Comprehensively Address Mental Health Issues Related to COVID-19 Pandemic

Communication Plan

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I. Overview

The unprecedented global health pandemic has resulted in enormous physical, psychological and economic distress, particularly among COVID patients and their family members. Reports suggest that the pandemic might result into a grave and prolonged mental health crisis in India, across all age groups. The raging mental health complexities commonly manifests in the form of anxiety, depression and psychiatric problems. Lack of mental well-being also unfavourably affects treatment outcomes and might have long-lasting adverse impact on overall health of a person.

To comprehensively address mental health issues related to COVID-19 pandemic, World Health Partners (WHP), with support from USAID, is delivering early screening, diagnosis and management of mental health issues directly to COVID patients through tele-counselling and tele-medicine in three states - Gujarat, Jharkhand and Delhi.

Objective of this Communication Strategy Document

The key objective of this document is to have a purposeful, actionable and robust CAMH, Communication and Social Mobilisation strategy that will support the Covid_19 Mental Health program to achieve its objectives. The strategy will enable and support the execution and monitoring of the CAMH project at the national, state and district levels

Communication strategy

WHP's comprehensive mental health intervention programme plans to strategically utilize the potential of traditional and new media to address the key behavioural barriers in identifying and understanding mental health symptoms and the desire to take timely medical advice. In addition, the 360-degree communication campaign will also emphasize on de-stigmatizing mental health issues, countering inaccurate stereotypes or myths and making quality mental health treatment accessible.

(a) **Objective and Reach:** Increase the reach (coverage) and number of beneficiaries seeking help for mental health and gender based violence (GBV) issues.

Specific Objectives: The proposed media plan aims to:

- Educate people about <u>an easy to call</u> number is available
- Inform people about the <u>availability of tele- counselling services available</u> within the privacy of their home or facility
- Generate demand for <u>tele-counselling and teleconsultation for timely counselling</u> or medical intervention
- Address <u>stigma & discrimination, gender insensitivity</u> and drive attitudinal change
- Communicate <u>medical knowledge, emotional and social support</u> through health care service providers
- Leverage <u>community groups/leaders</u> as drivers of change
- Leverage <u>existing strong community structures</u> for MH awareness and care

Monitoring and outcomes

To improve overall client satisfaction and awareness on service provided. The project will also focus on key deliverables while executing the communication campaign. In the CAMH, MEL plan the PMP indicators are clearly stated. This phased out, year-wise target outcomes will aid in monitoring and course correction:

Indicators as per PMP	Baseline	Target (LOP)	Target for the year	Target (June)	Target (Q1)	Target (Q2)	Target (Q3)	Target (Q4)
Total Population to be covered	0	40 Million	40 Million	20 Million	35 Million	40 Million	40 Million	40 Million
% of project population exposed to communication campaign	0%	80%	80%	30%	40%	75%	80%	85%
% of sampled project population that can recall key messages	0%	35%	35%	15%	25%	40%	40%	60%

(b) Target Audience:

- **Primary**- COVID-19 patients and their families, COVID hotspot areas, victims of gender based violence (GBV), communities
- **Secondary**- General Public, hospitals, caregivers, mental health institutions, religious leaders, socio-cultural leaders government officials and public representatives

Enablers and influencers- political leadership; bureaucrats and media

(c) Messaging:

Key messages for all target audiences/general public

Messaging Cues:

- *To ensure people acknowledge that "I need help" is the first big step.*
- *Emphasis on early detection and treatment of mental health disease.*
- *Addressing the stigma and hesitation involved.*

