Report on

International Webinar Series on SDG Sensitive Risk Communication and Community Engagement (RCCE): Responses to COVID-19

Department of Mass Communication and Journalism, Tezpur University organized a 4-day International Webinar Series through Google Meet on the topic - SDG Sensitive Risk Communication and Community Engagement (RCCE): Responses to COVID-19 from 14-17 December 2020, in collaboration with UNICEF India. The Webinar focused on the communication and relief strategies that are developed in the wake of COVID-19, the global response to the pandemic and stories of interventions from various parts of the world and the role played by the national governments, NGOs, international organizations, individuals and groups in mitigating the effects of the pandemic at the global, national, regional and community level.

The inaugural session was addressed by Mr. Siddharth Shrestha, Chief, Communication for Development, UNICEF, India, Dr. Supriya Bezbaruah, Technical Officer, Risk Communication, South-East Asia Region, Dr. Madhulika Jonathan, Chief of Field Office, UNICEF Assam and North East India, Prof. Vinod Kumar Jain, Vice Chancellor, Tezpur University and Prof. Sunil Kanta Behera, Professor, Dept of Mass Communication and Journalism, Tezpur University. This was followed by the first lecture of the webinar series by Prof. David H. Mould, Professor Emeritus, School of Media Arts and Studies, Ohio University.

The moderator for the inaugural session was Prof. Joya Chakraborty, Head, Dept. of Mass Communication and Journalism, Tezpur University.

In his inaugural address, Mr. Shreshtha mentioned UNICEF India's work in the wake of COVID-19 pandemic. Some of the key points and the lessons related to the relief work carried out by UNICEF regarding the response to COVID were summarized by Mr. Shreshtha, which he said, are applicable for now and the future.

According to Mr. Shreshtha, since India is a vast land, the same solution does not apply to all the people living in different regions. UNICEF had to contextualize their communication program for each state differently. He also shared his experiences from the UNICEF Behavior Team in North East India. The core areas under focus of UNICEF were: (a) capacity building wherein, training was mostly provided online with some offline training at the block and sub-

district level. UNICEF realized that they needed to do refresher training, particularly involving frontline workers and social mobilizers, since the technological expertise of the people under training varied. The glitches in the adoption and implementation of technical know-how also differed among individuals. This difference the speaker said, and its effect stands true also for the time when the vaccine will be made available for the public. Therefore, training was provided to people from different organizations like, the Dept of Health, NSS, NYKS, SHCs, and others, so that they can effectively use both the offline and online channels for relief purposes and for engage with the communities.. Within 65 days, over 2.5 million frontline workers, including volunteers on various youth platforms were trained. This would not have been possible by imparting physical training This proves the utility of digital channels of communication in terms of reach; (b) data generation, which is necessary for community engagement and risk communication and management. The use of digital tools and offline support is a key to a successful intervention. Since with reference to COVID-19, appropriate behavior, the situation was and is still very dynamic, this communication strategy continues, but the programming/planning campaigns for urban slums, towns, and tribal areas are different. The research community has also adapted to and modified the methods of data collection. A notable thing about the current situation is that most of the data was collected over online platforms, rather than offline. A hybrid approach to data collection could be observed, both qualitative and quantitative, given the scenario of social distancing and reduced face-to-face interaction. Despite this, over 30 studies were conducted by the research community and development partners did on various aspects: perceptions of stigma about the dissemination of information, willingness to access services, and now, the perception about the new vaccine that is supposed to come out; (c) forthcoming intervention is important not only for the current situation or emergency programming but also for other development projects. Social listening is imperative because so many different narratives are coming up that the e is a need to know how to tackle the situation in the digital and social media space, and also in the community. Both offline and online techniques for utilized social listening. This approach has helped in tackling misinformation in most areas; (d)the power of partnership came to the fore during the current pandemic. Without partnership between various agencies, celebrities and platforms of communication, development efforts would not have reached the length and breadth of a country like India. There were 26 partners, including digital platforms like Facebook, Twitter etc. Despite this, the lesson learnt is

that engagement with faith-based leaders in the dissemination of information is inevitable. This has helped in curbing stigma, promoting COVID appropriate Behavior because they have a strong following, which would not have been possible to achieve by the development partners, etc., including celebrities for dissemination of information; (e) the next key point is digital engagement vs community engagement, where, because of the unprecedented situation, RCCE had to use online communication more than real-time community engagement. It is easier done face-to-face since in digital/online communication has other concerns. Despite all these issues, the RCCE team managed to quickly modify, adapt and innovate to manage community mobilization and counseling. In this process, exploring and learning how to use digital tools had been quite a revelation for not only generating awareness, but also for changing attitudes. The question is how we move on with the right mix of using digital and social community engagement, because digital engagement is here to stay; (f) Mr. Shrestha mentioned that there has never been a better opportunity to sustain hand washing. New research results are showing that hand washing rates are going up, because one of the key COVID appropriate behaviors is hand washing, but this trend must be sustained. This will be important during COVID vaccine rollout; (g) According to Mr. Shrestha, care should be taken so that gender lens is not left out when designing communication strategies.

The speaker mentioned that with the information of the number of vulnerable population for COVID response, UNICEF rolled out many community radio programs, which had a limited reach and is also an expensive proposition compared to the FM channels which have a wider reach. Community radio has its reach in very remote areas. In the light of such observations, Mr Shrestha concluded by saying that communication has to be used through an equitable lens.

The second inaugural address was given by Dr Supriya Bezbaruah, Technical Officer, Risk Communication, South-East Asia Region. Dr Bezbaruah highlighted that WHO has developed a manual called the International Health Regulations (IHR) guidelines, which is a legally binding document that mandates what the countries need to do during an emergency such as COVID-19, and prepared the countries for such emergencies. The IHR was revised and updated after SARS which happened in the early 2000s. The document has identified several core capacities that countries should have like strengthened lab capacities, strengthened number of epidemiologists, and clinical management capacities. She highlighted that among these core capacities, risk

communication and community engagement is of utmost importance. This is so because despite medicines, vaccines, etc., unless people know what to do and take actions accordingly, progress cannot be made. To accept this, people must trust, feel confident to take the drugs, and take precautions as required. Thus, risk communication and community engagement are perhaps, one of the most important public health tools that there are. Countries in Southeast Asia have now recognized the importance of these two factors for successful intervention in times of emergencies like the present.

The speaker mentioned that there are five areas according to IHR where countries need to focus on. First, risk communication systems should be made a part of the system. In case of an outbreak of public health concern, there should be systems in place to respond to it through communication and other means. Second, partnerships between several players that are involved during such situations are important. One cannot look at the bigger picture unless such partnerships are forged. Thirdly, channels of public communication should be identified and used. Ms Bezbaruah mentions that earlier, such communication was based solely on traditional media, but now it is digital media. The fourth and the most critical point of focus is community engagement. Lastly, listening is the key to communication. Listening increasingly now refers to digital listening, social listening, and tracking misinformation and disinformation, which have increasingly become a bigger problem in communicating. It is an area that has changed rapidly. The speaker stated that the major issue that risk communicators face is what is called 'infodemic'. It usually refers to misinformation and fake news, but it also has a much broader implication. It means that there is so much information out there that people fail to filter right information from the wrong. This has been a chief area of focus when responding to COVID-19-how is misinformation spreading, can people recognise fake news, who do they think are credible, etc. These are some of the questions being looked at globally and in Southeast Asia.

Dr. Bezbaruah mentioned that her group has started a Rumour Repository which has been looking at social media and tracking social media for fake news. They found that most of the rumours spread through WhatsApp. They also listen to public insights through digital monitoring. But the way social media works is that the people we 'hear' are the people who are the loudest. This group comprises of influencers, people who have the most engagement, and the people who shape public thoughts. The engagements of posts may be high but not as high as the

number of people in the social media. Many of them who login to just see what is in there may not be actively participating and receiving the views of the influencers.

The speaker said that community engagement is most important because in communication in emergencies, the biggest challenge is that when new issues come up; there is fear and confusion among the people. Research shows that when this happens, people go into a 'fight, flight or freeze' mode. She observed that during such situations, people react emotionally and not rationally, which is why preparedness is very important, which is why community engagement and face-to-face engagement becomes necessary. In an increasingly digitized world, people still like to listen to someone they trust, someone they know, in order to make sense of what is happening. With the amount of information available, it still boils down to trust. That is why efforts need to focus on at least as much on community engagement as on reaching out to people, talking to them, understanding what they think, getting their perspective. That is how we need to go forward.

The speaker said that COVID has been unique because it brought all the issues upfront in every way, in a manner never seen before. People are now talking about vaccines, which will perhaps, lead to more misinformation, over information, and infodemic. People are also hitting what can be called a 'pandemic fatigue', where people are fed up with following the same messages, although awareness about COVID appropriate behavior is high. People want to go back to normalcy. This situation cannot be helped only through digital media. It has to be done through a combination of digital and traditional communication media.

Dr. Bezbaruah concluded by highlighting that the vaccine roll-out will be unique this time because this is probably the first time that will be adult vaccine roll-out. The priority groups will be the healthcare workers and the elderly. She opined that the adults are generally aware of what they want in terms of healthcare and the task of communication strategies should be to reach out to people and gain their trust, which will be a crucial factor in determining the acceptance of the vaccine and also stop channels of misinformation from flowing to the public.

MADHULIKA JONATHAN

The next inaugural address was delivered by Dr. Madhulika Jonathan, Chief of Field Office, UNICEF Assam, and North East India. Highlighting the association between UNICEF with the

Dept. of Mass Communication and Journalism, which began in 2016, Dr. Jonathan mentions it was the beginning of a very important and interesting journey because it created within the north east of India, a pool of trained communication for development professionals who would then be trained to serve in the north eastern states of India and strengthen implementation of the community demand generation component, specially of development programmes. The Master's course in Communication for Development started in 2016 was specifically designed for a six-month internship programme for providing a meaningful learning experience to the graduates, providing various perspectives in the programmes where they participated.

She mentioned that UNICEF also works in close association with the Department of Cultural Studies in Tezpur University to implement folklore intervention, mainly in the tea garden areas of Assam. Beyond communication, UNICEF's association with Tezpur University also focuses on social policy, Dept of Sociology, Dept of Social Work, and Dept of Nutrition.

Noting the impact of COVID-19, the speaker said that the pandemic presented itself as global health, humanitarian, human rights crisis. Public health measures introduced in the wake of the pandemic, such as social distancing, etc., that were taken to reduce the transmission of the virus, particularly in children's context, further increased the risk groups' risks and vulnerabilities, especially crisis-affected families. Women and children are more vulnerable than others because of the additional care burden on their shoulders. Women were exposed to the risk of gender-based violence as they were in closed environments with their perpetrators during the lockdown.

According to the speaker, another important aspect was the loss of household income for many families, including the migrant workers who walked long distances to reach their original homes to escape death from loss of employment, rather than COVID. Many people lost their jobs, which affected parents' and caregivers' financial capacities to access nutritious and affordable food and basic social services essential to fulfilling the needs of a child's growth and development. She said that the Government could not be blamed for such a situation because they did come up with various social protection schemes. In many states and countries, governments working in low-income settings were restricted with limited financial capacities, limited trained personnel. They would often face a shortage of resources with external populations, like the migrants, people coming from displaced households, and people who were not a part of the original demographics for which the Government had made contingency plans.

