



Ministry of Health and Family Welfare  
Government of India



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# COVID-19 VACCINE COMMUNICATION STRATEGY



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# COVID-19 VACCINE COMMUNICATION STRATEGY



2 GAJ KI  
DOORI



PROMPT  
TESTING



PROMPT SELF  
ISOLATION

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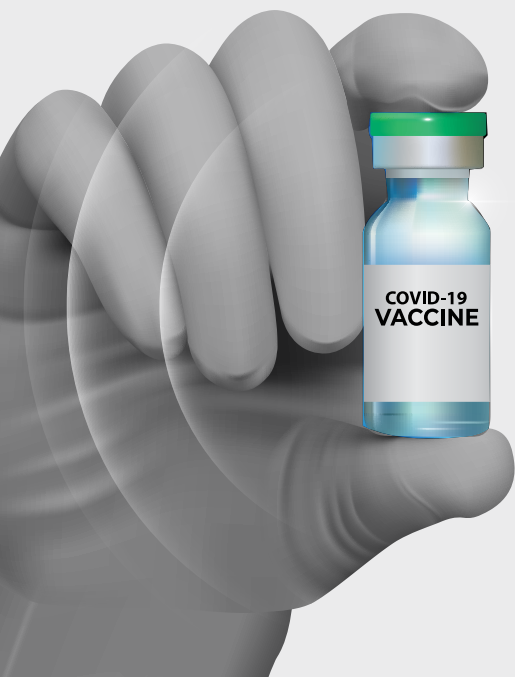
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# Introduction

The communication strategy that supports the COVID-19 vaccines rollout in India seeks to disseminate **timely, accurate and transparent information about the vaccine(s) to alleviate apprehensions about the vaccine, ensure its acceptance and encourage uptake.**

The strategy will also serve to guide national, state and district level communication activities, so that the information on the COVID-19 vaccines and vaccination process reaches all people, across all states in the country.



## Aim



To support and encourage appropriate uptake of the vaccines by:

- Managing and mitigating any potential disappointment expressed by unmet demand for the vaccine or **'eagerness'** amongst people.
- Addressing vaccine **'hesitancy'** that could arise because of apprehensions around vaccine safety, efficacy; and any other myths and misconceptions.
- Provide information on potential risks and mitigate unintended **crisis** (e.g. AEFI clusters, delay in vaccine rollout for certain population categories) during the introduction and rollout.

**The strategy also seeks to build trust and enable greater confidence in the COVID-19 vaccine amongst all people by employing transparency in communication, while also managing any mis/disinformation and rumours around it.**

## This will be achieved by:

- 1 Using the social influence or endorsements from experts and official voices to:
  - a Spell out the process of immunization (where, how, who, when - date and time)
  - b Emphasize on the safety and efficacy of vaccines
  - c Explain the decision to conduct the drive in a phased manner
- 2 Establishment of a National Media Rapid Response Cell (NMRRC) at MoHFW to:
  - a Ensure preparedness through media monitoring and social listening and respond in real time
  - b Unfold media and public discourse, through extensive monitoring of print, electronic and digital media
- 3 Involving community mobilizers and frontline workers to engage with the community at various levels:
  - a Through community consultations, faith leaders and religious meetings
  - b Engaging youth, civil-society organizations, self-help groups
  - c Panchayats and other community-based platforms

There are **Four Key Areas** that will be addressed as part of interventions under the strategy:

By using an integrated advocacy, communication and social mobilization strategy nationwide, four key areas will be addressed as shown below:



**Information on the new COVID-19 vaccine:** Provide prompt, simple and focused communication on the COVID-19 vaccine(s) and vaccination processes



**Vaccine Hesitancy:** Build public confidence on the safety and efficacy of the new vaccine



**Vaccine Eagerness:** Ensure understanding and acceptance of the phased and prioritized approach to overcome concerns of the population waiting for vaccination



**COVID Appropriate Behaviours:** Maintain and sustain key preventive behaviours: wearing masks, maintaining physical distance and hand washing with soap

The communications approach will further steer the spirit of the Prime Minister of India through Jan Andolan or people's movement such that citizens feel confident to engage and participate in the vaccination process. COVID Appropriate Behaviours (CAB) must be followed not just during and after vaccination but even otherwise, and also by the people not getting the vaccination in the initial phases.

# 1. Objectives of the COVID-19 Vaccine Communication Strategy

- Ensure that all eligible groups receive the vaccine with confidence
- All people get correct information and are not influenced by mis/disinformation, myths or misconceptions
- Hesitancy of public is addressed on the COVID-19 vaccination process
- Provide correct, consistent and timely information on the new COVID-19 vaccine(s) (availability, safety, and timelines) and vaccination processes
- Generate awareness and understanding of the phased approach of prioritizing target groups
- Address low-risk perception of the infection amongst people and build an enabling environment to adopt and maintain COVID appropriate behaviours to reduce any risks of infection



## 2. Target Audiences



All citizens; vaccine eager and vaccine hesitant groups; with a focus on priority for people to be vaccinated in the first phase – health care workers, frontline functionaries, people over 50 years of age and people under 50 years with co-morbidities.



National media including traditional and digital media, which will disseminate correct/factual information by proactively addressing any mis/disinformation or incorrect messaging.



Civil society organizations, professional bodies including hesitant groups, medical fraternity, social influencers and youth platforms & networks.



Elected representatives like MPs, MLAs including panchayat representatives.



Academia, alternative medicine practitioners, traditional healers, naturopaths, homeopaths etc.



# 3. Information on COVID – 19 Vaccines

Information on vaccines will clarify:



The vaccine has gone through various trials and is safe



Eligibility criteria and vaccination process



Where to access the vaccine



Process of registration and pre-conditions for vaccination



Post vaccination care and support

## 3.1 Vaccine Eagerness (VE)

There is significant keenness amongst the public as people have been waiting for the COVID-19 vaccine so that they are able to get back to their normal life. It is therefore important to:

1

Acknowledge that there might be a degree of vaccine eagerness but people will have to wait to get vaccine access, based on the defined prioritization criteria

2

Refer to key messages (shared as annexures with this document) and communication package addressing the potential for vaccine eagerness and engaging people to support the vaccination rollout

3

Share accurate information, consistently with general public and those waiting for the vaccine to address any knowledge gaps

4

Advocate for and refer to reliable sources of information (MoHFW website and official social media handles), and proactively manage any mis/disinformation or fake news

## 3.2 Vaccine Hesitancy (VH)

Suggested actions to tackle and address any concerns of vaccine hesitant and resistant groups:



Community engagement with credible communication approaches for each target group to build trust in vaccines

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Identify traditionally known vaccine-hesitant and resistant areas/groups/communities, based on prior experience. Orient credible influencers from local communities to build their trust and acceptance

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Develop articles with support from influencers about the safety and efficacy of the COVID-19 vaccine in national, state and regional media

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Use articles and research in support of the vaccine, scientific explanations and clips of credible influencers during interaction with the hesitant groups

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Create a pool of editors who will write and share opinion editorials in national, state and regional media

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Ensure real-time, round-the-clock monitoring of digital media to facilitate appropriate and timely action to address hesitancy

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### 3.3 COVID Appropriate Behaviours (CAB)

While the vaccine is an important part of COVID-19 protection, it is important to emphasize the continued practice of COVID Appropriate Behaviours or CAB (frequent and thorough hand washing using soap and water, wearing a mask/face cover and physical distancing of 2 Gaj (6 feet)) for personal safety and prevention of community transmission.

The continuation and reinforcement of CAB will be achieved through the following actions:



MASK USE



HANDWASHING WITH SOAP AND WATER/ USE HAND SANITIZER



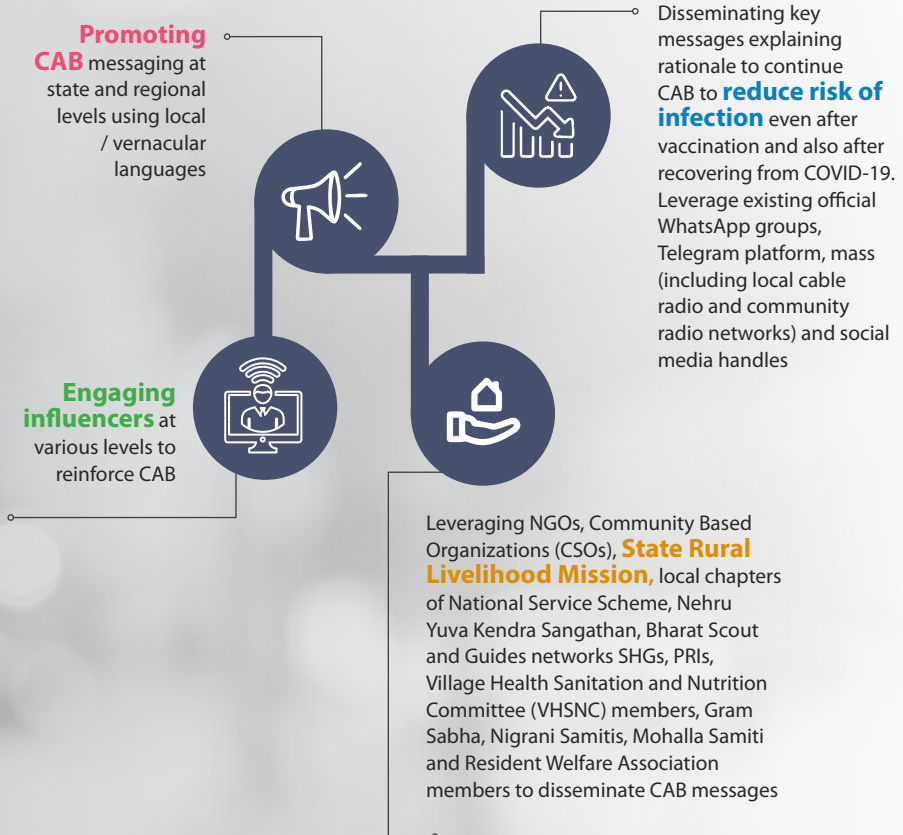
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PROMPT TESTING