- *Packaging of key messages to ensure they motivate the stakeholders to act.*

Example of call to action: Help is just a phone call away, call us at 080 10 11 12 13 to get a call back
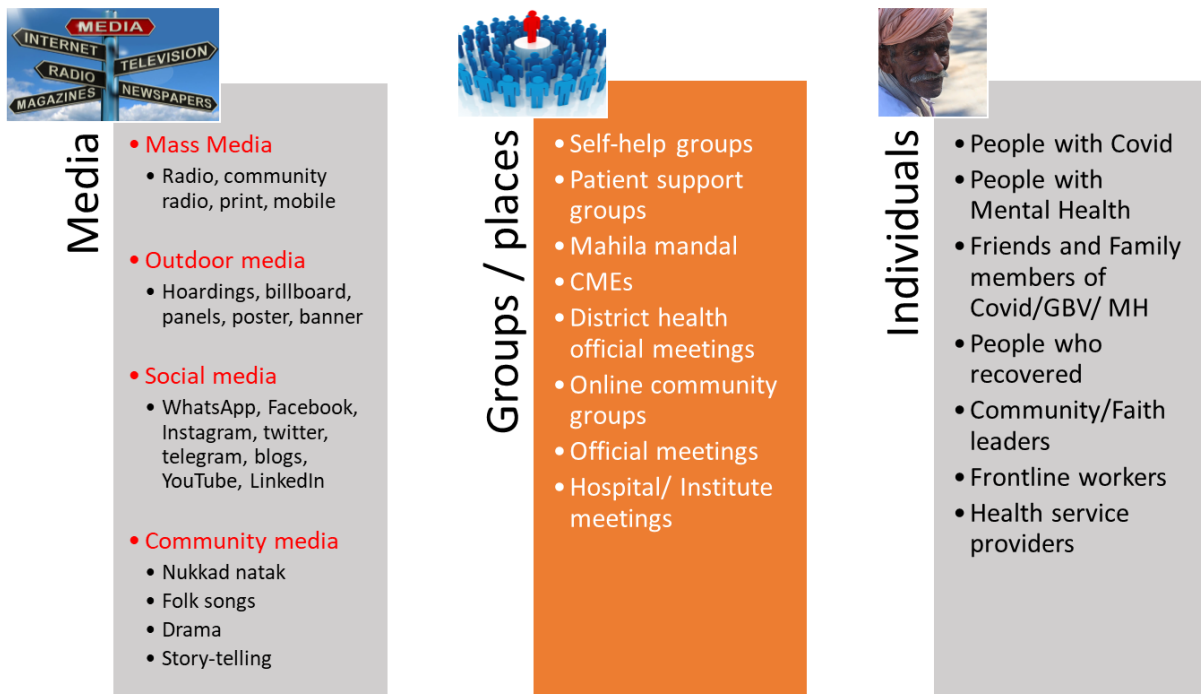
- *Anxiety, depression is normal if you have or anyone in the family has suffered from Covid*
- *Talking within privacy of your homes will help*
- *Free counselling just a click away*
- *Free Doctor's consultation*

General messages (Tips)

- *Stick to your routine*
- *Follow things you like*
- *Keep yourself busy*
- *Talk to whoever you trust*
- *It is going to be alright*

(d) Communication mix:

The figure below gives indicative representation of various communication platforms and tools that can be leveraged in implementing the intervention

Media

- **Mass Media**
  - Radio, community radio, print, mobile
- **Outdoor media**
  - Hoardings, billboard, panels, poster, banner
- **Social media**
  - WhatsApp, Facebook, Instagram, twitter, telegram, blogs, YouTube, LinkedIn
- **Community media**
  - Nukkad natak
  - Folk songs
  - Drama
  - Story-telling

Groups / places

- Self-help groups
- Patient support groups
- Mahila mandal
- CMEs
- District health official meetings
- Online community groups
- Official meetings
- Hospital/ Institute meetings

Individuals

- People with Covid
- People with Mental Health
- Friends and Family members of Covid/GBV/ MH
- People who recovered
- Community/Faith leaders
- Frontline workers
- Health service providers

- **Newspaper:** Newspapers serve local, regional and national geographies and reach people of all age groups and all income levels, both in cities and rural areas. Since the intervention areas are a mix of urban and rural areas, the print campaign will ensure a widespread reach and immediate response to increase calls on the helpline number and seek help.

  Radio: Radio provides ample opportunity for a message to reach its audience because of its top-of-mind recall, reach and frequency of placement.

- **Social Media:** The main advantage of social media is that a targeted audience can be reached in a cost-effective and measurable way. Campaign tracking tools such as analytics makes it easier to establish the efficiency of the campaign.

- **Outdoor**: Outdoor media in the form of leaflets, hoardings and banners is a great 'reminder' media strategy. Outdoor media compliments the main modes of campaigning such as newspaper and radio ads.

II. Activity Plan for Quarter-1

The marketing activities for the quarter are designed keeping in mind the target audience, geographical location and budget allocation to ensure optimum reach. A combination of print media, radio, digital and outdoor will be used to introduce the helpline and to encourage the target audience to call the helpline number to seek help.

