



REPORT **WORKSHOP ON**  
**IEC STRATEGY**  
 LINKAGES & OPPORTUNITIES

**JUNE 07, 2022**  
 KTDC MASCOT HOTEL,  
 THIRUVANANTHAPURAM, KERALA





## INTRODUCTION

PMJAY - KASP (Pradhan Mantri Jan Arogya Yojana - Karunya Arogya Suraksha Padhathi) is a premier health care scheme which aims at providing a health cover of ₹ 5 lakh per family per year for secondary and tertiary care hospitalization to over 42 Lakh poor and vulnerable families (approximately 64 lakh beneficiaries) that form the bottom 42% of the Kerala population. Since the 1st of April 2019, the scheme is being implemented in Kerala with the support of Empanelled Health Care Providers (EHCP)

The State of Kerala decided to converge all the Government sponsored health care schemes, namely RSBY (Central and State Government combined scheme, where the premium is shared in the ratio 60:40), Comprehensive Health Insurance Scheme-CHIS (Kerala government fully sponsored scheme i.e. full premium



paid by the State), Senior Citizen Health Insurance Scheme-SCHIS (all the senior beneficiaries aged 60 years and above in the RSBY/CHIS families were provided additional coverage of ₹30,000 per beneficiary) and Karunya Benevolent Fund-KBF (Trust model implemented through the Lottery Department) along with Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY) and formulated Karunya Arogya Suraksha Padhathi (KASP).

To orient innovative ways and build IEC (Information, Education and Communication) strategies to create awareness among the eligible populations under PM-JAY and KASP, from time to time the State Health Agency, Kerala has developed communication based on-key insights, by selecting relevant channels, targeted to maximize reach and impact among the scheme beneficiaries.

Taking a forward step, SHA has organised a one-day collaborative IEC strategy workshop on June 07, 2022 at Mascot Hotel, Thiruvananthapuram, to which all potential departments and agencies under the Government of Kerala were invited.

For a programme on such a huge scale, it was necessary to involve multiple stakeholders to have a comprehensive understanding of the overall story narrative, key messages, and appropriate communication media preferred by beneficiaries to promote awareness, reinforcement, and action. A lot of results need to be achieved to ensure that the scheme is running at its full potential and scheme benefits are getting delivered to the eligible beneficiaries.

The participatory learning sessions, with various state departments, along with the involvement of the National Health Authority and UNICEF, helped design effective IEC strategies aimed at bringing sustainable changes for better implementation of the scheme.

## OBJECTIVES

The session was designed to achieve the below-mentioned four broad objectives, towards which the State Health Agency would continue the work after the successful completion of the workshop.

- a. Identify potential partners within the state departments, explore ways to collaborate and build joint IEC strategies for the scheme.
- b. Develop IEC materials for the differently-abled to promote and protect their rights to access the benefits of the scheme.
- c. Disseminate scheme information to improve inward portability with a focus on the migrant population residing in the state.
- d. Conduct awareness campaigns for the common target groups by involving state departments.

## AGENDA

The idea behind the workshop was to create a platform for State Health Agency to help the participating state departments and others to familiarize with the scheme and also seek input on their IEC strategies.

Set the context of the workshop by sharing an overview of the scheme

Current IEC initiatives were undertaken to empower the beneficiaries

Ways to collaborate with the departments to build joint IEC strategies





## **PARTICIPANTS**

- a. State and District Officers of State Health Agency
- b. National Health Authority
- c. Labour Commissionerate
- d. Education Department
- e. Scheduled Caste & Scheduled Tribe Development Department
- f. Women & Child Development Department
- g. Kerala State AIDS Control Society (KSACS)
- h. UNICEF
- i. National Institute of Speech & Hearing (NISH)





## SESSION FLOW AND **DISCUSSION POINTS**

### **PART-I**

Brief Introduction about PMJAY-KASP, the State Health Agency and IEC strategies implemented in the state for the scheme.

Opening remarks and welcome address were delivered by Joint Director, Operations, State Health Agency **Dr Bijoy E**, who briefed the audience on the agenda and the broader scope of the session. He also explains the importance of IEC and its relevance for the eligible population under the scheme.