PROMPT SELF ISOLATION

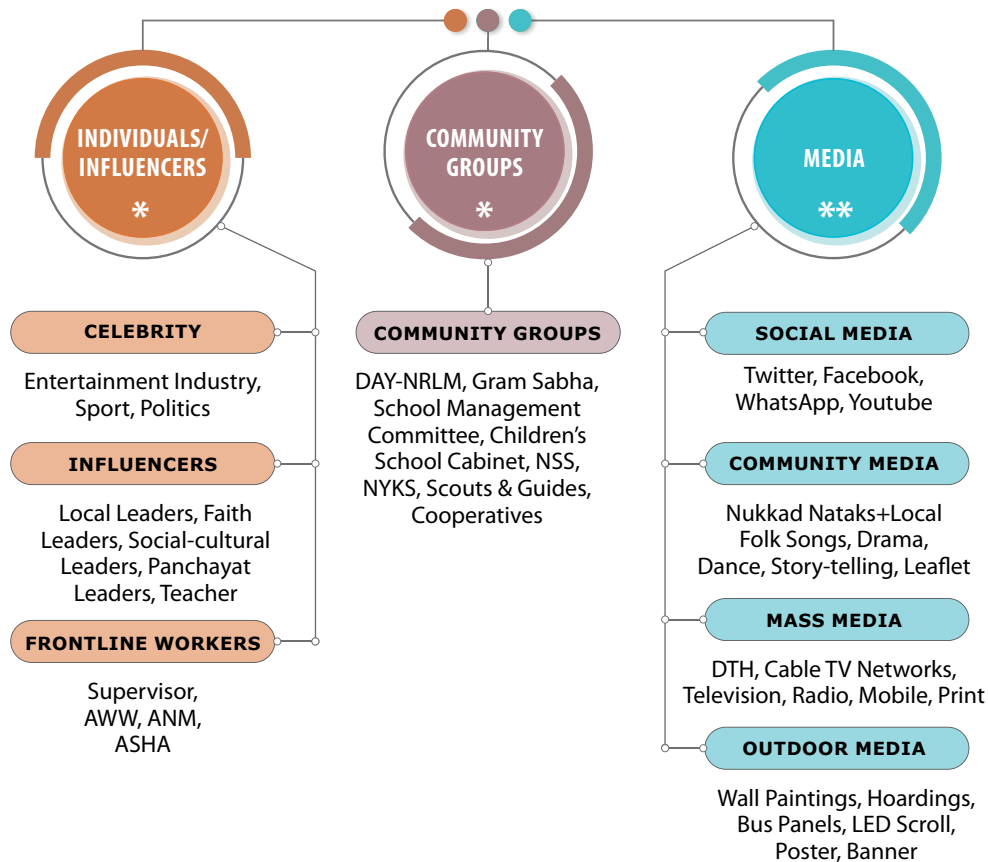


# 4. Key Elements of the Communication Strategy

Based on the learnings of previous national immunization campaigns (Mission Indradhanush/Intensified Mission Indradhanush/Measles Rubella), five key elements of the strategy have been developed in order to support the rollout and introduction of the COVID-19 vaccine at the national and state level:



# PLATFORMS



## TOOLS/MATERIALS FOR EACH TYPE OF PLATFORM

- \* Games, Songs, Prayers, Pledge, Posters, Flipbooks, Dialogue Cards/Interpersonal Communication Videos, Interactive Radio Programmes
- \*\* Tweets, Videos, Messages, Scripts, Folk Song Lyrics, Stories, Community Radio Programmes, TV Programmes, Radio Programmes, TV commercials, Radio spots, Ringtone, Mobile Games, Prototype Designs of Wall Painting, Hoarding, Bus Panels, LED Scrolls

To achieve a wide reach for the messages and in order to get a greater degree of engagement from all target audiences, a wide variety of trusted sources and communication channels and platforms will be leveraged in both urban and rural areas. Each platform will have specific communication tools and materials for activation, mobilization and broadcast.

## 4.1 Key Components of the Advocacy Strategy

Advocacy efforts will aim to engage the maximum number of people by promoting the benefits of COVID-19 vaccine and support in building an enabling environment. Various stakeholders and experts will lead the advocacy campaigns at national, state and district level. These include (but are not limited to):

- **Hon'ble PM, Parliamentarians**
- **Ministry of Health and Family Welfare and Line Ministries in the Central Government and their field-level networks**
- **Professional bodies IMA, doctors and health workers, alternate medicine practitioners, Rotary and Lions Club**
- **National and local media representatives**
- **Public and private sector companies**
- **Development partners, Civil Society, Community Based Organizations**
- **Religious/faith-based leaders**

### 4.1.1 Key Actions at National Level

At the national level, the following advocacy actions will be implemented:

- Development of advocacy package- FAQs, leaflets, factsheet, multimedia material, along with their language versions
- Adequate preparation for the launch of the vaccine, by holding pre-launch sensitization events with journalists; develop media kits
- Organizing inter-ministerial meeting/ briefing on the COVID-19 Vaccine Communication Strategy and vaccination process to ensure that all political and bureaucratic leadership is reinforcing the same messaging
- Sharing communication materials and messages for efficient use of platforms owned by the above-mentioned influential voices
- Leveraging national and state-owned media agencies for organizing advocacy activities
- Publishing opinion pieces, organizing interviews and discussions with scientists, experts and other credible voices
- Implement Standard Operating Procedures (SOPs) for AEFI management, spokespersons' training, preparedness, rumour management, planning for press releases and conferences

## 4.1.2 Key Actions at **State Level**

At the State level, the following advocacy actions will be implemented:

- Utilise State Steering Committee for interdepartmental coordination to support awareness generation
- Leverage State Task Force to oversee develop state communication plan (annexed) for COVID-19 vaccination rollout, including monitoring mechanisms
- Preparation and dissemination of a written appeal from Chief Minister to all elected representatives and District Magistrates
- Developing and adapting communication package, plan and materials in local languages
- Organizing advocacy events with religious leaders and faith-based institutions - written appeal, audio/video bytes, miking – amplified through electronic, print media, WhatsApp, and social media
- Involving local celebrities including digital media champions

## 4.1.3 Key Actions at **District Level**

Utilise platforms of district and block task force, district specific communication plan (annexed) including implementation and monitoring mechanisms

Identifying and leveraging support of professional bodies, youth organisations and panchayat bodies to support implementation of communications actions

Organizing advocacy events with religious leaders and faith-based institutions - written appeal, audio/video bytes – amplified through electronic, print, WhatsApp, and social media

Disseminating messages through local champions and influencers

## 4.2 Capacity Building of Key Stakeholders

Since the vaccine for COVID-19 is new, it will be important to orient and train all those stakeholders who will be responsible for the implementation of communications actions, in both urban and rural areas. Communications training will be carried out in line with the training modules that have been developed to plan and implement communications actions at all levels. States will be required to identify training mechanisms to reach the extensive network of frontline workers, health care providers, community based volunteers, influencers and other stakeholders in remote areas to ensure outreach to the last mile, while also ensuring an equal focus on the urban areas.

