



GOVERNMENT OF KERALA

Abstract

Health and Family Welfare Department -Health Communication-
Comprehensive Health Communication Strategy-Approved - orders
issued

HEALTH AND FAMILY WELFARE (M) DEPARTMENT

G.O.(Rt)No.2853/2021/H&FWD Dated,Thiruvananthapuram, 20/12/2021

ORDER

Health and Family Welfare Department is taking various measures to provide efficient health services to patients. For the effective service delivery it is important to have a well thought out communication strategy and campaign with the specific objectives focusing at the awareness generation regarding health, control of disease, prevention activities to involve people in building movement to have healthy Kerala.

Accordingly Government are pleased to accord sanction in principle to the comprehensive health communication strategy appended to this order that could effectively address priority needs and challenges in the health sector.

The following Guide lines are also issued for the effective implementation of the Communication strategy.

1)Here after all aspects related to health for all the segments will be branded by the name

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3)All the Organisations/Departments and units of the Departments under Health & Family Welfare Department, Govt.of Kerala shall do all their awareness activities, documentation etc by using

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4) In order to do proper messaging the following interventions shall be undertaken under Nav Kerala Karma Padhathi II.

Sl. No.	Activities	Responsibility
1	<p>a) Remove all old hoardings and cluttering of the Hoardings.</p> <p>b) Retain the hoardings at the strategic points.</p> <p>c) Messages on hoarding to be uniform all across the state.</p>	<p>For all major hospitals (Medical College Hospitals, General Hospitals, Specialty Hospitals, District Hospitals and Taluk Hospitals) the procurement and execution of hoardings at the hospitals shall be done from the State level ie. by the Director of Medical Education/Director of Health Services as the case may be and for the other hospitals Superintendent of the concerned hospitals shall take follow up actions.</p>
2	<p>Out of all hoardings at the hospitals, one hoarding shall be interactive hoarding so that every month/Quarterly a theme shall be taken up for informing all in a creative way.</p>	<p>This shall be done in major Health institutions such as Medical College Hospitals, District Hospitals and the procurement and execution shall be done by the Director of Medical Education/Director of Health Services.</p>
3	<p>a) All Hospital compound walls shall be kept clean.</p> <p>b) Wall writing messages to be uniform all across the State and in the same way. The messages shall be clear and it shall be on white background with black fonts.</p>	<p>This shall be done in all healthcare institutions and the procurement and execution shall be done by respective District Medical Officer (Health).</p>

4	Health Awareness Corner shall be set up in Out Patient Department and in area of congregation ensuring the following. a) Display arrangement. b) Audio visual films to be shown. c) ICE pamphlets to be made available.	This shall be done in major health institutions.Planning and execution shall be done by DME/DHS.
5	<u>Hospital Board Names:</u> Name ,colour and font in Hospital Name Board should be uniform all across the State. A prototype will be developed and shared with all institutions.	This shall be done in all healthcare institutions and the procurement and execution shall be done by respective Healthcare Institution.
6	<u>Way Marker:</u> Major hospitals such as Medical College Hospitals, General Hospitals, District Hospitals, Women & Children Hospitals and Mental Health Centres shall have standardized design way markers inside the hospital premises.	This shall be done by the respective Hospital Superintendent.
7	<u>Uniform Colour Scheme:</u> If any hospital maintenance works are being done,uniform color scheme across the State shall be done.	This shall be done at respective Hospital Level.

Project Director, Kerala State AIDS Control Society will be in charge of media to coordinate. He shall work out messages and detailed of the above activities after detailed discussion with all concerned.

(By order of the Governor)
Rajan Namdev Khobragade
Principal Secretary

To

All Heads of Departments and Head of Institutions under the Health and Family Welfare Department.

The State Mission Director, National Health Mission,
Thiruvananthapuram.

Project Director, Kerala State Aids Control Society.

All District Collectors.

Principal/Superintendents of all Government Medical Colleges.
All District Medical Officers.
The Accountant General (A&E/Audit) Kerala Thiruvananthapuram.
Director, Information & Public Relations (Web & New Media) Dept.
Stock File / Office Copy

Forwarded /By order

Section Officer

Copy to
Private Secretary to the Hon'ble Chief Minister.
Private Secretary to the Hon'ble Minister (Health, Woman and Child
Development)
Personal Assistant to the Additional Chief Secretary, Health and Family Welfare
Department.
Personal Assistant to the Principal Secretary, Health and Family Welfare
Department.

(Signature)

Encl-Letter. DEM 4-4682/22/DHS DH 28/1/2022

Copy of the Govt. Order Communicated to ALL DMO's
For information and necessary action.

