Mass Communication Department

The Policies and Standard Operating Procedures (SOPs)

This document is meticulously designed to boost the Mycetoma Research Centre (MRC) toward its vision of **"Zero Mycetoma Globally"** by integrating three pillars of communication: strategic precision, ethical integrity, and collaborative synergy. Each policy and procedure serves as a conduit to amplify mycetoma awareness, dismantle stigma, and inspire action across communities, governments, and global health networks.

1. Strategic Communication

- **Targeted Messaging**: Policies prioritise the development of audience-specific content (e.g., radio programmes for rural populations with low literacy, social media campaigns for youth).

- **Multi-Channel Dissemination:** SOPs ensure messages are optimised for the unique strengths of each medium, documentaries for emotive storytelling (TV/YouTube), infographics for rapid information sharing (social media), and workshops for skill-building (Training Unit).

- **Impact Measurement:** Regular analytics reviews (e.g., YouTube engagement rates, workshop feedback) inform iterative improvements to maximise reach and drive behavioural change.

2. Ethical Communication

- **Patient-Centered Advocacy**: Strict consent protocols and anonymisation standards protect patient dignity while amplifying their voices. Content avoids exploitative imagery, focusing instead on resilience and hope.

- **Evidence-Based Narratives:** All materials are grounded in MRC research and WHO guidelines to combat misinformation. The Library Unit verifies data to maintain scientific credibility.
- **Cultural Sensitivity:** Campaigns are co-designed with local communities (e.g., collaborations in Sennar State) to respect local traditions and ensure relevance.

3. Collaborative Communication

- **Global-Local Partnerships:** Procedures formalise alliances with entities like DNDi, Eisai Co., and universities to pool expertise (e.g., blending MRC's medical insights with 3D Artistic & Media Production's technical skills).
- **Cross-Sector Engagement:** The "We Are With You" celebrity network and joint projects (e.g., the French Embassy's "All Hopes for Patients") utilise diverse influencers to broaden advocacy efforts.
- **Resource Sharing:** Collaborative workflows (e.g., TV Studio and Digital Montage Unit) prevent duplication and optimise budgets for high-impact outputs, such as the *Mycetoma Behind the Lens* project.

Alignment with "Zero Mycetoma Globally"

By harmonising these principles, the document ensures that every communication effort:

- Educates at-risk populations on prevention and early care-seeking.
- Mobilises policymakers and donors through compelling narratives about the socioeconomic burden of mycetoma.
- Empowers healthcare workers with training materials to improve diagnosis and referral systems.
- Unites global stakeholders under a shared vision, accelerating progress toward elimination.

The Department Policies

1. **Core Policies**

1.1 Content Creation & Dissemination Policy

- **Accuracy & Alignment**: All content must align with the MRC mission. Fact-checking by the administration is mandatory before publication.
- **Multi-Platform Strategy:** Content must be tailored for diverse media (TV, radio, digital, print) to maximise reach.
- **Ethical Standards:** Avoid sensationalism; prioritise patient dignity and evidence-based messaging.

1.2 Collaboration & Partnership Protocol

- **Stakeholder Engagement:** Formalise partnerships via MOUs with entities like WHO, DNDi, and universities.
- **Cross-Unit Coordination:** Monthly inter-unit meetings to align projects (e.g., TV Studio collaborating with Digital Montage for documentary editing).

1.3 Patient Confidentiality & Consent

- **Explicit Consent:** Written consent forms (local/English) are required for patient stories/images.
- **Data Protection:** Secure digital archives with restricted access; anonymise data for public campaigns.

1.4 Training & Capacity Building

- **Workshops**: Biannual training for media professionals using materials approved by the Training Unit.
- **Evaluation:** Post-workshop assessments to measure knowledge retention and impact.

1.5 Resource Management

- **Equipment Use**: Logbooks for studio equipment are maintained, with priority given to projects focused on mycetoma.
- **Budget Allocation**: Annual budget review for fundraising campaigns and collaborative projects.

TV Studio Standard Operating Procedures

The following Standard Operating Procedures (SOPs) outline a comprehensive workflow to ensure the creation, production, and distribution of high-quality media content that aligns with the standards of the Mycetoma Research Center. This framework emphasises collaboration, compliance, and global accessibility.