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### **Dr Bijoy E**

*Joint Director, Operations, State Health Agency*





Following this, the Executive Director of State Health Agency, Kerala, **Dr Rathan U. Kelkar IAS**, addressed the gathering. He elaborated on the nature of the work of the SHA and also reiterated the need for IEC. In his address, the Executive Director pointed out the gaps that exist in properly communicating the project plan and its benefits to the people at the grass-root level. SHA wants to bridge this gap through massive IEC campaigns. The small initiatives by the District Project Coordinators of SHA are not sufficient to reach out to the larger beneficiary groups in the field. Collaboration along with coordination of activities with various departments that are currently working with children, youth, aged, differently-abled, labourers, and other socially and economically marginalized groups in society will contribute to reaching out to the last one in society, he pointed out and invoked everyone's whole-hearted support and involvement in the workshop.

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**Dr Rathan U. Kelkar, IAS**  
Executive Director, State Health Agency





**Ms. Parvathy Rahul**, Deputy Director & Division Head, IEC, National Health Authority, gave a brief introduction to National IEC strategies and explained the initiatives referring to the IEC goals for 2022-23 and briefed on awareness generation strategies for grassroots level campaigns for capacity building and convergence. The importance of collaboration of the Education Department through teachers was emphasised and it was pointed out that the teachers can access the Diksha portal and educate students. Students can cascade the scheme information at their home and subsequently, a multiplayer effect would be achieved.

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**Parvathy Rahul**,  
Deputy Director & Division Head  
IEC, National Health Authority





Labour Department was represented by **Mr. Anil**, The Publicity Officer stated that there are a large number of migrant labourers in Kerala. Many welfare measures have been introduced by the government to cater to the multifarious needs of the migrants. The Labour Department is responsible for the welfare of migrants in the state. Aawaz Health Insurance Scheme is one such welfare measure provided for migrants in Kerala. Through this scheme, the migrant population gets a maximum of ₹25000 for medical treatment and compensation is ₹2 Lakh in case of accidental death and for disability, the amount is ₹1 Lakh. It was also pointed out that, the Labour Department has a well-established structure with offices in all 14 districts and 110 Assistant Labour Officers are deployed across the state. Collaborative efforts with the Labour Department will help to reach out to the migrant labourers. Adhithi mobile application (under process) and Link Workers are some of the resources that can be used for contacting the migrants scattered in different locations of the state.

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**Anil**  
Publicity Officer





The Education Department was represented by **Mr. M. Aboobakar**, Deputy Director, who made a presentation on possible linkages and the potential of reaching out to more than 40 Lakh families in the state through their wide network of 1.75 Lakh teachers catering to 46Lakh students. There is a School Health Programme currently running with a focus on malnutrition. Further, PMJAY-KASP also can be added as a component of the programme. Teachers are nodal officers to drill down information into the students and through them to their families. Hence, the capacity building of teachers is of vital importance. SCERT is the agency responsible for designing the module for teachers' training. Therefore, efforts can be made to include PMJAY-KASP as one of the subjects in the module, so it gets embodied in the training of teachers.

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**M. M. Aboobakar**  
Deputy Director





**Dr Ramesh**, Director, KSACS, facilitated the event. During his speech, he emphasized the need for a resilient IEC plan for SHA Kerala. PMJAY-KASP is a scheme that caters to around 45% of the Kerala population and there is a need to conceptualise IEC in a broader sense and define the target population, and specific contents for each target group and a resilient communication channel needs to be developed, he said. He wished that this workshop would bring ideas and innovative concepts that would serve the desired outcome of SHA Kerala.

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**Dr Ramesh**  
Director, KSACS





**Mr. Joe John George**, Consultant, UNICEF, presented a case study on Disability-Inclusive IEC, one of the important focus areas of the workshop. There are approximately 8 Lakh disabled people in Kerala, there must be an inclusive IEC strategy required for PMJAY-KASP that must lead to behavioural changes among them and thereby lead to social and behavioural changes in society. An introduction to Disability Inclusive Disaster Reduction Project-KSDMA, Government of Kerala, was given. There is a need for good effort in communicating to the disabled population besides the support from the National Institute of Speech & Hearing. In this direction a deliberate effort is required, DAISY PLAYER is one of the devices, which is helpful for disabled people, he said. He also made suggestions for consideration on immediate intervention toward achieving an inclusive IEC strategy. The websites should be disability-inclusive, video messages can be provided through the YouTube channel, and other than the DISHA call centre a Whats App video call facility with a 24/7 helpline set up can be started for addressing the concerns and social issues of persons with disabilities, while language inclusion is needed especially for the migrant population, he said.