While the healthcare professionals and frontline workers contributed to the medical response to COVID, the speaker mentioned that another issue that UNICEF worked with in Assam and also at the global level was in terms of risk communication and community engagement, which was and will remain critical to provide correct information, promote safe behavior, prevent stigma and foster partnerships and community ownership to respond to the pandemic. UNICEF provided its support in Assam and in the rest of the North East, and major areas dealt with were capacity development, developing specific packages for risk communication, even in states like Sikkim, Arunachal, that had reached out to UNICEF as to how to transmit messages to the communities along with the technical and medical material that were available that could strengthen the communities in their states and make them more resilient.

Another issue that was dealt with was the convening role that we could play with many partners, CSOs that came together to provide support. Some of the other things that UNICEF had to address and which were also addressed well by India's Government were the stigma and discrimination that many health workers and the people affected by COVID faced. Efforts were made to work with locally elected leaders, NGOs, community volunteers, faith-based leaders, academic institutions, and counselors to prevent stigma and discrimination. As the migrant workers returned to Assam and the North East, new issues emerged, and a blended and differential risk communication and community engagement strategy had to be envisioned and designed; a task force on migration was developed with broad strategies and framework to work on different issues including health, relocation, education, sanitation, and other essential services remained at the core of the work done by UNICEF. This plan was shared with both the state and the central Government. Continuity of nutrition, health, education, protection and water sanitation and essential services remained at the core of UNICEF's work.

The speaker observed that a critical phase during the pandemic came post lockdown. UNICEF continued to work with partners to continue to engage with communities and continue to encourage demand generation of COVID sensitive services.

Dr. Jonathan said that in the north-eastern region, when the RCCE e-messages were combined with correct information on entitlements, education services, protection and psycho-social support, the results were stronger and more sustainable; more people listened and connected. With new behaviors of wearing masks and physical distancing, which were introduced and the

fatigue associated with some of these behaviors, one lesson learned was that shared seriousness, shared importance that each stakeholder must give to these behaviors, is critical. Partnership with these stakeholders and organizations working in the region, and at the same time, UNICEF did a mapping of their partners to engage and share with them approaches of both offline and online engagement for COVID specific and sensitive messages is very critical.

Dr. Jonathan further stated that communities, as well as service providers, are showing their fatigue in maintaining COVID appropriate behaviors. This requires strategic adaptation and a creative, non-conventional approach. The use of storytelling, folklore and alignment with other priorities of the community has been a success and has demonstrated their true potential. the speaker reiterated that collective efforts by the governments, academic institutions, civil society and other UN partners like WHO, UNDP working in the region have realized that it is critical to work together, to understand each other, not only for the communities that they work with but also for security and safety of the UN personnel in the region. Dr. Jonathan concluded by saying that the whole point of collaboration is what will ultimately yield sustainability and results.

Prof Vinod Kumar Jain, Vice-Chancellor, Tezpur University, delivered the following inaugural address. He began his speech by welcoming the participants of the webinar. He congratulated the Dept of Mass Communication and Journalism's efforts for taking the initiative to organize the International Webinar, in partnership with UNICEF. He extended his gratitude to UNICEF for their willingness in forging partnership with the University for various academic purposes.

Prof Jain observed that this is the age of forging partnerships and linkages and that the partners can leverage each other's strengths for more meaningful outcomes. Highlighting the points made by the other speakers, he mentioned that the pandemic had changed the world around us dramatically. Countries and the public, in general, are dealing with the situation in their ways, some successfully and some not so successfully. Prof Jain appreciated the efforts of the Indian Government in this regard. He opined that in a country like India where there is such diversity across religious faiths, social groups and within the social groups too, there are sections of the society, whether comprising of the elderly, children or women, who over the years have not received the benefits of the economic progress of the country, who were being left behind the so-called developmental race, are the most vulnerable. Prof Jain turned the participants' attention toward the SDG goal number three, i.e., health and well-being, by the year 2030, when all these

goals are believed to have been accomplished. He mentioned that the problem is much more complicated because this pandemic has twin dimensions, health and economical, and that the problem becomes more compounded for the social groups that are already lagging in finance and other resources. He emphasized that in this context that the Indian government has been very proactive. He appreciated the concerted efforts of various agencies like WHO, ICMR, other NGOs, including UNICEF, so the country has managed the impact of COVID.

Further, he said that in this context, as has been mentioned earlier, the communication strategies are extremely important, and it is in this context that UNICEF's work on risk communication and community engagement is laudable and that he was confident that the students and the faculty who are in the field of communication will hugely benefit from the deliberations which are likely to take place over the next three days. He was hopeful that the participants of the webinar would have the benefit of listening and learning from some eminent speakers, and have exposure to the strategies that some of the countries have employed to deal with the situation. He concluded by thanking the organizers for having chosen such a relevant topic for the webinar.

Prof. Sunil Kanta Behera, Professor, Dept of Mass Communication and Journalism, Tezpur University, delivered the following inaugural address. Prof. Behera seconded the points made Mr. Shrestha about the importance of training and capacity building of the frontline health workers in times of pandemic. He stressed on the collaboration with the other health workers, the Government of India, the Ministry of Health and Family Welfare, WHO, UNDP, and other agencies in India, who have collaborated with them, and the blended mode of the campaign they utilized dealing with the pandemic. He also spoke about digital engagement versus community engagement. Concerning the Digital India Campaign, Prof. Behera mentions that the Indian Government has planned and had organised a Digital India programme. However, digital engagement has a long way to go in India. Digital communication plays an essential role in ensuring community engagement during such a pandemic and at other times. Also, the most important thing regarding the campaign about anti-stigma and discrimination is that everyone knows how the frontline health workers have faced such issues and COVID patients in the initial phase. With the help of these interventions by the communicators from WHO and UNICEF, and the government of India and other agencies, people have understood that stigmatization and discrimination should be done away with.

He observed that gender equity has also been dealt with during campaigning regarding risk communication and community engagement campaigns. Citing Dr. Supriya Bezbaruah's speech, Prof. Behera mentioned that the International Health Regulations formulated in 2005 were the first regulations framed by the WHO, which all the WHO member nations agreed upon to use to deal with such pandemics in the future. They have also agreed to integrate risk communication in the general framework of health campaigns and health systems. Taking a cue from Dr. Bezbaruah, Prof. Behera emphasized that collaboration is the management buzzword in dealing with COVID 19. He also mentioned the importance of social listening, which can be digital social listening or physical, social listening, but feedback is critical. He observed that we need to listen to people when making campaigns and programs and plans to deal with any pandemic, whether a health pandemic or natural disaster because they are the people who are affected. They are the people who need protection at such hard times.

Referring to Dr. Jonathan's speech, Prof. Behera also talked about the initiatives taken during COVID-19 in Assam and other northeastern states- the work is undertaken for women and the other vulnerable sections of the society. He raised his concern about dealing with such situations from speech of Dr. Jonathan's speech because UNICEF developed a humanitarian campaign to deal with such issues. Prof Behera again mentioned the stigma and discrimination faced by the health workers and COVID patients, as cited by Dr. Jonathan. Prof. Behera mentioned again the blended risk communication strategy highlighted by Dr. Jonathan, and which is required to have a task force to deal with such situations. Citing her speech further, Prof. Behera talked about community and strategic adoption.

Prof. Behera observed that the pandemic is seen very differently in different parts of the country and that the government of India contextualized the campaigns and programs very rightly in a much-decentralized way. In response to COVID, the Ministry of Health and Family Welfare, in collaboration with UNICEF and WHO, were in touch with the ministries of health of various states, and they worked in unison and dealt with this pandemic. He further observed that the number of COVID infected population has come down to almost about three lakhs. About 97% of the people have recovered or are on the path of recovery.

Prof Behera summed up by appreciating the IHR, WHO, and the work they have done after particularly during SARS in 2003, H1N1 influenza in 2009, the Zika virus in 2015-16, Ebola in

2014-15, and the Yellow Fever outbreak in 2016. He mentioned that WHO formed a group that began to formulate general guidelines to deal with pandemics. In 2017, they came up with an evidence-based guideline. They talked to the people, worked in the sector, and talked to the experts and the affected people. The guidelines have been formulated under three different heads, i.e., building trust and engaging with affected populations, integrating emergency risk communication into health and emergency response system. It is not just that the risk communication should function in the pandemic, but it should be integrated into the health and emergency response systems. There is also the ERC practice, i.e., emergency risk communication practice when building trust because what is essential is that we are communicating uncertainty. We do not know what is right, and we do not know many things about the COVID-19. Whatever information is available from WHO or from other agencies are being communicated to the people. There were certain things about the pandemic that neither the people knew nor any method to communicate those things. So, there is a need to develop the right kind of strategy to balance and deal with such situations.

Community engagement is critical. Once trust is built among the community, ensuring community engagement becomes an easy job. Next is, integrating ERC into health and emergency response system where governance and leadership are essential. The second is information system and coordination. Capacity building is again another important aspect during such emergencies. Personnel are being trained, but the capacity building should be an ongoing process to train people to deal with such topics and not just during pandemics. Such trained personnel can be of use during other kinds of pandemics and natural disasters also.

The next aspect is financial allocation and strategy. Next comes the practice. When it comes to ERC practice, Prof Behera mentions that Prof Jain has talked about strategic communication planning, which is very important. The WHO also talks vividly about this requirement. Monitoring and evaluation are also necessary. Social media engagement is the next important factor in strategic communication. Even if we say that there is a lot of misinformation campaign on social media, there is much fake news, and we still cannot deny the fact that social media is a reality. It has come to stay. So how positively and proactively we use social media and draw

feedback from it will be essential. We must develop a strategy and messaging systems in terms of contextualization. The right kind of media needs to be identified that will reach the people.

Prof Behera ended his speech by emphasizing that the guidelines developed by the WHO need to be followed, and he is confident that these guidelines will be taken note of by the Governments of WHO member nations. In collaboration with all the agencies, we will certainly be able to deal with the COVID-19 pandemic and tide over the crisis.

DAY 1

Session 1 – The Risk Communication in Emergencies: Principles and Practices

  Speaker - Prof. David H. Mould, *Professor Emeritus, School of Media Arts and Studies, Ohio University*

After the inaugural session, the lecture session of the webinar started with an address by Prof. David H. Mould.

At the outset, the speaker expressed his hope that this webinar would introduce some perspectives on successful communication strategies from other countries, but which should exclude the Unites States from that category because the communication response in the United States was very uneven it has had all sorts of issues. To pick up on the point that Mr. Shrestha and Dr. Bezbaruah made about the US's response, Prof Mould said that communication has been decentralized and not contextualized, that it has been shoved out of United States' political units.

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The speaker observed that one of the key issues here that need to be considered is how we compare risks, which we need to look at Risk Communication in terms of what he calls the ecosystem; behavioral change at such times must also be evaluated for effectiveness.

