres in their region. None of the respondents in the North-East Zone knew of any Siddha or Unani centre in their vicinity.

Figure 3.34: Access to Health Centres in North-East Zone
**Discussion**

The Community Radio Stations in the North-East Zone interacted with their local communities and spread word about the campaign. Because most of the survey was done offline and was later integrated into Google Forms, it gave ample opportunity to the radio stations to narrowcast and ensured a better outreach. During discussions with the communities, it was found that many people were not much aware of the AYUSH systems of medicines, especially Unani and Siddha. But the campaign was well received by the communities and people believe that the AYUSH systems can be effective treatment methods for them.

**Conclusion**

Reaching out to the Community Radio Stations in the North-East Zone was an arduous task. Establishing contact and coordinating with the Community Radio Stations in the zone was impeded at many stages, especially during data collection. But the campaign was made possible in the zone with proper guidance and relentless coordinative efforts made by CEMCA. More such campaigns are needed to reach out to the communities in the North-East and create awareness regarding various health issues.
AYUSH is an acronym for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy. These systems of medicines have been in practice in India and many of its neighbouring countries for a long time but until a few decades ago, these systems of medicine were quite limited to fields of their own. They remained unknown to a large section of people, barring exceptions in some regions of the country. All these systems were brought together for the first time in March 1995 when the Department of Indian system of medicine was constituted. In November 2003, it was renamed to AYUSH with the intention to gather more attention towards the development and promotion of these systems of medicine. This initiative bore fruit as these systems of medicine found a foothold alongside the Allopathic system in public health services as envisaged.

Things started to change gradually after the National Rural Health Mission (NRHM) was initiated in 2005 by the Government of India with the concept of integrating AYUSH systems into the mainstream and revitalizing local health traditions; this concept was conceived in the 9th five-year plan before being implemented in the country by NRHM. This initiative led to the utilization of untapped workforces, therapeutics and concepts of community health management from the AYUSH systems that were largely overlooked until then. AYUSH facilities were made available in various health facilities like Primary Health Centres, Community Health Centres, District Hospitals etc. The Government of India also identified several concepts, principles and therapeutic practices from the AYUSH systems that could play a vital role as intervention modalities in community health management. If implemented properly, these practices and policies had the potential to be effective instruments in the fight against community health problems at different levels. Efforts were made in this direction with these objectives in mind:

- To provide patients with a choice of different treatment systems
- To functionally strengthen all the facilities
- To lend strength to the implementation of national health programs

### Conclusion

The indigenous systems of medicine and local traditions of healthcare can be effective in helping the rural communities in India during extreme situations such as the COVID-19 pandemic. Realising the potential of the AYUSH systems in such times, the Ministry of AYUSH initiated the Immunity Enhancement Campaign and collaborated with CEMCA in this venture. Community Radio Stations were identified as the ideal medium for running the campaign, keeping in perspective that it transcends the reach of any other media in the rural areas. They essay a significant role in informing and educating.
the local communities in issues regarding different areas such as health, natural disaster, agriculture etc. The campaign was run with an informative and interactive approach to reach out the rural communities and promote immunity enhancement practices. A survey was also carried out along with the campaign to collect information and feedback from the communities regarding different aspects related to health. The major conclusions from the survey are presented below:

- Listeners came to know about the Ministry of AYUSH and the effort made by them to promote Yoga cum Ayurveda and other Indian methods like Siddha, Unani and Homeopathy.
- Audience appreciated the broadcast content and program. More programs of this type are demanded by the community.
- The primary healthcare services are inadequate in many areas of the nation. The health infrastructure should be strengthened so where CRS are situated that basic healthcare services are available and affordable to the people at grassroot levels.
- There is a dire lack of doctors and healthcare staff in the rural areas of the country. Healthcare centres should be provided with doctors and healthcare staff from different systems of medicine so that people can choose from different methods of treatment. Many people were of the opinion that they would have preferred AYUSH treatment methods more often, had there been more trained practitioners in their area. Lack of certified doctors/practitioners could lead to many problems including the practice of fake doctors and healthcare staff.
- People in different regions of the country do not have adequate knowledge about one or the other AYUSH systems of medicine. Apart from Ayurveda and Homeopathy, people do not know much about the other systems of AYUSH. This could potentially lead to misconceptions. Awareness campaigns should be planned to educate people about the AYUSH systems of medicine.
- Many people are not aware of the AYUSH centres in their localities (specially in North) even though they have been in place for a long time. Information regarding the AYUSH centres should be promoted locally so that people are aware of their presence. However, in south, people seem to have a lot of faith in traditional remedies rather than going to modern clinics or hospitals.
- People, especially in the rural parts of the country, keenly follow the initiatives of the government. More campaigns regarding different critical issues and aspects of health should be planned and initiated to aid the rural communities.
- Through this campaign not only the audience have started to take preventive measures and have begun to pay attention to personal hygiene, immunity enhancement etc under the present COVID-19 circumstances.
- Community agreed that home remedies are cost effective, and so this is easy to adopt.
- There are numerous health risks, including the spread of infections and allergies, that arise out of poor living conditions. Lack of proper sanitation facilities, accumulation of stagnant water, lack of waste management facilities etc have been cited as major health risks by the rural communities. Efforts made in direction of educating people about observing personal and social hygiene, promoting cleanliness and making proper sanitation facilities available to everyone can help mitigate the health threats by poor living conditions.
- Findings reveal that the people will relate to and support the efforts of the Ministry of AYUSH because of their favour of natural and traditional methods of treatment.
Recommendations

