# EFFECTIVENESS OF TV HEALTH PROGRAMMES ON HEALTH LITERACY

## An Impact Evaluation of Lok Sabha TV's Healthy India Programme

**Proposal for Collaboration with Universities/Academic Institutions/ NGOs across India**


**Department of Communication Research & Outreach Activities**

**INDIAN INSTITUTE OF MASS COMMUNICATION**

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# INTRODUCTION

The Indian Institute of Mass Communication (IIMC) is the apex centre established with the basic objective of research, training and teaching in the areas of journalism, media and mass communication and is registered under the Societies Registration Act, 1860 (XXI of 1860).

The Institute undertakes research studies for various Ministries of Government of India and collaborates with national level NGOs and Government agencies to conduct seminars and conferences on issues of national importance. The Institute has, over the years, developed expertise in communication research, and specifically in development communication, which entails harnessing communication strategies for behavioural and attitudinal change in people with respect to various aspects of health, environment, rural development, energy conservation, gender sensitisation and related development issues.

The emergence of departments in universities or dedicated academic institutions in the field of media and mass communication, and other social science disciplines provide the opportunity to conduct multidisciplinary research that primarily involves studies intersecting communication and development.

To achieve their aim of social and behavioural change for development among the masses, various Ministries of the Government of India, and related international and national organisations have traditionally used mass media campaigns for dissemination of information and to promote mass awareness regarding issues of social importance. Monitoring and evaluation of such mass media campaigns is an important activity to measure and improve the effectiveness of the campaigns. Such studies require a research approach not only based on thorough review of previous case studies and well-framed objectives, but also extensive on-ground data collection in the target area.

## COLLABORATION WITH UNIVERSITIES

In order to undertake and successfully conduct such monitoring and evaluation activities, as well as in the case of other research projects, IIMC collaborates with various academic institutions and universities across the country that have robust mass communication, media, or social science departments.

These universities and academic institutions located in different states across India can contribute immensely in terms of gaining an understanding of media access and preferences of people in the respective state/region, and facilitate in the process of primary data collection.

**IIMC has, therefore, proposed to undertake its current research study titled** "***Effectiveness of TV Health Programmes on Health Literacy: An Impact Evaluation of Lok Sabha TV's Healthy India Programme*****"** also in partnership with mass communication institutes/ universities/NGO located in the states selected for the study.
In the short- and long terms, such collaboration aims to:

1. Develop sustainable community-university partnerships;

2. Coordinate and conduct the field studies in urban and rural areas of different states/ districts;
3. Reduce costs without any negative implication on the quality of data and research methodology
4. Coordinate in collation and analysis of data

# OVERVIEW OF THE RESEARCH STUDY

## Television as a Medium for Health Literacy and Information Dissemination

Studies have shown that exposure to information, brings improvement in knowledge and change in attitude and practice. Many people trust information given in TV shows, WhatsApp or websites to gain health knowledge, information about disease, symptoms and diagnosis opinions. According to Burzyńska, Binkowska & Januszewicz (2015), the studies show that the television, next to press and radio, is the medium for health information and may provide the viewer with medical knowledge[12]. Another study on health information sources analysed magazines, television, newspapers and doctor/clinic/hospital. Results showed that knowledge levels consistently increased among all groups after viewing of health programmes on television and also across time ($p<0.001$). In general, media users showed higher levels of knowledge than their non-user counterparts.

The effects of the TV, which is one of the most effective tools of the media, upon health literacy is a new and a worthwhile issue to examine for the researchers of the field. Health literacy is something to protect and improve the health quality of people and also entreats reaching health information to reassure it as well as interpreting and applying that information correctly (IOM, 2004)· Uğurlu (2011, p.43) emphasised that the rate of learning about health conditions from television and radios is 75%.

Knowledge is a key factor that affects action, but most people are passive in acquiring health knowledge. People acquire, absorb, and interpret health information based on personal needs or wants, through various media channels. When people increase health care knowledge, they have greater concerns about their health, and they understand the importance of prevention, which may also elevate their intention to seek medical treatment.