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**Joe John George**  
Consultant, UNICEF,





**Mr. Latheef C**, Manager, Capacity Building & IEC, State Health Agency, explained the key features of the scheme, such as its benefits, coverage, number of target beneficiaries and empanelled providers. He briefly explained the roles and responsibilities of the State Health Agency and the team structure and shared the IEC activities initiated at the state level as well as at the district level to empower the beneficiaries.

## **PART II**

Contemplation and brainstorming session followed by sharing of strategies to collaborate and jointly build IEC.

The brainstorming on possible linkages and strategic design of IEC was the key session in the IEC workshop. The participants were divided into five groups based on the nature of work of each participating organization. Dr Anoo Razak, Joint Director, Medical, State Health Agency, moderated the discussions. The deliberations went on for more than an hour and at the end, each group's suggestions were presented to the entire gathering by one of the group's representatives.

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**Latheef C**  
Manager, Capacity Building &  
IEC, State Health Agency



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## NATIONAL SERVICE SCHEME (NSS)

NSS is the largest network of student volunteers in universities, colleges, and higher secondary schools. The volunteers as part of their extracurricular activities, often engage with a larger number of people. One of their key and potential interventions in community development is the adoption of a village for a year. Multi-faceted interventions would be carried out aimed at holistic development and healthy behavioural change in the community.

### POTENTIAL RESOURCES

- Thousands of student volunteers across the state are under the control of a programme officer for every school/college, in a single NSS unit has a hundred students and one program officer.
- Hundreds of villages are adopted for developmental interventions each year addressing thousands of poor people.
- Students' talent can be utilized for organizing social, cultural and conventional IEC strategies.

### ACTIONABLE

- Meeting with State Programme Officer of NSS to identify the details of adopted villages and how to link with the adopted villages for a better health outcome.
- Plan for year-long IEC activities with NSS Units.
- Training for NSS Programme Officers and infusion of PMJAY-KASP IEC activities into the summer camps.











## NEHRU YUVA KENDRA (NYK)

NYK is the single largest network of youth in the nation. They are organizing several programmes for and with youth in the villages. Each district is having an officer and under them, paid volunteers are coordinating youth development activities at the block level. In Kerala, more than 300 volunteers are engaged in the dissemination of various central/state government schemes to the villagers. Also, NYK organizes Youth Clubs and Mahila Mandals in villages and through them, various social and community development initiatives are organized on a large scale.

### POTENTIAL RESOURCES

- 14 district officers and 300 National Youth Volunteers.
- 10,000 Youth Clubs/Mahila Mandals across the state.
- Core, Special and Convergence programmes are funded by the Central/State government and other agencies.
- Information can be disseminated effectively through volunteers and Youth Club members.
- A potential youth club can be engaged as a nodal club to provide community-level training on the PMJAY-KASP scheme.

### ACTIONABLE

- SHA to empanel NYK for disseminating the scheme information at the grassroots level.
- Plan for yearlong IEC activities with Nehru Yuva Kendras
- Inclusion of PMJAY-KASP in the training module for National Youth Volunteers (NYV).
- Dissemination of information through NYVs and Youth Clubs/Mahila Mandals



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## KUDUMBASHREE

Kudumbashree is the largest network of women in Kerala and it is one of the model organizations in the world in combating poverty. Thousands of women in Kerala are organised in a three-tier system, namely Self Help Group (SHG) – Area Development Society (ADS) and Community Development Society (CDS). The organization has an officer in all the 14 districts of Kerala and enough staff members both at the District and Block levels. Women leaders in SHG, ADS and CDS are engaged with their respective communities regularly.

### POTENTIAL RESOURCES

- Thousands of SHGs across Kerala
- Regular meetings of SHGs, ADS and CDS
- Dissemination is easy and fast through CDS – ADS – SHG

### ACTIONABLE

- SHA to empanel Kudumbashree for a year as a pilot, to establish a beneficiary facilitation centre at the Gram Panchayat Level.
- Provide master training on KASP to ADS and CDS
- Ensuring dissemination through SHGs to the household in each ward of the GP.





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## EDUCATION DEPARTMENT

In Kerala, 46 Lakh school students can be representatives of the 40 Lakh families. The Education Department has a well-defined structure right from the Directorate of Education to the level of the school teachers. 1.75Lakh teachers are engaged in different schools. SCERT is the agency responsible for making modules for teacher training. There is block-level training for teachers which is mandatory. Any information can be directly reached to families through school children.



