STRATEGIC COMMUNICATION PLAN OF HEALTH DEPARTMENT

KERALA.HEALTH

DEPARTMENT OF HEALTH AND FAMILY WELFARE , GOVT OF KERALA

Strategic Health Communication Plan, Kerala, 2026

Introduction

Kerala has long been recognized for its robust health system and exemplary public health outcomes. Various departments and organizations delivering health care services in the State are coordinated and guided under the umbrella 'Kerala Health' which has become a synonym of Department of Health and Family Welfare, Kerala. Kerala's health landscape is a fascinating paradox, having impressive health indicators comparable to developed nations, but the state has been grappling with a surge in non- communicable diseases (NCDs), misinformation, digital divide, unhealthy lifestyles, increasing road accidents, etc. However, with changing disease patterns, digital transformations, and social dynamics, both new opportunities and challenges have emerged in the state.

Communication plays a crucial role in promoting public health and healthcare services. Communication is the overarching component of any program, ensuring its efficiency and success. It should provide immediate and sustained desired outcomes to be considered effective. Renata Schivao (2014), in her book, 'Health Communication: From Theory to Practice', has explained that one of the key objectives of Health communication is to engage, empower and influence individuals and communities. A comprehensive health communication strategy should effectively address the needs and challenges in the health sector of the state. Proper health communication focuses on building awareness, improving health-seeking behaviour and enabling behaviour change.

In the contemporary world, health communication has assumed greater significance than ever before. It integrated both interdisciplinary and multidisciplinary efforts to widen its scope, applicability and dynamic nature (Rashid, 2012). Kerala, a state in India, has a unique paradox in the health communication landscape. Due to its strong public infrastructure and high literacy rates, the state employs various communication strategies, including trans-media storytelling and multilingual outreach, to disseminate health information effectively. Kerala also faces significant challenges in providing accurate and timely health information to the needy. A Strategic Communication Plan for Kerala Health is designed to bridge the gap between healthcare services and public awareness. This plan leverages Kerala's high literacy rates and robust local self-government (LSG) networks to influence health behaviors and outcomes.

Priority Areas of Health Communication in Kerala:

- Universal access to affordable healthcare

Universal health coverage is a system in which the general public receives health care without incurring any financial burden. The main benefit of such an approach is the presence of universal entitlement to coverage, it does not stigmatize the poor and helps to maintain the necessary political pressure to finance and govern the health sector adequately

The State Health Department provides free and quality health care through its vast network of health institutions that reach the last mile with its widespread presence

in all localities in the State. The Department provides primary, secondary, and tertiary health care through its 13 Government Medical Colleges under the Department, 6 Dental Colleges, 36 General/ District Hospitals, 88 Taluk Hospitals, 885 family Health Centres, 152 Block Family Health Centres, and 5416 Janakeeya Arogya Kendras (Health and Wellness Centres apart from the numerous institutions under Government spread out in the State under the AYUSH divisions.

Quality care is ensured with technological updation through its prestigious E-health Projects started in 2016. The project has already covered under its ambit about 1100 health institutions digitalizing health services delivery in the State. As a result of the digitalizing efforts, advance booking and digital record keeping has been rolled out in majority of Government health institution in the State. Universal uptake of Unique Health ID received boost in the last three years with majority of the health institutions have started deliverig services in digital mode.

Medicines are provided free of cost through the hospital pharmacies and in no profit rates through its various medicine outlets in the Hospitals and Health Centres.

- Disease prevention and control

Kerala is a State that faces multiple challenges from both Communicable and non-communicable diseases. The State has forged much ahead with its consistent efforts to eliminate major communicable diseases like Malaria, Filariasis, Leprosy, Kala-azar etc. although crippled by emerging diseases like dengue Fever, leptospirosis, and hepatitis. Along side the already endemic diseases, the recurrent surfacing of newer diseases like amoebic meninjo encephliatis, nipah, Zika also pose a serious threat to public health unless unaddressed.