The respondents in the survey were also asked to convey their recommendations to the Ministry of AYUSH. The major recommendations from across the country are listed below:

- Community wants more campaigns related to health-related issues, alternate methods of treatment etc.
- Establish more centres of the AYUSH systems of medicine and thereby improving the healthcare facilities.
- Provide more doctors and healthcare staff belonging to the AYUSH systems.
- Audience appreciated the content of the Campaign. They wanted to know more about the traditional methods of health care.
- Set up medical camps in rural areas to aid the rural and marginalised communities.
- Make medicines available at AYUSH stores at affordable prices. Plan schemes like providing Health Cards to make healthcare services affordable for the poor.
- Develop strategic goals concerning the health sector on a short-term and long-term basis.
# Appendix

List of Community Radio Stations  
List of Zonal Project Coordinators  
Survey Questionnaires- Part 1 and Part 2  
Broadcast Schedule of the Programme  
Broadcast Script- English and Hindi  
Photographs  
Banners and Posters  
Media Coverage

## Annexure 1: List of Community Radio Stations

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<th>S. No.</th>
<th>Name of Organisation</th>
<th>Category</th>
<th>Name of CR</th>
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<th>District</th>
<th>State</th>
<th>Contact Person</th>
<th>Logo</th>
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</thead>
</table>
| 1      | Dibrugarh University | EDU      | Radio Gyanmalinee | Dibrugarh University, Dibrugarh, Assam-786004 | Dibrugarh | Assam | Prof. Nirode Boruah  
8133841477, 07002195512  
nirodboruah@gmail.com | ![Logo](image1.png) |
| 2      | David Super Star Bodal | NGO      | Friend CR | Opp. Water Supply, Office, Dhaleswar, Kalyani | West Tripura | Tripura | Ms. Debanjana Devbarman,  
+919366762940  
crsprojecttripura@gmail.com | ![Logo](image2.png) |
| 3      | Krishna Kanta Handiqui State Open University | EDU      | Jnan Taranga | Krishna Kanta Handiqui State Open University, Patgaon, Rani, Guwahati, 781017 | Guwahati | Assam | Ms. Sangeeta Kakoty  
+91-9435529660  
sangeeta.kakoty@kkhsou.in | ![Logo](image3.png) |
| 4      | Youth Step Forward Centre | NGO      | Radio Nongin | Wangjing Bazar, Thoubal-798148 | Thoubal | Manipur | Mr. Y. Ibungchouba,  
08920654897  
ysfcc.ngo@gmail.com | ![Logo](image4.png) |
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<td>2</td>
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<td>Opp. Water Supply, Office, Dhaleswar, Kalyani West Tripura, Tripura</td>
<td>Ms. Debanjana Devbarman, +919366762940</td>
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<td>3</td>
<td>EDU Jnan Taranga</td>
<td>Krishna Kanta Handiqui State Open University</td>
<td>Patgaon, Rani, Guwahati, 781017</td>
<td>Guwahati</td>
<td>Assam</td>
<td>Ms. Sangeeta Kakoty, +91-9435529660</td>
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<td>4</td>
<td>NGO Radio Nongin Wangjing</td>
<td>Youth Step</td>
<td>Bazar, Thoubal-795148 Thoubal, Manipur</td>
<td>Mr. Y. Ibungochouba, 08920654897</td>
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<td>NGO Radio Mant</td>
<td>Manbhum Ananda Ashram Nitayananda Trust</td>
<td>Mant 68/7 Purna Das Road, Ward: 86 Police Station, Gariahat-700029 Kolkata, West Bengal</td>
<td>Dr. Nirmalaya Mukherji, 09346694648</td>
<td><a href="mailto:nirmalaya@mantkol.org.in">nirmalaya@mantkol.org.in</a></td>
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<td>NGO Radio Snehi</td>
<td>Snehi Lokotthan Sansthan</td>
<td>Nai Basti Paezpur, Shiwajee Nagar-841226 Siwan, Bihar</td>
<td>Ms. Madhusudan Pant, 09347343803</td>
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<td>Giridih-825224 Giridih, Jharkhand</td>
<td>Mr. Niranjan Kumar, 09335491729</td>
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<td>Mr. Soumya Ranjan Nayak, 7978299954</td>
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<td>Mr. Rabindra Raghuvanshi, +91-9098389116</td>
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**East and Central Zone**

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<td>Madhya Pradesh</td>
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## Immune India through Community Radio

