

**Intensive and Focused COVID-19
Campaign on Unlock with Precautions:
Jharkhand Communication Plan**

Introduction

The State of Jharkhand recorded its first COVID-19 positive case on 31st of March 2020. Ever since then, the COVID 19 pandemic has led to unprecedented challenges requiring collective action and support from all. Practicing key preventive behaviours such as hand hygiene, coughing etiquettes and social distancing has been recognised as most common solution to prevent spread of Covid-19 and the State of Jharkhand has been at forefront to promote key preventive behaviours through various Risk Communication and Community Engagement Interventions. The Risk Communication and Community Engagement interventions were customised to address the challenges and modified as per the changing needs and trend of the pandemic after duly taking into account the spatio-temporal variations. State of Jharkhand started its Risk Communication and Community Engagement interventions to spread awareness regarding COVID-19 on 26th January 2020 from the airport at Ranchi. In the next phase, intensive communication interventions were undertaken during lockdown to spread awareness about preventive and protective measures for COVID -19. The focus was to generate awareness among the people to stay inside and follow preventive behaviours. Later with the influx of home bound workers, incidences of stigma and discrimination against health and sanitation staff, incidents of people getting infected with COVID due to various myths, lack of knowledge and prevalent ignorance, the state planned comprehensive Risk Communication Community Engagement interventions to address stigma/myths and discrimination. In this way the State implemented activities at various levels through IEC Cell of Jharkhand Rural health Mission Society and Information & Public Relations Department of the State, which also developed comprehensive Risk Communication Community Engagement materials in Hindi and local languages.

With the relaxation in lockdown norms and opening of social and economic activities in the State, there was a felt need to infuse a strategic shift in Risk Communication Community Engagement in order to reinforce the importance of key behaviours to prevent spread of Covid-19 during social interactions in a sustained manner. The key considerations of Risk Communication Community Engagement will be:

- Combating COVID-19 amidst unlocking of economy.
- Upcoming festival season.
- Winter season is approaching.
- Although recovery rate is high, there is a need to take precautions.
- Collaboration with government departments and other partners across the state.

Status of key communication activities to address COVID-19 in the state of Jharkhand to date:

S.No.	Communication Activity	Total Achievement
1.	Development of IEC Prototype.	86
2.	Number of press advertisements released.	78

3.	Number of personnel trained.	All ANM, Anganwadi Workers, State Trainer Team (STT), Block Trainer Team (BTT) & Sahiya

Principles of the Communication Strategy

A communication strategy document such as this one would help in optimizing resources by prioritizing issues, audiences and channels so as to ensure optimal impact of communication initiatives towards mass scale awareness generation and thereby control of the infection spread. A set of principles underlying this strategy and having informed its development process are as below:

- **Recognition of multiple audiences and the need for segmentation:** The strategy recognizes that communication has to address several layers of audiences, each with its own concerns and channels of access.
- **Flexibility in design of the strategy:** While it hopes to provide a guideline for action, it envisages in-built mechanisms for modification if required based upon feedback and monitoring.
- **Synergy in communication:** Flexibility is also to be seen in the context of districts developing and executing communications interventions that respond to local level needs and tap into existing channels for outreach. Thus while region-specific initiatives are important, so also is the need to synergize communication between the district and State level so as to ensure consistency of core messages.
- **A 360° multi-channel approach:** Recommendations on the range of appropriate channels that may be considered to reinforce the core positioning of the campaign and provide synergy have been included.

The shift in Communication focus: (*The key messages for the Strategy are*)

1. Central message in the earlier communication strategy:

- During lockdown: “Stay Home, Stay Safe”.
- During Unlock: Aatma Nirbhar Bharat.

2. New strategy for “Unlock with Precautions”:

- Unlock does not mean the end of the pandemic.
- Focus on COVID-19 Appropriate Behavior with economic needs.

3. **Continuous emphasis on the need to embrace new and existing technologies.**
4. **Region-specific targeted communication in high case-load districts.**
5. **Specific messages for social and religious situations based on Standard Operating Procedures.**
6. **Aarogya Setu App.**
 - Promoting active use through push notifications.
 - Encouraging downloads among untapped populations through radio jockeys of FM stations, All India Radio and Doordarshan.
7. **Encouraging COVID-19 testing and health seeking behavior.**
8. **Promoting immunity boosting AYUSH measures.**
9. **Specific communication in view of the approaching festive season.**

MODES OF CAMPAIGN COMMUNICATION

Public communication campaigns are the campaigns that use the media, messaging and an organized set of communication activities to generate specific outcomes in a large number of individuals and in a specified period of time. These campaigns leverage the cognitive, social & environmental factors of the individuals & society to result in appropriate behaviour change and eventually to the desired action.

There are two ways to effectively launch the campaigns, interpersonal awareness through Department and Government's human resources and through mass media campaigns.

Inter-personal Campaigns through Government Human Resources:

This mode is specifically dependent on the number of contact points at various service delivery points. Main stressing points are to clearly convey the right ways to wear masks, frequent hand hygiene, quick identification of symptoms and getting tested without any delay.