Non communicable diseases also pose serious challenge to the State health contributing heavily to morbidity and mortality. The State is known as the diabetic capital of the country with its high prevalence. Strategic Communication in this realm focuses on early screening/ detection, prevention/ delay onset of diseases, adherence to treatment protocols for the persons already detected and thery by preventing complications due to non communicable diseases.

- Health promotion

Health Promotion and behaviour change are critical in ensuring right to health for all. Health Promotion is the key element in the primary health care in 5416 Jankeeya Arogya Kendras, Primary/ Family Health Centres in all local bodies in the State.

Strategic Communication Campaigns at the State level and district level are implemented through the network of JAK team members and volunteers at the cutting edge level. Departemnt has over 25000 ASHA Workers and over ten thousand public health workers headed by a dedicated cadre of IEC/ BCC officers in District and the State.

Generic campaigns, Special Campaigns, and subject specific campaings on prevention and control of Communicable diseases and non communicable diseases form the back bone of strategic communication for behaviour change.

- Demand generation for primary, secondary, and tertiary care

The Departemnt offers comprehensve and standardised services through its various outlets with a uniform presence in throghout the State. While the JAKs (5416) and FHCs (1037) focus on primary care, the Thaluk Hospitals (88) and General/ District

Hospitals (36) provide Secondary (Referral/ specialized) treatment, and the Medical Colleges (13) privide tertiary/ super spcialty treatment.

The JAKs typically servre a population of roughly 5,000–10,000. They have of late been strenthened adding a nurse (Multi Level Service Provider) expanded their serives by providing 36 medicines and 10 diagnostic tests for basic health and wellness. They also offer a series of other promotive services through various clinincs, vaccination camps, palliative care services, health promotion activities to all segmemnts of population in its operational area.

Family/ Primary/ Community Health Centres focus on outpatient care for common ailments, as well as on preventive and promotive health. The FHCs have received a facelift recently under Ardram Mission, a special initiative of the State Government that strengthened the physical infrastructure as well as man power. It helped extend Out Patient Care up to 6 pm i.e., introduced new services like SWAAS Clinic for the care of Pulmonary diseases, ASWASAM for basic mental health screening and care. The Centres plan and execute whole range of preventive and promotive health activities in extensive field visit and activities with the help of public health manpower under it.

Taluk Hospitals deliver treatment services such as specialist consultations, maternal care, delivery services, and comprehensive blood bank facilities, ensuring quality healthcare is always within reach for communities. District/ General hospitals provide a wide array of specialty and super specialty services, including advanced care in Nephrology, Cardiology, Neurology, and Urology.

Medical Colleges run under the Directorate of Medical Education is a highly specialized care centres that offer General, Specialty and Super Specialty services as well as spearheading medical education and research.

Strategic Health Communication need to focus on informing the public of the services available in the various levels of health centres in the public health institutions nearby to the citizens and motivating them to use services at appropriate levels

- Antibiotic Literacy

Antimicrobial medicines are the cornerstone of modern medicine. The emergence and spread of drug-resistant pathogens threatens our ability to treat common infections and to perform life-saving procedures including cancer chemotherapy and caesarean section, hip replacements, organ transplantation and other surgeries.

In addition, drug-resistant infections impact the health of animals and plants, reduce productivity in farms, and threaten food security.

AMR has significant costs for both health systems and national economies overall. For example, it creates need for more expensive and intensive care, affects productivity of patients or their caregivers through prolonged hospital stays, and harms agricultural productivity.