The following cadres will be trained to support the implementation of the communications plan:



**IEC Officers of government departments at National, State and District levels**



**Development partners**



**Key Officials from ministries of Panchayati Raj, Human Resource Development, Urban Development, Youth, Women & Child Development, Railways, Labour among others**



**CSOs, CBOs, FLWs, Influencers, Youth Networks, Volunteers, PRIs and, SHGs**



**Staff of COVID-19 National and State Helpline Call Centres (1075 & 104)**



A detailed training calendar has been added as Annexure A

## 4.2.1 Key Actions at **National Level**

- ▶ Development of Communication Training Package for IEC Officers on communication planning and implementation, M&E on COVID-19 vaccine
- ▶ Development of Capacity Building Module on social mobilization and inter-personal communication (IPC) for ASHAs, ANMs and AWW and social mobilizers (PRIs, SHGs, MAS, religious leaders, NSS, NYKS, CSO and CBOs etc.) that can be adapted at state level
- ▶ Conducting National Training of Trainers (ToT) on COVID-19 vaccination process including social mobilization, communication planning and implementation for IEC officers
- ▶ Conducting Capacity building of National (1075) and State helpline (104) call centre staff
- ▶ Conducting Social media briefing for social media managers like representatives of State Information Bureau, IEC Bureau etc
- ▶ Training of master trainers to conduct state and district level sessions for training FLWs and other cadres on communication
- ▶ Identifying national-level partners, including SBCC Alliance, Interfaith Humanitarian Alliance, Red Cross to adapt the capacity building package to reach their networks

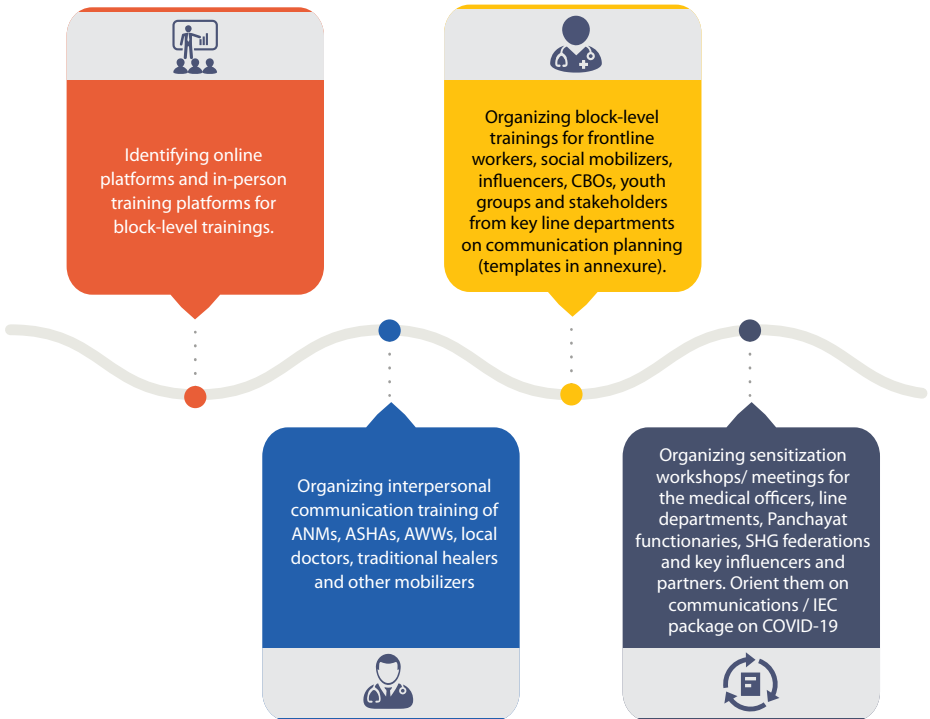
## 4.2.2 Key Actions at **State Level**

- ▶ Development of state capacity-building plan at state level
- ▶ Adaptation and contextualization of training modules for IEC officers on communication planning, implementation and M&E on COVID-19
- ▶ Conducting state training of trainers on COVID-19 vaccination process including social mobilization and communication planning
- ▶ Organizing training of District Collectors, MLAs and MPs
- ▶ Conducting training on social mobilization and IPC for social mobilizers to the local context (PRIs, SHGs, MAS, religious leaders, NSS, NYKS, CSO and CBOs etc.) with the support of the partners
- ▶ Organizing social media briefing for communications officers and managers
- ▶ Training of master trainers to conduct state and district level training
- ▶ Identifying state-level partners, including SBCC Alliance, Interfaith Humanitarian Alliance, Red Cross to adapt the capacity building package to reach their networks
- ▶ Social media analytics and marketing training for social media managers/IEC officers
- ▶ Training of content gathering and development of new messages, if required

### 4.2.3 Key Actions at **District Level**

- Identifying online and in-person training platforms at district level
- Organizing district level trainings/ workshops for block-level MOICs to train HWs, FLWs, supervisors and stakeholders from key line departments
- Organizing sensitization workshops/ meeting for the CMO/DIO/District IEC officers, officers from line departments, WCD, PRI, Education and others with private doctors and leading physicians in the district
- Conducting refresher trainings for FLWs

### 4.2.4 Key Actions at **Block Level**



## 4.3 Strengthening Mass Media, Social Media, Engaging International Media, Social Mobilization and Community Engagement

For the COVID-19 Vaccination rollout, media and social media will play a critical role in creating and influencing perceptions across the wider public.

Media engagement will involve activities at the national, state and district levels; customized for different audience segments in the three phases – pre-vaccine introduction, during vaccine rollout and post vaccine introduction.



### Key Stakeholders

- ▶ Media houses at the national level
- ▶ News channels at national, state and regional levels
- ▶ Senior editors and health, education and business journalists
- ▶ Media from regional dailies and local dailies

### 4.3.1.1 Key Actions at **National Level**

- ▶ Establishing a National Media Rapid Response Cell at MoHFW
  - Development of Co-WIN dashboard to monitor communication actions

## National Media Rapid Response Cell (NMRRC)

A National Media Rapid Response Cell has been set up at MoHFW, to enable both proactive engagement as well as rapid response to news in traditional media and social media, especially during crisis. The National Media Rapid Response Cell will enable real-time monitoring and tracking of the large volume of conversations on the theme of COVID-19 vaccination. It will capture the pulse of the discussion across the country by extensive and constant monitoring of topics related to vaccine eagerness, vaccine hesitancy and any misreporting or false information regarding COVID-19 vaccine.

Print, electronic and digital media platforms will be monitored, including national media as well as nationally representative state and language media to enable coordination in rapid response across messages, media and channels for appropriate response management.

A similar Rapid Response Cell (RRC) is recommended to be set up at the State level, supported by the Ministry of Health and Family Welfare and Information & Broadcasting.

The cell will do fact-checking, draft rejoinders, collate, advise and share key messages which will be disseminated by PIB/designated media unit of MoHFW.

A real-time digital media dashboard, and overall social media monitoring will also be managed by the NMRRC. The cell will have live data feeds and digital media visualizations that will provide a clear view of the real-time conversations and themes that are emerging from the public discourse. It will also have linkages with the designated State Nodal Officers, as well as field staff to get updated information from the states and any on-ground information that might not otherwise be captured through its monitoring tools. Further, the NMRRC will also be integrated very closely with the AEFI (Adverse Event Following Immunization) and crisis management unit being managed by the Immunization Technical Support Unit (ITSU).

- The NMRRC will be managed by senior professionals from traditional and new media agencies. These cells will alert MoHFW on news/social media reports with designated MoHFW officials, Ministry of Information and Broadcasting, other Line Ministries and state focal points for all external and internal communication in the pre, during and post phase rollout of the vaccine. The cell will also proactively develop simulations for possible scenarios and activate set-up for probable emergent responses on crisis and negative media.



- The cell will also maintain a repository of all key briefings and statements made by the Prime Minister, Parliamentarians, Ministers, and Secretaries to maintain consistent messaging across the campaign. A central mailbox will also be created so that the cell has a standard, centralized and easy access for anyone who needs to share or request any information.
- Tracking information on print and electronic media across all regions
- ▶ Creating a pool of editors for Op-Eds / articles at the national / international level. Development of articles with support from influencers about safety and efficacy of COVID-19 vaccine.
- ▶ Conducting regular media engagement to amplify key messages and leverage existing PIB platforms for media.
- ▶ Engaging influencers, celebrities for interviews, short videos and gifs on key messages, to counter negative media
- ▶ Engaging Google, Facebook, WhatsApp and Telegram to amplify positive messages and information and nip rumors through chatbots and tracking of social media
- ▶ Development of positive stories and testimonials from beneficiaries on the vaccine

#### 4.3.1.2 Key Actions at **State Level**

- Establishing a Communication Response Room at State level, on the lines of NMRRRC
- Engaging media to establish vaccine confidence, share positive examples of vaccine acceptance
- Engaging State Information and Public Relations Department and their field staff through Ministry of I&B
- Working with scriptwriters to incorporate messaging on prioritized and hesitant groups
- Engaging state level influencers for interviews, short videos and opinion articles
- Development of positive stories and testimonials from beneficiaries on the vaccine
- Leveraging regional, local media and online news, community radio stations, to reach the underserved and marginalized groups

### 4.3.1.3 Key Actions at **District Level**



Monitoring of district-level publications, social media handles for media monitoring and social listening insights. Sharing these regularly in District / State Task Force (DTF/ STF) meetings



Engaging media to establish vaccine confidence, share positive examples of vaccine acceptance



Dissemination of human-interest stories at the district level, with focus on access, prioritization



Engaging district-level influencers-celebrities, MLAs, faith leaders, doctors and alternate faith healers for special interviews through various media platforms

## 4.3.2 Managing Digital Media

Digital media platforms, especially social media channels, can reach and engage large audiences quickly. The results are in real-time and the channels are cost-effective. To maximize the reach of COVID-19 communications and ensure visibility and amplification, consistent, simple, precise messaging with a consistent branding will be disseminated through the use of multiple social media channels, including WhatsApp. Ensuring content is branded officially can help build trust among many audiences. A social media plan will be developed, to include content and marketing through official channels, and to ensure engagement with key influencers through their channels. States will be required to utilize their existing official channels as those will have established credibility and organic reach. All official content will need to be adapted to the local context and state audiences.