### POTENTIAL RESOURCES

- 46Lakhs students representing 40 Lakhs families
- 1.75 Lakh teachers interact with students daily
- District Education Officers (DEO) and Assistant Education Officers (AEO) have regular meetings with the teacher and school authorities
- The teachers will help to disseminate information to families through children
- DLED course students (formerly known as TTC) during their internship can be engaged to support IECs regarding PMJAY-KASP schemes.
- There are schools providing education to the children of migrant labours. Sensitizing these schools can be a way to reach migrant families.
- IEC of the scheme through the School Wellness Programme.

### ACTIONABLE

- Coordinate with SCERT to include PMJAY-KASP in their teachers' training module
- DPCs to be engaged with District Education Offices for sharing the information with the teacher during DEO/AEO meetings
- The district-level execution plan for the engagement of NCC, Bharath Scout and Guides, SPCs various clubs in schools.









**STDD**

## **SCHEDULED TRIBE DEPARTMENT**

This department is solely responsible for the multi-faceted development of the Tribal section of society, currently, there are 37 different tribal groups in the state. Healthcare, being one of the key aspects of the tribal people, the ST Department is spending budgetary provisions for health care of the tribes. ₹ 25 crores were spent on healthcare initiatives through Medical Colleges, District Medical Offices and Tribal Development Officers. However, Kerala Government is already having a provision for health care for all the tribes through the KASP scheme. Therefore, there is a duplication in the spending. This can be avoided by coordinating/integrating both provisions of the ST department with that of the State Health Agency through KASP.

### **POTENTIAL RESOURCES**

- The ST department maintains 54 Tribal Extension Officers and other supporting staff.
- These TEOs are the key contact points for the dissemination of information to tribes scattered across Kerala.
- Altogether 1182 Tribal promoters are engaged by TEOs for the uplift of tribal people.
- Database of ST families are readily available with the department

### **ACTIONABLE**

- Committed Social Workers (CSW) and Tribal Extension Officers (TEO) will be the master trainers for 1182 Tribal Promoters under the Integrated Tribal Development Programme (ITDP) office.
- Plan year-long engagement of Tribal Promoters to disseminate information about the scheme and ensure PMJAY card distribution to all eligible tribal families.
- Scheme-related posters to be designed for the Tribal Offices, functioning at the District and Grampanchayat level.



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## SCHEDULED CAST DEVELOPMENT DEPARTMENT

This department is responsible for the overall development of scheduled cast people in Kerala. There are 5.6Lakh SC families in Kerala. The department has deployed 170 SC Development Officers at the block level and engaged 1232 SC promoters across the state to look after various social and other developmental needs of SC people. Currently, the department is spending around ₹50 crore on the health care requirement of SC people in the state. The Joint Director, SC Department has agreed to organize training of SC promoters at the district level.

### POTENTIAL RESOURCES

- SC department has 170 SC development officers at Block / Municipalities / Corporations Level
- 1232 SC promoters are engaged throughout Kerala
- A database of all SC families is readily available.
- The service of SC promoters can be used for finding out all eligible families and to ensure each family has

### ACTIONABLE

- SHA to prepare training modules for SC promoters about the scheme, and provide resource persons and IEC materials to the department to empower SC beneficiaries.
- A four-day orientation workshop was organized by the SC Department for the newly recruited SC promoters, and SHA to participate to share scheme-related information.
- Scheme-related posters to be designed for the Tribal Offices, functioning at the District and Grampanchayat level.





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## NATIONAL INSTITUTE OF SPEECH AND HEARING

This is an autonomous institution under Social Justice Department, NISH is a comprehensive multi-purpose institute focusing on the identification, intervention, rehabilitation and education of individuals with disabilities. Niramaya is an insurance scheme promoted by the Social Justice Department for persons with disability with annual coverage of ₹ 1 Lakh.

### POTENTIAL RESOURCES

- NISH has the expertise to support people with disabilities
- Extending service for the development of disable-friendly IEC materials.

### ACTIONABLE

- Develop PMJAY-KASP card with Braille language
- Engage in making IEC materials to support people with different kinds of disabilities
- A 24/7 video call helpline can be setup at DISHA.
- Campaign among differently abled people and their families with the support of the Social Justice Department.
- Day observation organises events and activities to empower differently-abled





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## LABOUR DEPARTMENT

The Labour Department is not only engaged with labourers but is also responsible for issues related to migrant labourers. A study conducted by Gulati Institute reveals that an estimated population of 20.5 Lakh of migrant labour are staying in Kerala and 5.13 Lakh have registered in the Awaz Health Insurance Scheme run by the Government of Kerala. Most of the migrant labours are staying in poor hygienic situations resulting in frequent healthcare seeking. But the majority of the labourers do not know the “portability” facility under PMJAY-KASP. Hence, focussed sensitization is required to provide eligible migrants with free and quality healthcare under the scheme.