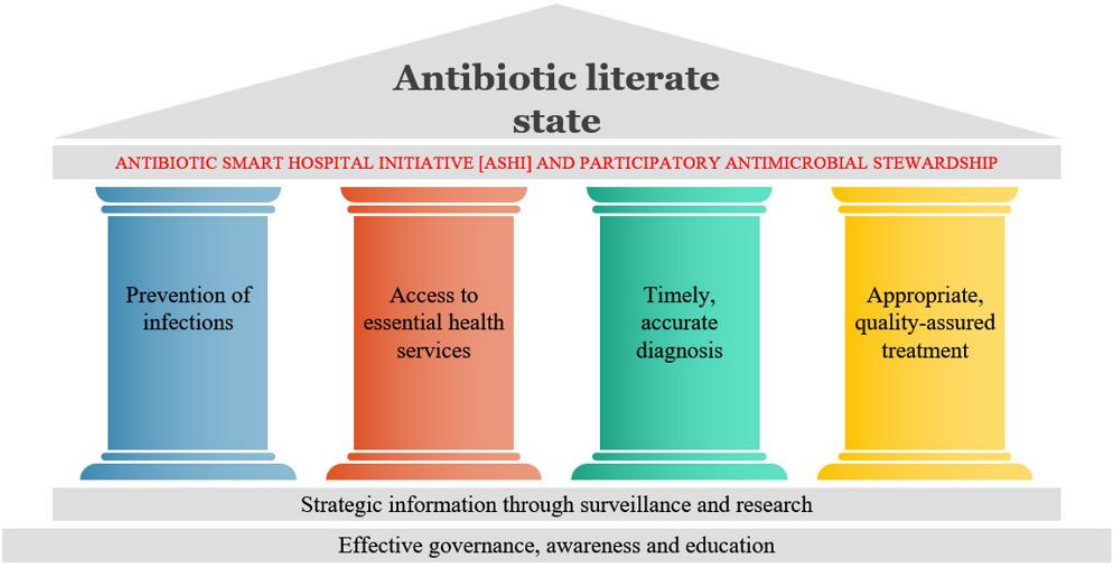
AMR is a problem for all countries at all income levels. Its spread does not recognize country borders. Contributing factors include lack of access to clean water, sanitation and hygiene (WASH) for both humans and animals; poor infection and disease prevention and control in homes, healthcare facilities and farms; poor access to quality and affordable vaccines, diagnostics and medicines; lack of awareness and knowledge; and lack of enforcement of relevant legislation. People living in low-resource settings and vulnerable populations are especially impacted by both the drivers and consequences of AMR.

Harping on the success and experience of the Kerala Literacy Mission, the Department of Health envisaged an Antibiotic Literate Kerala Campaign (AKLC) with the broad objectives:

1. Universal awareness about the importance of having access to antibiotic free food and water.
2. Universal awareness about the importance of consuming antibiotics only on doctor's prescription.
3. Universal awareness about importance of safely disposing unused or date expired antibiotics. Kerala started a unique campaign termed Program on Removal of Unused Drugs (PROUD) to address this.
4. Awareness among school students of the threat posed by AMR.

In order to make Kerala an antibiotic literate state, several initiatives have been launched, which include preparation of online training modules on AMR for doctors, school and college students, public, grass root level healthcare workers, pharmacists and farmers. AMR Communication messages in regional language (Malayalam) for public, farmers and students have been prepared, collated and released as an AMR flip book and information, education, communication (IEC) dossier for ready reference. Public engagement through visual and print medium is routinely done. Departments of animal husbandry, fisheries, aquaculture, environment, food and agriculture are also part of ALKC and messages in Malayalam for farmers have been formulated.

4 Pillars and 2 foundational steps



1.2 Rationale for Strategic Communication

Communication represents the indisputable connection in the global knowledge production, acquisition, and distribution of knowledge across the globe (Airhihenbuwa et al., 2000). Ultimately, it is through communication that knowledge is signified globally, and the values attached to it are disseminated in the realms of emerging policies and interventions addressing global health problems (Dutta and de Souza, 2008). Health has become a significant factor in how we judge the life and certainly the vitality of a community, as well as the intervention of the people who live in it (Airhihenbuwa et al., 2000). Now, health is emerging as the foundation for the development of global interventions, bringing forth economic, political, social, and cultural initiatives that are also designed to address health issues.