He cited examples from his experiences of working in South Asia, most recently in Bangladesh, which gets flooded every year, gets cyclones. He said that now people know what to do, Governments know what to do when there is a cyclone; when Assam gets flooded by the Brahmaputra, it is a known fact that people will get displaced, that there are going to be water-borne diseases. People are familiar with the risks and how to approach them. The speaker then posed a question as to why people take precautions about safe drinking and mosquito control for example? However, when it comes to the virus COVID-19, many people have not yet adopted COVID-appropriate behavior. So why do people view some risks differently from others?

To address these questions, Prof Mould discussed the Social Ecological Model. In this, communications at different levels are considered. There is individual communication, interpersonal communication, and there are also groups and organizations people communicate. We recognize that communication works in different ways at different levels, and people in their responses and their behavior open to communication at different levels- from family members, friends, and people in their community, from their religious organizations, from Government health workers, from media. He emphasized that we need to recognize that multiple communication approaches can be taken, which comes back from the point that Mr. Shrestha was talking about, i.e., evidence-based research. Communication strategies should first identify and be planned according to what is contextual, and it should be localized sources of communication that people trust. Governments like to believe that Government workers are trusted, but this is not the same everywhere. In some areas, Governments are distrusted. Hence influencers, essential sources of communication, and the media that people use and do not use need to be identified to design a successful communication campaign.

The speaker said that it is very typical for Government and health experts to think that expert communication works. It provides scientific data, and people will accept it. However, people do not always respond in that way. Experts and the public may have a different perception of the same risk. For example, somebody with a background in epidemiology will have an entirely different take on COVID-19 from somebody who does not have a scientific background. Prof

Mould stated that participatory approaches are required because experts and Government agencies are not always trusted. He noted the trust issue arises not just about health. If people do not trust the Government on taxes, on how it spends its money, on environmental protection, they are probably not going to trust the Government on health. This is a big challenge in solving issues related to public health. People get their information from many sources. When infodemic is this widespread, it is challenging to keep the messages consistent, with so many conflicting messages coming from different sources, which leaves room for disinformation. It is always about trust. This is why risk communication becomes significant during times of emergency. Some of the goals of risk communication are:

- Raise awareness and knowledge of health hazards and risks.
- Encourage protective Behavior.
- Reduce anxiety.
- Build trust, cooperation, and networks.
- Enable dialogue and understanding.

The speaker observed that social, religious, political, and economic aspects of risk need to be considered. He noted that this is why public health experts sometimes get it wrong because they are merely talking only about the health part of a pandemic, but there is also an economic balance that needs to be drawn. For example, when COVID-19 began spreading in India, day laborers in the cities could not move from the cities they were employed in. They were afraid that they are going to die of hunger before they die of COVID. Such broader contexts need also be considered when we are faced with such a crisis.

The speaker was hopeful if UNICEF and WHO are researching -is the risk something new? Is it unfamiliar? Are the risk communicators aware of the vaccination campaign? Whether people think if the virus will affect the future generation? What do people from different cultures say, if they want their children to be vaccinated or not? The last question may be a wrong one to think of since older people are more at risk of getting affected. Some other questions are- if the risk is going to be catastrophic? Does this emergency pose unequal harm? The speaker recollected what a colleague in South Africa said in his response to an article about adopting COVID appropriate

Behavior, that it is all reasonably well to have all the cautions that we are taking, like social distancing, hand sanitizing. However, if people do not have water, if people live in poverty, the science of Behavior that is possible in an affluent society or the idle income group is certainly not possible there.

Prof Mould said that communication interventions need to be informed by theory and presented three theories that can be applied to the current pandemic.

The first one is the Health Belief Model. This is how people weigh their Behaviors, weigh the risks they can take, and 'do I believe I will get COVID?' This is a perceived susceptibility. For example, young people believe they may be affected by COVID, but they do not believe that they will die from it. Nevertheless, we have seen that many young people have died. This raises questions about the benefits of the advised actions-social distancing, mask wearing, hand washing, and the barriers to adopting these practices.

The next critical theory is Everett Rogers' Diffusion of Innovations, where he mentions the diffusion curve to show the adoption of new practices. In this case, this relates to practices like mask wearing, social distancing, or hand washing, and how such Behavior diffuses through a group or community. The early adopters are the health professionals who are adopting this and then the early adopters and early majority and late majority. The speaker observed that the standard diffusion curve looks different from country to country. This difference can also be observed from socio-economic standards like educational levels. This is a big problem in an emergency, when a lot of people are needed to take the new innovative practices, like social distancing, mask wearing and if they are adopted, how seriously and how quickly.

Some of the tests that people can apply to know if they are ready to adopt any new practice or not are based on their relative advantages, compatibility, difficulty level, and if such practices produce tangible results or not.

Another theory that can be applied to this situation is the Agenda Setting Theory, especially in terms of the interplay between gatekeepers and the media, public policy, and the public. This is a kind of circular movement between the media agenda and the policy agenda. The notion here is

that when something becomes important enough in the media, it gets a lot of media coverage. When it becomes essential in the public agenda, it also becomes essential in the policy agenda, and the policymakers start working on them. Again, this is somewhat complicated because we have personal experience and other communication influences which condition how we view things. Prof Mould stated that with regards to COVID, Agenda Setting is undoubtedly essential, but it has not been even. There have been many efforts to get positive media coverage, but the public agenda has been somewhat confusing in some countries. The countries that have been successful have had good Government policies and have been supported by the public and the media; this has not been everywhere.

The speakers noted that distinction has to be drawn here between how communication for development is spoken about, whether to tackle the current situation or any other such issue, different categories of Behavior can lead to specific time-bound decisions and actions- things that are done once or, in the case of vaccinations, twice. These are specific things. The more difficult thing to manage is the Behaviors that must be practiced all the time, consistently. Mask wearing, social distancing, hand washing, and avoiding gatherings are some practices that must become a part of daily life, almost like social norms. A few months ago, people thought that such actions are a matter of choice, but now if masks are not worn in a public place, the others in proximity would very much mind such careless Behavior. The speaker observed that people are now moving towards mask wearing as a social norm, although it is a little late. The point here is that a different strategy may be needed to address vaccination or testing, from the one which addresses mask wearing and social distancing, since these require different types of decisions and actions.

Dr. Mould stated further that if the webinar were done at least a month ago when the vaccines were on the horizon and needed to be improved, it would have been premature to talk about it. However, now, there is a need to think carefully about vaccine communication and how the vaccine communication programs will be different from testing and social distancing and mask wearing. He made a few points here about the difference between vaccines and vaccination. The vaccine has to be administered to people. The three essential elements of this communication strategy are

1. There is a need for an adequate supply of vaccine, either free or at meager cost;

2. It has to be accessible; and

3. From the perspective of communication, people believe that the vaccine will be useful and will not have serious side effects.

Communication will be essential to build trust among people. Simultaneously, even if everybody is convinced that the vaccine is useful, but it is not accessible, the communication will be distrusted. These parts of the equation, or in other terms, the parts of the supply chain, i.e., adequate supply, accessibility, and trust, have to work together. If there is more than one vaccine available, for example, a European vaccine, or that from North America or China, or even Russian, how will people decide which one is best suited? It will be interesting to see how people decide to get which vaccine out of all the available choices.

Dr. Mould mentioned an article on the *Five Mantras for COVID-19 Vaccine Communication*, written in the BBC Media Action blog by Yvonne McPherson, which was reposted on The Communication Initiative. These are five guidelines for COVID-19 vaccine communication. These are:

- Get ahead of the challenge- we need to act now.

- This science is going to need some art and craft.

- This global problem requires a local shot in the arm.

- Information is everywhere. We need a whole ecosystem approach.

- Sustain and adapt. A long-haul virus requires long-haul communication.

Explaining the five points, Prof. Mould said people are waiting for the supply chain to work out. They are waiting impatiently for the vaccine to come out. There also needs to be an understanding of which groups are likely to resist vaccine and plan communication interventions for such groups. The latest public opinion poll in the United States indicates that around 40% of the people right now say that they will not get the vaccine; this is a difficult situation to deal with. Data is required to assess the effectiveness of the vaccine. However, people do not

understand scientific data very well. There is a need to look at the local and cultural context, religious beliefs and respond to their fears. This must be done through narratives. The focus should be on dialogue that is participatory and not top-down. Since people get information from multiple sources, especially in terms of health, this top-down, centrally designed, and rapidly produced outputs for mass dissemination may not work for all the countries, regions, and communities in the same way. Evidence can be gathered to identify and plan principal communication strategies for a particular group, such as health workers, religious and community leaders, and media decision-makers. These communication strategies, therefore, have to be localized and contextualized.

Prof Mould concluded by saying that the vaccine will be available to different people at different times, so, right now, communication needs to be targeted to the primary groups, like the health workers. There are health workers who apparently do not want to administer the vaccine. Hence, there needs to be a communication intervention for health workers. There also needs to be a communication campaign that targets older people who already have pre-existing health concerns. This is not to say that the younger people or other social groups are to be deprived of the vaccine. However, since there is already knowledge that the vaccine will be made available to specific sections of the society earlier than the others, communication efforts should be focused so as not to create any confusion among the other sections which will receive the vaccine later. The communication interventions and strategies have to be changed over time as the vaccine becomes available to different groups.

Prof Mould's lecture was followed by an interactive session wherein the participants discussed some critical issues related to communication strategies for emergencies, such as the COVID-19. One of the questions raised was if there was an over-emphasis on health communication in a developing country like India when the focus should instead be on health literacy. Dr. Jonathan replied that the terms health communication and health literacy are interdependent. She said that health literacy is essential because it substantiates our health Behavior and communication is required to change Behavior wherever required. Successful results can be obtained of only one of these is focused upon, especially in a pandemic when there are widespread misinformation channels.

Another concern was raised about applying the diffusion of innovations theory in the context of Behavior change. Prof Mould's response to the question was that it depends on many factors. Many studies on water and sanitation, precautions about malaria, and other such diseases prove that the theory can work. The problem here is that it does not work very well in an emergency. Its effect can be measured over a long time. When it comes to COVID-19, many people are required to do the right thing early on. The diffusion curve looks very different for the COVID virus from early adopters' normal curve. However, the theory retains its importance in understanding why people make decisions- whether it is based on something people want to try out, or if the tests have previously yielded results or not, and other such factors.

The inaugural session of the international webinar concluded with the moderator, Prof Joya Chakraborty summing up the key points highlighted by the speakers regarding the topic of the webinar. She expressed her gratitude to the speakers on behalf of the participants and the Dept of Mass Communication and Journalism, Tezpur University and hoped for further collaboration with UNICEF and WHO in the future to deliberate on important issues that require a better understanding from all perspectives to arrive at a solution.

DAY 2

Session 1 – The missing 18th SDG – Communication for All – in the age of Covid – 19.

    Speaker - Prof. Jan Servaes, *Professor Emeritus, Catholic University of Leuven, Belgium*

Session 2 – Paradigm Continuity and SDGs.