1. Department of Health, Medical Education & Family Welfare:

- a. Sahiya (ASHA):
 - i. Frontline Worker, responsible for wall writings and social mobilization of the village population & general counselling on best practices for effective prevention of the COVID-19.
 - ii. Demonstrate, right use of mask & washing.
 - iii. House to house survey & messaging for positive behavioural change.
- b. ANMs:
 - I. Frontline Health workers, responsible for facilitating the sample collection & referral of any symptomatic cases.

- II. Basic awareness in prevention & spread of the disease. Help in management of the infected person & other data related handholding.
- c. Community Health Officers:
 - i. Help in identification of the vulnerable population with any pre-comorbid conditions.
 - ii. Temperature monitoring & effective triaging.
 - iii. Demonstrate precautionary measures to protect infection.
 - iv. Diagnosis & refer for treatment of cases that are likely to become co-morbid.
- d. Block Trainer Team:
 - i. Shall effectively train Sahiyas on rotational basis with help of Audio-visual aid from the relevant NGO partners.
 - ii. Establish co-ordination to help scale up the testing with help of Administration.
 - iii. Supervise public display of the IEC materials as provided by the state.
- e. Medical Officers:
 - i. Ensure robust clinical management & dead body management.
 - ii. Ensure visits to COVID hospitals & proper infection prevention protocols are complied with all the time.
 - iii. Strict movement control & triaging & checking of the temperature before prescribing to patients.

2. Department of School Education and Literacy:

- a. Para-Teacher/Regular Teacher:
 - i. Shall oversee the implementation of the infection prevention protocols at school in co-ordination with the principal.
 - ii. Online classed to have a mandatory 10 mins session for making aware all children about the ways the infection spreads.
 - iii. Also, convey right way to wear mask & sneezing etiquettes to help children change their parent's behaviour.
 - iv. Shall keep the soap in each toilet & sanitize the toilets every-day.
- b. Cluster Resource Person/Block Resource Persons:
 - i. Shall monitor the activities as mentioned above.
 - ii. Develop reporting mechanism on steps taken.
 - iii. Reverse feedback methodology.
 - iv. Organization of cluster level interpersonal communications.
 - v. Use of projectors and help in content development.
 - vi. Leveraging communication benefits of Gyansetu and E Vidyawahini.

3. Department of Women, Child Development & Social Security:

- a. Anganwadi Worker / Sahayika:

- i. All entry points to anganwadi Kendra shall be sanitized.
- ii. Ensuring hand washing/sanitization facilities at entry points.
- iii. Display of posters, & markings at 2-meter distance for all coming to anganwadi centers.
- iv. School & community interaction with children shall be demonstrated & the food shall be prepared in accordance to the guidelines shared time to time.
- v. Wearing gloves wherever necessary & visiting the households.

b. Anganwadi Sevika:

- i. She shall audit the work of the AWW and ensure that all the IEC activities are done on time with infection prevention protocols in place.

4. Department of Drinking Water & Sanitation:

a. Jal Sahiya:

- i. She shall be responsible for mobilizing resources for testing of water bodies.
- ii. She shall also, on time to time demonstrate on the VHSND about the ways to disinfect water.
- iii. She shall keep note of the people infected in the Village & monitor the access to safe drinking water for the infected family.

b. District/Block Coordinator:

- i. Provide support to the works undertaken by the Jal Sahiya & the Social mobilisers in implementing infection prevention.

c. Social Mobilisers:

- i. On time to time conduct nukkad natak for creating awareness for effective & infection free utilization of the water resources.
- ii. Also, spread awareness for potential exposure to the living stock that might be dependent on the same water resources.

d. *Swachtaghrai Volunteers:*

- i. They shall make observations about the open defecation & shall be responsible for making the public aware about potential spread of COVID-19.
- ii. They shall also be responsible for facilitating the sanitization of any public toilets that exist in the village.

5. Department Of Home, Prison & Disaster Management

a. Home Guard:

- i. Shall be deployed in the containment zones to monitor any violation of the restriction imposed.

- ii. Can be deployed in night & day at public & tourist places to keep vigil & report any violations.
- b. Sahayak Police Officers / Constables/ Special Police Officers
 - i. Shall impost fine on the violators.
 - ii. Take necessary steps to quiz violators before releasing them.
 - iii. Use methods like that this test score 9/10 or more else fine or any other creative ways to make public aware.
- c. Aapda Mitra
 - i. Information dissemination.
 - ii. Developing response mechanism.
 - iii. Myth busting.
 - iv. Dead body disposal.
 - v. Transportation of COVID positive persons.
 - vi. Implementation of decisions of State Executive Committee & District Disaster Management Authority.

6. Rural Development & Panchayati Raj Department:

- a. Gram Rozgar Sevak:
 - i. Shall facilitate safe work conditions at the MGNREGS work locations.
 - ii. Proper social distancing while working, resting & eating.
 - iii. Also, in case of any symptomatic or suspect cases of the COVID, he/she should refer the person for the COVID test.
- b. Panchayat Sevak:
 - i. Shall make sure that everyone attending the meetings shall wear mask.
 - ii. Everyone involved in the office of the village panchayat shall strictly follow the Infection Prevention Control & provision of soap at all the hand wash locations.
- c. Panchayat Representatives:
 - i. Shall facilitate all the meetings with proper COVID prevention norms and sanitization of the premises of the meeting before & after.
 - ii. Shall also support the works of all the other partners & departments as mentioned above.
- d. Sakhi Mandal & Women Self Help Group:
 - i. Support and make everyone in the group aware.
 - ii. Shall ruthlessly impost fine on the violators.
 - iii. Take necessary steps to quiz violators before releasing them.