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<td>Ajmer</td>
<td>Rajasthan</td>
<td>Ms. Aarti Devi</td>
<td>Tilonia Village, 305816, Ajmer, Rajasthan</td>
<td><a href="mailto:tilonia.radio@gmail.com">tilonia.radio@gmail.com</a></td>
<td><a href="mailto:bunker.roy1@gmail.com">bunker.roy1@gmail.com</a></td>
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<td>NGO</td>
<td>Bharatpur</td>
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<td>Dr. Pramod Kumar Sharma</td>
<td>Hanumanji Sadan, Near Manav Bharti School, Narma Gate, Deeg, 321001</td>
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<td>Yerala Projects Society</td>
<td>NGO</td>
<td>Sangli</td>
<td>Maharashtra</td>
<td>Ms. Anuradha Kunte</td>
<td>Yerala Bhawan, Near Tata Petrol Pump Miraj Road, Vishrambag, 416416</td>
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<td>Bhimav Village, Nakhatrana Taluk, 321124</td>
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<td>Priti Bhombe</td>
<td>F-238, MIDC, Near Shree Tiles Chowki, 414111</td>
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<td>Mr. B. P. Mishra</td>
<td>KIPM Campus, Plot No. BL-152, Sector-09, GIDA - 273001</td>
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<td>40 Subhash Nagar-180002 Agra, UP</td>
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<td>Ms. Gayathri</td>
<td>125, Railway Feeder Road, Panasid, Ramanad, Tamil Nadu - 623 521</td>
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<td>EDU</td>
<td>Sister Niveditha Society</td>
<td>4-5-73/65, Om-shanti-Marg, Near Malkapur, X Road, Medak, Medak 502001</td>
<td>Medak</td>
<td>Telangana</td>
<td>Mr. Jagdishwar Yadav +91-9840818677, 9491059477, <a href="mailto:sangareddubhe@gmail.com">sangareddubhe@gmail.com</a></td>
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<td>Sri Vishnu Engg. College for Women, Vishnupur, West Godavari Andhra Pradesh</td>
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<td>NGO</td>
<td>Sister Niveditha Society</td>
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# Annexure 2: List of Project Coordinators

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name</th>
<th>Address</th>
<th>Contact Details</th>
<th>Zone</th>
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<tbody>
<tr>
<td>1</td>
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<td>South Zone</td>
</tr>
</tbody>
</table>
Annexure 3: Survey Questionnaires (Part I)

IEC Campaign on “Optimise Immunity, Prevent Disease”

Respondent Number...........................

Respondent Demographic Profile

Name of the respondent:..........................................................................................................................

Address:...................................................................................................................................................

................................................................................................................................................................

Occupation:.............................................................................................................................................

................................................................................................................................................................

Gender:

Male: ○ Female: ○ Transgender: ○

Age

>20 ○ 31-40 ○ 51-60 ○

21-30 ○ 41-50 ○ 61 and above ○

1. Do you listen to radio?
   If yes, when?
   A) Morning    B) Afternoon/Evening    C) Night

2. Do you listen to health-related programmes on radio?
   Yes/No
3. Do you read articles related to health?
   Yes/No

4. Do you watch health-related programmes on TV or other media?
   Yes/No

5. Are you susceptible to cold and flu frequently?
   Yes/No

6. Did you catch any infection in the last six months?
   Yes/No
   If yes, please specify........................................................................................................................................

7. Do you suffer from any of the following?
   A) Diabetes
   B) Blood Pressure (BP)
   C) Arthritis
   D) Skin problems
   E) Loss of sleep
   F) Other
   If yes, please specify........................................................................................................................................

8. What do you take to improve your immunity?
   A) Green Vegetables
   B) Spices
   C) Fruits, nuts and/or Other
   D) All of the above

9. Do you take any vitamin supplements?
   Yes/No

10. Do you exercise or engage in any physical activities regularly?
    Yes/No

11. Do you have a Public Health Centre or any other health facility?
    Yes/No
12. **What type of treatment do you prefer?**
   
   A) Allopathy  
   B) Ayurveda  
   C) Yoga  
   D) Unani  
   E) Siddha  
   F) Homeopathy  
   G) Naturopathy  
   H) Other  
   If yes, please specify..........................................................................................................................

13. **Do you have an Ayurveda Centre?**  
    Yes/No

14. **Do you have a Yoga Centre?**  
    Yes/No

15. **Do you have a Unani Centre?**  
    Yes/No

16. **Do you have a Siddha Centre?**  
    Yes/No

17. **Do you have Homeopathy Centre?**  
    Yes/No

18. **Name five most important health concerns faced by your community.**

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<th>Area</th>
<th>Issue(s)</th>
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Annexure 3: Survey Questionnaires (Part-II)

IEC Campaign on “Optimise Immunity, Prevent Disease”

Respondent Number..........................

Respondent Demographic Profile

Name of the respondent:..........................................................................................................................