    Speaker- Prof. B. P. Sanjay – *Professor, Communication and Media Studies, Manipal Institute of Communication, Manipal, India*

Moderator- Dr. Sanjeev Kumar, *Independent Communication Consultant and Senior Guest Faculty, IIMC, New Delhi*

At the outset of his deliberations, Prof. Jan Servaes underlined the necessity to ensure 'Communication for All' in recent times than it was a few decades ago when discussions about Millennium Development Goals (MDGs) had started. Elaborating on the eight MDGs'

inadequacies to bring about holistic development, Prof. Servaes raised the question of whether the goals were too bureaucratic, too ambitious, and too narrow. He elaborated that development was seen as an 'engineering problem' that could be solved from a top-down perspective through a modernization approach. MDGs did not approach development from a grassroots or participatory perspective and empowered Governments and allied institutions to take decisions on behalf of its citizen, thinking people do not have a voice that could be reckoned with. Moreover, the complexity of qualitative dimensions such as human and indigenous rights, communication and culture, gender equality, and quality of education were missing within MDGs.

Prof. Servaes mentioned that despite the shortcomings, the MDGs successfully brought about specific positive changes, mostly in health and education. Citing several examples he described that the world has reduced extreme poverty by half, chronic under-nutrition among young children declined (but one in four children is still affected), child mortality has been almost halved (but more progress is needed), maternal mortality has reduced, antiretroviral therapy is saving lives, efforts in the fight against malaria and tuberculosis have shown successful results. He also mentioned that access to an improved drinking water source had become a reality for 2.3 billion people, and over a quarter of the world's population has gained access to improved sanitation since 1990 (yet a billion people still resorted to open defecation). Disparities in primary school enrolment between boys and girls are being eliminated in all developing regions (90% of children in developing regions are attending primary school). Prof. Servaes also delineated how women's political participation has continued to increase, and development assistance has rebounded as the trading system stayed favorable for developing countries and their debt burden remained low. Although major trends that threaten environmental sustainability continue but examples of successful global action also exist. Hunger continues to decline, but immediate additional efforts are needed to reach the MDG target.

Prof. Servaes highlighted that eventually, practitioners and critics of MDGs realized the necessity of a more extensive framework to formulate realistic objectives with achievable goals. As a result, in 2015, seventeen new interlinked goals known as Sustainable Development Goals were formulated to 'achieve a better and more sustainable future for all'. Prof. Servaes quoted that the new 2030 Agenda for Sustainable Development 'is a plan of action for people, planet, and prosperity. It also seeks to strengthen universal peace in larger freedom. We recognize that

eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development'.

Prof. Servaes elaborated that to remain valid, every SGD score well in the effectiveness quotient. The validity could be measured through three parameters - a numerical outcome, a specific deadline and a well-defined domain. He also highlighted that the few verifiable targets, those that contain conceptual clarity, numerical outcome, and specific deadlines, apply primarily to developing countries. Not all of the seventeen SDGs score well based on the parameters as mentioned above; the omission of targets for overweight or obesity and breastfeeding exemplifies, for instance, the reluctance of developed countries to commit themselves to be specific, quantitative, and time-bound targets. Prof. Servaes also stated that most of the SDG targets that are verifiable are similar to the MDGs. Despite their comprehensiveness and wordy nature, the SDGs lack sufficient specifics to qualify as a significant reboot. He also emphasized that although the SDGs may contain one hundred and sixty-nine bullets, fewer than thirty are concrete achievable targets.

Prof. Servaes elaborated that the critics proposed developing a more effective program, which will include civil society, academics, think tanks, trade unions, employers' federations, and most importantly the people towards whom the goals are directed. Prof. Servaes also raised the pertinent question that how global targets in international collaborations could make a difference at national and sub-national levels. Prof. Servaes highlighted that since early 2000 and mostly around 2010, there has been a significant push to address the question as mentioned earlier. Scholars like Philip Lee and Lorenzo Vargas and institutions like the World Association for Christian Communication (WACC) have been working towards recognizing 'Communication for All' as the missing 18th SDG. Quoting Lee and Vargas, Prof. Servaes said that 'None of the SDGs can be achieved unless people can communicate their dreams, concerns, and needs – locally, nationally, regionally, globally. The obstacles are many: social, cultural, political, ideological, yet communication can help overcome them all'. Thus, there is a need to include 'Communication for All' as the 18th SDG to 'expand and strengthen public civic spaces through equitable and affordable access to communication technologies and platforms, media pluralism and media diversity'. He reiterated that unless we incorporate 'Communication for All' as the 18th SDG, we could not aim for the achievement of the other seventeen SDGs.

Prof. Servaes also mentioned the Montreal Statement on Sustainability in the Digital Age, which argues that achieving a climate-safe and equitable future requires inclusive and trusted digital technologies. It aims to build a new social contract for the digital age addressing individual rights, justice and equality, inclusive access, and environmental sustainability. It also ensures open and transparent access to data and knowledge critical to achieving sustainability and equity; fosters public and private collaborations to develop and manage AI and other technologies in support of sustainability and equity; promotes research and innovation to steer digital transformations toward sustainability and equity; and supports targeted communication, engagement and education to advance the social contract.

Prof. Serveas highlighted the five challenges being faced by the UN's Sustainable Development Goals:

1. How can we bring together the right stakeholder at the right time in the right place?
2. How do we make difficult trade-offs?
3. How can we build in accountability and transparency for actions?
4. How can we organize this in a participatory and democratic way?
5. What is the place and role of communication and culture?

Prof. Servaes, along with his colleagues, had drafted the 11 points Communication framework to tackle pandemics, which is elaborated in the table below -

Step 1	Establish a national communication task force	• Form a task force at the highest level of government comprising of senior officials including representatives from the Health Ministry, Ministry of Information, senior health experts, researchers, NGOs, and media representatives.
Step 2	Identify target audiences, languages and communication channels	• Identify key target groups especially those most vulnerable to the pandemics. • Develop information guides about the pandemic and define all the channels to be used in reaching the relevant audiences. • Launch a robust awareness campaign involving all stakeholders identified in step 1.

		• Translate and conduct campaigns in local languages to ensure effective outreach.
Step 3	Design misinformation action plan	• Identify all sources of misinformation, design counter and effective misinformation action plan. • Translate messages into local languages. • Increase digital literacy and engage community leaders, faith communities and traditional institutions in delegitimizing lies and fake news.
Step 4	Identify champions, social influencers, faith communities – to lead the campaign	• Enlist a group of champions including celebrities, social media influencers, youth groups and community leaders to lead the campaign for behavioral change at the grassroots level.
Step 5	Develop a unifying rather than fragmented message at national and local levels	• Develop the campaign as national brand rather than a fragmented one. • Regional and local authorities to cascade the awareness campaign especially in more diverse and highly populated countries.
Step 6	Communicating science at the grassroots level	• Make knowledge of science easy and accessible to the general public through the mass media and local and interpersonal channels. • Identify groups that resist scientific knowledge and discoveries or are resistant to facts. • Design targeted messages for these groups aimed at behavioral changes. • Build capacity of journalists, NGOs and civil society on science reporting and dissemination.
Step 7	Develop coalition of philanthropists, academics and media professionals	• Constitute a major coalition of philanthropists, private sector as well as government resources to fund the campaign for the benefit of the public. • Include media professionals and academics in the

		coalition so that they are privy to all activities related to mobilization of resources and implementation of the campaign. The media and (professional and academic) specialists should be at the table where decisions are made, not just be passive invitees for press conference.
		• Mobilize resources to support national governments due to hardships on the population that could lead to resistance against government efforts.
		• Encourage philanthropists to use own resources through personal initiatives for public good during the pandemic.
		• Utilize the convening power and celebrity status of the philanthropists for public education.
Step 8	Roll out monitoring and Implementation plan	• Design and roll out an effective monitoring and implementation plan.
		• Provide regular update to the public on success and challenges of the mass awareness campaign during the pandemic.
Step 9	Evaluate	• Evaluate the effectiveness of the campaign and fine-tune it as deemed necessary.
Step 10	Establish an advisory team to prepare for the next pandemic	• Establish a foresight advisory team comprising of health experts, government agencies and international health experts at the highest level of government to study trends of emerging pandemics and advise relevant authorities.

Step 11	Organize annual briefing to inform the public about potential pandemics	• Produce annual documents each year on the work of the advisory team. • Conduct media briefings to sensitize the public on the need to be vigilant and always suggest best public health and safety measures.

Prof. Servaes concluded his deliberation for the day quoting Jan Vandemoortele (the 'architects' and co-authors of the MDGs), 'The SDGs offer a better framework than the MDGs, but considerably more work is required to turn their potential into a practical reality'. Quoting Amartya Sen, he said, 'The deciding issue has to be one of democracy. An overarching value must be the need for participatory decision-making on the kind of society people want to live in, based on open discussion, with adequate opportunity to express minority position'.

Session 2

Prof. Sanjay highlighted that communication and media have always been foregrounded with the development paradigm of any particular time. There has been a constant inclination to define the paradigm of development, mainly through media. Communication, modernization, national development, diffusion, television for development, missing link, community media, and network societies are part of India's paradigm continuity, and several other countries have gone through. In the advocacy phase of media development, several dimensions of modernization and development were brought to the fore to talk about the need for media and the classical notion of its role as a magic multiplier. However, media centrality has failed to bring about the desired change. It is not that media did not grow exponentially in many countries, which gave hope that media will automatically facilitate development.

Prof. Sanjay shed light on the Theory of Change for the UNSDF, which shows how the UN system agencies, working in partnership with Government and development partners, will make tangible, measurable contributions to national priorities and the SDGs. It is based on robust analysis from the Common Country Assessment framed after consultation with key stakeholders and taking into account the learning and recommendations from the Independent Evaluation of the UNDAF 2013-2017.

Elaborating on the Theory of Change, Prof. Sanjay specified -

1. The rationale for the outcome, with available evidence about the underlying causes of the issues to be addressed

2. The results and strategies that will contribute to Government priorities and the SDGs

3. The expected beneficiary groups and partners to be involved in implementation, monitoring and reporting

4. The critical risks and assumptions

Prof. Sanjay also highlighted the role of NITI Aayog, the Government of India's premier think-tank, which has been entrusted with coordinating the SDGs. The UN Country Team in India supports NITI Aayog in its efforts to address the interconnectedness of the goals and ensure that no one is left behind and advocate for adequate financing to achieve the SDGs. In close collaboration with NITI Aayog and other partners, the UN has supported thematic consultations on the SDGs to bring together various state governments, central ministries, civil society organizations, and academia to deliberate on specific SDGs.

Prof. Sanjay shed light on the India SDG document, highlighting the potential intersection between media and development. He also lamented that Indian Media, despite its phenomenal growth and reach, is accused of ignoring the real issues and chasing trivia, including foregrounding certain kinds of agenda in which no evidence is there of SDG focus or sensitivity.

Prof. Sanjay further elaborated following points –

1. Improvement needed in key human development indicators (HDI: 0.468, ranked at 130 out of 189 countries);

2. Widespread deprivations along different dimensions of human life (1/5 Indians is in poverty; poverty concentrated in rural areas and low-income states; health, nutrition status low);

3. Large gaps in the fulfillment of reproductive health and rights of adolescents (48% rate of child marriage in rural areas; MMR is 174; 56% adolescent girls are anemic 36% have not heard of HIV-AIDS);

4. Inequalities persist, income disparities have widened (caste, class and gender inequalities persist, 43% of the poor are ST)

5. Sustainability of agriculture and livelihoods of small farmers remains threatened (70% of landholdings are small; 60% of net sown areas dependent on rainfall; the need for infrastructure, irrigation and technology);

6. Unplanned urbanization is having adverse impacts (inadequate and unaffordable housing; inadequate infrastructure and transport; concerns of safety and security of women and children);

7. Prone to natural disasters and emergencies (over 58% of landmass prone to earthquakes, 12% prone to floods, 68% cultivable area vulnerable to drought).