The evolution of health communication has also brought a shifting, yet richer, terrain in which matters of culture, politics, identity, and meaning assume a central role in defining and deploying public health (Zoller and Dutta, 2008). Health communication is the study and practice of communicating health information, such as in public health campaigns, health education, and between doctors and patients. It can also create proper awareness regarding health issues and diseases, promote health literacy and influence personal health choices. Health communication serves as a guide for both individuals and society to lead healthy lives. Better healthcare is essential for a developed nation; therefore, health communication plays a crucial role in a nation's overall well-being.

Strategic communication is critical to:

- Improve **awareness and utilisation** of government health services
- Enable **behaviour change** for prevention and early care-seeking

- Counter **misinformation**, especially during outbreaks
- Strengthen **public trust** in the health system
- Ensure **last-mile delivery** through informed communities

Without effective communication, even well-designed health programs face:

- Low service uptake
- Delayed diagnosis and treatment leading to complications
- Inequitable access

In India, health communication efforts were initially concentrated on health and family planning in the early 1950s. With the launch of the National Family Planning Program, the use of formal communication started using electronic media. Community radio, community television and other advanced technologies were also employed at these times. In 1966, health communication got a boost with the central government's family planning program. The government created a separate Department of Family Planning, which later became the Department of Health and Family Welfare. The Department started to provide information, services and health commodities. One of the major achievements has been the rise in awareness about one or more methods of contraception and the knowledge of female sterilization as the safest and most popular method of planning the family. Mass media also played a major role in achieving this goal. A lot of thought went into articulating health communication programs, and they have often attempted to meet the barriers of bridging the gap between the health program and the people; the health providers and the people; and between the health and the people. Despite all these efforts over eight decades since independence, India is still facing certain barriers in covering the last mile.

Different states in the country adopt various strategies to promote health

communication programs. Kerala has the highest literacy rate in India and ranks at the top position in the NITI Aayog report with a score of 74.01. The medical accessibility and coverage of medical care facilities are significantly better in Kerala when compared to other states in the country.

The state also has excellent health care facilities and can boost of a large number of dispensaries, hospitals and nursing homes spread across the different districts.

The Kerala model of health is often described as "good health based on social justice and equity" (Ekbal, 2017). This strategy is also a model for other states in India. The high literacy rates, mainly among females, also played a major role in enlightening the health scenario. The state has implemented various strategies to disseminate health-related information, including using colloquial languages through television channels, radio, print and digital media platforms, and direct announcements. It also takes care of the health of interstate migrant workers by providing health camps in their working areas, distributing posters and notices in multiple languages, such as Hindi, Bengali, etc. This is very effective in reaching migrant-dominated areas.

Major Health Campaigns in Kerala

Kerala has a long history of health education efforts ingrained in its social reform movements. The kings who ruled Travancore were well aware of the importance of vaccination, by promoting vaccination drives in the pre independent era. The early social reformers like Sri Narayana Guru also understood and spread the importance of personal hygiene and drinking boiled water among the people of lower socio economic strata. The Missionaries, who spread modern education to masses also alongside educated people on the importance of living healthy life. Major Health Campaigns in Kerala

Family Welfare messaging using mass media and interpersonal media formed one of the first State run health campaigns by State in India. Since then various local specific communication campaigns with a view to control communicable diseases such as Malaria, and Leprosy which were largely successful in achieving elimination of the diseases.

1. The threat posed by Human Immuno-Deficiency Virus (HIV) in the late 1980's lead to the first systematic and professional State run health campaign with a view to promote testing for HIV, safe sex, and voluntary blood donation. It was spearheaded by Kerala State AIDS Control Society under National AIDS Control Programme. Mass media and mid media (street plays) were put to use effectively to spread messages among the youth and general public. Individual Behaviour Change techniques to educate, motivate and train the specific target groups in safe sex practices were highly successful in preventing the spread of infections as that happened in other South Indian States. Branding of all services outlets of the KSACS throughout the State was first experimented in Government sector in the State during this era.