Gender:

- Male: ○
- Female: ○
- Transgender: ○

Age

- >20 ○
- 31-40 ○
- 51-60 ○
- 21-30 ○
- 41-50 ○
- 61 and above ○

1. Do you think the Ministry of AYUSH’s Immunity Campaign programme broadcast on the Community Radio has helped you?
   Yes/No

2. Did you listen to the programme and follow the instructions/suggestions given by the Ministry of AYUSH?
   Yes/No

3. Which of the following did you adopt/practice after listening to the programme?
   A) Drinking hot water
   B) Practising Yoga/meditation
   C) Proper rest/sleep
   D) Physical activities
Immune India through Community Radio

E) Ayurvedic home remedies
F) Siddha home remedies
G) Using arsenicum album (Homeopathic medicine)
H) Herbal tea
I) Turmeric and milk
J) Taking Clove powder with honey or khand
K) Eating Chyawanprash
L) Using sesame oil/shell oil/desi ghee for cough and sore throat

4. Did you observe any change after practising this? Yes/No
   If yes, what? .....................................................................................................................................

5. Which of the following would you like to know more about and are most likely to adopt?
   A) Ayurveda
   B) Yoga
   C) Unani
   D) Siddha
   E) Homeopathy
   F) Allopathy
   G) Naturopathy
   H) Other, please specify ..................................................................................................................

6. Do you think that Ayurveda, Yoga, Unani, Siddha and Homeopathy can be effective treatment methods in your community?
   Yes/No

7. Do you have any difficulty in finding these treatment methods in your community?
   Yes/No

8. Any suggestions or recommendations that you would like to put forward to the Ministry of AYUSH?
   .....................................................................................................................................................
Optimise Immunity, prevent disease

Announcer: Listeners, The Ministry of Ayush presents this sponsored radio program optimise immunity, prevent disease.

Aarogya: Kalyani…

Kalyani: Oh!! Aarogya it’s you, come…sit…

Aarogya: Thank you…were you sleeping?

Kalyani: No, just like this….

Aarogya: It seems that the habit of sleeping late at night in lockdown has not gone yet...

Kalyani: Yes you are right… sometimes it happens…. Actually, late at night I was watching a historical serial. Do you know it was a strange story.

Aarogya: What’s that?

Kalyani: The hero who was in the whole series….finally villain overcame him and killed him.

Aarogya: How?

Kalyani: The hero was a big fighter….but one day he did not have the momentum…so just looking at the opportunity, Villain dominated him and killed him.

Aarogya: Yes, this is what happens when we do carelessness. If there is no shield then the enemy will dominate.

Kalyani: Yes, That is true.

Aarogya: By the way, Kalyani… Whatever has happened to your hero…. But its link is also connected to our program.

Kalyani: How?

Aarogya: Yes, That’s what all Ayush system say…..To be healthy…..we should always keep our defence mechanism ready …. and you know what our shield is ...

Kalyani: What is that?
**Immune India through Community Radio**

**Aarogya:** Our shield is our buffering capacity…that is, our immunity.

**Kalyani:** Yes, I understand Aarogya...If our immunity is strong then we can never be attacked by any disease anywhere. Even if an attack happens, our shield means our immunity will protect us from it.

**Aarogya:** Absolutely Kalyani, you got it right….Now here’s one more thing to note that when we often do get sick then our attention goes towards our immunity. Like Warrior takes the shield on the battlefield, not like after the injury he takes the shield in his hand. What will the shield do once you are injured?

**Kalyani:** Absolutely right….So let’s start the program…

**Aarogya:** Yes, Let’s start.

**Kalyani:** Let’s first introduce…

**Aarogya:** Sure. Hello listeners, I am Aarogya and I am with….

**Kalyani:** Kalyani, accept my lovable hello too.

**Aarogya:** Listeners, We have brought for you this enlightening and healthy program of the Ministry of justice.

**Both:** Optimise Immunity, prevent disease.

**Aarogya:** Friends, we all know that prevention is better than cure. This means precaution is better than cure. Now the epidemic like COVID - 19 is spreading in the world. In addition to this, many other diseases like Chikungunya, Encephalitis, Hepatitis A or B, TB means Tuberculosis, AIDS, Ebola etc always haunts us.

**Kalyani:** Yes, friends, while getting up, sitting in the office, traveling in the bus or metro, at a wedding or party, or in a crowded place, when we are surrounded by people, we do not know that who are the sick people around us. We come in contact with them unknowingly. So in this way only one power can save you, protect you and it is the potential of your own body i.e immunity. If it is understood in easy language, then it will be called the Body’s Natural Defense System.

**Aarogya:** So we have to optimise our own natural defense system i.e. immunity. There is a need to make it more powerful and also to be maintained.

**Kalyani:** So friends, to develop this natural defence system, we have to stay on natural things only to make it more powerful.

**Aarogya:** But How?

**Kalyani:** From Ayurveda... Ayurveda gives us the address of this treasure of nature. Nature has kept many such things in her dock, which optimises our immunity and makes us powerful.
Aarogya: Absolutely Kalyani. That is why Ayurveda is called the science of life. Which tells us how we can live a healthy and happy life. However, along with Ayurveda, Unani, Siddha and Homeopathic are also quite popular in India. And they also have their own importance. To maintain health, six things are important. Clean air; nutritious and balanced food; physical activities; proper rest; complete sleep; and excretion for clear bowel.