### Key Stakeholders

- ▶ Ministry and Department of Health and Family Welfare
- ▶ Ministry and Department of Information and Broadcasting (MoIB), Ministry of Electronics & IT (MeitY) & other Line-Ministries for amplifying content
- ▶ Social media managers of Development Partners (including UNICEF, BMGF, ITSU, UNDP, UNFPA, USAID, WHO, JHPIEGO, NIPI, CHAI among others)

### 4.3.2.2 Key Actions at National Level

- Development of toolkit for all COVID-19 Vaccination related activities (including Ministries – e.g. MoIB, MyGov etc.) at National and State level to ensure cohesive and correct information
- Leveraging the MyGov Corona Helpdesk Chatbot to amplify key messages and provide information on the COVID-19 vaccine, as well as provide a channel for general public to ask questions and get more information.
- Daily Social listening and analytics reports to guide social media strategy and rollout.
- Coordination between social media cell of social media managers from government and development partners.
- Establishment of a virtual content production cell/hub with filmmakers, designers, editors, writers etc. who will design and package content in multiple languages for use on various social media platforms (including PIB, My Gov, WHO, UNICEF, UN, BMGF, ITSU).
- Development of an audience targeting plan to push specific messages to specific predefined sets of audiences, for greater impact.

### 4.3.2.3 Key Actions at **State Level**

The following actions will help amplify digital media engagement on COVID-19 vaccine at the State level:

- ▶ Preparing a State social media plan based on National strategy and State vaccination activity report.
- ▶ Training/briefing of social media channel managers on the campaign and the campaign toolkit.
- ▶ Identifying existing official social media handles for the campaign.
- ▶ Adapting content from the campaign toolkit to the state-specific context and language (shared with states in all relevant formats JPEGs / pdf / open files).
- ▶ Sharing stories, photos, videos, testimonials with the virtual content cell/hub for packaging and amplification.

### 4.3.2.4 Use of WhatsApp for Proactive Messaging

- ▶ WhatsApp content toolkit and guide for all campaign partners (including Ministries) at national and state level to ensure cohesive campaign.
- ▶ WhatsApp coordination groups established for social media coordination (as per the social media cell).
- ▶ Content packs developed as per ongoing analysis and shared with all partners. Recommend all content has official logos as a 'trusted source'.
- ▶ Map WhatsApp Groups: Ministerial, professional, community based e.g. corporate partners, school/parent groups, RWAs, SHGs, PRIs, FLWs etc. for sharing of factual and official, branded messages.
- ▶ Identify and engage WhatsApp champions from WhatsApp Groups (e.g. school principals, RWA chairpersons) who can disseminate information and can counter misinformation.

All states will need to ensure that partners have tools to support the introduction of COVID-19 vaccine through digital and social media amplification to reach audiences with information on COVID-19 vaccine.



WhatsApp, a popular digital platform will be utilized strategically to amplify factual information and positive messaging through:



### 4.3.3 Engaging International Media on COVID

While the UK and USA have emerged as the first two countries in the world to launch the COVID vaccine, India too is gearing to launch one of the world's largest COVID vaccination drive. There is interest in the global community on how India is going to go-ahead with the vaccination programme. This is an opportunity to highlight India's preparedness and plans in the global arena.

Therefore, along with national media engagement, international media would need to be engaged to ensure correct and transparent information about the vaccine programme is conveyed in a sustained manner. It will also support in pre-empting and countering any negative news and showcase India's leading role in development of the vaccine and its successful delivery.

The Ministry of External Affairs will be approached to reach out to Indian Missions abroad with all relevant information on the vaccination campaign.

States may channelize international media requests through the National Media Rapid Response Cell and PIB. The following initiatives are planned at the national level to engage the international media.

#### Pre-Vaccine launch: Preparedness phase

- Conduct a series of briefings with **select international media, press clubs**
- Pitch interviews/sound-bytes of approved Spokespersons and scientists to international media
- Prepare key messages both for recurrent questions as well as to handle crisis responses
- Keep a multimedia feed of videos and a B-roll of pictures ready for sharing. Some of these could be featured in 'Photo of the Year Series'- work being done by AVDs, health workers in making vaccination reach hard-to-reach areas, priority populations
- Evaluate international media coverage and response and take corrective decisions on-course

#### During the campaign

- Arrange interviews of COVID warriors, health workers, police personnel, sanitation workers who will be inoculated first in India and pitch them in popular slots, front-pages
- Organize virtual/ in-person field visits of international media (following CAB guidelines) to storage units, vaccination centres to showcase preparedness and systems put in place. [Similar engagement done during MR Drive was widely picked].

#### Post-vaccine

- Pitch positive stories of the success of the campaign
- Arrange interviews with on ground workers involved in the success of the campaign
- Pitch human interest stories of people inoculated

## 4.4 Social Mobilization and Community Engagement

Social mobilization actions will focus on risk communications and community engagement. It will respond to perceptions of communities and health service providers on the COVID-19 vaccines and ensure that all people perceive and understand the vaccination process correctly and act accordingly.

The social mobilization plan will focus on (i) the phased vaccination plan (ii) addressing vaccine eagerness on one end and vaccine hesitancy on the other.

The social mobilization plan will be contextualized to state and community requirements, and address state-specific variations and vulnerabilities such as urban-rural, tribal – nontribal, and hard to reach pockets. While social mobilization actions will reach public across all categories, it will specifically focus on motivating the priority groups for COVID-19 vaccination and their family members through community consultations and inter-personal communication during house visits.

The key stakeholders identified for social mobilization are:



### Key Stakeholders

- ▶ Community-based organizations, NGOs Alliances
- ▶ FLWs, State Rural Livelihood Mission, Volunteers, ULBs and PRI members
- ▶ Health functionaries and teachers
- ▶ Faith-based institutions and networks
- ▶ Youth networks and platforms like NYKS, NCC, NSS , Rotary, Bharat Scouts and Guides, Lions Clubs
- ▶ Municipal Corporations, Mahila Arogya Samitis (MAS)

### 4.4.1 Key Actions at National Level

- ▶ Development of the Community Mobilisation package for a different stakeholders
- ▶ Development of orientation leaflets for community mobilisation by different stakeholders
- ▶ Development of A&V materials for community mobilisation including training films, FAQs and key messages to support the Jan Andolan on CoVID-19 vaccination

- National ToT on Community Mobilisation including communication templates
- National level orientation of CSOs and other bodies to support activation of networks at state levels
- Support identification of potential partners to be included in social mobilisation and community engagement
- Orientation of Community Radio Associations on key messages jointly with Ministry of I&B.

#### 4.4.2 Key Actions at **State Level**

- Development of Community mobilization package for frontline functionaries, PRIs and SHGs including for urban local bodies, adapted from national IEC tools and training package
- SEPIO, State IEC Bureaus in partnership with development partners will lead communication activities including social mobilization
- Orientation of state officials on Co-WIN Application for registration of beneficiaries in both rural and urban areas
- Planning for prioritized social mobilization with priority groups in the community
- Develop a guide for FLWs to mobilize community members with support of panchayats, social networks like Rotary, faith-based leaders and NGOs

#### 4.4.3 Key Actions at **District Level**

- Organizing orientation for district officials on communication preparedness, planning and monitoring tools for social mobilization
- Development of a state social mobilization plan with key stakeholders
- Sensitizing key community-level influencers, FLWs, PRI members, SHG members, GP Panchayat and Gram Sabha members, Mahila Mandals, religious leaders on key messages
- Installing IEC materials – hoardings, posters, banners and leaflets at facility level, transit points and other prominent places
- Leveraging community radio networks for last mile mobilization
- Planning and orientation for conducting house visits, community level meetings, interpersonal communication with prioritized groups following CAB behaviours
- Engaging NGOs, CBOs, Youth Networks in urban and rural areas to support the vaccination process emphasizing CAB using FAQs, leaflets, IEC materials at district and sub-district level)

## 4.4.4 Key Actions at **Block Level**

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- Development of a block social mobilization plan with key actors
- Development of community engagement package for SHGs, PRI, ULBs to use and disseminate at community level
- Sharing communication materials and tools in local language with FLWs & social mobilisers
- Orienting PRI, Health, WCD, SHG members, Mahila Mandals, NYKS/NSS, Swachagrahis, Nigrani Samitis, Mahila Arogya Samitis , RWAs on key messages and activities at community
- Mobilizing priority groups with a focus on traditionally hesitant/ resistant groups
- Engaging faith-based groups, opinion leaders and influencers and their institutions
- Holding talks on COVID-19 by village headman, PRI members, religious leaders and ward members and RWAs
- Discussing updates about COVID-19 vaccine in Gram Sabhas (this will be realised through convergence with MoPR)

The social mobilization activities will include community meetings, participatory activities, traditional media group performances, rallies, talk shows, miking announcements, road shows and home visits. Interpersonal communication and group consultations will be organized using frontline functionaries and local influencers to engage people to dispel misconceptions and fears regarding the vaccination process. Communications materials and tools like posters, banners, leaflets, pamphlets, FAQs, interactive videos will be widely used for easy communication.