1. Pre-Production

1.1 Content Development

Research Collaboration

- Work closely with MRC/WHO researchers to draft scientifically accurate and audience-appropriate scripts.
- Hold biweekly meetings to align on key messages, target demographics (e.g., healthcare workers, policymakers, general public), and cultural sensitivities.
- Use MRC-approved health communication guidelines to ensure content clarity and impact.
- Develop visual storyboards to map out scenes, animations, and transitions, ensuring alignment with the narrative to create a cohesive and engaging experience.

1.2 Approvals

- Internal Review: Submit drafts to the MRC Scientific Board for technical accuracy and compliance with institutional ethics.
- Partner Sign-Off: Share finalised scripts with local health authorities and legal teams to confirm alignment with global health policies.
- Timeline Management: Secure approvals at least 14 days prior to filming to accommodate revisions and logistical planning.

2. Production

2.1 Location Management

- Site Selection: Film exclusively in MRC/local health authorities-approved facilities (e.g., partner clinics, field missions, simulation labs).

- Conduct pre-visits to assess lighting, acoustics, and safety protocols.
- Obtain written consent from facility administrators and on-camera participants.
- Compliance Checks: Ensure all locations adhere to World Health Organisation (WHO) biosafety standards (e.g., proper use of personal protective equipment in clinical settings).

2.2 Filming Protocols

- Crew Preparation: Assign roles (director, cinematographer, sound engineer) and conduct briefings to align on shooting schedules.
- Technical Setup: Use MRC-provided 4K cameras and audio equipment calibrated for medical environments (e.g., minimal interference with medical devices).
- Contingency Planning: Reserve backup equipment and allocate buffer days for unforeseen delays (e.g., weather disruptions during field missions).

3. Post-Production

3.1 Editing Process

- First Cut: The Digital Montage Unit compiles raw footage, integrating B-roll (e.g., lab close-ups, health worker interviews) and motion graphics.
- Quality Control: Submit drafts to the MRC Technical Review Panel for:
    - Scientific accuracy (e.g., correct depiction of medical procedures).
    - Visual consistency (e.g., colour grading aligned with MRC branding).

3.2 Localisation

- Subtitling: Partner with certified translators to create subtitles in different languages and regional dialects.
- Conduct linguistic validation to ensure medical terminology is culturally appropriate (e.g., "vaccine hesitancy" vs. local idioms).
- Accessibility: Add closed captions and audio descriptions for hearing- and visually impaired audiences.

3.3 Final Approval

- Submit the edited master file to the MRC Head of Communications

4. Dissemination

4.1 Distribution Channels

- Broadcast Partners: Share content with contracted networks (e.g., BBC, Al Jazeera) under pre-negotiated time slots for maximum reach.
- Digital Platforms: Upload to MRC/WHO YouTube, Vimeo, and social media channels, optimised for SEO (e.g., keywords: "public health," "disease prevention").
- Local NGOs: Provide DVDs/USBs to NGOs operating in low-internet regions (e.g., rural Sub-Saharan Africa).

4.2 Performance Tracking

- Analytics: Monitor viewership metrics (e.g., engagement rates, geographic reach) using WHO's Health Media Tracker tool.
- Feedback Loops: Collect stakeholder input via post-distribution surveys to refine future content.

4.3 Archiving

- Store master files in MRC's encrypted cloud repository with metadata tags (e.g., project name, release date) for easy retrieval.

5. Compliance & Training

- Annual Audits: Review SOPs with MRC Legal and WHO Ethics Committees to ensure compliance with evolving regulations (e.g., GDPR, HIPAA).
- Staff Training: Conduct quarterly workshops for production teams on:
    - Crisis communication protocols (e.g., handling sensitive outbreaks).
    - Updates in video-editing software and accessibility standards.

Radio Studio

1. Script Development

- Audience Analysis: Collaborate with MRC sociolinguists to ensure language is simplified and culturally relevant for rural populations.
- Avoid medical jargon; use local idioms (e.g., "mabet instead of "mycetoma").
- Integrate storytelling techniques (e.g., dramatisations) to enhance engagement.
- Content Review: Submit drafts to local health authorities/WHO Health Communication Specialists for technical accuracy and behavioural impact assessments.