Kalyani: Yes listeners, as far as Ayurveda is concerned, the comprehensive knowledge of Ayurveda is based on two things: Dinacharya and Ritucharya. There are some rules or actions in the Dinacharya that we can adopt in our daily life and we should definitely adopt. Ritucharya contains rules or actions that should be done when the weather changes.

Aarogya: So Kalyani, you have talked about changing the weather, so it seems that we need to change the mood of our listeners as well.

Kalyani: Yes, I got your point. So let’s take a short break and represent this beautiful song to our sweet listeners.

Musical Break

Aarogya: Listeners are welcome once again in our informative and healthy program called “Optimise Immunity, prevent Disease”.

Kalyani: Friends, let us also tell you that this program is reaching you with the courtesy of the Ministry of AYUSH.

Aarogya: So friends, before going on a break, we were talking about the routine prescribed by Ayurveda, that is Dinacharya and Ritucharya.

Aarogya: So friends, before going on a break, we were talking about the routine prescribed by Ayurveda, that is Dinacharya and Ritucharya.

Kalyani: So Arogya ji, now gives a little light on the routine of Dinacharya and Ritucharya.

Aarogya: Yes yes sure!! . See as far as Dinacharya and Ritucharya are concerned, one thing is very easy. Which I do daily without absence. And everyone should include it in their routine.

Kalyani: What is that?

Aarogya: Waking up in the morning and drinking hot water This keeps our digestion healthy. And when the digestion is healthy, immunity will also be maintained. As far as Aayush is concerned, according to him, hot water should be consumed throughout the day. This means that you should get used to drinking hot water more often. This optimises immunity.

Kalyani: You told about your habits which Ayush also gives advice. So let me also tell you that I do yoga, pranayama, and meditation daily for about thirty minutes. The Ministry of AYUSH advises this as well.

Aarogya: Oh, so this is the secret of your glowing body.

Kalyani: And my health too. So, it was about Ayurveda and Unani. There are some medicines in homeopathy, which Ayush also recommends for immunity optimisation. Homeopathic medicines strengthens the body’s immune system.
Immune India through Community Radio

**Aarogya:** Ok!! What are those medicines?

**Kalyani:** For example, to optimise immunity and fight diseases, Arsenicum Album 30, whose four pills should be taken once in the morning, daily for three days. And as long as there is a risk of an epidemic it should be taken again after one month. Anyway, the amount of medicine remains so useful that there is no risk of side effects.

**Aarogya:** Is there medication available for prevention in homeopathy?

**Kalyani:** If we look at the history of the last two hundred years, we will find that homeopathy has played a very important role in reducing death rate in various epidemics. The contribution of homeopathy to mortality and infection prevention is also scripted. Being close to nature, not only it is effective in the prevention of diseases, but it is also a safe, and cost effective method of medicine. Different medications are indicated on different pandemics. Therefore, be aware of the instructions of the Ministry at the time of the epidemic.

**Aarogya:** Ok! Kalyani, There is another work that is related to the kitchen of our house. And I will tell it to my listeners.

**Kalyani:** What do you mean?

**Aarogya:** That means, when I returned from America a few months ago, I went to visit my grandmother.

**Flashback**

(With Laugh)

**Aarogya:** Hey grandma I have become fat by going to the US. Like my mother, do you also think that I am looking weak?

**Dadi:** No no son, I am talking about your immunity being weak.

**Aarogya:** Weak immunity, how grandma?

**Dadi:** Son you would not have got a little bit of handmade grandmother's food in America. You must have eaten the burger there. The point of eating at home is different. Household food is healthy and also optimises immunity.

**Aarogya:** How Grandma?

**Dadi:** Hey son, turmeric, cumin, coriander, ginger, garlic, black seeds etc. are added to the handmade food. And I always use all these spices. My maternal grandfather was a great doctor. They used to say that turmeric, cumin, coriander, garlic have a lot of properties to optimise immunity. Therefore, you should always use these ingredients in your food. So tell me you were fat or weak in the US for a month. Because a healthy person is the one who has strong immunity, Understand.

**Aarogya:** Yes! Grandma I understand. (with laugh)....
Kalyani: Oh, yes, you have done a great job to record this thing of grandma. Today, I will tell my mother to always use turmeric, cumin, coriander, ginger, black seed, and garlic in her food. This will increase the taste and immunity.

Aarogya: Really. And I think our listeners might have noted these things as well. Friends, you also take special care of these things in your kitchen. Do not let them fall short in food.

Kalyani: Well Done! Aarogya you did a great job by recording your grandma. You know what I have also done a good job.

Aarogya: And what is that?

Kalyani: Do you know that I talked to an expert of AYUSH for this program to optimise immunity. He has recorded a message for our listeners. Now if you allow, Let me present it.

Aarogya: Oh!! Sure, why not.

Kalyani: Here it is….