2. Kerala has initiated its first comprehensive generic health campaign in pre COVID-19 phase named Ardram Janakeeya Campaign laying emphasis on five important pillars to promote healthy living i.e., healthy diet, exercise, healthy seeking behavior, mental health, and personal hygiene & waste management. Being a highly literate State, the campaign laid emphasis on the role of individuals in ensuring their own health in the tagline – 'Our Health, Our responsibility'.

3. Kerala also rolled out a "Break the Chain" widespread SMS (Sanitizer, Mask, and Social Distancing) campaign to raise awareness of the importance of personal and public hygiene. With innovative and collaborative efforts by

various departments of Government, LSOGIs, NGOs etc. it has influenced the public discourse and behavior to keep COVID-19 under control in the State as well as preventing many other communicable diseases.

4. Arogyam Anandam, Akattam Arbudam Campaign kicked start by the Hon. Chief Minister on February 4, 2025 marked the first comprehensive campaign in the State to promote massive screening for various types of cancers among the population above 30 years. It has screened over 22 Lakhs population in one year.

5. Antibiotic Literacy Campaign follows a successful lay out of policy measures under The Kerala Antimicrobial Resistance Strategic Action Plan (KARSAP) It was a pioneering public health initiative launched by Kerala in 2018 to tackle antimicrobial resistance (AMR). It adopts a "One Health" approach involving human, animal, and environmental sectors to reduce antibiotic misuse by 20–30%. Serious enforcement measures were undertaken to contain Over The Counter (OTC) sale/ purchase of antibiotics in the State as per the policy. Antibiogram, a measure to understand the level of Antimicrobial resistance with respect to various antibiotics has also been published. Under the Antibiotic Literacy Campaign, Kudumbasree members and student community were targeted with ten core messages.

6. Kerala Health portal (https://health.kerala.gov.in/) has become a rallying point of all the department and organizations under Kerala Health showcasing itself and its various campaigns real time to the external domains. In a first, the State now has a portal that presents information on all 10 Departments including Directorate of Health Services, Directorate of Medical Education, Directorate of Ayurveda, Directorate of Homoeo and 32 Organizations including RCC, MCC etc. All relevant and real-time information is available in its Dashboard

with statistics on the demographic and epidemiological profiles. It also showcases the strategic communication campaigns, IEC materials, documents and publications. It is soon to become an excellent data base and referring point of anything under Kerala Health.

1.3 Strategic Communication Vision and Principles

Vision:

"To build an informed, empowered, and health-seeking population in Kerala through inclusive, transparent, and evidence-based communication."

Core Principles:

- **Equity & Inclusion:** Reach vulnerable and marginalized groups
- **Accuracy & Transparency:** Science-based messaging
- **Cultural Sensitivity:** Local language (Malayalam) and context
- **Community Engagement:** Participatory communication
- **Consistency:** Unified messaging across departments
- **Digital Integration:** Leveraging technology for scale

Section 2: Situational Analysis

2.1 Stakeholder Mapping

Current Scenario of Health Communication Ecosystem in the State

Kerala's success in health communication stems significantly from its structured, multi-level engagement with stakeholders.

Kerala is one of the States that has a dedicated health communication cadre under the Department of Health Services with the strength of 58 officers placed under the Family Welfare Programme. Of them, 42 officers work at the District Level. Half of the officers with social science background in the entry cadre are recruited to the district level by direct recruitment. This infuses creativity and youthfulness to the cadre and brings experienced officers to the top levels. Many other States have either kept the vacancies unfilled and resorted to contractual postings, Kerala still keeps its cadre strength filled.

RNTCP and KSACS too have had vertical Communication wings at the State level since their inception. But at the District level the campaigns have been implemented by the District Communication wings in the District Medical Offices.

Implementation of National Health Mission marked a significant break in 2006-07, when it added Consultants for Behaviour Change at the State level as well as the district level for the Mission. As the scope and significance of Health Communication increased, other organizations such as National Ayush Mission, E-Health, State Health Agency, KSOTTO etc. too appointed dedicated communication wings at the State Level.