- iv. Use methods like that this test score 9/10 or more else fine or any other creative ways to make public aware.

7. Department of Revenue, Registration and Land Reforms

a. Revenue Inspector:

- i. Interact with all the raiyats.
- ii. Pre Printed messages in revenue receipts, notices.
- iii. Keep their offices hygienic and follow use of mask.
- iv. Coordinate with traditional village headmen.
- v. Keep record of sanitization.
- vi. Gather information about any planned large gatherings.

b. Circle Inspector:

- i. Monitor activities of revenue inspectors.
- ii. Generate feedback mechanism.
- iii. Interpersonal communication during field visits.
- iv. Provide information to Circle Officer.

c. Chaukidar:

- i. No Mask No Entry.
- ii. Shall ensure social distancing of 2 meter.
- iii. Coordinate with traditional headmen.
- iv. Keep Visitors log in villages.
- v. Keep record of sanitization.
- vi. Inform officials about any planned large gatherings.

8. Department of Agriculture, Animal Husbandry and Cooperative:

a. Jansewak:

- i. Information dissemination among farmers.
- ii. Use of farmers mass media platforms.
- iii. Target cooperative societies.
- iv. Advertisement through IFFCO/NABARD etc.
- v. Monitor social distancing and use of mask during seed distribution and farming activities.

b. Krishak Mitra/Matsya Mitra/ Arya Mitra

- I. Awareness among farmers at village and tola level.
- II. Messages on social distancing and use of mask near sources of irrigation in villages.
- III. Rope in all seed distributors.
- IV. Inform officials about any planned large gatherings.

Mass Media Campaign:

Mass media campaigns are different medium to reach a larger audience in the minimum amount of time, such campaigns are creative & target group specific and hence, choosing to advertise or by time in such platforms can be a very cost-effective strategy for mass behavioural change.

1. Newspaper [Print & electronic].
2. Radio/Podcasts [Most active & high subscription].
3. News & TV channels.
4. Social Media [Youtube/Facebook].
5. Advertisement in High TRP channel.
6. Magazines [High circulation & reach].
7. Haat Bazaar [Announcement & Miking].
8. Banners/hoarding & Posters.
9. Mall & Airports & Railway station advertising channels.

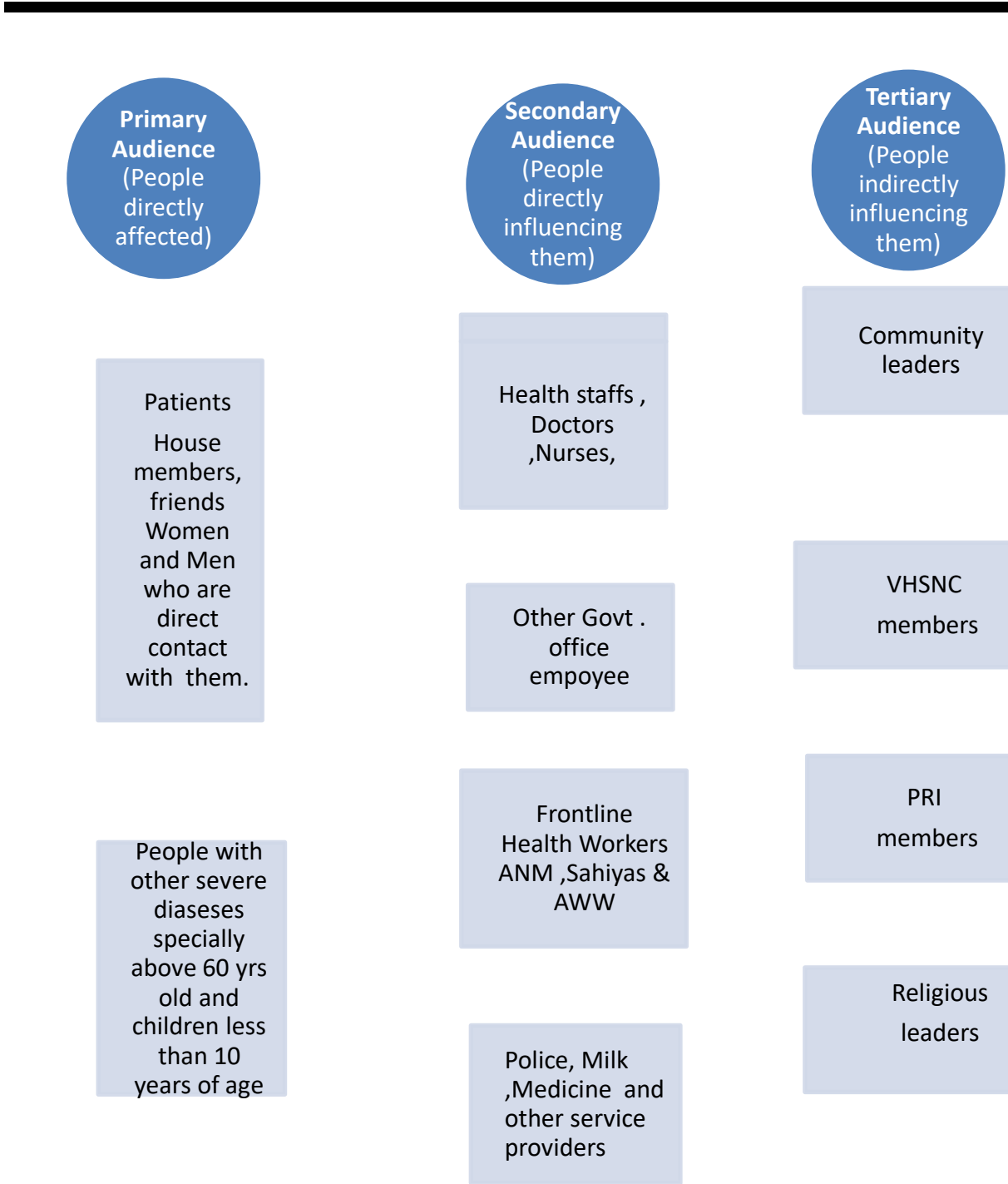
The selection of media & content space shall strictly be done based of the cost to benefit analysis with help of a research/advertising agency. Maximize cost per impression. A minimum of 4 impressions are recommended.