## 4.5 Managing Crisis Emerging from AEFI, or Otherwise

Any crisis resulting from vaccine eagerness issues, vaccine hesitancy barriers and AEFI, will be managed by rapid response and adequate preparation for managing a crisis, should it emerge. The following are some of the possible crisis scenarios:

- **Vaccine Eagerness:**  
Given the context of the pandemic, people have been eagerly waiting for a vaccine. It is expected that once the vaccine is available there will be a huge demand to access it, which may lead to unrest.
- **Vaccine Hesitancy:**  
On the other hand, there could be vaccine hesitancy – a possible result of rumours, plain indifference or misinformation from anti-vaccination groups. Further, certain geographies or communities might continue to resist accepting the vaccine owing to their long-standing aversion to vaccination.
- Protests/unrest as a result of rumours and misinformation about the vaccine.
- Sudden AEFI deaths or reactions.
- Logistics issues, delay in delivery and other local triggers.
- Pressure from lobby groups – educational institutes, corporates asking for prioritization.
- AEFI situation and associated reactions, logistics issues plus other local triggers to be pre-empted and be prepared to respond Pressure from lobby groups – Educational institutes, Corporates asking for prioritization.

The key actions required at the national, state and district level are outlined below:



## National Level

- Establishing a crisis communication group consisting of inter-ministerial focal points, AEFI committee members, Communications core group. The core group should be integrated with the National Rapid Response Media Cell.
- Identifying spokespersons and AEFI spokespersons from national, state and district.
- Training the primary and secondary, AEFI spokespersons interlinked.
- Using Press Information Bureaus and NMRRRC's fact-checking unit to manage fake news, including AEFI and vaccine eagerness. Work in close coordination with NMRRRC team for media responses in short turnaround cycles.
- Media engagement at national, state and district. (for buy-in of vaccine eager groups on prioritization policy, address vaccine hesitancy).
- Harnessing influential voices from doctors' associations/ business lobbies/ education for support.
- Establishing regular media monitoring & analysis on AEFI related reporting on COVID-19.
- Securing editorials and interviews on possible crisis issues – preparedness and steps taken by Gol, allaying fears (VH) and apprehensions (VE) - to be started immediately.
- Establishing and disseminating the communication flow protocol during AEFI.
- Managing crisis communication through media agility, holding lines and coordination with state AEFI committee and state health dept.

## State and District Level

- Training of primary and secondary, and media spokespersons.
- Establishing a positive media narrative in state and regional media. Editorials on crisis and AEFI management – preparedness and steps taken by.
- Establishing and disseminating the communication flow protocol on AEFI with DIOs, SIOs, CMOs and district magistrate, front line workers.
- Formation of WhatsApp/ Social Media groups for swift communication with Govt. officials, Health workers and media. Amplify factual and positive messaging through local influencer WhatsApp / social media networks.
- Incorporating elements of evidence-based reporting, sharing of medical reports, quoting multiple sources etc.
- Working in close coordination with State Rapid Response Media Cell for rebuttals and statements for effective response.

## 5. Monitoring and Evaluation Framework



The Monitoring and Evaluation (M&E) framework supports the implementation of communication and demand generation strategies. The framework will also help in making any mid-course corrections and measure the impact of the communications interventions. Officials at the State/ district/ block level will need to identify a set of supportive supervisors and monitors who would monitor and fill the monitoring checklists at all levels.

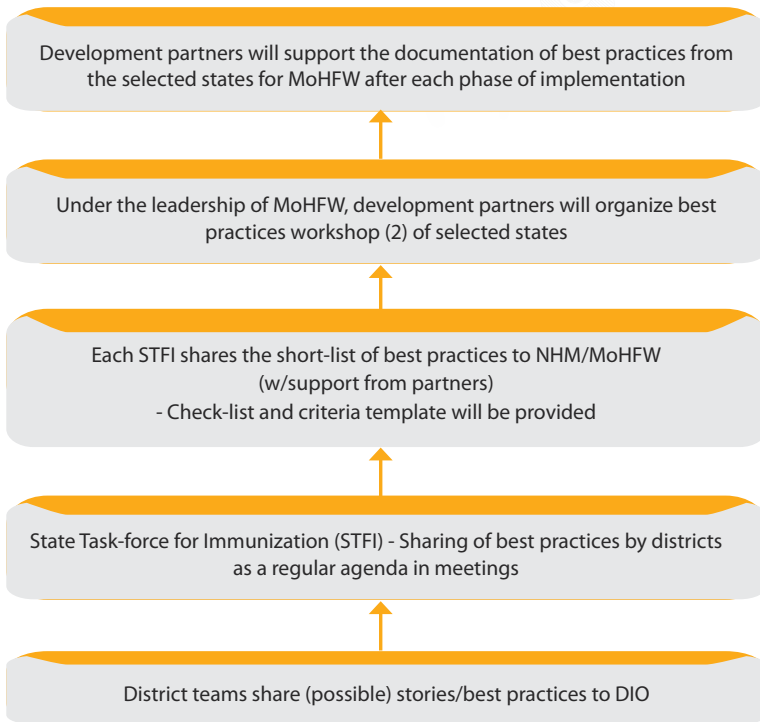
- ▶ **The monitoring and evaluation plan includes** - formative research in select states on knowledge, perception on vaccine eagerness, confidence and CAB behaviours using online platforms (pre-campaign and during new vaccine introduction) with the support of development partners.
- ▶ **Concurrent communications monitoring** at state, district, block and session site is proposed to be part of the program concurrent monitoring. Suggested indicators are:
  - ▶ % of people who believe that COVID-19 vaccine is safe and should be taken
  - ▶ % of high-risk group who know benefit of the COVID-19 vaccine in preventing the infectious disease
  - ▶ % of family members of the high-risk group who are eager to get the COVID-19 vaccines for their elderly
  - ▶ Perceived prevalence of COVID Appropriate Behaviours among community members
- ▶ **Knowledge, Attitude and Practices (KAP)** assessment to be conducted during the implementation phase, which includes two rounds of online/telephonic focusing on safety and vaccine eagerness.
- ▶ **Media monitoring and analysis** will be a key pillar during the pre, during and post COVID-19 vaccine rollout phases, to strengthen communication preparedness, engagement and response. This is a key feature of the National and State Media Rapid Response Cells. It will also inform strategy through existing National, State and District-level mechanisms of monitoring the major print dailies, local news websites, news app messaging groups and electronic TV channels in English and major local languages. This mechanism, backed with analysis of media coverage, will provide the requisite intelligence and alerts on the vaccine discourse (including flagging of negative news, crisis and AEFI) media and social media discourse. All capacity building initiatives with media as well as pre-launch and launch engagements may be tracked for assessing impact of engagement. Also the quality of the discourse and identification of gaps in the discourse will guide whether there is need for further engagement and course correction.

More details on the M&E framework are outlined in the Annexure.

## 6. Documentation and Knowledge Management

The framework given below is intended to assist MoHFW and its partners to generate, disseminate, and apply knowledge and best practices effectively. Creating a knowledge environment requires engagement of state and district teams to gather practices and share at different platforms. Development partners can support in quality documentation and dissemination at different levels.

Here is the workflow:





## ANNEXURES

### Communication Planning, Preparedness and Reporting

- ▶ **Annexure A:** Communication Training Plan
- ▶ **Annexure B:** Communication Planning
- ▶ **Annexure C:** Communication Preparedness
- ▶ **Annexure D:** Detailed Media Engagement Plan
- ▶ **Annexure E:** Reporting Template
- ▶ **Annexure F:** M&E Framework
- ▶ **Annexure G:** Roles and Responsibilities of Different Ministries/Departments
- ▶ **Annexure H:** Key Messages
- ▶ **Annexure I:** Leaflets
  - ▶ Leaflet 1: Information for population below 50 years of age
  - ▶ Leaflet 2: Role of Religious Leaders
  - ▶ Leaflet 3: Role of Influencers
  - ▶ Leaflet 4: Role of Social Mobilisers
  - ▶ Leaflet 5: Role of Volunteers
  - ▶ Leaflet 6: Beneficiary Identity and Importance of Photo ID

## Annexure A: Communication Training Plan

### Building Capacities on Comprehensive Communication Management for COVID-19 Vaccine

#### Capacity Building of State / District/Sub district level

Demand generation and community engagement are the key components to the successful launch, implementation, and roll-out of COVID-19 vaccine. In line with the capacity building of all health officials/ partners on operational aspects of COVID-19 vaccine introduction, all cadres involved in Advocacy, Communication and Social Mobilization (ACSM) will be oriented and trained as part of COVID-19 vaccine roll-out in the country. Capacity building will help generate awareness through dissemination of information leading to adequate programme literacy regarding COVID-19 vaccine and processes both for the beneficiaries as well as the implementers to ensure optimum results. This will help increase efficiency in communications management at all levels and thereby enhance the visibility of programme, increase coverage and address the issues of vaccine hesitancy and vaccine eagerness. Further to these, the training and orientation will help all functionaries involved in ACSM of the COVID-19 vaccine launch, implementation, and roll-out understand their roles, concerned officers develop and implement Communication plans at the sub-centre level and improve appropriate knowledge and skills concerned officers/functionaries supporting in communication to plan, implement and monitor communication activities in their respective areas.