Expert: You all know that for the last few months, the COVID 19 epidemic has put us all in danger all over the world. In such a situation, there is only one thing that can save us from this epidemic. And that is our immunity. That is why our Ministry of AYUSH has recommended some tips, which we should use daily. For example, if you take one teaspoon of Chyawanprash in the morning daily, it is very good for our immunity. If you go to Unani, you can also take Khamira Marwareed, Habb-E-Asgand, Joshanda Behidana 3 grams, Unaab five grains, mix it in 250 milliliters of water and drink once or twice a day. Those who are diabetic patients can take only Habb-E-Asgand. If you go to Siddha, you can take Nellikkai Legiyam 5 grams or Amukkara Choornam 2 grams in the morning. Kabasura Kudineer or Nilavembu Kudineer can be consumed from 30 ml to 40 ml once daily. The homeopathic specified medicine arsenicum album can also be consumed, this can be found in the market easily. Apart from this you can drink herbal tea and it can be prepared easily at home. Make a boiled decoction in basil, cinnamon, black pepper, dry ginger, and dry grapes, mix jaggery or lemon juice as per your taste and drink it every morning and evening. Drinking turmeric and milk together twice will also give an immunity boost, these things are mentioned in Ayurveda, Unani, and Siddha. You can do one thing more with it, apply sesame oil, shell oil or desi ghee in your nose in the morning and evening, it will keep the nose and throat clean and will not produce cough. If there is a slight sore throat, gargle this oil in the mouth with a tablespoon for two or three minutes, then gargle with warm water and do this two to three times a day. If there is a dry cough or sore throat, try fresh mint leaves or parsley in water and try it at least once a day. Or, take clove powder mixed with khand or honey two to three times a day, it will provide relief and your immunity will also remain boosted up. One thing I want to say to all the listeners in particular is that if you are getting any kind of treatment like Allopathy, Homeopathy, Ayurveda, Unani, Siddha or any kind of treatment, then you should not stop that treatment simply. Surely follow these tips. And finally, one more thing to be clear, whatever these prescriptions are, they are for immunity optimisation only and not seen as a cure for epidemic like COVID 19. These
prescriptions can save you from any disease like this, but they are not a cure for any disease. So follow these home remedies and increase immunity.

**Aarogya:** Listeners now let us tell you that the Government of India is setting up an infrastructure under the National AYUSH Mission. Today, 3,986 hospitals and 27,199 primary centers and community health centers have been established across the country. You can get consultations and medicines for free by visiting these centers and hospitals.

**Kalyani:** Thank you!! Arogya for giving this great news.

**Aarogya:** So listeners allow us to say bye, hope that you have noted and will adopt all these home remedies. Friends, The Ministry of Ayush wishes for your best health. You should take care of yourself and your family. Thank you.

**Both:** Goodbye!
हिंदी स्क्रीप्ट

इम्यूनिटी बढाओ, रोग भर्गाओ

उद्देश्यक: श्रोताओं, प्रस्तुत है आवुष्ट मंगलता या प्रायोजित रेखाओं कार्य करा इम्यूनिटी बढाओ, रोग भर्गाओ

आरोपी: क्या कारणी ....
क्या कारणी: अगर आरोप तुम....आओ आओ.....बॉक्स....

आरोपी: क्या कारणी?
क्या कारणी: नहीं बस ऐसे ही....

आरोपी: कारण है बोक्सडाउन में रात में बें देने के कारण अगर यही नहीं....
क्या कारणी: हां....टीक कह रहे हो.....कहीं कहीं हो जाता है....अगर बें दें रात एक ऐसी अवधारणा बेस्कर रही ही जानते हो बड़ी भी जीवन कहाँली ही

आरोपी: क्या कारणी?
क्या कारणी: पूरी तरह में जो ही हो घर.....अरिजात में विशेष तुलना पर हारी हो जाया और उत्तर मार बिखा

आरोपी: क्या कारणी?
क्या कारणी: अगर ही होते हैं जब हम लापरवाही कर बेहतर हैं अगर दाल नहीं होती हो तो कुछ करो और रही होती ही
क्या कारणी: हां....बें तो है....

आरोपी: वैसे कारणी....तुम्हारे हीते का अंत या और जो कही है.....लेकिन इसकी कही कही जा कही हमारे कार्य करने के भी पूरीत है
क्या कारणी: वैसे कारणी?

आरोपी: अगर अगर लापरवाह पक्षीवां बही तो कहती हैं....कि ब्लाक संभाले को कहते....लेकिन कहते को कहते....हां अपनी दाल को हामी इसके बसे पाने देखना बाहिरहे.....और अन्तर्वे हो हमारी दाल बिखा है....
क्या कारणी: कारणी है....