### References


1. Burzyńska J., Binkowska-Bury M., Januszewicz P. Television as a source of information on health and illness – review of benefits and problems. Prog Health Sci 2015, Vol 5, No2
2. UĞURLU, Z. (2011). Evaluation of the patients admitted to health institutions, health literacy and health literacy of compliance with the training materials used. Istanbul: Başkent University of Medical Sciences, Institute of Public Health Department.

## RESEARCH STUDY BY IIMC

### STUDY OBJECTIVE

**To Assess the Impact of the *Healthy India* programme on Health Literacy of viewers.**

### Specific Objectives:

1. To assess the preference for TV-based programmes such as *Healthy India* as source of information about health conditions
2. To assess the effectiveness of communication about health conditions on *Healthy India* show among viewers based on:
   a. Recall and comprehension of health information among viewers about health conditions discussed during the episodes
   b. Attention, Yielding, Attitude Change (and Behaviour) [(Mcguire, 1968, The Yale Approach to Persuasion)] of viewers after watching the episodes of *Healthy India*
   c. Feedback on usefulness of content in the programme
   d. Perceived effectiveness of format of presentation and delivery of information
3. To explore any differences between viewers in Urban and Semi-urban areas about effectiveness of communication about health conditions on *Healthy India* show based on open-ended questions on viewer comments and suggestions for improvement of content and presentation style.

### STUDY RATIONALE

The hour-long interactive informational programme, *Healthy India*, broadcast on Lok Sabha TV gives its audience an opportunity to receive information about particular health conditions, their causes and preventions, and interact with the invited panel of doctors and experts via phone-ins. The programme's objective is to encourage health seeking behaviour among the masses to promote preventive health care practices.

The study will explore the effectiveness of *Healthy India* Programme on Television in an environment infused with a variety of media platforms offering a plethora of health- related information. The study is important in terms of evaluating whether health programmes broadcast on television have any effect on health literacy among viewers. The study will thus help to understand whether knowledge levels about ways of identifying health conditions, using the knowledge gathered for prevention, protection and improving health conditions is higher among viewers versus non-viewers. The findings of this study aim at suggesting any changes required to programming content and/or format of the *Healthy India* show for greater consumption and effectiveness.

**Broad Research Questions: Broadly, the following** Research Questions will guide the Study:

1. What are the sources of health information for viewers of *Healthy India* apart from the TV programme?

2. What is the preference for viewing *Healthy India* show on Lok Sabha TV in Urban and Semi-urban areas in the selected States?
3. Is there a difference between viewers and non-viewers' literacy levels about the health conditions discussed during the episodes of *Healthy India* broadcast during the study period?
4. Is there a difference between viewers' health literacy in Urban and Semi-urban areas about the health conditions discussed during the episodes of *Healthy India* broadcast during the study period?

## WHAT THE STUDY ENTAILS

Concurrent Pilot Impact Evaluation of the Programme with a representative purposive sample **to be conducted concurrent with the telecast of 8 episodes of *Healthy India* (*Swasth Bharat*) between December 2020 and February 2021.**

### Specific Research Questions for Concurrent Pilot survey USING ONLINE/ TELEPHONIC PRE- EXPOSURE AND POST-EXPOSURE SURVEY

**1.** Is there a difference between respondents' awareness levels about the health conditions discussed during the episodes of *Healthy India* pre- and post-viewing?
**2.** What are the respondents' emotions, attitudes and perceived levels of memorability (recall) about the programme after watching?
**3.** What is the preference for viewing *Healthy India* show on Lok Sabha TV in Urban and Semi-urban areas in the selected States?
**4.** What are the sources of health information for viewers of *Healthy India* apart from the TV programme?

## RESEARCH DESIGN

The concurrent pilot study employing **an online/telephonic pre- and post-Forced Exposure research method will be conducted** with a group of purposively-selected participants across India.