2. Recording

Guest Coordination:

- Patient Testimonials: Secure written consent using MRC-approved templates; anonymise data if required.
- Expert Interviews: Pre-brief MRC researchers/doctors on key talking points (e.g., vaccine benefits, hygiene practices).
- Technical Standards:
    - Use soundproofed studios with noise-reduction microphones.
    - Save recordings in WAV/MP3 formats, labeled by date, topic, and language (e.g., "2023-10-05_Sanitation_Swahili").
- Quality Assurance: Conduct post-recording reviews to eliminate errors (e.g., mispronunciations, background noise).

3. Distribution

Local Partnerships:

- Pre-negotiate airtime slots with regional broadcasters (e.g., Sennar State Radio) for peak listening hours.
- Provide stations with translated scripts for live hosts.

Global Outreach:

- Syndicate content via platforms like DNDi Nairobi and WHO Africa's podcast network.

Feedback Loop:

- Collect listener data via SMS hotlines (e.g., "Text MALARIA to 5555") to measure reach and adjust messaging.

Digital Montage Unit

Social Media Management

Content Calendar:

- Schedule 3 posts/week on MRC platforms (Monday/Wednesday/Friday), timed for regional peak activity (e.g., evenings in Sub-Saharan Africa).
- Themes: Mondays (awareness campaigns), Wednesdays (success stories), Fridays (Q&A sessions with MRC experts).

Analytics & Optimisation:

- Use Meta Business Suite and YouTube Analytics to track engagement (likes, shares, watch time).
- A/B test headlines/thumbnails; reallocate budgets to top-performing posts.

Crisis Management:

- Escalate misinformation concerns to MRC's Communications Lead within 24 hours.

Graphic Design

Collaborative Workflow:

- Draft posters/leaflets using the Library Unit's research (e.g., infographics on mycetoma incidence rates).
- Submit to the MRC Branding Team for approval (colours, logos, fonts aligned with MRC guidelines).

Archiving:

- Save final designs in MRC's DAM (Digital Asset Management) system with tags (e.g., "NTDs," "2023").

Library & Material Management Unit

Archiving

Metadata Standards: Catalog content with:

- Descriptive tags: Topic (e.g., "Mycetoma "), format (e.g., "video lecture"), audience (e.g., "community health workers").

Technical tags:

- File type, resolution, language.

Digital Repository:

- Maintain a searchable cloud database (Microsoft SharePoint) with access tiers:
    - Level 1: Public (cleared materials).
    - Level 2: Restricted (sensitive research drafts).

Distribution

Training Support:

- Curate "toolkits" for the Training Unit (e.g., USB drives with workshop slides, field mission videos).

Compliance:

- Regularly purge outdated materials (e.g., statistics from before 2020) in accordance with the MRC Data Retention Policy.

Training Unit

Workshop Planning

Stakeholder Alignment:

- Jointly design agendas with WHO/NTD Department, focusing on skill gaps (e.g., "Rapid Diagnostic Testing").
- Secure venues and hybrid setups (Zoom for international attendees).

Material Preparation:

- Pack customised handouts (e.g., laminated procedure guides).

Delivery

Interactive Sessions:

- Use MRC field mission case studies (e.g., Mycetoma in Uganda – 2022).
- Simulate scenarios with role-playing (e.g., patient triage during outbreaks).

Tools:

- Distribute WHO-certified training aids (e.g., dummy injection pads).

Feedback

Surveys:

- Deploy post-workshop Google Forms assessing clarity, relevance, and instructor performance.

Reporting:

- Compile quarterly summaries for MRC Leadership, highlighting trends (e.g., "90% requested advanced microscopy training").

Supporting Unit

Logistics

Event Management:

- Coordinate "All Hopes for Patients" exhibitions: rent tents, audio systems, and security; liaise with local health NGOs to invite participants.
- Manage catering (halal/kosher options for international events).

Vendor Contracts:

- Negotiate bulk pricing with suppliers (e.g., printers for promotional banners).

Maintenance

Equipment Checks:

- Monthly inspections of AV gear, projectors, and field laptops; tag faulty items for repair.
- Calibrate lab equipment pre-workshops (e.g., microscopes).