Working with Key Groups

As is revealed in the *Model for Change* there are certain key audiences that one needs to reach out to and certain individuals/groups and other channels that need to be used to reach out to or influence the key audiences. This section will not only elucidate the audiences for communication, but the various groups that will play an important role in channelling the communication and supporting the communication efforts.

AUDIENCES

One of the key tasks of a communication strategy document is to help prioritize audience segments for communication, in order that resources are optimized and impact maximized. Based on the communication framework, the primary, secondary and tertiary audiences for communication have thus been broken down as under:



COMPREHENSIVE SOCIAL BEHAVIOUR APPROACH:

THE 360° of comprehensive Social Behaviour Change Approach has been proposed to reach out to the key audience at various steps to combat the disease. The following matrix is a step by step strategy to build awareness and thereby pave the way towards behaviour change for COVID-19. The matrix has been developed in the form of channels of communication and in that context is independent from the modes of communication as discussed above.

CHANNELS OF COMMUNICATION

Channel	Medium	Target Audience
IPC	Sahiya, Anganwadi Workers, ANM, Nurse, Doctor.	Affected people, their families, relatives, friends and other surrounding people.
Mid Media and Mass Media Campaign	Local Jatra Team, VHSNC members, Posters, Hoarding, Folk shows and Audio, Audiovisuals TV & radio spots.	Affected people their surroundings, villages, urban peoples, PRI members, SHG members, VHSNC members, All emergency service providers.
Advocacy	Panchayat Representatives, Village Health Sanitation and Nutrition Committee, Religious Leaders & health care providers.	Health Service Providers- to ensure proper screening and identification of cases and necessary health care services thereafter. Community members- to let them know about their rights and entitlements in context to health.

The Intensive Communication Campaign: Unlock with Precautions

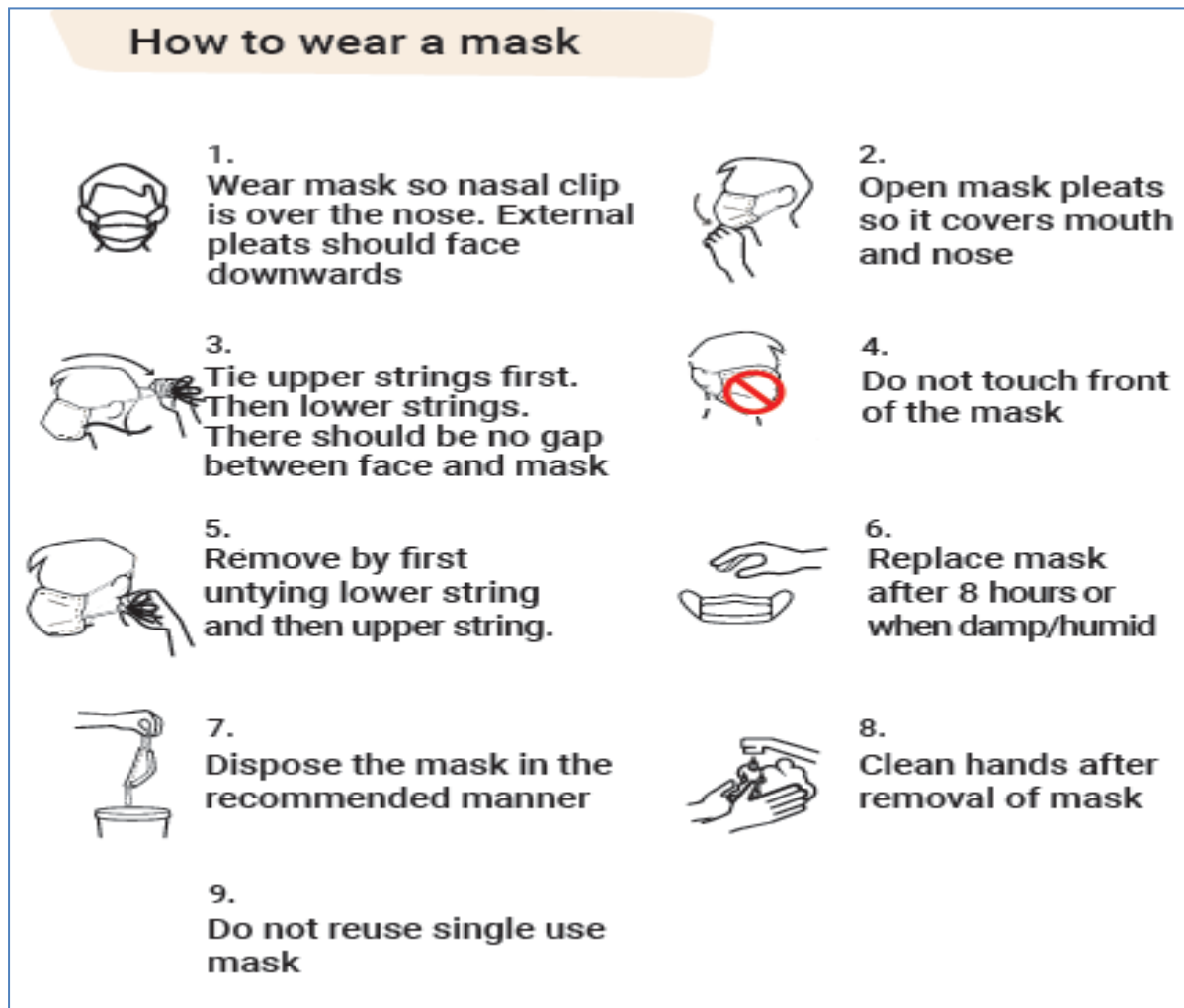
- Campaign duration: Two months (October-November, 2020.)
- Simple, easily understandable messages to reach each and every citizen.
- Dissemination throughout the state using social media, personal communication, along with traditional media, All India Radio, Dur Darshan, FM.
- Messages on ways to combat COVID-19, and behavioral changes.
- Communicating the present COVID-19 situation for people to understand its seriousness and magnitude.
- For pan-India consistency, messages/slogans to be developed centrally.