The study will follow the **Forced Exposure** research design as opposed to the Natural Exposure research method for evaluating the effectiveness of the *Healthy India* programme during the three months of episode telecasts.

**Study Universe**: Transmission of Lok Sabha TV, a Public Sector Broadcast channel, covers the entire country. All TV viewers above 18 years will comprise the Study Universe and target population.

**Study Area:** States with the high TV penetration in the selected zone of the country. The *Healthy India* programme will be broadcast only in Hindi language so it is assumed that viewers of *Healthy India* programme will be higher in number in the **States where Hindi is primary language/ prevalent language of communication**. Though LSTV has national

coverage, States will be selected from all geographic zones of the country except South (North, East, West, Centre) for the better representation of the sample. South Zone will be purposely left out since Hindi is neither the primary nor the prevalent language of communication in Southern India. Further, **States that rank comparatively lower in the Niti Aayog-World Bank-MoHFW Health Index Report 2019** will be selected with the assumption that these States will have higher viewership of a health-informational programme such as *Healthy India*.

In each State, research intensive academic institutions or universities/departments are being employed as collaboration partners for gathering of primary data (survey).

**Sample Unit:** Adult person (18 years and above) in the household who is either a viewer or a non-viewer of the *Healthy India* programme, but is a television viewer will be the unit of investigation.

The study will follow a **non-probabilistic purposive sampling design** for selection of study area. A total sample of **297 participants from 9 States representing the 4 geographic regions of the country and where Hindi is used as a language of communication are to be *purposively* selected** to **form a representative sample**. ***Respondents will be asked to view the programme in their usual home environment***.

## STEPS IN DATA COLLECTION

**Step 1:** Email Ids/ telephone numbers of the purposively selected sample will be collected by the State team.

**Step 2:** In the pre-exposure stage, a survey questionnaire to assess the knowledge levels of the participants about the particular health issues to be discussed during the broadcast of the TV episodes will be administered online / telephonically.
The participants will be informed about the date and time of telecast of 8 *Healthy India* programme episodes/ URLs of the uploaded episodes on YouTube and asked to view the episodes either real time or subsequently but before the telecast of the next episode.

**Step 3:** A questionnaire to test post forced-exposure knowledge about the particular health issues discussed during the programme will be administered to the same sample online/ telephonically after exposure to the programme.

**In addition to assessing the post-exposure difference in knowledge levels** about the particular health issues, participants will also be evaluated on their opinion about the effectiveness of communication of the *Healthy India* programme based on **Emotions, Attitudes and Perceived levels of memorability (recall)**.

To ensure geographic representation, **33 respondents from each State** will be chosen on the basis of:

1. Hindi as the primary/ prevalent language of communication in the State
2. Low rank on the Health Index as per Niti Aayog Health Index 2019 (assuming higher chance of viewership of *Healthy India* for health information)

***Table 1:*** *Purposive Representative Sample Characteristics in Each State to be Selected Per Socio- Demographic Characteristics and located in both urban and semi urban/rural areas*

| | | | |
|---|---|---|---|
| **Age** | 18-36 years | 37-50 years | 51 years and above |
| **Gender** | Male | Women | |
| **Employment Status** | Employed | Unemployed/ Dependent/ Studying | |
| **Education** | Up to Class 12/ Higher Secondary | Graduate | Post Graduate and above |

**Assumption*: Marginally more women than men, and more unemployed than employed, will be surveyed since the probability of non-working/ studying & women watching non- prime time television programmes (afternoon/ early evening) is greater than that of working individuals and men.