The approach of training will be in cascade mode.

While most of the trainings were conducted through facilitated classroom platform before the advent of the pandemic, newer training modalities such as online or blended training models or channels will be leveraged for capacity building because of “the new normal” to mitigate the risk of transmission of COVID-19. While training on virtual platforms is recommended at all levels, states and districts may conduct face to face trainings in situations where virtual trainings are not feasible, as in the case of limited internet availability or inadequate familiarity of trainees with the online platforms. In such cases, trainings may be conducted in small batches of 20-25 participants, following all COVID-19 Appropriate Behaviour (CAB) and adequate and strict recommendations for infection prevention and control in the context of COVID-19.

All key stakeholders including the communication officials should be a part of the training sessions. These should include Mission Director, NHM, SEPIO, Deputy Director-IEC, State IEC/BCC officer, and Personnel from IEC Bureaus, NHM, Community Process Officer-NHM, State ASHA Coordinator, Routine Immunization Officer / Regional Team Leader, NPSP/WHO, UNICEF, UNDP, Gates Foundation, other development partners, state representatives from NSS, NYKS, NCC, Bharat Scout and Guides, Rotary, Lions Club, CBO/CSO and others. The District IEC officer and District Immunization Officer, DPM, NHM, DCPM, NHM, DMC (Smnet -UP & Bihar), District nodal officers from NSS, NYKS, Bharat Scout and Guides, partners: WHO, UNICEF, Gates Foundations, members of Health partners forums, officials from urban development (ULB), MOIC, ASHA facilitators, District coordinator, RSKS, BEE, block officials from NYKS, BS&G, CDOs, Assistant Basic Siksha Adhikari (ABSA-Primary education), Principals for Intermediate colleges and degree colleges, members from Urban samities, RWAs, CBO/CSOs, ANM, ASHA, AWW, NGO/CBOs/ Panchayat members, Ward members, MAS, teachers and other local agency members and partners. Social mobilisers training module may be used as a standard training module to train other than government functionaries at all levels.

#### The training cascade:

Communication training for the functionaries supporting COVID-19 vaccine communication at different levels is planned as a cascade. A training plan / schedule / calendar should be developed well in advance by the states, districts and blocks based on the information, training load and availability of trainers.

**Training Duration:** 3 hours

#### Training Plans

##### 2.1 National training for trainers (TOT) on COVID-19 Communication planning, implementation and monitoring:

In the first stage, master level ToT for the state health functionaries including Dy. Director, -IEC, state IEC/BCC officer-NHM, deputy health directors, and other state-level master trainers identified by the state training institutes and medical colleges will be conducted at the national level by the Central team. The facilitators will be resource persons from Immunization Division, the Ministry of Health and Family Welfare (MoHFW) and experts from partner organizations (NPSP-WHO-India, UNICEF, ITSU, BMGF). This ToT will be completed few weeks prior to the vaccine launch and roll-out.

A virtual training for trainers (TOT) is planned by the MoHFW and Development partners in December 2020 - January 2021. Other participants will include Community process officer, NHM, state ASHA coordinator, RIO/SRTL, NPSP, WHO, UNICEF, UNDP, Gates Foundation, other development partners, the state representative from NSS, NYKS, NCC, Bharat Scout and Guides, ROTARY, LIONS Club, CBO/CSO and others.

This will be a three hour training on social mobilisation and community engagement, communication advocacy, monitoring and review, training plans, media engagement and social media, AEFI crisis communication, and overview of communication planning templates.

Potential trainers from line departments may also be included in the training, as they will play an important role in social mobilization and the grassroots level. This training will be facilitated by officials from MoHFW and partners like WHO, UNICEF, ITSU and BMGF

##### 2.2 State-level TOT:

In the second stage, ToT will be conducted at state level for district level trainers. The state level master trainers who have already participated in the national TOT will facilitate this ToT. SEPIO/ IEC Bureaus/IECCells in respective states will be nodal and facilitate this training with the support of the State IEC officers and development partners. These would be identified by each district from among district-level health officers, MOs, health inspectors and block level IEC officers like Public Health Education officers or BEEs etc.

Potential trainers from line departments may also be included in the training, as they will play an important role in social mobilization and the grassroots level.

This training should ideally be completed few weeks prior to the campaign. Participants will include the District Immunization Officers, district IEC officers, DPM-NHM, DCPM-NHM, DMC (Smnet -UP & Bihar), district nodal officers from NSS, NYKS, Bharat Scout and Guides, partners like WHO, UNICEF, Gates Foundations, members of Health partners forums, and officials from urban development (ULB). The State can add other relevant stakeholders in the training based on their requirement.

The State may use the same PPTs shared by MoHFW to orient the participants and can modify as per the State requirements. State IEC officer may explain communication planning tools to the participants with their roles and responsibilities. The training will be followed by development of timelines for implementation of the communication plan that needs to be subsequently integrated with the micro plan.

##### 2.3 District level training:

In the third stage, District level Training for COVID-19 vaccine rollout will be carried out. Districts may conduct face to face trainings in case of poor internet connectivity, taking all COVID appropriate precautions that include small batch size, well-ventilated venue, hand hygiene, use of mask/face cover and physical distancing of 2 gaj between the participants.

Participants will include MOIC, ASHA facilitators, District coordinator, RKSK, BEE, block officials from NYKS, BS&G, CDPOs, Assistant Basic Siksha Adhikari (ABSA-Primary education), Principals for Intermediate colleges and degree colleges, members from Urban samities, RWAs, CBO/CSOs etc. Districts may add other local-level organizations/partners to build their knowledge which leads to better social mobilization to reduce resistance and generate demand for the vaccination.

Potential participants from line departments may also be included in the training, as they will play an important role in social mobilization and the grassroots level.

The states should use the training modules shared by MoHFW – the Training Module for IEC Officers and Social Mobilisers. The training films on the same subjects should also be used for ease of understanding.

This training will be facilitated by district trainers such as DIO, district IEC officer, SMO-WHO-NPSP, UNICEF officials/consultants, Gates foundation etc. using standard PPTs and planning tools.

As Communication planning is an integral part of overall micro plan, it will be the responsibility of District Collector/District Magistrate to review the communication plan while reviewing the operational plan and submit to the state.

## 2.5 Sub-centre/UHC level training:

This is the fifth stage of orientation. Developing capacities at the sub-centre is imperative for an efficient planning and implementation of communication and social mobilization activities at the field level. AIANM, ASHA, AWW, MAS members, VHND member, teachers, Pradhans (PRI) Ration Dealers (Kotedar), religious/faith-based leaders etc. need to be oriented and briefed about the activities related to local level social mobilization, community engagement and communication and demand generation.

Participants from line departments may also be included in the training, as they will play an important role in social mobilization and the grassroots level.

All ASHAs, AWWs and volunteers should be trained in "IPC and Session Site Responsibilities" by the MO and team for half a day at the block level. This training will be completed at least 2 weeks prior to the vaccine launch. Booklets, FAQs containing the tasks of the ASHAs, AWWs and volunteers will be distributed during this training..

## 2.6 Training Indicators for COVID-19 Vaccine Launch and Implementation

Training in IEC/IPC is an extremely important component of the vaccine launch and implementation programme. Almost every level of programme staff, ranging from programme managers to outreach workers need their capacity to be built on understanding and operationalizing communications at the large level of the launch and roll-out of vaccine. Following are the training indicators that will help guide the implementers to achieve and measure the training objectives

Training Objectives	Training Indicators
Objective 1: Develop capacity of programme managers for conducting cascade-level training in IEC planning and operationalization	1. Training calendar developed 2. National ToTs held 3. State master trainers/ district-based trainers list prepared
Objective 2: Develop capacity of programme managers to lead planning of IEC strategy for COVID-19 vaccine launch and implementation	4. Communication Planning tools for state, district and block prepared output and outcome indicators 5. Supervisory checklist prepared / revised 6. Evidence-based IEC plans available at state, district and block level
Objective 3: Enhance capacity and motivation of frontline service providers through IPC training	7. Enhance capacity of ANMs/ASHAs/AWWs in local language to provide correct and timely information to registered beneficiaries on COVID-19 vaccine

Training Resources: State and district level trained trainers

Accountability: DIO/district IEC officer/DPs/MOIC/IEC consultant should facilitate training at district/block and sub-center level.

Timeline: 15 days before the vaccination process

Complete training at all levels before start of vaccination process. This training needs to be facilitated by ANM and ANM supervisors using local languages.

## 2.4 Block-level training and planning workshop:

In the fourth stage, each district will conduct a district training-cum-planning workshop of trainers for all block-level MOs, and other block level functionaries who are going to be a part of communication activities. Districts may conduct face to face meetings due to poor internet connectivity; adhering to all COVID appropriate behaviours that include small batch size, well-ventilated venue, hand hygiene, use of mask/face cover and physical distancing of 2 gaj between the participants.