Repair Protocol:

- Resolve critical issues (e.g., broken autoclave) within 48 hours via MRC-certified technicians.

Compliance & Evaluation

Standard Operating Procedures (SOPs)

This section ensures adherence to institutional standards, measures programme effectiveness and maintains alignment with evolving best practices in public health communication.

Audits

Objective: Verify compliance with MRC/WHO protocols and identify gaps in SOP implementation.

Frequency: Quarterly (January, April, July, October)

Procedures

Preparation:

Documentation Review:

-   Compile records from all units (e.g., signed consent forms from Radio Studio, equipment maintenance logs from Supporting Unit).

Checklist Creation:

-   Use the MRC Compliance Toolbox to generate audit criteria (e.g., "Patient consent on file: Yes/No").

Execution:

On-Site Inspections:

MRC Leadership delegates a 3-member audit team to:

-   Interview staff (e.g., Training Unit facilitators, Digital Montage editors).
-   Randomly sample 15% of recent outputs (e.g., social media posts, workshop materials) for brand/ethics compliance.

Remote Reviews:

-   Cross-check digital archives (e.g., Library Unit metadata) against activity reports.

Reporting:

Findings Summary:

Issue a report within 10 working days, categorising issues as:

-   Critical (e.g., unapproved script dissemination): Immediate corrective action required.
-   Moderate (e.g., outdated workshop slides): Resolution within 30 days.

Follow-Up:

-    Track remediation via the MRC Compliance Tracker dashboard.

Impact Assessment

Objective: Quantify the reach and effectiveness of campaigns and training programmes.

 Frequency: Annual (Report due March 1st for prior fiscal year)

Procedures

Data Collection:

Digital Metrics:

-    Extract analytics from platforms (e.g., YouTube views, Facebook shares, email open rates).

Field Data:

-    Partner with the Training Unit to aggregate workshop attendance, post-training surveys, and pre/post-knowledge tests.

Qualitative Feedback:

-    Conduct focus groups with target audiences (e.g., rural listeners of Sennar State Radio).

Analysis

 KPIs:

-    Measure against benchmarks (e.g., "60% increase in mycetoma prevention inquiries post-radio campaign").

Cost Efficiency:

-    Calculate cost per reach (e.g., USD spent per 1,000 social media impressions).

Stakeholder Surveys:

-    Use WHO's Impact Assessment Framework to score partner satisfaction (scale: 1–5).

Reporting:

Annual Impact Report:

Structure includes:

   - Executive summary (key achievements, challenges).

   - Infographics (e.g., geographic reach maps, workshop participation trends).

- Recommendations (e.g., "Increase TikTok content for youth engagement").

Dissemination:

Present findings to the MRC Board and WHO regional directors; publish public version on the MRC website.

SOP & Policy Updates

Objective: Ensure SOPs remain current with media trends, technology, and stakeholder needs.

Frequency: Biannual (June and December)

Procedures:

Review Process

Trend Analysis:

Digital Montage Unit submits a report on emerging platforms (e.g., WhatsApp Health Chatbots).

Stakeholder Feedback:

Consolidate input from:

- Staff surveys (e.g., "Rate ease of SOP 2.2 Radio Studio workflows: 1–5").
- Partner requests (e.g., DNDi Nairobi's need for French subtitles).

Revision Workflow:

Drafting

A cross-departmental committee updates SOPs, prioritising:

- Regulatory changes (e.g., new WHO data privacy guidelines).
- Efficiency gaps (e.g., reducing script approval timelines from 14 to 7 days).

Approval:

Revised SOPs require sign-off from:

- MRC Director.
- WHO Legal and Ethics Advisors.

Implementation:

Staff Training:

Conduct mandatory workshops to explain updates (e.g., "Using new DAM system tags").

Version Control:

Archive outdated SOPs in the Library Unit with "DEPRECATED" labels.

Compliance & Evaluation Workflow Summary

Q1 Audit →   Q2 SOP Update →   Q3 Audit→   Q4 Impact Report   → Repeat.