***Table 2:*** *Number of sample units in each State to be Selected Per Socio- Demographic Characteristics and located in both urban and semi urban/rural areas*

**Please note:** ***The categories are overlapping. For example, under "Male", the first selection will be that of 1 Male, who is aged 18-36 years, Educated up to class 12, and Employed.***

| | | | |
|---|---|---|---|
| **Males (16)** | **Age Group** | **Education** | **Employment** |
| | 18-36: 4 | Up to class 12: 1 | Employed: 1 |
| | | Graduate: 2 | Employed: 1<br>Unemployed: 1 |
| | | Post Graduate: 1 | Employed: 1 |
| | 37-50: 6 | Up to class 12: 2 | Employed: 1<br>Unemployed: 1 |
| | | Graduate: 2 | Employed: 1<br>Unemployed: 1 |
| | | Post Graduate: 2 | Employed: 1<br>Unemployed: 1 |
| | 51 and above: 6 | Up to class 12: 2 | Employed: 1<br>Unemployed: 1 |
| | | Graduate: 2 | Employed: 1<br>Unemployed: 1 |
| | | Post Graduate: 2 | Employed: 1<br>Unemployed: 1 |
| | | | |
| **Females (17)** | **Age Group** | **Education** | **Employment** |
| | 18-36: 5 | Up to class 12: 1 | Employed: 1 |
| | | Graduate: 2 | Employed: 1<br>Unemployed: 1 |
| | | Post Graduate: 2 | Employed: 1<br>Unemployed: 1 |

| | | | |
|---|---|---|---|
| | 37-50: 6 | Up to class 12: 2 | Employed: 1<br>Unemployed: 1 |
| | | Graduate: 2 | Employed: 1<br>Unemployed: 1 |
| | | Post Graduate: 2 | Employed: 1<br>Unemployed: 1 |
| | 51 and above: 6 | Up to class 12: 2 | Employed: 1<br>Unemployed: 1 |
| | | Graduate: 2 | Employed: 1<br>Unemployed: 1 |
| | | Post Graduate: 2 | Employed: 1<br>Unemployed: 1 |

***Table 3:*** *Study area selection and sample in 9 States across 4 geographic zones*

| **Region** | **State/ Union Territory** | **Overall Rank on Health Index 2019** | **Overall Score on Health Index** | **TV Penetration in State (Census 2011)** | **District with high TV penetration** | **TV penetration %** | **Sample** |
|---|---|---|---|---|---|---|---|
| **North** | Uttar Pradesh | 21 | 28.61 | 33.2% | Ghaziabad | 79% | 33 |
| | Uttarakhand | 17 | 40.2 | 62% | Dehradun | 81% | 33 |
| | Haryana | 12 | 53.51 | 68% | Chandigarh/ Gurugram | 82.5%/ 77.4% | 33 |
| | Delhi | 5 (Hindi Language Majority lowest ranked UT) | 49.42 | 88% | All districts | 88% | 33 |
| **West** | Rajasthan | 16 | 43.1 | 38% | Jaipur | 66.7% | 33 |
| **Centre** | Madhya Pradesh | 18 | 38.29 | 32% | Indore | 75% | 33 |
| | Chhattisgarh | 13 | 53.51 | 31.3% | Durg | 50% | 33 |
| **East** | Jharkhand | 14 | 51.33 | 26.8% | Dhanbad | 58.2% | 33 |
| | Bihar | 20 | 32.11 | 15.0% | Patna | 15% | 33 |
| **TOTAL SAMPLE** | | | | | | | **297** |

## RESEARCH INSTRUMENT

1. Questionnaire for Pre-Exposure assessment of knowledge
2. Questionnaire for Post-Exposure assessment of knowledge and Opinion About Communication Effectiveness & Content