Prof. Sanjay also mentioned about the SDG Media Compact, which the UN Secretary-General launched along with 31 founding members in September 2018. The SDG Media Compact seeks to inspire media and entertainment companies worldwide to leverage their resources and creative talent to advance the SDGs. It currently includes 100 members from Africa, Asia, America, Australia, Europe, and the Middle East. By disseminating facts, human stories, and solutions, the Compact is a powerful driver for advocacy, action, and accountability on the SDGs. Prof. Sanjay also emphasized the significant role news media can play in raising awareness about the SDGs. Citing examples from SDG Media Compact, Prof. Sanjay elaborated that presently there are 84 news organizations worldwide, including 11 from Japan. Japanese media sets the example in covering environmental topics and educating the public about the need for action on climate change. He also lamented that no news media from India is being included as of now, not even the Doordarshan. Although community work may subsume SDGs, Community Radio is also yet to formally talk about sustainable development. Prof. Sanjay suggested that it seems opportune to look at the media coverage of the SDGs of the developing countries to get a sense of how that coverage has played out over the past few weeks and what some of the insights are that we can learn from for the way forward. This coverage mainly includes articles from various

publications, websites, and blog posts in the English language. It does not include social media statistics from Twitter and Facebook. An analysis of this media coverage (July 8-October 8, 2015) featuring the keywords 'SDGs' and 'developing countries' show that, over the past three months, more than 2,400 articles mentioned these two key words somewhere in the text of the articles.

Prof. Sanjay also elaborated some statistics regarding India's performance in Human Development Index. India ranks 130 out of 189 countries on HDI as per the 2018 Global Human Development Report published by the United Nations Development Programme (UNDP). India's HDI value for 2017 is 0.640, putting the country in the medium human development category. Between 1990 and 2017, India's HDI value increased from 0.427 to 0.640, which is an increase of nearly 50 percent – and an indicator of its remarkable achievement in lifting millions of people out of poverty. At the same time, India incurred a loss of 26.8 percent of its HDI value after inequality adjustments to result in an Inequality-Adjusted HDI score of 0.468 and a drop of one place from overall HDI rankings. Prof. Sanjay elucidated how the Inequality-Adjusted Human Development Index (HDI) allows one to compare inequality levels within countries, and the greater the inequality, the more a country's HDI falls. Prof. Sanjay emphasized that much of India's poverty is concentrated in rural areas and in low-income states. The seven states, namely – Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh, account for 62 percent of people living in poverty in India. Overall, cardiovascular diseases and diabetes, chronic obstructive pulmonary diseases, mental disorders, and substance use disorders were among the leading non-communicable diseases (NCD)

Prof. Sanjay emphasized that every year, the World Bank and client governments invest millions in Behavior-change campaigns across almost all development sectors. However, many of these campaigns are unconvincing, lack inspiring narratives, and are communicated through outmoded and uninteresting outlets such as billboards and leaflets. Systematic reviews of these campaigns, from risky sexual Behavior to hand washing, consistently show little or no effect on Behavior, especially in the long term.

Prof. Sanjay also mentioned the 2015 and 2016 World Development Reports that highlighted the untapped potential of entertainment education and mass media in development practice. However, the evidence base regarding entertainment media's effectiveness remains thin,

especially to advise the scalp up of entertainment media as a development tool across different sectors. There is a lot to learn about the best way to maximize the impact and minimize the unintended consequence of entertainment media, a powerful tool that is mostly untapped for development. Prof. Sanjay lamented that despite this evidence and its potential to accelerate and scale influence on billions, the use of mass entertainment has remained limited. The World Bank's Narrating Behavior Change program of the Development Impact Evaluation Department (DIME-NBC) measures these approaches' effectiveness through randomized control trials in Hollywood, Bollywood, and Nollywood of the world. For example, in India, it is testing the use of short documentaries delivered through social media to reduce violence against women.

Describing Digital Consumer Archetypes, Prof. Sanjay elaborated that while digital adoption has accelerated among Indians, the four broad consumer archetypes (outlined below) continue to remain applicable and relevant even in the present. A summary of the characteristics of the four groups is given below –

Consumer Archetypes	Characteristics
Digital Sophisticates	- Wealthy, urban and tech-savvy - Mimics the preferences and Behavior of a global digital user base - High barriers to entry so only upward transition from Digital Enthusiasts possible.
Digital Enthusiasts	- Includes both early adopters who have the propensity to spend as well as young users - Group with the greatest diversity and will include for example those who stream to the Smartphone as well as to the big screen - Will also display more linguistic preferences and choose to consume in English, Hindi and a regional language.
Digital Mainstream	- Price conscious digital user who came online post 2016 - Almost entirely mobile-led digital access and consumption - Large non-urban and non-English speaking population.
Fringe	Both low incomes and poor connectivity hamper their transition online.

Prof. Sanjay concluded his talk by reiterating that to achieve desired results in terms of SDGs, centralized communication strategies and customized media partnerships are required, rather than advocacy of centralized media.

The talk was followed by Q & A sessions in which participants asked several questions like - What are the challenges of achieving SDGs (particularly Goal 2 and 3) in developing countries, mostly for marginalized communities?; How can we augment the use of technology to shape people's behaviors at an individual level?; In times of the current global context where media and government work hand in hand, what must be the steps to create media innovation centers at the state and national level?; Can cross-cultural communication assume a new dimension in the context of multiculturalism?; When the state and its all powerful agencies are consciously trying to sabotage the voices of vulnerable sections of society, such as the migrants in the current pandemic situation, do you think that there is acute sense of 'voice poverty' because no media is voicing the concerns of the poor, so how can their voices be valued and recognized in desperate times like ongoing pandemic?

DAY 3

Session 1 – The role of communication for Social and Behavior change in mitigating the negative effects on children

> **Speaker** - Prof. Paolo Mefalopulos, *Country Reresentative, UNICEF Chile*

Session 2 – Mapping of the Communication Perspectives of the responses of the Indian Societies to Covid-19 crisis

> **Speaker**- Prof Sisir Basu, *Dept. of Journalism and Mass Communication, BHU, India*

Session 3- COVID 19 in narratives produced by alternative and activist journalism: Perspectives and dilemmas

> **Speaker-** Prof. Claudia Lago, *University of Sao Paulo, Brazil*

Moderator- Ms Veena Singh, *Communication for Development Specialist, UNICEF Kolkata Field Office India*

Session 1

The program for Day 3 began with a welcome address by Dr. Anjuman Borah, Asst. Professor, Tezpur University. She introduced the moderator for the three sessions of the day, Miss Veena Singh, Communication for Development specialist from UNICEF. The first session of the day was on the topic 'The role of communication for social and behavior change in mitigating the negative effect on children' by Prof. Paolo Mefalopulos. The speaker observed how much of what we took for granted has changed because of the pandemic. Everyday activities have become a challenge because of C0VID-19, for e.g. taking a bus or a plane, dining out or even shaking hands with others. The speaker then elaborated on the consequences of this pandemic, the rise of obesity amongst kids and other segments of the population has seen a spike across the globe. The lockdown also affected children's emotional development and socialization skills, especially of the younger ones. The long term effects of this on their future are undetermined. The speaker sights example of evidence in Chile and other countries that prove that there has been an increase in obesity and mental issues in children because of the lockdown. Globally, over 1.6 billion children in 192 countries are out of school. The educational inequality has also further widened, which has been a cause of distress, especially for the children from the vulnerable segments of the society, since they have not been able to take the equal opportunity of distance learning. This is due to several reasons ranging from poor connectivity, absence of proper infrastructure and a dearth of trained teachers to teach an online curriculum. Prof.Mefalopulos also observed that as seen from previous pandemics like EBOLA and the Zika virus, situations like these also result in a sharp increase in gender-based violence against women and violence against children.

 He then posed a question as to what can be done to improve the situation and who can mitigate the risk for children? Information Campaigns though popular, is not effective in these kinds of situations. According to Prof. Mefalopulos, this is true, especially for the current scenario when the line between facts and fiction has been blurred. There is a distrust in traditional messengers and messages, and fake news is generally considered true by a large population segment. The evidence based rigor of science or the verifiable reports by journalists are no longer a trusted source of information for a significant section of the population. People's ideological framework makes them distinguish as to what is true and what is not. This makes the speaker wonder if this is any different from the information propaganda machinery used by dictators from the historical

past. The pandemics' adverse effects on children have vastly affected many of the future's sustainable development goals. However, all of this can be contained in one sustainable development goal, SDG 10 which deals with reduced inequalities that deal with inequalities within a country and among the countries. The pandemic has also affected the work done to eradicate extreme poverty. We are expected dramatically to go back to poverty rates which we had 50 years ago. Entire sections of the population are expected to fall into poverty, while others could see a drastic fall in living standards. The ones already vulnerable will be the most affected, and children are expected to bear the brunt of the situation resulting from this pandemic.

The speaker then highlighted a general panning blueprint that could serve to help identify, address and mitigate the multi-dimensional challenges that children across the globe could face. He introduced the participants to his 'Multi-Dimensional Model for Change'. This is an adaption of the socio-ecological model. It is composed of three dimensions that are needed to create a conducive environment for children to flourish. Change is expected to occur at the individual level, where behavior change and communication are small. The public policy dimension deals with the social, economic, and environmental aspects, addressing policy and budget needed. The organizational dimension where the public and state institutions, as well as the civil society organizations, can help and endeavor mandate and capacity to promote change. The socio-cultural dimension deals with existing norms within media and public based networks where community based changes can take place. The public policy dimension needs to focus on the state's measures, especially the economic problems. This, according to the speaker, this can be done by setting up emergency funds and setting up new regulations that can be put forward for policies of mortgages and rent payment, safety nets for people who have lost jobs in the pandemic as well as setting up of food relief.

The organizational dimension deals with the closing of schools, which has affected the children in many ways. Children in poor households have been severely affected because of the digital divide as well as overcrowding in households. Another factor is the impasse on the socialising and emotional development of the children, schools often solve as early warning system in case of violence that the child may be facing, now this cannot be detected when children are constrained in limited spaces. For many children in numerous countries, the meals served in schools are their main meal of the day, now since schools are closed they lose their source of meals. The socio cultural dimension can facilitate or impede change. With the   introduction of

the norms of social distancing social practices which were established over centuries like hugging, kissing etc. has stopped. The institution like the media is expected to help introduce and implement the new norms, but the results haven't been promising. Community engagement will play a vital role here, the best way to make change in community is not vertical communication but dialogical communication by engaging different groups in dialogue and participation. Though this has been made difficult by the rampant spread of fake news and the changing landscape of social media. These three dimensions help us to focus on what should be done and applied at the individual dimension where we should provide knowledge, engage in dialogue and work on changing of attitudes. But such changes cannot be achieved by imposition. Dissemination of information must be fully understood, discussed and accepted by individuals, this is why participatory communication is key. The pandemic has affected people across the globe not in the same way but in a very disproportionate way and the ones who have been the most severely affected are the vulnerable sections, especially the children. The pandemic has affected not only their present but will have long term effects on their future as well. According to the speaker the most vital SDG is reducing inequalities, since that would automatically help in establishing other goals. Three strategic lines of communication can be adopted to deal with the pandemic and the future of children. There should be advocacy with policymakers and decision-makers, mono-logical and dialogical communication strategies to address actions with selected audiences aimed at improving children's lives and protect their lives. Finally empowerment communication to engage children in decision making processes affecting their lives. The pandemic has disproportionately affected the lives of the children, and it is wrong that they should be the ones paying the biggest price of this unfortunate situation. This will have a long-lasting effect on the future of the world in general. Dr.Mefalopulos ended his talk with the observation that communication alone cannot fight the gap in inequalities and mitigate the consequences of the pandemic, but if used strategically, it can be a tool of reducing this gap.