Participants will include be ANM, ASHA, AWW, NGO/CBOs/ Panchayat members, Ward members, MAS members, teachers and other local agency members and partners who can support in social mobilisation.

This training will be facilitated by MOIC, BEE, and BCPM using slides and training materials in local language. PPTs of National and State TOTs may be translated. Planning template 7-D and 7E need to be elaborated to the health functionaries. Support may be provided to collect relevant information to fill these templates and send to the district, as soon as possible.

TRAINING PLAN				
2-	National TOTs		4hours	Virtual
3-	State TOT		3Hours	Virtual
4-	District training		3Hours	Virtual/Traditional classroom
5-	Block Training		4hours	Virtual/Traditional classroom
6-	Sub- center /UHC level training		4hours	Virtual/Traditional classroom

## 2.7 Training methodology and tools:

All training will be done using PowerPoint presentations approved by MOHFW. These may be translated into local languages for the state TOTs.

## 2.8 Agenda:

Communication planning training on COVID19		
Sessions timing	Session topic	Facilitators
	Registration and Login	MoHFW
	Welcome address	Dr Veena Dhawan, Dy director, RI
	Training agenda and objectives	MoHFW
	Keynote address	MoHFW
	Overview of disease and COVID-19 Vaccine	WHO-NPSP
	Orientation on the Preparedness checklist at different levels	UNICEF
	Advocacy and communication	Gates/UNICEF
	Media engagement and crisis communication including social media	ITSU /UNICEF
	Social mobilisation	UNICEF
	Relevance of IPC methods and community ownership in social mobilization and Demand generation	ITSU
	Use of various IEC materials at different levels	UNICEF/ITSU
	Effective Inter-department convergence for social mobilization and different department role in SM	ITSU
	Communication planning templates & Monitoring & Review	UNICEF
	Quiz on over all training	
	Question and answer and thank you	All facilitators

The tools used for trainings will include the Power Point Presentations and Flip Charts. The Training Module content will be converted into respective PPTs and training videos. The training modules developed for IEC officers and Social Mobilizers will also be used extensively. At the Block and Sub-Centre levels, the participants will be shown the training films for their quick and easy understanding of the topics discussed. The communication planning templates will also be distributed for a hands-on approach offering active participation rather than theory. Booklets, FAQs containing the tasks of the ASHAs, AWWs and volunteers will be distributed during Sub-Centre/UHC level trainings. All the modules, training films and communication planning templates used to train concerned officers and other service providers at Block/Sub-Centre/UHC level will be translated into local language.

## 2.9 Communication planning tools:

Health communication officials are the major source of information for the community. The MoHFW provide communication planning templates:

- i. 7A for the state level communication planning activities
- ii. 7B for the district level communication planning activities
- iii. 7C for the block/urban areas level communication activities and
- iv. 7D for sub-centres/UC level communication activities.
- v. Communication reporting template for COVID-19

## 2.10 Role of partners:

Above trainings will be organized by Director of Health Services and NHM with the support of development partners at all levels - UNICEF, BMGF, ITSU and WHO-NPSP. WHO-NPSP will provide support to organize these trainings in non-UNICEF States. Gates Foundation will support in Uttar-Pradesh and Bihar with the help of other partners. ITSU will support in cascade training at national and state levels.

WHO -NPSP will also support in the communication planning, implementation and monitoring activities along with operational activities in the States. At the district, state-level, WHO-NPSP should collect all the reports from IEC nodal officer along with operational formats and submit to MOHFW for information and required support.

## 2.11 The training will help the communication/IEC staff in carrying out the following responsibilities:

- To develop key messages which are required to be communicated to the various stakeholders including the beneficiaries and implementers
- To develop an integrated IEC strategy and put in place measures for implementing it by selecting appropriate medium of communications
- Take on board state governments, blocks/panchayats, other non-government organizations, government agencies etc. for effective implementation of the ACSM activities up to grassroots level
- To develop audio visual, print, outdoor outreach materials both in Hindi, English and other vernacular languages and circulate the same up to Panchayat level
- Brief Directorate of Field Publicity & Song & Drama division/ SIRDS regarding field level interpersonal communication activities, liaise for special campaigns using folk and interactive media

## Annexure B: Communication Planning

State level communication plan for COVID-19 Vaccination Rollout (form no. 7A)			
Name of the State:	Date..... Responsible person.....	Date..... Responsible person.....	State IEC/ Media officer: Date..... Responsible person.....
SIFI meeting	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Orientation of professional organizations (IMA/IMP etc)	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Formation of Core Group for media management including crisis communication (include experts who can handle media and social media)	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Orientation of religious leaders or key influencers	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Media Sensitization workshop	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Identified local celebrity/brand ambassador for the campaign	Local celebrity..... Activities..... Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Any other (orientation for NGO/CBOs or other organization)	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Capacity Building	State ToT including communication training for district officials	No. of Members:	Frequency of posting: Monthly/Weekly/Daily
Social Media	WhatsApp etc.	No. of Members:	Frequency of posting: Monthly/Weekly/Daily
	Is there a dedicated FACEBOOK page for COVID-19 Campaign	Yes/No If Yes, name & number of accounts & number of members: Frequency of posting: Monthly/Weekly/Daily	Date..... Responsible person.....
	Any Other activity	Date..... Responsible person.....	Date..... Responsible person.....

	District 1	District 2	District 3	District 4	District 5	District 6	District 7	District 8	District 9	Total
	Please include the total no. of activities for every District. For example total no. of DTF meeting planned under District 1, District 2, District 3 etc.									
	DTF meeting I									
	DTF meeting II									
	Orientation of professional organizations (IMA/IAP etc.)									
	Orientation of Govt. line departments working at district level including urban area									
<b>Advocacy</b>	Orientation of NGO/CBOs, MS, NCC, BS&G, NYKS officials working in district									
	Orientation of Religious leaders or key influencers									
	Media Advocacy workshop									
	Identified local celebrity/brand ambassador for the campaign									
	Any Other									
<b>Capacity Building</b> (The number of trainings planned at each level should be filled)	Training of block level health functionaries i.e. ANM, ANM supervisor, Mos, MOJ/cs etc.									
	Training of line departments, private hospitals rep.									
	Training of block level officials from ICDS/ WCD/ SRL/ MNSS/ NCC/ BS&G etc									
	Is there a dedicated FACEBOOK page for the Campaign									
<b>Social Media</b>	WhatsApp Group (No.) (with Health & Line Departments)									
	WhatsApp (Total members)									
	WhatsApp (Frequency)									
<b>Training Resource Material</b>	Framework and IEC Prototypes will provide by MoHW									

Note: 1. This template needs to be completed by the person in charge for IEC / communication, or SEPIO in case of absence. The person needs to collect information from districts and compile the state sheet.

2. He/ she needs to submit this template to Director (Health Services) and Mission Director (NHM).

3. This template shall be discussed in state ToI and will be basic tool for communication planning in state and district.

4. If any activity is not applicable to your area, please write Not Applicable (NA) in that column.

5. Training material needs to reach the FLWs as soon as possible before initiation of trainings and must be referred to during the trainings.

**District level communication plan for COVID-19 Vaccination Rollout (form no. 7B)**

Name of the state:	Name of District:		District IEC/ Media officer:
DTF meeting (DIO needs to share district communication planning template with the group and discuss IEC plan of action and support required from DC's end)	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
District Core Group Meeting (Participants to include CDS, Education, LIONS club, CBOs, NGOs and Development partners. The meeting needs to be chaired by CMO/DIO)	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Orientation of professional organizations (IMA/ IAP etc)	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
<b>Advocacy</b> Orientation of Govt. officials from other line departments (WCD/CDS, PRI, SRLM, NSS, MCC, NYKS, BS&G etc) and from urban area	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Orientation of Local elected leaders, Religious leaders or key influencers	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Media Sensitisation	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Identified local celebrity/brand ambassador for the campaign	Local celebrity..... Activities..... Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
<b>Capacity Building</b> Training of block level health functionaries on Communication	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
<b>Social Media</b>	Members:..... Yes/No:.....	Frequency: Monthly/Weekly/Daily Name & number of accounts & number of members:	Frequency: Monthly/Weekly/Daily Date..... Responsible person.....
Any other activity relevant for the district	Date..... Responsible person.....	Date..... Responsible person.....	Date..... Responsible person.....
Please include the total no. of activities for every Block. For example total no. of BTF meeting planned under Block 1, Block 2, Block 3 etc.	District	Block 1	Block 2
BTF meeting for COVID-19 campaign			
Block Core group meeting			
Meeting with PRI representatives			
			Block 3
			Block 4
			Block 5
			Block 6
			Block 7
			Block 8
			Total