## DATES AND TIMES OF TELECAST OF PROGRAMMES

| Tentative Topic of EPISODE | DATE OF FIRST BROADCAST EVERY FRIDAY 5:00 pm- 6:00 pm | 1st REPEAT EVERY MONDAY 11 am-12 pm | 2nd REPEAT EVERY Wednesday 2:00 pm-3:00 pm |
|---|---|---|---|
| **World AIDS Day (1st December, 2020)** | 4 December 2020 | 7 December 2020 | 9 December 2020 |
| **Special programme on post Covid complications** | 11 December 2020 | 14 December 2020 | 16 December 2020 |
| **Programme on Pulse Polio** | 18 December 2020 | 21 December 2020 | 23 December 2020 |
| **Programme on Covid-19** | 25 December 2020 | 28 December 2020 | 30 December 2020 |
| **Programme on Covid-19** | 1 January 2021 | 4 January 2020 | 6 January 2020 |
| **Programme on Adolescent Health (National Youth Day-12th January)** | 8 January 2021 | 11 January 2020 | 13 January 2020 |
| **Programme on Pulse Polio** | 15 January 2021 | 18 January 2020 | 20 January 2020 |
| **Programme on Leprosy (Anti-Leprosy Day is being observed on 30th January)** | 22 January 2021 | 25 February 2020 | 27 February 2020 |

## TERMS OF REFERENCE FOR COLLABORATION

Universities/Departments/NGO (henceforth called "Collaborator"), upon accepting the following Terms of Reference, will be bound to complete the assigned task within the stipulated time period.

**The Collaborator is required to conduct the following research activities**:

1. Survey to gather demographic data and TV viewing habits (to be conducted only once per participant)
2. Pre- and Post Exposure Survey of the same set of participants in their respective States (once for each episode per participant)

**By the end of the Study, the surveyor will have 9 documents in total for each respondent**:

**1** completed schedule with demographic and TV viewing habits
**8** completed schedules pertaining to Pre- and Post exposure (1 schedule for each episode)

## Dos and Don'ts

1. **The Pre-Exposure schedule Must Not be administered to any respondent right after the time of the Original broadcast.** Chances are that a respondent may have already viewed the live/first telecast of the episode. So the Pre-Exposure questionnaire may be administered at least 3 days after the telecast of the episode. The Pre- and Post Exposure schedules for each episode can also be shared at least 2 days after the first telecast of the episode.
2. While **administering the pre- and post- exposure schedules, please do not prompt respondents for answers.** The purpose of the survey is to evaluate the effectiveness of the TV programme on the respondent's literacy about the particular health condition. Prompting at any stage will defeat the purpose of observing the respondent in his or her inherent awareness versus awareness after mediated intervention.
3. **The phone numbers and/or email Ids of the respondents Must Be noted** on the schedule where provision is made for the same. This is essential for cross-verification and data validity.
4. **The State report will contain:**
    1. An initial analysis of the data received from the State in context of the Research Question written as a draft/ summary report, 1.5 line-spaced, in Times New Roman. In-depth analysis is not expected.
    2. Limitations, if any, of the data collected
    3. Challenges faced during the data collection process in terms of connectivity, reach etc.
    4. Should the team face any issue pertaining to the data collection process or have queries regarding the schedules, the team members must contact the Supervisor immediately. Should the State supervisor need further clarifications, the IIMC team is to be contacted at the emails shared in the Letter of Invitation to Collaborate.
5. **Any unique observation/ outlier case** may be recorded while surveying respondents and a brief paragraph on the same should be included in the State Report as a case study**.**

**The Annexures following this document comprise of the following:**

- Research Instruments to be used for each activity

  ******The demographic and TV Viewing Habits schedule and the Pre- and Post Exposure Schedule for the 1st Episode is being sent with the TOR.
  **Pre- and Post Exposure schedules for the remaining episodes will be sent AFTER telecast of each episode respectively)
- Checklist to be adhered to before final submission of data (Filled schedules, State Report and Forms)

## Essential Information and Tasks for Collaborators

1. **WORK PLAN:** Upon accepting the call for collaboration and the TOR, and having read the Annexures, the Collaborator will share the Confirmed Field Activity Plan for Primary data collection, which will include:

   1.1 List of supervisors/investigators hired for the study with details on prescribed format provided by IIMC (bio-data form)

   1.2 Names, phone numbers and email Ids of the selected respondents

2. **HIRING OF SUPERVISOR/INVESTIGATOR:** The Collaborator may hire Ph.D Scholars/PG students (both male and female) as investigators. As per the sample requirement, 1 supervisor and/or 1-2 investigator/s will be required to complete the tasks.