This was followed by an interactive session where the participants engaged with the speaker on any doubts they may have had. One of the questions was how feasible is participatory communication under emergencies and when the governments and other development agencies in developing countries are hard-pressed to attain targets and utilize budgets within a definite timeframe? The speaker answered that it is tough to imagine a situation where vesicle contact is not possible, especially for participatory communication; one way is doing it virtually. However,

in many parts of the world, including India that option is not available. He thinks that large financial engagements are not the most vital aspect for participatory communication and community engagement. He elaborated that by putting participatory communication first, we may even save time and money later, since this would ensure decisions would be taken which are most relevant for the community. Another question was why teleclasses have been unsuccessful and what would be a better option to provide continuous education during the pandemic? Dr.Mefalapulous answered that the most effective way for education is interactive education where the student and the teacher can exchange ideas in a classroom set up but since that is not possible online mode becomes an alternative, but even that has become difficult because of the digital divide. He says that teleclasses can only engage students for a short amount of time and is in fact, one of the least useful modes.

Session-2

The second session for Day 3 of the webinar was moderated again by Miss Veena Singh, who introduced the next speaker Prof. Sisir Basu from Banaras Hindu University, India, to speak on the topic' Mapping of the Communication Perspectives of the responses of the Indian Societies to Covid-19 crisis.' Professor Basu highlighted sections that he would be speaking on, firstly the MDG or Millennium Development Goal. He also highlighted the role of communication and media and the distinction between media and communication since most people think mainstream media and communication are synonymous. He also stressed the power play that goes on behind communication and how communication can be utilized in various fields. The speaker then elaborated on various key points. Out of the eight Millennium Development Goals, three are directly related to health. Out of 8 MDGs, 3 are related to health. These are:

- Eradicate extreme poverty and hunger. India stands at 286 million.
- Reduce child mortality rate. In India, the percentage is 30%
- Improve maternal health
- Combat HIV/AIDS

Prof. Basu then stressed how about 286 million, about one-fourth of our country's population live under extreme poverty. 30 out of 1000 children die before they reach the age of 1. When it comes to maternal health in India, about 113 pregnant women die during maternity for every lakh. The institutional birth rate is 79 %, which means about 21% of births still happen at home or other places. India has about 2.3 million AIDS patients, about ten thousand people die

annually due to AIDS. About 15 million people have malaria and twenty thousand die due to it. Prof. Basu said that even though these numbers are bleak, the situation is improving from earlier years; he hopes to reduce the population's misery in the coming years. He feels that unlike MDGs, SDG doesn't have a concrete target, and 2030 is not a feasible goal.

The speaker then talked about the decade of water, i.e., the 1980s, when much was done on water and water conservation topics. Again the decade from 2018-2028 has been declared as a decade for water, he says that it's the children who are most vulnerable and are prone to contract many diseases because of the lack of water. He mentioned that about 1/4th of the population of India was illiterate. The speaker thinks that all the above problems haven't had progressive solutions because they haven't been a people movement, unlike the Chipko Movement when everyone, irrespective of sex or age, came forward to protect the trees in Uttarakhand. The speaker said that we need the same kind of push and enthusiasm from the people to solve the issues of water, literacy, etc. The state must change its focus from working for the people to working with the people to get concrete results in the future; this will ensure community participation and make it seem like their movement and not an imposition. People's reaction to the present situation was as sudden. They feared their financial security, being affected by the virus. They felt helpless and disempowered.

People's reaction to the current crisis has been out of fear, there was fear of the disease, and there was also fear of the state machinery. The initial reaction had the public had was out of fear and not out of an understanding that these specific steps must be taken for their good. The state could not reach the most vulnerable sections of the population, and the best response came from the ordinary citizens who helped their fellow citizens. The speaker then proceeded to tell stories of three real-life heroes who went out of their way to help people who were in dire need of assistance and help.

These stories were of:

Saurabh Handa went from house to house to collect items like vegetables, money, rice, etc., would cook at his small eatery and served the people who could not afford food.

Muheem: made sanitary napkins at home and made them available to young girls.

Kiran (Organization): A Swedish nun who runs a school for the differently-abled. She collected money and gave packets of food to the families of these children.

Prof. Basu then stressed on understanding the power play was important. Institutions like the police, court, and local authorities ensured that order is maintained amidst the chaos. He then distinguishes between media and communication, and he rightly pointed out that the mainstream media is one strand of the greater process of communication. People should not think that media covers the entire entity of communication. More often than not, the established mainstream media is drawn towards their own economic benefits and not towards the public good. The media are not covering the important issues like the MDGs, the SDGs, water issues, poverty etc. in the way they should be. The issues that are covered are done so from the ideological perspective of the media house. In such a situation, new/ alternative channels of communication must be discovered. People have their network. They know how to get together on different platforms. The media should facilitate this gathering. Roger's research process will have to be adopted in MDG, water, literacy, SDG, etc. Conducting small communications studies documenting the process of communication is the key. New Media was thought to bring hope to individuals to regain their voice and control on their ideas and ideals. However, stories like the *Cambridge Analytica Story* of election robbery have dashed the hope.

Prof. Basu concluded that top-down, linear transmission models had not worked the way they should have. They only helped those who are in the center of power but not the recipients. We need to go back to pre-COVID times. Now we need to think we should go back to the old social structure. The people should be made aware of the politics of vaccines and vaccination. Big media's communication about it shrouding the poor man's misery will continue. Another talk by Prof. Claudia Lago followed this talk, and then the participants could pose their queries to the speakers. Some of the questions that arose were:

1. Reportage in discrimination related to ASFA in North-East might not have been lime lighted like its counterpart in Jammu and Kashmir, but it has still popped up in the mainstream discourse, can an argument be made in relevance to this since sensationalism in the public discourse is more influential to the media than the typical quick agenda media holds with politics?

2. Basu agrees that ASFA has been under reported, but he also feels like the mainstream media would not report anything that could put a state institution in poor light. He thinks that campaigns should be done at the grassroots level and take the issue with the higher

authorities to be tackled. He says for issues like this, and we need to look towards alternative media since mainstream media would not help.

3. The political parties and corporate entities exploit the possibilities of new media by customizing feeds and messages to cultivate and nurture thoughts and reap profit. Why are organizations like the UN hesitant to use the same strategy to bring in positive change?

4. Basu answered that new media had got a tremendous power to penetrate various layers of society, Dr. Basu agrees that organizations like the UN could use new media for social and behavioral change, but he cannot categorically say why it is not being used. He then requested the moderator Miss Veena Singh who works with the UN, for her opinion and she opined that though the question does not explicitly mention AI or artificial intelligence, it feels like an undercurrent and she says that AI is being thought

Session 3

The moderator Miss Veena Singh introduced Prof. Claudia Lago from the school of communication and Arts in Sao Paolo, Brazil. Prof. Lago delivered the final talk for the day on the topic' Covid-19 produced by alternative activist journalism: Perspectives and dilemmas'. Prof. Lago agrees with Prof. Basu and says that practical aspects of communication are presenting things differently, telling relevant stories to empower the community, and creating a culture to enable vulnerable people to engage in the decision-making process that affects them.

Communication has to be one of the SDGs Communication is pivotal to achieve all the developmental goals. All the SDGs are linked with communication as a comprehensive right, especially SDGs that deal with quality education, gender equality, and reduced inequalities. People who were not present before the media systems and still are not present in the media system. But they are producing media content and talking about themselves and their problems that are often not highlighted by the mainstream media, the content they produce is also very different from mainstream media. The pandemic has affected all of us in varied ways, especially the vulnerable section of the population. This includes women and children since they face the same kind of violence. Fake news targets these vulnerable groups. The fake news and misinformation that is spreading about Covid-19 is a pandemic in itself. If the state and the

government do not take care of the vulnerable section, the civilians step up and take care of each other. Civil society reacts by combating official and non-official misinformation and fake news, providing scientific and reliable information about the pandemic and initiatives to meet vulnerable group needs. As is a reality with most parts of the world, two cities exist within one city.

The spacious and beautiful part of most cities is populated by the rich and famous; this is the health city while the vulnerable section of society lives in the densely populated section and not as clean. This is called the periphery. Periphery is the islands of inequality characterized by an informal economy, precarious dwellings, and less access to public services, health services, or educational services. In the health city, the life average is 80 years old while it is 57 years old in the periphery. The most shocking statistic is that the periphery's infant mortality is 20 times more than the health neighborhood. The mainstream media frame these islands of inequality in two keywords poverty and criminality. But since the turn of the century, many young people from the periphery went to universities and colleges and got degrees in Journalism etc. these individuals have started their own media movement from the periphery itself, covering news and events about the periphery. They are trying to show the periphery in a new light other than poverty and criminality. They cover the inequalities prevalent in the periphery not as a natural phenomenon but as something that has to be combatted. This has started to change the conversation in and about the periphery. These media and content creators talk about the periphery as their space and place. They work in networks and produce a collective work. They highlight diversity when it comes to race, class, and gender.

Prof. Lago concluded that it is vital to incorporate media and communication practical experience in presenting relevant stories to empower people and communities in the decision-making process. Communication is a basic human right and the pandemic has become a contestation against it. The 21st century has seen the rise of organized movements by educated inhabitants of the periphery. These individuals are different from the traditional mainstream journalist, who are mostly middle-class white men. They help establish a relationship with the periphery and approach the periphery from cultural diversity and empowerment perspectives.

This was followed by the speaker responding to queries from the participants, some of which were:

What is the role of developed countries to tackle such violence of poverty and criminality in developing countries?

Prof. Lego responded by saying that inequality is a global phenomenon, and there is inequality because there is developed vis-à-vis developed countries. Developed countries are not interested in the fight against poverty and criminality in developing countries. All the different service providers have their defined role in ensuring

Another question that was highlighted, Is the periphery the island of inequality or equality? And the product of inequality in the larger society? As all or most of them in the periphery suffer from poverty, oppression, and mainstream media dark zone? Prof. Lago agrees that the terminology is flawed, but everything that happens in the periphery results from inequalities in the society.

DAY 4

Session 1 – Risk Communication in a Pandemic: Preliminary findings from the Asia Pacific.