Although the Department of Health and Family Welfare has 10 Departments and 32 Organizations, majority of them do not have IEC/ BCC wings for behavior change communication and demand generation drives. Added to this is the lack of structure for coordination among the Departments/ Organizations under H&FWD. Although the DHS has a State Mass Media Wing, it is limited structurally to coordinate the activities under the DHS and cannot complement the drives in other departments/ organizations.

Internal Stakeholders:

- 10 Departments and 32 Organization under Kerala Health
- District Health Officials
- Public health facilities (PHCs, CHCs, Hospitals)
- Frontline workers: ASHAs, JPHNs, JHIs

External Stakeholders:

- Local Self Government Institutions (LSGIs)
- Private healthcare providers
- NGOs and civil society organizations
- Media (print, TV, digital)
- Academic and research institutions

Community Groups:

- ASHA networks
- CDS, ADS, and NHGs of Kudumbashree units
- Youth clubs and student groups

- Teachers and school authorities
- Elderly groups
- Vulnerable populations (tribal communities, migrant workers, coastal communities)

2.2 Audience Analysis

Primary Beneficiaries:

- General population
- Patients with chronic diseases
- High-risk groups (elderly, pregnant women, children)

Secondary Audiences:

- Caregivers and families
- Healthcare providers
- Policymakers and administrators

Behavioural Insights:

- Gaps in awareness about preventive care
- Delayed health-seeking behaviour
- Preference for private sector despite public availability
- Misinformation via social media
- Cultural beliefs influencing health practices

2.3 Communication Gaps and Challenges

Awareness Gaps:

- Limited knowledge about available services and schemes
- Poor understanding of preventive health

Service Utilization Barriers:

- Perception issues about public facilities
- Accessibility and timing constraints

Misinformation / Trust Deficits:

- Spread of false information (especially during pandemics)
- Vaccine hesitancy pockets

System-Level Constraints:

- Fragmented communication across departments and organizations under Kerala Health
- Lack of synergy in action with other Departments of the State
- Limited trained communication personnel in the periphery health institutions
- Inconsistent messaging by various departments
- Lack of regulation of practices of indigenous systems of medicines such as Acupuncture.

Section 3: Strategic Communication Objectives

3.1 Overall Objective

To enhance public awareness, promote healthy behaviour, and improve utilization of government health services through a coordinated, evidence-based communication strategy.

3.2 Specific Objectives

1. Awareness Generation

- Increase awareness of key health services and schemes by 30% within 2 years

2. Behavior Change

- Promote preventive practices (screening, hygiene, lifestyle changes)
- Improve early care-seeking behaviour
- Improved adherence and compliance to treatment
- Reduce Over The Counter (OTC) sale of antibiotics

3. Service Uptake Improvement

- Increase utilisation of public health facilities including JAK
- Improve participation in screening and immunisation drives

4. Stakeholder Alignment / Policy Advocacy

- Strengthen coordination among departments and partners

- Promote evidence-based policy decisions

Section 4: Communication Framework

4.1 Core Messages

Programme Value Proposition:

- "Quality healthcare is accessible, affordable, and available near you."

Service Availability & Benefits:

- Free or subsidized services – Government schemes
- Comprehensive care from prevention to tertiary care, palliative care and rehabilitation

---

4.2 Behaviour Change Messages

Preventive Practices:

- Healthy lifestyle (diet, exercise)
- Sleep Hygiene
- Regular health check-ups
- Sanitation (Waste management)
- Hygiene (General Hygiene, Dental Hygiene, Menstrual Hygiene)
- Hand washing
- Drinking boiled water
- Safe sex

- Spacing between pregnancies
- Immunization
- Free from addiction to alcohol, tobacco and screen
- Volunteering for palliative care near you

Early Detection & Care Seeking:

- Screening for NCDs
- Early consultation for symptoms
- Treatment adherence

4.3 Service Delivery Messages

Access:

- Location of Family Health Centres
- OP timings and services
- Services available in JAKs and FHCs

Entitlements & Schemes:

- Free diagnostics and medicines in various levels of care
- Insurance schemes (like Karunya Arogya Suraksha Padhathi)
- Special schemes for children, women, erstwhile extreme poor etc.