Type of Media	Audience	Activities
Banners and Posters at public places	<ul style="list-style-type: none"> • Affected peoples and their surroundings • Villagers, urban peoples (every citizens) • Stakeholders 	<p>Block, District Government offices, Panchayat Bhavans, police stations, etc.</p> <p>Milk booths, fertilizer and seed shops, Public Distribution Shops, medicine shops.</p>
Involving Front-line Workers	Do	Teachers, Anganwadi workers, Sahiyas, Panchayat sevaks, etc.
Targeting beneficiaries of Government schemes	Do	MGNREGS, PM Awas, PM-KISAN, Ujjwala Yojana, etc.
COVID-19 messages	Do	COVID related messages at landing pages of Government websites.
Involving all stakeholders	Do	<p>Religious leaders to appeal during the festive season.</p> <p>NGOs to be roped in for targeted messaging at the grassroots level.</p> <p>Social media influencers.</p> <p>YouTube for unpaid promotion of COVID-19 related messages.</p>
Developing of audio/video messages.		<p>Developing Acronym, tag line, jingles, and short animated videos.</p> <p>Theme Songs.</p> <p>COVID-19 Pledge.</p>
Other Activities		
Covid -19 related messages in other places: like– Restaurant, Bar, Hotels, Malls other public places etc.		<p>As per GOI: Three key messages disseminate- wearing mask, social distancing & washing hands.</p> <p>Display of billboard, poster, Banners etc. at prominent places outside and inside.</p>

Message focus for the campaign will be promoting the right way of:

1. Wearing mask

- Wear reusable hand-made face -cover or mask , at all times .



2. Washing hands regularly and thoroughly

- Regularly clean and disinfect frequently touched surfaces.

3. Following social distancing:

- Greet without physical contact
- Maintain physical distance (2 Gaj/ 6 feet ki doori).

Age Group wise COVID-19 Communication Plans.

Sl no.	Age group	Communication plan
1.	Upto 20yrs	<p>Creating awareness through school teachers, ad in cartoon channels, ad in gaming sites, distribution of masks, sanitizes/soaps by school teachers.</p> <p>Aware to wearing of mask, Social distancing & Hand washing 20 sec. regularly.</p>
2.	Upto 21-50yrs	<p>Right application(use of open API) of Aarogya setua pp,social media campaign, ad campaigning through radio, FMs,TVchannels, promoting tag lines #tag, encouraging covid 19 testing, using different IEC materials, MGNREGA cards, medicines shops with notification of testing centres, messages through celebrities, religious leaders, political leaders, covid pledge,IEC plan for every department, Hand washing campaigning, free distribution of mask and sanitizers/soaps, video messages and Jingles.</p>
3.	Upto 51-60yrs	<p>Right application(use of open API) of Aarogya setu app, social media campaign, ad campaigning through radio, FMs, TV channels, promoting tag lines #tag, encouraging covid 19 testing, using different IEC materials.</p> <p>covid pledge, IEC plan for every department, Hand washing campaigning, free distribution of mask and sanitizers/soaps, disseminating video messages and Jingles.</p> <p>Disseminating message on doing yoga & Exercise for relief of mental stress.</p>
4.	Above -60yrs	<p>Right application(use of open Application Programming Interface) of Aarogya setu app, social media campaign, ad campaigning through radio, FMs, TVchannels, promoting tag lines #tag, encouraging covid- 19 testing, influencing to not leaving without emergency, messages through celebrities, religious leaders, political leaders, disseminating video messages and Jingles.</p> <p>Disseminate message on stay home and convince peole to go outside only if it is urgent.</p> <p>Disseminating message on doing yoga & exercise for relief of mental stress.</p>