> **Speaker 1** - Dr Rohan Samarajiva, *Founding Chair, LIRNEasia, Colombo, Sri Lanka*
> **Speaker 2** - Ms Ramathi Bandaranayake, *Researcher, LIRNEasia, Colombo, Sri Lanka*

Session 2 – Radical Democracies, socialist politics and pandemic response

> **Speaker 1**- Dr Mohan J Dutta, *Dean's Chair Professor, Communication, Journalism & Marketing Director, CARE, Massey University, New Zealand*

Moderator- Prof. N Usha Rani, *Former Professor, ICCSR Senior Professor Fellow, Department of Journalism and Mass Communication, University of Mysore.*

The session was opened by Dr. Anjuman Borah, Assistant Prof, Dept of Mass Communication and Journalism, Tezpur University. She welcomed everyone to the session and introduced the

moderator Prof N Usha Rani, who is one of the former founding directors of EMRC, Karnataka. She briefly summarized Day 3's deliverances by Dr Paulo Mefalopolus and Professor Sisir Basu.

Dr Paulo Mefalopolus spoke on the topic - The role of communicating for social and behavior change in mitigating the adverse effects on children. In his lecture, Dr Paulo drew attention to the fact that, while everyone has been affected adversely by the pandemic, the worst affected are the children with schools closing down globally. Over 6 billion children in 192 countries are currently affected by the learning processes, and the physical and emotional development and socialization skills of children have been adversely affected. There has been a major regressive effect on many of the SDGs related to children while dwelling upon possible solutions to mitigate children's risks. He proposed implementing a multi-dimensional model for change, an adaptation of the social-ecological model to deal with this pandemic's consequences. He recommended three strategic lines of communication to deal with the pandemic and the future of children, advocacy with policymakers and decision-makers, monological and dialogical communication strategies to address actions with duty bearers and caregivers of children, and, finally, empowerment communication to engage Children in decision-making processes affecting.

Professor Sisir Basu spoke on the topic- Mapping of the Communication Perspectives of the Responses of the Indian Societies, He observed why the people's initial reaction to the overnight in crisis was that of fear and panic. Common citizens soon rose to the occasion and started taking action to help those at the margins, even where the government machinery could not reach. Unfortunately, such actions remained underreported in the mainstream media, which often prioritized a hegemonic view towards reporting on the pandemic. The issue was mainly covered from the ideological perspective of the media houses. He emphasized that in a situation in such a situation, new alternative channels of communication, people's communication networks must be created and utilized to highlight the people's perspectives. People need to be made aware of vaccine and vaccination politics and not let the large corporate media's communication about it shroud the woman's misery. He also stressed that conducting small communication studies documenting peripheral communication groups' communication efforts would be crucial for understanding the role and significance of communication in a pandemic and emergency in a multi-dimensional society like India.

The third lecture was by Professor Claudia Lago. She spoke on the topic over 19 produced by alternative activist journalism, perspectives, and dilemmas. Professor Lago highlighted that the SDGs are all linked with communication as a comprehensive right, especially the SDGs that deal with quality education, gender equality, and reduced inequalities. She asserted that communication is a basic right and the pandemic has become a conversation against it.

She discussed how the 21st century has seen the rise of organized movements by educated inhabitants of the periphery. These individuals, who are different from traditional mainstream journalists, help establish a relationship with the periphery and approach the periphery from cultural diversity and empowerment perspectives. She highlighted one such initiative: a new news agency in Brazil, agency morale, the journalism, the periphery started as a blog.

In 2010, which later became a website and now produces newsletters, podcasts, and social media, about 100 people collaborate with this organization. She told about how this initiative has brought out more than 60 reports on the pandemic from the periphery. These reports point to the inequalities in access to the public health system and inquiring about policies that protect the most vulnerable. It also highlighted how this agency has been fighting against fake news and misinformation using accessible language.

Moderator Prof N Usha Rani introduced the speakers and made some preliminary remarks where she spoke about how through SDGs, one has come to believe that development is a multi-dimensional approach. The countries are expected to formulate development policies based on sensitive development cooperation, which calls for eradicating poverty and hunger, advocating for a healthy lifestyle, and inclusive and equitable education.

She emphasized how developing nations such as India, who were gradually achieving SDG agendas, are badly hit by the long-term implications of the Covid-19 Pandemic through statistical data. She also mentioned WHO promoting the global risk communication outreach to disseminate accurate information and preventive measures that enable publics to contain and handle disease outbreak and ease their fear.

She spoke about the implications of the COVID-19 pandemic which resulted in a deep social, economic, and cultural divide placing women at a disadvantage. She mentioned how mainstream media in India created a fear of culture by dramatizing Corona Virus reports. Social Media

exposed us to misinformation with no check on the veracity of the information available at our fingertips.

Session 1

Prof Rohan Samarajiva spoke about the ongoing research at LIRNEasia, where they have been looking at disaster risk communication. He looks at Covid-19 as a subset of disaster risk communication, and while looking at the SDGs, the most important one is a world without poverty. The presentation dealt with the most authoritative risk communication practices and recommendations based on the preliminary findings with systemic reviews and extant research.

The study globally monitors the quantitative assessments of trust in government and health authorities, and they plan to compile all this into a comprehensive report by the end of 2021. Prof Samarajiva highlighted that the overall problem is the requirement of preventive behavior actions by the public.

He highlighted trust being a significant component of the study as it's a prerequisite for vaccination against the virus. While speaking about how people respond to risk, he mentioned about ability to gauge the risk by verifying their perception through other sources and their experiences. When people understand the risk's vulnerability, they charter a course of action to reduce that vulnerability and the advantages of the said actions are more significant than the potential drawbacks.

He presented one of the findings that most health officials, in some instances political leaders, deal with disaster response communication. Referring to Sri Lanka, he said that health officials were the primary response in the first wave, but the military commander made formal announcements in the second wave. Talking about the research synthesis, a massive effort, and a risk communication booklet was produced and shared throughout the world in 2017.

 A very high caliber expert group supervised the research, and compilation of the extant research was done in various places.

While addressing the question of people trying to verify the news on one thing and verify it on something else, he said it has to be done timely, and it must acknowledge the uncertainty. Communicating uncertainty poses difficulties with trust, and hence context matters along with

the message disseminated for risk communication. He enunciated on a conscious generalization that different parts of government and the media should communicate the same message, and swift responses are needed. Otherwise, the rumor takes hold and focuses on responding to them and ultimately lessens the importance of dealing with uncertainty. He spoke about high trust, which can lead to higher vaccination and evacuation behaviors, but it can also lead to carelessness in perceiving lower risks among the people.

Prof Samarajiva spoke on finance strategic communication planning, evaluation, and social media's role in mitigating disaster risks. According to him, engaging on social media should have an integrated strategy, but their use has not become routine practices within the government, so there is much variability in how these things are being handled.

He also focused on how traditional mass media is very impactful in risk communication. He concluded by saying that probabilistic and technical terms are a problem while constructing a message while dealing with uncertainty. Thus, the message should be consistent, free from technical words for clarity, and should come from multiple sources.

The topic was further addressed by Ms Ramathi Bandaranayake, who expounded on the research-based technical and statistical details in Taiwan, Singapore, and Sri Lanka. The reason cited by her to select the countries was low death rates from Covid-19 in the mentioned cities. Based on the increasing number of deaths due to Covid- 19, Taiwan (7 death reported), Singapore (29 Deaths), and Sri Lanka (144 Deaths).

While looking into the statistical analysis of Taiwan's data, she spoke about the sophisticated digital strategy incorporated in their overall approach to Covid-19 with extended risk communication plans. The case study shows the government is harnessing digital communications to communicate to the public about situation update and preventive measure for tackling Covid-19. Press releases and guidelines are being issued by the Centre for Disease Control and Covid information website. Taiwan has introduced hotlines to report for suspicious symptoms for the public and regular public service announcements by Taiwan's vice president, who is also an epidemiologist. Furthermore, these announcements were broadcasted from the office of the president office giving it an added layer of authority to communicate guidance on practices like social distancing and hand washing.

The Taiwan government encouraged mobile apps like mask maps or epidemic prevention maps to obtain preventative supplies such as masks and put up informational posters in public spaces, telling people how to take precautions. She spoke about Facebook CECC (Central Epidemic Command Centre), which is affiliated with the Centre for Disease Control, Taiwan, and the Ministry of Health and Welfare LINE. The types of information available on CECC were updates and specifics on confirmed cases. The links to the other information sources, like the CDC website. The guidance to an individual if they wish to visit a healthcare facility. The website pushes scientific information regarding Covid- 19, updates on investigations and case clusters, and policies by the government regarding quarantine, and updates on restrictions (if any) . The policy of clearing up rumors and misinformation so that one is not caught up in that rumor management cycle. She mentioned the efforts of the Taiwanese Government in improving communication through the use of humor. Comedians were asked to create memes to mitigate the fear, and animal mascots are used to communicate about staying safe.

Use of images was used by LINE to improve communication (e.g., how to put on a mask, wash hands)

Moving on to Singapore, Digital media was used more than conventional media. Weekly press conferences by government officials were transmitted through conventional media, and attempts were made to make these announcements multilingual to reflect the country's multilingual diversity in the press conferences. She spoke on Social Media and Digital Media's role, a dedicated WhatsApp channel that sends two to three updates every day dealing with misinformation, scam alerts, and links to credible information sources and government advisories. The PM of Singapore, Lee Hsien Loong, has a strong social media presence dealing with Covid- 19 on Facebook. There is an extensive Youtube (govsingapore) presence of Singapore's government with Covid-19 related content.

The use of informative apps and websites to deal with business-related queries and resources for people and health aspects were extensively used in Singapore. She mentioned the DORSCON Level system (Disease Outbreak Response System Condition) being used to signal the risk level. It is organized into four levels: Green (lowest risk), Yellow, Orange, and Red (highest risk). She also highlighted the philosophy of Singapore's government was of defensive pessimism in terms of risk perception and getting people to perceive risk. This is to make people understand that the

risk is high, and one needs to take certain precautions but at the same time not wanting risk perception to fall once people feel like they've taken the precaution.

Ms. Ramathi spoke on the measures being taken in Sri Lanka; Health Promotion Bureau interacted with other departments and other institutes within the ministry of the health system in Sri Lanka to get up to date with information about Covid-19. The communication strategy heavily relied on the conventional media. The First period was marked by daily press briefings featuring then General of Health Services Dr. Anil Jasinghe, Minister of Health Pavithra Wanniarachchi, and Lt. Gen. Shavendra Silva.

An official Website for Sri Lanka's Response to COVID-19 was created along with websites for the National Operation Centre for Prevention of COVID-19 Outbreak, Health Promotion Bureau COVID-19, and Dashboard: Epidemiology Unit (MOH) to easily access that information. An app- MyHealth Sri Lanka, was launched for providing information and updates on COVID-19. In Sri Lanka, in terms of social media, the health promotion bureau and the department of government information have official Viber channels for information on Covid-19. There is also a Covid-19 hotline facility available for the public of Sri Lanka.

Based on the study's analysis, Ms Ramathi spoke on what extent WHO recommendations are being used. In terms of the trust recommendations, all three countries had made attempts to link to available and accessible services. She mentioned that since the study is still being carried out, and limits the presented findings. She noted from the Singaporean strategy of defense pessimism that there was an acknowledgment of the virus's scientific uncertainty. Considering the current stage of the research, they could not find similar for Taiwan and Sri Lanka continuing with the trust recommendations in terms of addressing and engaging affected populations. The country's size made it easier to reach as many people due to a strong national-level response strategy.