(a) Print Media

Print media continues to be the most credible source of news during the pandemic and is playing a proactive role in shaping actions of the population. The total newspaper readership for Delhi, Gujarat and Jharkhand is around 51 million and therefore for the program communication, print media will be an extremely important medium, as:

- Newspapers provide a well-established and trustworthy dissemination platform for news and communication across regions. In addition to the reach, they add a lot of value and credibility in the initial phase of our project.
- In this print media plan, Newspapers with highest circulation in the project districts are targeted.
- In Delhi and Jharkhand, Hindi advertisements will be given, while Gujarati version will be used in Gujarat.
- During this first phase of campaign, ads will be placed in Thursday and Sunday editions. Mid-week is the time when people are planning their weekend and therefore pay more attention to newspaper content and Sunday is the most preferred day of the week for advertising because of maximum attention and reach.

Creatives for Newspaper Advertisement: See Annexure-1

Campaign delivery:

State and Districts (Coverage by Newspaper editions)	Language	Brand	Circulation (as per RNI data)	Reach (expected)	Ad size	Frequency
Delhi- East, North, Shahdara, West, North East, North West, South East	Hindi	Dainik Jagran	0.4 million	1 million	240 sq cm	One
	Hindi	Navbharat Times	0.5 million	1.2 million	240 sq cm	One
Gujarat- Ahmedabad, Gandhinagar, Surat, Mehsana, Kheda	Gujarati	Gujarat Samachar	4.6 million	11.5 million	120 sq cm	One
	Gujarati	Sandesh	2.5 million	6.25 million	240 sq cm	One
Jharkhand- Ranchi, Ramgarh, East Singhbhum, West Singhbhum, Seraikela	Hindi	Prabhat Khabar	0.3 million	0.75 million	120 sq cm	One
	Hindi	Dainik Bhaskar	0.25 million	0.6 million	240 sq cm	One

Ad launch sequence

Delhi	240 sq.cm launch ad on third page one each in both Hindi publications in Delhi followed by a 120 sq. cm ad after 5 weeks
Gujarat	Mix of 240 and 120 sq. cm ads in Gujarat followed by a 120 sq. cm ad after 5 weeks. All ads in Gujarati language.
Jharkhand	Hindi ads with a mix of 240 and 120 sq. com size in Jharkhand followed by a 120 sq. cm ad after 5 weeks.

(b) Radio – AIR and FM

Radio is the medium that people spend the most time with throughout the day, providing ample opportunity for a message to reach its audience. Radio has a reach of about 55 million across the intervention states (Delhi, Gujarat and Jharkhand). People carry out a wide range of activities while simultaneously listening to the radio and media surveys always show that radio listeners are far less likely to "tune out" when ads come on the radio, compared to television. To sustain our objective of reaching out to a large and targeted audience, radio offers many benefits:

- The ability to schedule ad spots throughout the week at various times of day allows for wide local reach. Therefore, Radio is among the best media at enabling target audience selectivity.
- Radio advertising helps in reaching to a wide audience in a cost effective way
- In this radio plan, location specific radio stations with a mix of high reach and cost-efficiency are included

Frequency and messaging: Two radio jingles with a focus on Mental Health (MH) and Gender Based Violence (GBV) will be produced. Hindi radio jingles will be placed in Delhi and Jharkhand whereas Gujarati version will be placed in Gujarat.

Campaign delivery for quarter Aug-Oct:

State and Districts	Language	Radio stations	Spots	Reach (expected) Source: RAM ratings	Frequency
Delhi- East, North, Shahdara, West, North East, North West, South East	Hindi	Fever FM	30 sec	2.6 million	Twice a day (7-11 am & 5-9 pm) for 30 days
	Hindi	Red FM	30 sec	1.9 million	Twice a day (7-11 am & 5-9 pm) for 30 days
Gujarat- Ahmedabad, Gandhinagar, Surat, Mehsana, Kheda	Gujarati	Radio City	30 sec	1.4 million	Two spots during primetime
	Gujarati	My FM, Top FM	30 sec	0.9 million	Two spots during morning and evening primetime
Jharkhand- Ranchi, Ramgarh, East Singhbhum, West Singhbhum, Seraikela	Hindi	Big FM	30 sec	0.8 million	One spot during morning primetime
	Hindi	Radio Dhoom, AIR FM	30 sec	1.2 million	Three spots during morning and evening

(c) Social Media

Social media in India is growing at a rapid rate. According to the latest figures, there are around 448 million social media users in India and therefore it provides a great opportunity for our project to reach a large pool of people across our intervention districts. The main advantage of social media marketing is that a targeted audience can be reached in a cost-effective and measurable way. Additionally, it can target and engage people at every stage of the communication cycle, delivering a steady stream of interest and recall for the campaign.