The Communication Activity Plan:

State Level	Activity	Target Beneficiary/Stakeholder
Advocacy	State RCCE Group Meeting	State level nodal officials (COVID-19 response) from varied government departments.
	Orientation of RCCE Group members	
	Orientation of CSO partners, including religious leaders and community influencers groups	
	Networking with schools for supporting community mobilization	School teachers/ Principals
	State media orientation workshop	Media Persons
	Development of campaign tagline	
	Any other activity	
Capacity Building	State TOT	Master trainers entailing District Program managers from different government departments.
	Training of district/block level officials and FLWs	Cascade training of frontline workers upto grassroots level.
Social Media	Constitution of social media committee	
	WhatsApp Messaging	
	Facebook/Twitter/Instagram messaging	
	Any Other	
Mass Media	Video messages, jingles and radio messages	<ul style="list-style-type: none"> • School going children • Adolescent and youth • Women including pregnant/expectant mothers • Community members
IEC Activities	Hoarding	
	Banner	
	Poster	
	MGNREGA Cards to be printed with information regarding COVID-19.	
	Any Other	
District Level	Activity	Target Beneficiary/Stakeholder
Advocacy	District RCCE Meeting	
	Meeting with key CSO, religious leaders/influencers	
	Meeting with other key departments	
	Media Advocacy Workshop	
	Any other activity	

Capacity Building	Training of District Functionaries (ANM/Supervisor/CDPO)	
	Orientation of ANM/ASHA/AWW	
	Orientation of Teachers	
	Orientation of other departments	
Social Mobilization	Mothers Meeting	
	Discussion during VHSND/SHGs	
	Announcements at religious places through religious leaders for awareness generation	
	Messages of Celebrities, important political leaders and local influencers.	
Mid Media	Poster	<ul style="list-style-type: none"> • School going children • Adolescent and youth • Women including pregnant/expectant mothers • Community members
	Hoarding	
	Leaflet	
	Local Announcement	
Other Activities	Medical Shops to display notification of local /surrounding testing centres.	
	Hand washing campaigns	
	Distribution of soaps	
	Free distribution of mask and sanitizer	

Roles and Responsibilities of various departments ¹

Department	Suggested Role	Activity
Department of Agriculture, Animal Husbandry and Cooperative	<ul style="list-style-type: none"> • Outdoor publicity at fertilizer and seed shops, APMCs, mandis, etc. • Interpersonal communication through Farmer Producer Organizations and Associations. 	<ul style="list-style-type: none"> • Posters in fertilizer and seed shops. • Posters and informative messages on trucks and tractors.. • Posting of messages in WhatsApp groups of farmers, traders and fertiliser sellers in local language. • Conduct short informative play on importance of washing hands and covering face in the local mandi. • Promote use of sanitizers and face masks and make it available in the shops and mandis.

¹ These roles and responsibilities are in continuation with the interpersonal roles of the HR of the various departments, which has already been discussed under the chapter on modes of communication.

Department of Food & Civil Supplies	<ul style="list-style-type: none"> ● Ensure sanitation measures and public display of health messages at all offices and community level outlets. ● Maintain essential supplies. 	
Department of Health (Drugs & Pharmaceuticals)	<ul style="list-style-type: none"> ● Regulate drugs required for COVID Pandemic. ● Address production of such drugs as maybe recommended by MOHFW. 	
Department of Panchayati Raj	<ul style="list-style-type: none"> ● Wall painting and posters in Panchayat Bhavans. ● Interpersonal communication through Panchayat Functionaries. ● Facilitate Gram Panchayats and Panchayat Samiti Meetings to spread awareness on COVID-19. ● Facilitate environmental sanitation at village through Village Health and Sanitation Committee. ● Place IEC like hoarding or banners about the virus. ● Identifying the panchayat bhavans for Covid Care Centre. ● Providing list of migrant workers and their health and financial status, so that concern department could provide food materials. 	<ul style="list-style-type: none"> ● Hoardings regarding awareness of importance of cleanliness and covering faces during panchayat meetings. ● Posters and banners in the common meeting places of the Panchayat. ● Ask village students to conduct a short skit on Covid-19. ● Ask villagers to mandatorily cover their faces with a cloth/mask during the meeting.
Department of Urban Development & Housing	<ul style="list-style-type: none"> ● Posters and banners in Government Colonies. ● Posters/banners on Buses/backside of 3-wheelers. ● Urban Transport such as messages in metro trains, buses, etc. ● Milk booths and markets to have banners. ● Banners at entry gates of RWAs. ● Identify facilities/buildings 	<ul style="list-style-type: none"> ● Informative/Prescriptive messages in government colonies. ● Informative/Prescriptive messages through videos/banner in public transport. ● Informative/Prescriptive messages on hoardings outside buildings. ● Posting of messages in society WhatsApp groups. ● Downloading of Arogya Setu App by residents and