आरोपी: हमारी दाल व यह हमारी रोग प्रतिरोधक शक्ति.....वाजी हमारी इम्यूनिटी....
क्या कारणी: हां मैं जब जब अगर आरोपय....हमारी इम्यूनिटी अपने जब करते तो हमारे उपर कहीं कहीं की कहीं की जिती की रोगात तो हमारा इम्यूनिटी बचाव हमारी दाल उपर हमारे हमारी रक्षा करनी

आरोपी: विकृतकूल कारणी....टीक भरकम हिंसा....अब यहां एक बार ओर पौर बनने की है कि अपका हम बचाव पद जाते हैं तब हमारा ध्यान हमारी इम्यूनिटी की तरफ जाता है अब भर यु मुख को मैं बां हो खोखा हाल लेकर उत्तर है जि कि उज्ज्वली होते के बाद दाला हमारे में लेता है तब एक बार आप धारा बचाव हो बां हो तब दाला बिखा करनी
Immune India through Community Radio

क़ब्ज़ा: विद्युक्त तरीक़े...तो चालू कार्यक्रम की शुरूआत करें...

आरोपण: हां करते हैं....
क़ब्ज़ा: तो पहले परिचय हो जाए....

आरोपण: कौशल्या ग्रोटाज़ो नगरस्ताकार, मैं हूँ, आरोपण और मेरे ताल हैं....
क़ब्ज़ा: क़ब्ज़ा, नेरीकार कीजिए मेरे भी व्यापृ भा नगरस्ताकार

आरोपण: ग्रोटाज़ो, हम दोनों आपको हित के लेकर आए हैं आयुर्वेद व्यापार का बे साझ्याधिक और स्वास्थ्यवर्धक कार्यक्रम बजाएं- इन्फूलिटी बढ़ाने और नकाशा

आरोपण: ठोसी, हम रहनी जानते हैं कि इन्फूलिटी बुट बेटर बें बुटर बाजी आहेतात झारखंड जाते हैं अब जब कि शरीर लुप्तिवां में कोमिक्सा 19 वीं महात्मागांधी जी की हुई है इसके आगाम और भी कई भीमारियां जैसे चिकित्सुलिखित, इन्फूलिटी, हेपा-पाइटिस यू और बी, दीमी बाजी तरीके सुलभ, दुनिया धनोतक का झटका होंगा हमारे हमारे उपयोग में हटाता है
क़ब्ज़ा: हमारे क़ब्ज़ों, आते जाते, आते पैदा, ओप्शन में, बस या बेटे में सकर करते हुए, किसी वाली या पाटी में... या किसी इंडस्ट्री वाली कहाँ हैं, जब हम बहुत हो तो हमों दे दिखते हों, तो हमें जल्दी माफ़ी होता कि हमारे आता पाठ कितने बीमारी दे प्रभावित व्यक्ति है... जाने जानें हम उनके संघर्ष में आते जाते हैं... तो ऐसे में ठीक ही वास्तव आपकी बाँट पाए है आपकी रक्षा कर पाए है और तौर है आपकी अपने करीये की लोगात्मकता क्षेत्र बाजी इन्फूलिटी जिसे और आता आपना भाषा में लक्ष्य जा आए तो इतने कहाँ बहुतों ने बुचुला हिन्दिया सिस्टम बाजी करीये की प्राकृतिक रक्षा प्राप्ताि

आरोपण: इन्फूलिटी हमें बजाए इन्फूलिटी रक्षा प्राप्ताि बाजी इन्फूलिटी की बढ़ाने की.... और अधिक शाकाहारी बनाने की जरूरत है और बनाए जाने की भी जरूरत है
क़ब्ज़ा: हमें इस प्राकृतिक रक्षा प्राप्ताि को विकसित करने के हित हैं, इसे अधिक शाकाहारी बनाने के हित इकाईक बीजों का ही तहारा क्षेत्र पेंडर जा

आरोपण: शेक़िन के से?
क़ब्ज़ा: आयुर्वेद से... आयुर्वेद हमें कुड़ाए ने इसी लागाने का पता लेता है कुड़ाए ने अपनी भोजी में अभिनवत फूडी जीने लंबाई कर रही हैं जो हमारी इन्फूलिटी को बुद्धे अप बाजी बढ़ाती हैं इन्फूलिटी बनाने की

आरोपण: विश्वकुल क़ब्ज़ागी तभी तो आयुर्वेद को वीजन का विशाल कहा जाता है जो हमें बताते हैं कि कैसे हम यह हुआ एक स्वास्थ्य और ार्सात्मक जीवन की सकरते हैं जो भारत में आयुर्वेद के साथ साथ बुज़ा, सिकार और बोगोपरिवर्तनी भी काम प्रकरित है और इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी इज़ा भी
न्यूज़िजिल ब्रेक

आरोपी: श्रेयाजी व्याप्तत है एक बार फिर आपका हामी इस बालकर्मक और एवास्थविधक कार्यक्रम में जिल्ला नाम ‘‘इंडियन बालियें शेयर नफरोज”

कथायापी: इतने अपको ये भी बताते चाहें कि ये कार्यक्रम आप तक पहुँच रहा है आयुर्म मंत्रालय के लोजब्ज़ से

आरोपी: तो दोस्तों, ब्रेक पर जाने से पहले हम बाल कर रहे हैं आयुर्मेय के बारे में बताएं भरु विवरण की और अनुमति की

कथायापी: तो आरोपी की, आयुर्म विवरण की और अनुमति पर बोला प्रकाश भी हाल बीजिये

आरोपी: हां हां ज्यूज़, दोनों भाई ज़ह़ा तक विवरण की बात है तो एक काम तो बहुत आसान है १ ही उज़ा बजाना करता हूं, और इसें ही पत्र दे दिने की को अपनी विवरण में शामिल करना ही चाहिये

कथायापी: यो क्या ?