There were some targeted communications in Singapore, for example, Tamil communications during the outbreak in migrant worker dormitories. Although she mentions criticism of the Singaporean strategy on its self-efficacy, the study focused on communications meant for actionable insights for people to protect themselves from the pandemic, and it was evident in all three. She speaking about social media, Taiwan and Singapore had more robust use of it than seen in Sri Lanka, which emphasized more on conventional media, particularly Television.

Furthermore, she mentioned how messages were made relatable and easy to understand through humor. In Singapore, Short "ThinkB4YouDo" videos on the GovSG YouTube channel with easy to follow advice on staying safe made the messages easy to understand. In Sri Lanka, the use of easy to understand graphics on the Covid-19 prevention website helped in promoting risk mitigation behaviors.

Ms. Ramathi concluded the session by mentioning the key takeaways from the study. The first takeaway was government should be mindful of which channels of communication people are most likely to access and direct messaging towards those, and one of the important examples is social media. The second takeaway is to set expectations early – acknowledging that knowledge about the disease is uncertain and likely to evolve. The final takeaway has been Holistic communication that is tailored to specific contexts that it should be sensitive to specific national contexts and communication targeted towards groups that may be exceptionally vulnerable due to health, economic, or other reasons.

Session 2

Prof Mohan J Dutta spoke about the culture-centered approach to research and evaluation with particular reference to migrant laborers across India, Singapore, and New Zealand within the context of Covid-19. He operationalized the term 'Radical Democracies' and focused on the urgency of building a socialist politics. He quoted author, activist Arundhati Roy and Naomi Klein for the argument behind reorganization. His deliberation revolved around reimagining and reorganizing communication in developing communicative equality and wrapped up with academics and civil societies' role for staying in solidarity with those at margins.

He focused on the fact that health inequalities have grown dramatically across the globe from the last two decades and the pandemic fore-grounded it in terms of trajectories and impact of policy responses. He spoke that narrative of development is celebratory, focuses on Techno urban utopias. It is an ideological construction by those in positions of power. He cited the migrant laborer's crisis in India, that majority of urban middle classes and upwardly aspiring classes were not aware of migrant laborers in the city is an example of neoliberal cities, and it is essential to integrate such spaces to erase the precarity of deep inequality.

So, the pandemic draws attention to the deep unequal structures that constitute our societies today, with three decades of market-oriented neoliberal reforms. He spoke on how the market has been projected as the panacea to poverty as a myth, what you see in evidence is that large cross-sections of the population, particularly across the global margins are left without access to opportunities for laying claims to education, claims to work and income, and therefore, laying claims to decent housing infrastructures, and laying claims to a decent access to food handling claims to decent places of living.

Furthermore, he spoke about how Singapore is an example of an authoritarian neoliberal nation in terms of producing techno fetish in the market's services and uses authoritarian techniques to silence worker protest worker, organizing and worker claims to rights to the essential resources.

This structural context in terms of the lack of access to the fundamental resources of life is situated in the backdrop of an authoritarian state that works in the market's service. The narrative of the free market by Milton Friedman and the ideas of the free market being emancipatory and liberatory are obfuscated.

According to him, profit and labor exploitation, precarization of work, exploitations, and destruction of ecosystems, privatizations of public and community resources are essential to a capitalist system that inculcates the ideology of individualism techno-determinism. Thus communication is vital in dealing with the propaganda propagated to ensure a neoliberal work system.

Health communication, therefore, focuses on producing a compelling message that would generate the right kind of behavior in the target audience while obfuscating the structural context within which people live their lives. However, he highlighted the importance of recognizing that no amount of useful or efficient messaging would produce behavior change when communities at the margins don't fundamentally have the structures to participate in those behaviors. He enunciated through ethnographical study findings that messages constructed without participatory structures perceive a great mental risk to the people at margins. He spoke from the statistical analysis of Singapore's data, a deeply entrenched racist class system that unaccounted migrant laborers from the narrative of efficient pandemic management.

He spoke on how Covid-19 played out in the trajectories of infections for migrant laborers, due to lack of adequate and decent housing with sanitation and lack of clean drinking water and decent food. Furthermore, he spoke about a previous study based on the interviews with migrant laborers from India, Singapore, and New Zealand on the state having a fairly effective response organized around the logic of an equal distribution of resources. The study showed that people struggled with accessing decent income within the context of the lockdown experiences, dealt with food insecurity, and faced barriers to access testing and health care facilities. The pandemic placed people in cycles of poverty.

He spoke about a theoretical framework that looks at communication as voice and an opening for listening to the margins' voices—a framework situated at the interplay of culture, structure, and agency. The structures are the systems of organizing social resources, cultures referred to as the simple contextual framework for interpretive frames, and the agency is the everyday capacity of individual households in communities to make sense of their conditions and negotiate them through participation in activities that transform them. The culture-centered approach suggested that the work of transforming structures lies at the heart of building health communication and creating equitable health outcomes.

The culture-centered approach argues one has to ponder on how resources are distributed and mainly imagining the politics in the redistribution of preventative resources, health resources, income and wealth, and opportunities of life. He cited the example of Amazon workers going on strike for not having access to essential preventive resources while packing and distributing the packages as an example of what communication will look like as organizing in transforming these deeply unequal structures. Health communication becomes one of articulating and crafting processes of resistance to these structures of deep capitalism in communicative inequalities. The culture-centered approach are deeply intertwined with structural inequalities that erasure of the voices of communities at the margins, the erasure of spaces of representation and recognition of those other margins of the precarious and working classes is fundamentally interfering with their material operation and exploits and deprives them from the fundamental structural resources.

According to Prof Dutta, the work of culture-centered approach builds communicative equality in the ownership of communicative resources. He operationalized the 'radical democracy' as communities at the margins, of the margins owning communicative resources such as

Informational resources, Resources for representation, Resources for decision making, and Resources for voice. He presented with an example of women farmers organized as Sanghams under the Deccan Development society. He spoke the struggle for communicative equality is about struggles for having a voice shaping the narrative and the imaginaries of development. The Sangham women's work in their participation and ownership of these communication resources is fundamental to the articulation of an alternative imaginary of agriculture that dismantles and disrupts the neoliberal imaginary of agriculture, which is highly relevant today.

He emphasized that as development scholars, it is particularly salient for us to recognize the ways in which the language of development has been fundamental to the disenfranchisement both structurally and communicatively of communities at the margins. He also emphasized on building information infrastructures where communities of the margins can make knowledge claims and access structural resources of development and democracy through democratic participation. Similarly, he also spoke that voices of the margins are tied to power, recognizing that communicative acts and processes are imbued in terrains of power, and to shift these communicative processes one has to change the logic of organizing of power then the voice dismantles the notion of techno determinism that works through communication as a form of Eurasia by incorporating communication as messaging into the state civil society market relationship.

He spoke that the Centre Cultured approach draws inspiration from Spivak's work, who encourages to "learning to learn from below". He also spoke that community engagement keeps the power intact in the hands of development agencies, and thus it is essential to work towards another imagination. He cited an example of Indigenous community "Maori" in El Toro, New Zealand during the starting of the pandemic organized themselves as tribal groups and organized checkpoints where they regulated the members and people's movements. This indigenous-led community-led intervention where communities asserted their sovereignty to decide meaningful challenges that techno-deterministic, expert-driven narrative that dominates the global organizations.

The CCA addresses the spaces of communicative equality work towards building a socialist politics where the distribution of knowledge resources is placed in communities' hands, where

communities lay claims to rights for distribution of preventive resources, income, education, and shelter.

He wrapped up his deliverance by suggesting various alternatives such as building community groups at the margins and learning to learn together about the habits of democracy to intervene in the state structures. He also spoke about designing a framework that will critically analyze the interplays of power, describing and exploring erasure sites and structural challenges to the voice. He emphasized co-creating pedagogies for democracy for building interventions and participation by the communities. Finally, anticipate and build strategies with development agencies, academics, and civil society organizations' work.

Question and Answers

The sessions were followed by interactive sessions where participants engaged with the speakers through questions

Q.1 How do we situate the problem of stigmatization? On the one hand, there are guidelines from CDC, WHO to prevent social stigmas, there are investments to promote intercultural dialogue, but on the other, we also have international personalities calling Covid-19 as "Kung Flu"?

The speaker spoke stigmatization is almost a necessary outcome of a pandemic. Historically pandemics have led to irrational behavior and in situations like over-emphasis on tracing contact tracing. Stigmatization is a severe issue uh that cannot be dealt with purely using communication, although it can be minimized, but in fact, it is a larger problem than the particular communication strategies and the content of the communication messages.

Q2) Covid-19 has turned out to be the five-point exploding heart technique on global capitalism. Some might argue that a radical change is needed. However, a democratic socialist alternative like Joe Biden and Kamala Harris wants change? Is Democratic Socialism the new progressive neo-capitalism?

The speaker answered the question in the context of Covid-19 and through three arguments from his deliverance, the first being transformations to take place is for the communities at the margin, and it's for them to take ownership of the democratic processes and that means owning and to be

held accountable for transforming these spaces of democratic participation, secondly the strengthening the role of types of worker organizing and strengthening unions as sites for laying claims to be structural resources. The democratic socialist alternative has to be rooted in the communities having a voice. In that discussion process and in those decisions making an example of community mutual aid across many communities globally is an excellent vision for an alternative form of organizing, but that can only work when it is connected to holding policy structures and policymakers to account.

The valedictory session was chaired by Prof. Joya Chakrabarty, HoD, Dept of Mass Communication and Journalism, who spoke about the spectrum of discussions that covered risk communication within a pandemic situation from multiple perspectives throughout the webinar.

On the first day, the representatives of UNICEF talked about the structure with which international organizations are operating in India and globally. They talked about their interventions and specific structures of behavior change being advocated and the strategies adopted for the same. Towards the latter part of the session, critical discussions about the role of mainstream media on what sorts of voices and hegemony was being communicated with the context of a pandemic. We also had discussions where people interventions at the grassroots level were highlighted. The importance of the agency of people and their capacities to react to that situation on their own and to organize themselves, respond to it, and rise to the occasion to support their fellow citizens has also been highlighted during these webinars. Two perspectives of governance are highlighted, one where we are looking at the policy dimension and understanding a need for a systematic approach to communicate, and secondly the importance that should be given to the voices which come from below, from people who are usually unheard. There is a dire need for appropriating a policy to become responsive of the structures of inequalities

She spoke on how efforts are made to bring together all these diverse perspectives through which we need to look at this issue. She spoke on coming up with a video book out of all the presentations put forth during the webinar. She ensured to come with textual, audio, and video supplements and make it accessible to multiple communities.

She extended her wholehearted support and gratitude to all the speakers to accept the invitations and become a part of the deliberations.

She expressed her sincere gratitude to all the speakers for finding the time and sharing their thoughts and academic views on the webinar series's broad theme. She expressed her sincere thanks to all moderators in holding the sessions together, connecting the people, and giving a proper structure regarding the discourses that we have had during the webinar.