	<p>that can be used as quarantine centers or can be converted to temporary hospitals with isolation facilities.</p> <ul style="list-style-type: none"> ● Ensure that all Urban Local Bodies maintain environmental sanitation. ● Display hoardings/banners with related IEC content all prominent places and in places of congregation. 	<p>visitors.</p> <ul style="list-style-type: none"> ● Enabling people to record and share violations anonymously. ● Conducting interactive competitions within society.
Department of Information Technology & JSACS	<ul style="list-style-type: none"> ● Embedded messages on all Government websites. ● MyGov for infographics & participatory communication. ● Publicity at CSCs. ● Push Notifications. ● Develop comprehensive media strategy / plan to disseminate information about the virus, which may include addressing rumours/myths particularly on social media; ● Roll out appropriate communication materials for State campaign (including translation in local languages) and facilitate availability of slots for media communication in print / visual media. ● Utilize the field publicity units for social mobilization. 	
Department of Tourism, Art Culture, Sports and Youth Affairs	<ul style="list-style-type: none"> ● Posters, hoardings outside stadiums and sports center. ● Dissemination of messages through Youth Clubs, NYK and NSS volunteers. ● Identify facilities/buildings that can be used as quarantine centers or can be converted to temporary hospitals with isolation 	

	<p>facilities.</p> <ul style="list-style-type: none"> ● Facilitate surveillance activities especially in respect of national and international travelers. ● Adhere to guidelines on environmental sanitation. ● Disseminate public health messages at all hotels. ● Maintain vigil particularly in major tourist spots and towns across the country. 	
Department of Health (AYUSH)	<ul style="list-style-type: none"> ● Yoga centres and Institutes. 	
Department of Rural Development	<ul style="list-style-type: none"> ● Communication using SHGs and training centres. ● Activate NGOs. 	
Department of Women & Child Development	<ul style="list-style-type: none"> ● Posters and interpersonal communication at Anganwadi Centres. ● Facilitate utilization of Anganwadi workers and supervisors in surveillance and other community level activities. ● Facilitate mobilization of Self-Help Groups (SHGs) to create awareness. ● Proper sanitation at Anganwadi centers and health education to children and their parents. ● Ensure the continuous supply of THR. ● Awareness regarding hand sanitization/cleaning and maintaining social distancing of 1 meter. ● Conducting the surveys in containment zones. 	<ul style="list-style-type: none"> ● Posters in Anganwadi centres. ● Conduct workshops/seminars at AWCs. ● Practice hand-washing before and after meals served in the center.
Department of Drinking Water & Sanitation	<ul style="list-style-type: none"> ● Messages on Public Toilets and Utilities. ● Coordination with Municipal Corporations in Cities. 	<ul style="list-style-type: none"> ● Posters on importance of hand washing. ● Posters on reducing the spread of pathogens through preventive measures like covering mouth while coughing.
Department of	<ul style="list-style-type: none"> ● Messages by school 	<ul style="list-style-type: none"> ● Informative/Prescriptive messages in administrative

<p>School Education & Literacy</p>	<p>teachers, Principals/Head Masters.</p> <ul style="list-style-type: none"> ● Messages outside schools/colleges. ● Teachers/ para-teachers / students can disseminate public health messages. ● Create awareness among the community. ● Display of banners or posters regarding awareness regarding myths about the virus. ● Teachers can support during surveys in containment zones. 	<p>offices of the Government.</p> <ul style="list-style-type: none"> ● Informative/Prescriptive messages in administrative offices of educational institutions and campus. ● Informative/Prescriptive messages through online classes by way of videos or rolling banners. ● Informative/Prescriptive messages on hoardings outside schools/colleges. ● Posting of messages in school WhatsApp groups. ● Downloading of Arogya Setu App by officers/teachers/staff/students (where smart phone available.) ● Conducting Quiz and trivia games for students during online classes focusing on facts, myths, do's and don'ts. ● Conducting Quiz via IVRS. ● Developing board games that are distributed to students Developing computer games (online or app) that can be played by students. ● Poster/poetry writing/song competitions at different levels. ● Enabling people to record and share violations anonymously (of teachers or administrators not following precautions).
<p>Department of Home, Prison & Disaster Management</p>	<ul style="list-style-type: none"> ● Identification of facilities/buildings that can be used as quarantine centres or can be converted to temporary hospitals with isolation facilities; ● Utilize institutions such as Police Stations, Health Centres, Anganwadis, etc. 	

	<ul style="list-style-type: none"> ● Involving SDMAs and DDMAAs. ● Maintenance of law and order and essential services. ● Identification and maintenance of record with follow up of person travelled to Jharkhand. ● Identification and accomplishment of activities in containment zones. ● Issuing essential guidelines for people gathering like – temples/mosque/church opening, marriages, deaths etc. 	
<p>Department of Health, Medical Education & Family Welfare:</p>	<ul style="list-style-type: none"> ● Health Centres to act as COVID-19 Communication Hubs. ● Interpersonal Communication through ASHAs, ANMs. ● COVID-19 messages on Ambulances, hospitals, etc. ● Identification of new buildings/places for developing new Covid care Center and other Covid facilities. ● Training of doctors/nurses /health staff regarding maintaining Infection prevention and control practices. ● Timely collection of samples/ sharing results / maintaining the records/ data analysis of deaths etc. ● Taking lead in coordination with other departments. ● Dissemination of new technologies/ treatment protocols across the state. 	
<p>Department of Transport</p>	<ul style="list-style-type: none"> ● Ensure regulations and awareness among public transport drivers regarding sanitation of seats, handles 	