### POTENTIAL RESOURCES

- Department has data base of registered migrant labours
- Using the Adhithi mobile application (under process) details of the labourers can be collected
- Engage ‘Link Worker’ – and they are the way to a large number of migrant labours in Kerala
- Contractors also can be coordinated to reach out to the labourers working/ engaged under them.

### ACTIONABLE

- Collecting the database of beneficiaries enrolled with the Awaz Health Insurance Scheme, a drive to enrol these beneficiaries under PMJAY.
- At Taluk Level, the Assistant Labour Officers will support the SHA District Coordinators to conduct medical camps.
- Link Workers will identify the large camps to support the convergence of PMJAY beneficiaries
- Multi-lingual IEC materials are required and can be developed with the support of Link Workers.
- SHA to coordinate with various other SHAs for ensuring timely issuance of PMJAY cards for the eligible migrants.





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## HEALTH DEPARTMENT

Health Department is one of the largest departments under the Government of Kerala and is playing a vital role in the prevention, early detection and treatment of various diseases that are prevalent in society. The Health Department has established 4 strong verticals through which education, interventions at the field level, proper and effective utilization of manpower and health insurance are managed. Since the State Health Agency is one of the 4 verticals, effective coordination and united actions are possible at different levels. A coordinated IEC intervention is required among the Directorate of Medical Education (DME), Directorate of Health Service (DHS), KSACS and NHM. Optimal utilisation of the community network of health would help SHA to spread its scheme awareness among all eligible populations.



### POTENTIAL RESOURCES

- Public hospitals equipped with KIOSKS, Digital displays, announcements
- The large number of ASHAs engaged at the ward level of each Grama Panchayat
- Organizations like KSACS working with target populations like MSWs, FSWs, MSMs, IDUs and truck drivers can be organized to reach IEC to socially isolated groups
- NHM and its facilities at district, block and GP levels can be sensitized for reaching a larger population of society.
- 1500 trained palliative nurses can be tied up in reaching the poor and marginalized in society.
- Health Supervisors, JHIs, and JPHNs have direct contact with beneficiaries

### ACTIONABLE

- Developing different IECs viz. visual, print and social media
- The training module of ASHA's must include KASP
- NCD camps are appropriate places for the dissemination of information regarding KASP and IEC material to be arranged at the camp.
- With the support of KSACS, 35000 marginalized viz. sex workers, Injecting Drug Users and Truck drivers can be reached out to.





## SPECIAL ADDRESS BY **PRINCIPAL SECRETARY, HEALTH, GOVERNMENT OF KERALA**

**Dr Rajan N. Khobragade** IAS, Principal Secretary, Health, Department of Health and Family Welfare, Government of Kerala addressed the audience. He opened his speech by emphasising the need for contextualization of various guidelines of insurance programmes. Principal Secretary stated that the state has realised the importance of contextualization and thus included the number of health packages in the PMJAY-KASP scheme apart from those provided by the National Health Authority. The need of considering the disease burden on society must be taken into consideration while planning IECs, he said.

The Principal Secretary added that almost 50% of the population in Kerala is getting coverage of the KASP scheme, as the state has included RSBY, CHIS beneficiaries over and above SECC beneficiaries selected by Govt. of India. The IEC should aim to make all the beneficiaries self-aware of their entitlement. The messages through IECs should not only focus on health benefits under the insurance schemes but also it must focus on the need for prevention, healthy food, healthy behaviours, away from addiction, and proper health-seeking. He extended appreciation to the organizer as well as the participants.

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**Dr Rajan N. Khobragade IAS**  
Principal Secretary, Health, Department of Health and  
Family Welfare, Government of Kerala





## CLOSING CEREMONY

The IEC strategy workshop has provided immense ideas that can be strategically coordinated and also provide an avenue of collaboration with different departments. Dr Rathan Kelkar IAS, Executive Director, State Health Agency delivered the concluding remarks. While extending gratitude to the representatives of different line departments, he expressed the vision of a well-defined and timely IEC plan to be rolled out in the coming month.

Dr Anoob Razak, Joint Director, Medical, SHA extended a vote of thanks and the day-long exercise was concluded.

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**Dr Anoob Razak**  
Joint Director,  
Medical, SHA