Campaign delivery for Aug-Oct (Qtr-1)

- **Platforms:** Facebook, Twitter and YouTube
- **Number of posts**: Four every week starting August 2021
- **Social media content**: 10 videos to be made during the year focusing on MH, GBV and highlighting the helpline number. Videos to be a mix of animation, infographic and stock footage. Same videos to be made for all the three social media platforms: Facebook, Twitter and YouTube and customised accordingly.
- **Call to action**: For help, call on 080 10 11 12 13

States	Platforms	Creatives	Days for social media posts	Expected reach (Source: Facebook, Twitter and YouTube analytics)	Influencer engagement (organic)
Delhi	Facebook, Twitter and YouTube	MH and GBV	Tuesday, Thursday, Saturday and Sunday	2 million	Mental health experts, doctors, journalists, police, women and mother groups, influencers to be targeted for organic growth
Gujarat	Facebook, Twitter and YouTube	MH and GBV		1.8 million	
Jharkhand	Facebook and YouTube	MH and GBV		1.3 million	

(d) Outdoor

Outdoor ads often rely on their surroundings to help make a point. Ads are tailored to the format to make a bigger impact. It communicates the message to the target audience and gives them optimum exposure. Billboard advertising, leaflet, bus shelters are typical examples of OOH campaigns.

- During the campaign, particular emphasis to be given in districts where reach of print, social media and radio is limited

- COVID related guidelines and limitations to be kept in mind while planning for the outdoor activities and therefore, the delivery flow below is suggestive and broad

Campaign delivery for Aug-Oct

State	Activity	Timeline
Delhi	Leaflets, Outdoor, Bus panels	Leaflet- One activity every month
Gujarat	Leaflets, Outdoor, Bus panels	Outdoor- One activity for three weeks in each state
Jharkhand	Leaflets, Bus panels	

III. Rollout

As most of the marketing activities will be planned in parallel, below is the graph depicting the weeks and months the marketing campaign will be active during the quarter Aug-Oct.
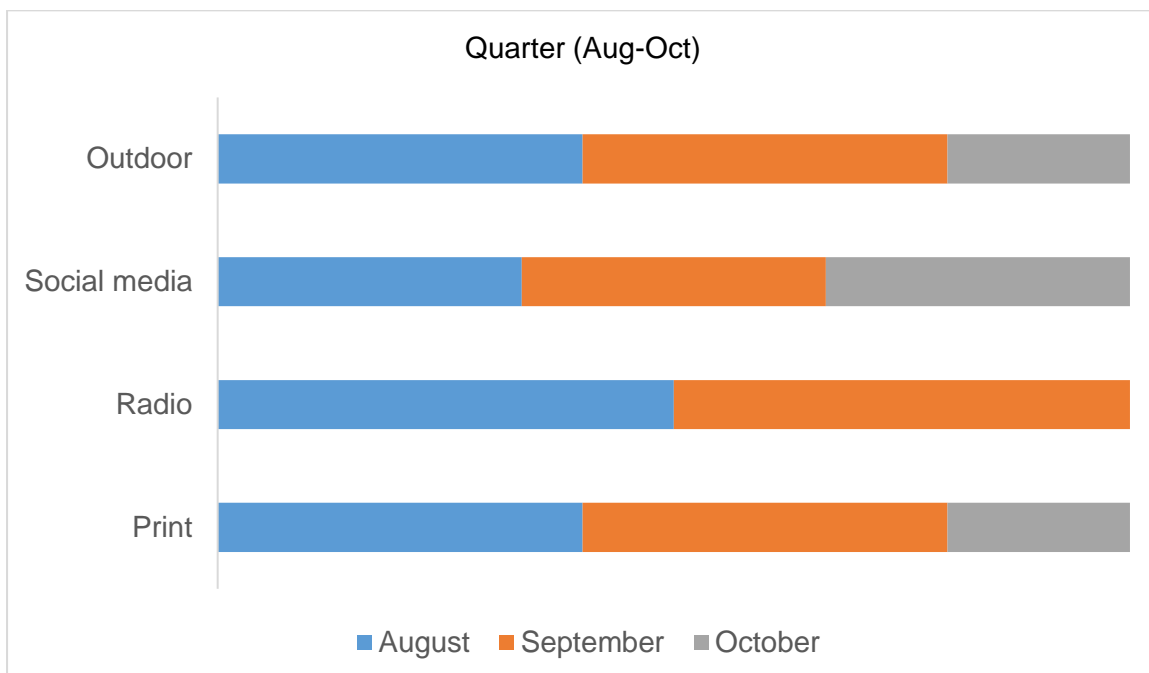
IV. Creatives and Content