आरोपी: नवाब लेवे उठकर बालक मुला भर्त परी इतने हमारी पालन किका हुस्तल रहती है और जब पालन किका हुस्तल रहती तो इंडियन बालियें की बनी रहेंगी। वैसे तांता तक आयुर्म बाल की बात है तो उनके अनुसार पूरे किन भर्त परी लेना बालिये इसका मतलब दे है कि जीवास्थ से अधिकत बाल मुला परी की हमारा दास इसलिये इंडियन बालियें बनती है

कथायापी: चाहिए तो नूनले अपकी आराधना के बारे में बताओ जो आयुर्म भी लक्षात्म देता है तो में ही आपको बता २० फिक्स में रोजाना बोलाती, प्राणायाम और मैडिटेशन करती हूं, लगातार तीन किलो तक। इसकी लक्षात्म आयुर्म अंतराल देता है

आरोपी: ओहो...तो ये राज, है आपकी चारकी बदमाशी कारण का

कथायापी: और मेरी शहत का भी। तो आरोपी वे तो २० बाल आयुर्म और कुलाकी की होमोपोधी कुछ दवावें हैं जिन्हें आयुर्म भी लक्षात्म देता है। इंडियन उदाहरण के लिये होमोपोधी से किका रोशाप्रानपरेकार बालिये को बढाती हैं और शारीर की विरुद्धग प्राणायाम की मजबूत बनाती है

आरोपी: अध्याय यो कौन की बावुड़ हैं?

कथायापी: उदाहरण के तीर पर कोईड प्रति इंडियन की बढ़ाने के लिये अर्थविकलम अल्लाम ३० है, जिल्लकी बाल लोकतांत तीन किलो नवाब एक बाल दर्शाए। पेट घरी बालिये और जब ये भारतीय का लक्षात्म है, तब तक इसें एक महीने बाल फिर से लेना चाहिए वैसे ही बाल की मात्रा हुली कौन रहती है कि दुशाप्राय अन्ये का स्वतंत्र नहीं

आरोपी: वर्ण, होमोपेमी में प्रवेश के लिये ये बाल दवा उपलब्ध है?

कथायापी: अन्य बाल फिर ये ही हमारी इंडियन नामकों का इलाज है। वैसे तो पापुंकी कि विज्ञ भारतीय में होने वाली भुलू बढ़ को क्रम करने में होमोपेमी वे अनुच्छेद अनान्त पूर्व: की बावुड़ है। ना केवल भुलू बढ़ क्रम करना से बालिये में भी होमोपेमी का वोलता विभेद है। यद्यपि उन दिनों होने के कारण, ना केवल वे लोकों की विशेषता में कारण है बालिये की कठिनता के लिये ही चिन्तित का, अर्थकार और विभेदक का पुष्टि है। वैसे विकल्प अन्य भारतीय में विज्ञ और शारीरिकों को डोन्ट किका जाता है। इसलिये भारतीय के लक्षात्म मंत्रालय के लिये विभेदक के प्रति उत्तेजना रहे

आरोपी: अर्थात वर्तमान एक बाल और है जो हमारे घर की रोज़ाई से जन्मबंध उत्तेजना है और उसके बारे में में बतातुंता बालिये अपने

कथायापी: मात्राक

आरोपी: मात्राक कुछ महीने पहले में अमेरिका के हीट कर्न आया तो में अपनी वाली दे भिजवे बाला
लेख में बुधवार जाकर, मैंने गर्मी का हाट से मुंह बिछाया। जब मैंने गर्मी को छोड़ दिया, तो मेरे शरीर में गर्मी का हाट से मुंह बिछाया। जब मैंने गर्मी को छोड़ दिया, तो मेरे शरीर में गर्मी का हाट से मुंह बिछाया। जब मैंने गर्मी को छोड़ दिया, तो मेरे शरीर में गर्मी का हाट से मुंह बिछाया। जब मैंने गर्मी को छोड़ दिया, तो मेरे शरीर में गर्मी का हाट से मुंह बिछाया।
Appendix

आरोपण: यदि विषयात्मक अवस्था के लक्षण उपलब्ध नहीं हैं, तो इसके वर्णन राष्ट्रीय संघ के द्वारा ही प्रदान किया जाता है। यदि विषयात्मक संघ के द्वारा इसका वर्णन किया जाता है, तो वर्णन के साथ-साथ इसके वर्णन का उद्देश्य दृष्टिकोण भी उल्लिखित किया जाता है।

कार्यान्वयन: विषयात्मक संघ के द्वारा इसका वर्णन किया जाता है।

योजना: नागरिक समाज के द्वारा इसका वर्णन किया जाता है।
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