4.4 Stakeholder Messages / Policy Advocacy

For Providers:

- Quality Standards (NABH, NABL, NQAS)
- Timely registration and renewal under Clinical Establishment Act/ Rules
- Adherence to patient rights
- Patient-centric care
- Adherence to Biomedical Waste Management Rules and registration with Pollution Control Boards
- Effective communication with patients
- Implementation of E-health/ digital platform for health care administration

For Administrators & Partners:

- Importance of integrated communication
- Data-driven decision-making

Section 5: Communication Channels and Activities

5.1 Interpersonal Communication (IPC)

- ASHA-led home visits
- JAK Team lead priority visits Community meetings and counselling

---

5.2 Community-Based Platforms

- LSGI-led campaigns

- Kudumbashree engagement programs
- School health programs
- Workplace wellness initiatives

5.3 Mass Media

- Television engagements – TV spots, interactive programmes
- Radio including FM, Community Radio- Radio jingles, interactive programmes
- Newspaper advertisements and articles
- Magazines- Articles, interviews

5.4 Digital and Social Media

- Official health portals – Kerala Health Portal
- Mobile applications (eHealth Kerala)
- WhatsApp campaigns
- Social media (Facebook, Instagram, YouTube)

5.5 Facility-Based Communication

- IEC materials (posters, brochures)
- Digital displays in hospitals
- Help desks and patient navigators

5.6 Advocacy and Policy Communication

- Stakeholder workshops
- Policy briefs and reports
- Media briefings and press releases

Section 6: Communication Calendar and Phasing

6.1 Time-Bound Implementation Plan

- Phase 1: Planning and baseline assessment (Months 1–3)
- Phase 2: Content development and pilot (Months 4–6)
- Phase 3: Scale-up and campaigns (Months 7–18)
- Phase 4: Evaluation and refinement (Months 19–24)

6.2 Annual Communication Plan

Quarterly Breakdown:

- Q1: Planning and capacity building
- Q2: Awareness campaigns launch
- Q3: Behaviour change campaigns
- Q4: Reinforcement and evaluation

Monthly Activities:

- Thematic campaigns
- Media engagement

- Social media pushes

6.3 Campaign Timeline and Phasing Strategy

- Year-round communication with– Generic Campaigns on Healthy life, Vibe4Wellness (4 themes)
- Intensive thematic campaigns- Antibiotic Literacy, HIV and AIDS, Mental Health, Drug Compliance, Vaccination,
- Target group specific campaigns- services/ schemes for women, children, the elderly, palliative
- Crisis communication readiness (outbreaks, emergencies)

Kerala represents a unique and successful model for health communication in India, characterized by high literacy, well-developed public infrastructure, and other innovative strategies, including multilingual outreach, various communication campaigns, and digital initiatives. The state's response to public health crises such as the Nipah outbreak and the COVID-19 pandemic has been widely acclaimed, particularly for its emphasis on transparent and decentralized communication.

Despite these achievements, Kerala faces a complex set of contemporary challenges, including a surge in non-communicable diseases, widespread misinformation, digital divide, and the growing need for tailored health messages for marginalized and elderly populations.

While government initiatives like Aardram, KASP, and other community health networks demonstrate a strong commitment to accessible and effective health communication, future success depends on overcoming these hurdles through more

integrated, adaptive, and equitable communication approaches that bridge the gap between Kerala's advanced infrastructure and its evolving needs. Emphasis must now be placed on participatory communication models that empower local communities, especially in rural and tribal areas, to become active stakeholders in their health narratives. Health communication strategies must also prioritize media literacy, counter-narratives to misinformation, and stronger public-private collaborations to ensure consistency and credibility. As Kerala continues to set national benchmarks, its ability to evolve in response to demographic, epidemiological, and technological shifts will determine how well it sustains and enhances its reputation as a health communication pioneer in India.