The creative campaign idea is drafted keeping in mind the attention statement, introduction and conclusion. The campaign idea will remain central to the rollout plan and will be adapted according to the communication platform (print, radio, social media and outdoor). The conclusion of the message is to direct the target audience to seek help for mental health by dialling the helpline number.

Route:SAATHI HAI NA

Saathi meaning companion, associate, buddy and friend is a generic word that symbolizes that someone is with you. The idea behind 'Saathi Hai Na' campaign is to lend a helping hand to those who need help for countering mental health and gender based violence issues.

The main theme of 'Saathi Hai Na' is a combination of 'Saathi' and 'Hai Na' which focuses on two main aspects of mental health: 'Feeling fearful' and 'companionship'. Rational for choose 'Saathi' as the key word:

- Gives a feeling of friend or companion without directly saying 'help'
- 'Saathi Hai Na'- The phrase gives assurance that someone is there to listen to you
- As MH and GBV issues can lead to feeling tired, frustrated or having low self-esteem, 'Saathi Hai Na' offers a solution to address this state of mind
- The phrase is generic and can be used to create layers of the campaign. For ex: *Don't feel alone, saathi hai na*
- Helpline number 080 10 11 12 13 will be the display cue to direct people for reaching out for 'Saathi Hai Na' campaign

Presentation and Treatment:

1) A shadow that always assures the support that the person is seeking or should seek. It will work as an initial ice breaker that there is someone whom the person can talk to. Our helpline number will offer that solution through a call to action. This will work by incorporating mental health and mental health for GBV in the campaign

2) The support (as envisaged by a shadow here) will also be depicted in the form of a friend, a caregiver, a family member etc telling the person to seek help for resolving his/her issues related to mental health

3) The overall theme will be presented across all platforms in such a way that the person has support irrespective of location, gender and geography

V.   Campaign Review and Way Forward

Objective of campaign review (Q1 only):

- To assess the impact and effectiveness of the launch campaign
- Outline the performance against set targets
- Identify gaps and suggest corrective strategies in the development of campaign strategies for Q2 and beyond

Documentation and Knowledge Management:

Developing and using knowledge management (KM) systems to collectively and systematically create, share and apply knowledge, in order to better achieve program objectives, is key to decision-making. The creation of a KM system will enable cross-fertilization of up-to-date data and lessons learned as well as good practices, which will continuously inform service delivery planning and implementation. The project will create a results database and will explore the best means to disseminate information to different stakeholders, ranging from program managers to healthcare providers to community members.

Documentation materials will be generated at various levels - national, state, district, local levels. It will ensure timely and accurate information is passed on to all stakeholders. CAMH project will undertake to write:

- Blogs
- Case studies
- Technical Briefs
- Success stories
- Photo/Video stories
- Media briefings
- Website content
- Research studies
- Social media content
- Newspaper articles

All of the above are indicative documentation and may changes as per need and requirement. The communication team will be cautious and follow guidelines to ensure all contents and documentation are as per protocol:

- Directly related to project needs
- Have all necessary approvals
- Is in sync with the USAID branding and marking (B&M) guidelines
- A gender responsive and non-stigmatising approach
- Written consent from the relevant person and respect of their privacy & confidentiality
- Is in the relevant language / local dialect
- Ensures COVID appropriate behaviour

Annexure:

Annexure -1: Launch creatives for Newspaper advertisements and Leaflet

Newspaper Ads – English and Hindi.p   Leaflet - English and Hindi.pdf