(Signature)
For Director of Health Services

9/6
29/1/22

(Signature)
28/1

Health Communication – Strategic Approach

Concept Note

Kerala owns a health system that has demonstrated features in good performance dimensions. Professional and technical inputs received over years from administrators and health professionals have helped the state to develop a competent strategy. Impressive achievements of the state in infant mortality, maternal mortality, birth rate, life expectancy etc. are outcomes of good performance of state health systems. Professionally oriented health human resource is yet another asset of the Kerala government health system. However there are upcoming challenges also that the state health systems in Kerala faces. Episodes of epidemics, emotional morbidity evidenced by high suicide and alcohol use, increasing trends in non-communicable diseases etc. are challenges that the health system needs to address effectively. One important area to be addressed in this regard is health communication. A comprehensive health communication strategy that could effectively address priority needs and challenges in the health sector is the need of the state

Technical Profile

Communication is the overarching component of any program to ensure its efficiency and success. Communication should be simple, clear and complete and it should ensure immediate and sustained desired outcomes to be considered appropriate. This shall be ensured in the overall communication strategy for the state. There should be a well-structured Communication Needs Assessment (CNA) in the beginning. The contents and strategies should be periodically reviewed with the help of subsequent Communication Impact assessments. Major programs under health department like RNTCP, NACP, Immunization etc. shall have different strategies in which the current national strategic points and the state approaches are properly blended. Comprehensive Health Communication Strategy envisioned in this regard should have the following technical profile to address priority health issues in the state.

1. Focus of communication: - The focus of communication in the overall strategy should cover following areas to ensure that all the priority issues are effectively addressed.

A. Awareness building: - Need and methods for awareness building and how that shall be done for different issues and situations.

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B. Service uptake: - The communication in this aspect should be focussed on the service provisions available for different health issues and the need for people to come forward and access it at an early stage and consistently.

C. Behaviour Change Communication: - Here the communication content and strategy shall have specific intention of effecting a behaviour change.

D. Health seeking behaviour: - Here the focus of communication shall be to improve the health seeking behaviour of different civil segments in the context of different disease situations

2. Channel of communication

A. Mass media: - Opportunities, potentials and challenges of mass media in the context of disseminating messages in epidemics, healthy habits and preventive methods of different diseases shall be focussed here. Print and electronic media shall be focussed here.

B. Mid media: - Appropriateness and methods of using mid media in situations requiring building or modifications of practices and behaviours shall be used.

C. Social media: - Highly increasing relevance of social media and its optimal use for cost effective and instant communication on different situations of health challenges shall be focussed.

D. Outdoor media: - Situations requiring recurrent and sustained information sharing shall be addressed through outdoor media. Wall paintings, hoardings, communication panels etc. for disseminating messages of contextual relevance shall be focussed.

E. Interpersonal communication: - The importance of IP communication and need to be impressed upon the different functionaries. Need for ensuring competence, effectiveness and standardisation of contents of communication shall be focussed.

3. Process for content development

A. Contents with beneficiary perspective: - Here communication needs and requirement of beneficiaries of health program shall be focussed. What he / she would like to know and what changes and benefits shall be expected will be covered.

B. Contents with provider perspective: - Here communication needs and communication outputs from the health care provider perspective shall be focussed. Skills and contents of communication shall be covered.

C. Contents with health care service perspective: - This shall cover the types of services as a destination based on which different information to public and the service beneficiaries are provided.

D. Context perspective: - Here communication in the context of special situations likes natural calamities (flood), seasonal health issues, health care and precautions during festival seasons etc shall be focussed. Health communications pertaining to the different health care institutions shall also be part of it.

E. Creatives / Animations for complementation: - The relevance and effectiveness of creative and animations and its use in ensuring effective health communication shall be focussed. Basic skills on this will be built in mass media officers and nodal persons of different programs.

4. Cross cutting areas

A. Communication gaps: - Mechanism to be developed for health services department in general and each programs in particular for identifying gaps in communication at respective levels. Programmatic deficits to be improved with specific changes in communication shall also be covered

B. Resource constraints: - This will look into the optimum utilisation of resources available for communication. Potentials of "no cost" and "low cost" communication shall be explored and integrated. Social marketing of health services and commodities and the communications therein shall be included.

C. Advocacy and networking: - This shall act as a quality addition to the communication to cross inter-sectorial areas and help in adding man and material resources to complement the health communication in the state.

D. Policy & Ethical issues: - This is yet another cross cutting area that will ensure that the content and process of communication on health issues are kept within the policy and ethical norms of national and state governments.

E. Documentation & knowledge synthesis: - This shall be aimed at show casing good practices and replicable models in communication in the state health systems.

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