Tools

- MRC Compliance Tracker (audit management).
- WHO Impact Dashboard (real-time KPI monitoring).
- SharePoint SOP Repository (version history access).

This cyclical process ensures accountability, data-driven decision-making, and agility in public health communication strategies.

Crisis Communication Protocol

Standard Operating Procedures (SOPs)

This protocol ensures rapid, coordinated, and accurate responses to public health crises and misinformation, safeguarding institutional credibility and public safety.

Rapid Response Team (RRT)

Objective: Mitigate misinformation and manage urgent health alerts with precision and speed.

Team Composition & Roles

- RRT Lead: Senior Communications Officer (MRC/WHO): Oversees strategy, approves messaging and liaises with leadership.
- Spokesperson: Media Relations Specialist – Delivers press briefings and on-camera statements.
- Content Specialist: Digital Montage Unit Lead – Crafts social media rebuttals and updates.
- Legal Advisor: Reviews statements for compliance with WHO/MRC policies and local laws.

- Field Liaison: Connects with on-ground health workers for real-time data (e.g., outbreak severity).

Activation Criteria

- Confirmed misinformation trending on ≥2 social platforms (e.g., false vaccine claims).
- WHO-declared Public Health Emergency of International Concern (PHEIC).
- Direct request from government health authorities.

Response Workflow

Detection

Social Listening: Use Brandwatch/Meltwater to flag high-risk keywords (e.g., "untested mycetoma drug").

Escalation

Alert RRT Lead within 15 minutes of detection.

Verification:

Cross-check facts with MRC researchers and the WHO Disease Intelligence Unit.

Message Crafting:

- Use pre-approved templates to draft rebuttals or alerts.
- Tailor tone to audience (e.g., empathetic language for affected communities).

Approval:

- Secure RRT Lead and Legal Advisor sign-off within 1 hour

Dissemination :

- Priority order: WHO/MRC website → press release → social media.
- Partner with local influencers (e.g., trusted community leaders) for grassroots reach.

Tools & Resources

- Encrypted Slack channel (#Crisis_Alert) for real-time coordination.
- WHO's Epidemic Intelligence Portal for live data.

Pre-Approved Templates

Objective: Accelerate response times with ready-to-use, evidence-based messaging.

Template Development

Scenario Coverage:

  - Disease outbreaks (e.g., "Cholera Prevention Guidelines").

  - Misinformation rebuttals (e.g., "Fact Check: HPV Vaccines and Infertility").

  - Safety alerts (e.g., "Recall of Counterfeit Medications").

Collaboration:

Jointly drafted by MRC scientists and WHO risk communication experts.

Approval Process

- Reviewed quarterly by MRC Legal and WHO Ethics Board.

- Stored in a centralised, password-protected repository (MRC SharePoint: /Crisis_Templates).

Customisation & Localisation

Language: Translated into 6 UN languages + regional dialects (e.g., Hausa for West Africa).

Placeholders: Variables for location-specific data (e.g., "[CITY] outbreak contained").

Access Protocol

Permissions: RRT members and Unit Heads only.

Version Control: Label files with dates (e.g., "Ebola_Alert_Template_2023-11_v2").

Post-Crisis Review

Debriefing:

  - Conduct a 48-hour post-crisis meeting to assess RRT performance (e.g., speed, accuracy).

Report:

  - Document lessons learned, public sentiment analysis, and reach metrics.

 Template Updates:

  - Revise templates based on gaps identified (e.g., adding Zika virus scenarios).

Training & Drills

Quarterly Simulations: Mock crises (e.g., "Viral Fake News on Tuberculosis Treatment") to test RRT readiness.

Stakeholder Workshops: Train spokespersons in crisis media tactics (e.g., bridging techniques in interviews).

Crisis Communication Workflow Summary

Detection →   Verification →   Message Crafting →

Approval →   Dissemination →   Post-Crisis Review.

Tools:

- WHO's Global Outbreak Alert and Response Network (GOARN).

- Hootsuite for synchronised social media rebuttals.

This protocol prioritises agility, accuracy, and public trust, aligning with WHO's International Health Regulations (IHR) and MRC's commitment to evidence-based communication.

Approval & Implementation

- **Approved by the MRC Director.**

- **Effective Date: 23th May 2021**