   2.1 **Training of Investigators:** The supervisor will provide training for conducting the pre- and post- exposure surveys as well as the details of the research study, objectives and methodology. Should the Supervisor have any questions regarding any aspect of the Study, s/he will direct the queries to the IIMC Project Team (names, phone numbers and email Ids will be shared in the Letter of Invitation to Collaborate).

   2.2 **Specifically,** each supervisor will also train his/her team on the following:

   - Familiarity with research methodology: reading and comprehension of research instruments
   - Building rapport with the respondent
   - Mock interview session: A mock session should be conducted in which the investigators will be paired and one of them will administer questionnaires to the other. Supervisor will observe the skills of investigators in asking questions, how they are filled up and resolve queries related to questions or ways of asking questions.
   - Observing of COVID -19 safety norms should the meetings be held face-to-face
   - Submission of filled questionnaires

   2.3 **Hiring of Vehicle:** Vehicle ***may be*** hired strictly for the purpose of conducting fieldwork should it not be feasible to conduct the surveys online or on phone. More than one vehicle can be hired if the work plan indicates selection of more than one location.

   2.3.1 In case the university/department utilises their own vehicle, the receipts of fuel will have to be submitted to IIMC.
   2.3.2 In case OLA/Uber/taxi is hired, the bill needs to be submitted to IIMC.

3. **SURVEY KIT FOR INVESTIGATORS: Each supervisor and investigator will be carry the following items during the survey (*if conducted in person*):**

   - A plastic folder, letter pad, pencil, eraser, sharpener, authorisation letter, ID card

- Questionnaires/ Forms
- Mask/ face shield & small bottle of sanitizer
- ArogyaSetu app downloaded on their mobile phones

## 4. FUND ALLOCATION FOR FIELD RESEARCH, RELEASE AND PAYMENT

### 5.1 Fund Allocation per State

***Table No.1***

| S. No. | Budget head | Amount (in Rs) |
|---|---|---|
| 1 | **Collaboration Fee** (*includes Payment to Supervisor)*<br>(Overall conduct and supervision of the field activities as per ToR) | Rs. 5,000/- |
| 2 | **Token Amount/Gifts to the participants of Pilot Study**<br>33 Participants x Rs. 50 per episode x 8 episodes | Rs. 13,200/- |
| 3 | Printing of field Material/ Questionnaires / Stationary | Rs. 2777/- |
| 4 | Miscellaneous (local travel, courier, etc.) | Rs. 5,000/- |
| | Total | Rs. 25,977/- (Rupees Twenty Five Thousand Nine Hundred and Seventy Seven only) |

- **All original receipts need to be submitted to IIMC for release of payment.**
- **Expenditure in each head should be within the budget mentioned.**
- **Any kind of exceed in any head will not be considered without taking prior permission of the coordinator from IIMC.**
- **No other expenditure will be entertained.**

5.2 **Release of Funds:** 50 percent (50%) of the total amount will be released upon the receipt of the following documents/details :

- Signed agreement and signed TOR
- Work Plan from the state Collaborator
- Bank account details in prescribed form
- Bio-data forms of supervisor & investigators

5.3 **Account settlement:** The remaining 50 per cent (50%) of the budget will be released after the following is received from state Collaborator:

- Filled form for completion of field activity by Collaborator (Annexed with filled questionnaires/schedules /socio-demographic profile including contact details of respondents)
- State Reports, 1 per State (Maximum of 10 pages per report)
- Original payment receipts from supervisor/ investigators
- Original bills and receipts of other expenditures incurred during the study (taxi/printing/photocopy/mobile recharge/mineral water/safety kit/survey kit)

5.4 **Scope for Re-Allocation:** Funds under heads 3 and 4 in the Budget may be reallocated amongst one –another based on expenditure. Since these 2 heads describe the scope and type of expenditure that may be incurred during the fieldwork, receipts and bills other than the listed items will not be accepted.