	<p>& bars of all public transport vehicles;</p> <ul style="list-style-type: none"> ● Display of public health messages on public transport vehicles ● Facilitate transportation of essential commodities including medical supplies. ● Awareness among the drivers regarding public health and social distancing. 	
Department of Labour, Training & Employment	<ul style="list-style-type: none"> ● Ensure availability of medical textiles and equipment particularly PPEs. ● Develop and implement short and long term plans to ensure availability of PPEs in India particularly in terms of their manufacture, standardization and testing. 	
Minority Affairs	<ul style="list-style-type: none"> ● Identify facilities/buildings that can be used as quarantine centers or can be converted to temporary hospitals with isolation facilities. ● Disseminate public health messages at all subordinate and field offices. ● Awareness among the community regarding the virus. ● Awareness regarding the prayers in mosques and maintaining social distancing of 1 meter. 	
Department of Rural Development (JSLPS) (Jharkhand State Livelihood Promotion Society)	<p>Making three layer cloth mask and distribute the local peoples. Circulate Covid-19 voice messages to SHG and mass people.</p>	
Postal Department	<p>Display Covid-19 related messages /IEC Prototype on pass book (Back side). Display Covid- 19 related IEC on Lifafa/ Antardeshi patra back side /bottom on</p>	

	<p>front side. Display poster/Banner in each post office front and inside. Distribute of Covid messages leaflet.</p>	
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Monitoring and supporting communication Roll out :

Monitoring plans are being proposed at the following levels :

1. State:

- State review meetings at regular interval and visits made by state teams to note progress based on the monitoring checklists.

2. District:

- Monitoring reports from districts on a weekly basis to include the following:
 - A. Planned Vs Activities undertaken.
 - B. Activities Undertaken – detailed report to be supported with photographs and details to include:
 1. Name of district, block, and village.
 2. Type of Activity undertaken.
 3. Messages given on which topics:
 4. Duration of activity.
 5. No of viewer/audience/listenership of the programme/activity.
 6. Fund expended for the activity/ies.
 - C. Fund utilization status complete with activity reports as stated above.

3. Block :

- Monitoring reports from Blocks on a daily basis to districts to include:
 - A. Planned Vs Activities undertaken.
 - B. Activities Undertaken – detailed report to be supported with photographs and details to include:
 1. Name of district, block, and village.
 2. Type of Activity undertaken.
 3. Messages given on which topics.
 4. Duration of activity.
 5. No of viewer/audience/listenership of the programme/activity.
 6. Fund expended for the activity/ies.
 - C. Fund utilization status complete with activity reports as stated above.

Activity	Process Indicators	Tools/Methods to monitor/ Means of Verification
Distribution of Print Materials	<ul style="list-style-type: none"> • Type of media source airing/disseminating materials (such as print media, radio, TV, 	<ul style="list-style-type: none"> • Conduct regular audits of materials at representative distribution points • Use of software to monitor mention

	<p>Internet).</p> <ul style="list-style-type: none"> • Number of hoardings/ posters disseminated in catchment area. • Number of materials disseminated by peer educators, frontline workers by type (e.g., educational pamphlets). 	<p>of a program issue in the media.</p> <ul style="list-style-type: none"> • Monitor program logs to capture types of materials disseminated by channel. • Conduct regular field trips to distribution sites to check on availability of products or supplies.
Mass Media	<ul style="list-style-type: none"> • Time spot or program is aired. • Extent to which a news release was covered accurately, positively framed, or strategically placed. • Percentage of target audience who saw/heard/read the material (Public Service Announcement, news article, radio program, and so on). 	<ul style="list-style-type: none"> • Listening to broadcast to ensure media messages are aired at the contracted hours. • Review when broadcast airs according to media plan. • Program logs to capture coverage statistics from media source, participation in /attendance at interpersonal or community-level interventions.
Exposure	<ul style="list-style-type: none"> • Percentage of target audience who saw/heard/read the material (Public Service Announcement, news article, radio program and so on). • Number of community members who participated in communication activity by session. • Percent of the target audience who saw the billboards/posters • Number of unique website page views of messages/material. • Percent of target audience who were able to recall the communication message of the health communication material/media (on radio, billboard/posters, print material). • Placement of billboards/posters in relation to possible target audience exposure. 	<ul style="list-style-type: none"> • Program logs to capture coverage statistics from media source, participation in/attendance at interpersonal or community-level interventions. • Household or telephone surveys in catchment area with target audience to determine exposure. • Central location intercepts to ask for the perception of taglines or program slogans. • Household or telephone surveys in catchment area with target audience querying recall of key messages, topics addressed. • Reach and recall surveys to capture the exposure and perception.
Training Plan	<ul style="list-style-type: none"> • Number of trainings implemented. • Number of participants trained. • Number of participants with increased skills/knowledge. • Number of participants using or transferring skills. 	<ul style="list-style-type: none"> • Training logs to capture number of trainings and participants. • Pre-tests and post-tests. • Follow-up surveys on use of and transfer of skills.