- Any expenditure without submission of a proper/verified bill will not be reimbursed.

5.5 **Mode of Payment:** Transfer of funds will be done strictly through NEFT/RTGS mode of online bank transfer. **The signed TOR must contain the bank account details of the university/department/ Supervisor for transactions.**

## DELIVERABLES

**Table 5**

| Sl. No. | Tasks | Description of Tasks | Timeline |
|---|---|---|---|
| **1** | **Identification of sample and sharing the same with IIMC** | The sample of 33 participants as per the sampling design | **December 15** |
| **2** | **Printing of Documents & Instruments and Field Plan** | Printing/Photocopy of:<br>• Questionnaire/interview schedule/ training guidelines /work plan / forms<br>• Bio data forms, payment vouchers, receipts, authorisation letter | **Concurrent with the receipt of each episode schedule from IIMC** |
| **3** | **Primary data Collection** | Survey | **12 December 2020 onwards. Pre- and Post Exposure surveys for the episode may be conducted on the same day.** |

| | | | |
|---|---|---|---|
| **3** | **Verification of Data and Final Submission of Schedules and State Report** | • Checking /cross checking of each schedule thoroughly<br>• Verifying collected data with investigators and fill the missing information<br>• Submitting Pre- and post-exposure questionnaires<br>• Submitting the State Report | **March 8, 2021** |

**Following Items/support will be provided by IIMC to Collaborator:**

1. **Research Tools:** Soft copy of questionnaires, checklists/ matrix/bio-data forms/payment vouchers.
2. **Continuous support to Supervisors online and/or telephonically**
3. **Remuneration for field work:** To the collaborating department/university
4. **A certificate will be awarded** to Supervisors and Investigators from IIMC upon completion of the study.

**TOR DOCUMENT: TO BE PRINTED, FILLED, SIGNED, SCANNED and EMAILED TO IIMC**

## Agreement

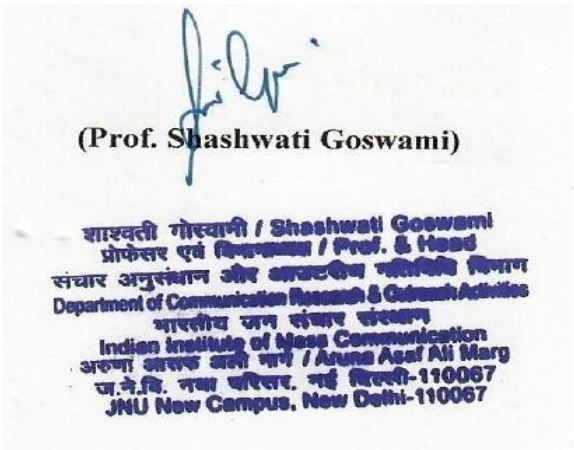
The department of ..... ……on behalf of ..... (name of University, Place) hereby agrees to collaborate with the Indian Institute of Mass Communication, New Delhi, for conducting Primary data collection for the Research Study on *Effectiveness of TV Health Programmes on Health Literacy: An Impact Evaluation of Lok Sabha TV's Healthy India Programme*, sponsored by Ministry of Health and Family Welfare, Government of India.

It has also agreed to the Terms of Reference towards fulfilment of the collaboration, which includes:

1. Undertaking of research activities as per timeline
2. Collaboration fee, allocations and release of payment through Online bank transfer
3. Submission of Data/Bills and receipts for release of payment

**Kindly furnish the following details of the bank account.**

a. Name of the Account Holder: …….
b. Account Number ……..
c. Type of Account (Saving or Current) ……..
d. Name of the Bank ……
e. IFSC Code …….....
f. Branch Address …….




**Name & Signature of the Representative/ Collaborator**

Head of the Department
Dept. of Communication Research & Outreach Activities
Indian Institute of Mass Communication

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