**Block /Health Facility/PHC/UPHC level communication plan for COVID-19 Vaccination Rollout (form no. 7C)**

Name of the district:	Name of PHC/Planning unit:	Name of MO I/C:
<p><b>BTF meeting for COVID-19 campaign</b> (MOIC needs to share communication planning template with the group and discuss IEC plan of action and request support from all as per plan, he/ she should ensure to provide one copy of communication plan to CDPO/Assistant Block Education Officer for their reference in first BTF)</p>	<p>Date..... Responsible person.....</p>	<p>Date..... Responsible person.....</p>
<p><b>Block core group meeting</b> (Participants to include ICDS, Education, NSS,BS&amp;G, CBOs, NGOs and Development partners. The meeting needs to be chaired by MOIC)</p>	<p>Date..... Responsible person.....</p>	<p>Date..... Responsible person.....</p>
<p><b>Meeting with School principals &amp; Nodal officer (Govt.)</b></p>	<p>Date..... Responsible person.....</p>	<p>Date..... Responsible person.....</p>
<p><b>Meeting with School principals &amp; Nodal officer (Pvt.)</b></p>	<p>Date..... Responsible person.....</p>	<p>Date..... Responsible person.....</p>
<p><b>Microplanning meeting (For communication)</b> (To ensure that communication plan develop MOIC should review communication plans along with operational micro plan)</p>	<p>Date..... Responsible person.....</p>	<p>Date..... Responsible person.....</p>
<p><b>Meeting with key religious leaders/ influencers at block level</b></p>	<p>Date..... Responsible person.....</p>	<p>Date..... Responsible person.....</p>
<p><b>Any other activity</b> (like drawing, essay, debate, poem competition, mass awareness rally, milking, street play, flash mobs etc.)</p>	<p>Local celebrity..... Activities..... Date..... Responsible person.....</p>	<p>Date..... Responsible person.....</p>
<p><b>Capacity Building</b> <b>Orientation of ANMs, ASHAs/AWVs (For COVID-19 campaign communication)</b></p>	<p>Date..... Responsible person.....</p>	<p>Date..... Responsible person.....</p>
<p><b>Social Media</b></p>	<p>Yes/No: Name &amp; number of accounts &amp; number of members:</p>	<p>Frequency: Monthly/Weekly/Daily</p>
<p><b>Any other activity</b></p>	<p>Date..... Responsible person.....</p>	<p>Date..... Responsible person.....</p>

**Advocacy**

Please include the total no. of activities for every Block. For example, total no. of BIT meeting planned under Block 1, Block 2, Block 3 etc.	PHC/Planning unit NAME	SC/UPSC-1 NAME	SC/UPSC-2 NAME	SC/UPSC-3 NAME	SC/UPSC-4 NAME	SC/UPSC-5 NAME	SC/UPSC-6 NAME	Total
Community/ Influencer's meeting								
VHSIC/PRI/WARD members/Mohalla samiti etc. meeting for COVID-19 campaign								
Elected leaders at block level (Block Pramukh, other Zilla panchayat members, ward members)								
Mosque/Temple announcement								
IPC sessions								
Miking		No.....Area.....						
Others (specify)								
Training Resource Material and IEC materials	Framework and IEC Prototypes will provide by MoHFW							

Note: 1. This template needs to be completed by BEE/EC consultant (person responsible for IEC) in their absence MOC needs to complete this format in consultation with his/her ANM/ANM supervisors/ASHA facilitators etc.  
2. This needs to be submitted to person in-charge for IEC at district level before the district training on COVID-19 Campaign and retain one copy at PHC level for record and monitoring.  
3. If any activity is not applicable to your area, please write Not Applicable (NA) in that column.  
4. Training material needs to reach the FLWs as soon as possible before initiation of trainings and must be referred to during the trainings

## Sub-center/urban Sub -center level communication plan for COVID-19 Vaccination Rollout (Form no. 7D)

**Name of District:** ..... **Name of Health Facility (CHC/PHC):** .....

**Sub Center:** ..... **ANM:** ..... **ASHA:** ..... **AWW:** .....

Activity (All activities cannot be planned for all areas. Plan activity relevant to each area)		Mention date, time, person responsible and number as applicable for each area (Village/Urban area - ward/ mohalla). Use multiple pages to capture for all areas. Mention "NA" for any activity that is not planned or not applicable for any area.			
		Name of village	Name of village	Name of village	Name of village
1	<b>Community/Influencer's meeting</b> (if ASHA/ANM will be organizing community/influencer's meeting, write the date and name of person who will do the meeting)	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....
2	VHSNC meeting for COVID-19 campaign (if ASHA/ANM will be organizing VHSNC meeting, write the date and name of person who will do the meeting)	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....
3	<b>Meeting with SHGs, MAS</b>	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....
4	Meeting with Pardhan/ Gram panchayat smalti/ VHSNC/PRI/WARD members/ Mohalla samiti etc. meeting for COVID-19 campaign	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....
5	<b>Miking</b> (ANM to plan miking with coordination with RSKS, NCC, and scout guide, NYK, RWA, civil defence in require phase in vaccination)	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....
6	Mosque /Temple announcement (ASHA/ AWW to fix up a meeting of MOIC with religious institutions, meet the respective mauvi/ pandit with clear messages for COVID-19 and request them to announce one day before, as well as during the vaccination session in their area. Please write NA if not applicable)	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....
7	<b>IPC sessions</b> (ASHA and AWW must undertake house to house visits supported by ANM/MOIC in case of resistant families. ASHA can also provide available leaflets for more information)	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....
8	Others (specify) (MOIC can discuss with health staff and plan appropriate activities. E.g. miking, which can increase the acceptance of COVID-19 vaccination in the community)	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....	Date: ..... Time: ..... Person: .....
<b>Training Resource Material</b>	<b>Training Resource Material (Must be available before the trainings)</b>				
	9				
<b>IEC Material</b>	10	Framework and IEC Prototypes will provide by MoHFW			
	11				
	12				
	13				

## Annexure C: Communication Preparedness

State level COVID-19 Communication Preparedness Checklist						
NAME OF THE STATE		REPORTING MONTH & YEAR-				
Sl. No.	Name of the Activities	Physical Achievement				
		Target	Achievement			
1	STFI meeting					
2	Orientation of professional IMA/IAP/ Medical college members					
3	Joint co-ordination Meeting with Line Departments					
4	Formation of Core Group for media management including crisis communication					
5	Orientation of religious leaders or key influencers					
6	Media Sensitisation workshop					
7	Identified local celebrity/brand ambassador for the campaign					
8	State level Media round table					
9	Any Other					
	<b>Capacity building</b>					
10	State ToT including communication training for district communication officials/ consultant					
11	Training of other line department officials					
	<b>Social Media</b>					
12	Constitute Media Rapid Response Cell					
13	Number of Whatsapp Group					
14	Number of Facebook posts/views/impressions					
15	Any other					
	<b>Mass Media</b>					
16	Production/Adoption/Dubbing of TV spot on COVID-19 vaccination					
17	Production/Dubbing of Radio spot/ Jingle on COVID-19 vaccination					
18	Telecast of TV spot in local TV Channels					
19	Broadcast of Radio spot/ Jingle in AIR					
20	Broadcast of Radio spot/ Jingle in FM channels					
21	Broadcast of Radio spot/ Jingle in Community Radio					
22	Display of paper advertisement on COVID-19 vaccination in local dailies					
23	Mid Media					
24	Display of hoarding /Advertisement on COVID-19 vaccine at Airport - Informing about vaccine & Vaccination status					
25	Display of hoarding /Advertisement on COVID-19 vaccine at Bus stand-Informing about vaccine & Vaccination status					
26	Display of Canopies at various location					
	<b>IEC material / Communication Tool</b>					
27	Posters in community					
28	Folders for FLWs					
29	Leaflets for Influencers					
30	Folders for FLWs					
31	Leaflets for Influencers					
32	Any other SBCC activities - State specific					

### District level SBCC Communication preparedness checklist

NAME OF THE DISTRICT-		REPORTING MONTH & YEAR-			
Sl. No.	Name of the Activities	Physical Achievement			
		Target	Achievement		
1	DTFI meeting				
2	Orientation of IMA/IAP / Medical colleges members				
3	Joint co-ordination Meeting with line departments				
4	Orientation of Religious leaders or key influencers				
5	Media Advocacy workshop				
6	Identified local celebrity/brand ambassador for the campaign				
7	Any Other				
<b>Capacity building</b>					
8	District TOT - Training of block level health functionaries)				
9	Training of other line department officials( CDO/ BRCC/ Partner NGOs/ etc.)				
10	Orientation to PHEOs/BEE/ Communication Officers/ Responsible person on communication on COVID-19 Vaccination Rollout and Development of Communication Plan at every level				
11	Training of block level PRI Members				
12	Constitution of task force for social media				
<b>Social Media</b>					
13	WhatsApp messaging				
14	Facebook messaging				
15	Any other				
<b>IEC material / Communication Tool</b>					
16	Posters in community				
17	Poster for session site				
18	Leaflets for community				
19	Folder for FLWs				
20	Leaflet for Influencers				
21	Any other SBCC activities				

### SC/UPHC/Village level SBCC Communication preparedness checklist

NAME OF THE DISTRICT-		REPORTING MONTH & YEAR-			
Name of the Block:					
Sl. No.	Name of the Activities	Physical Achievement			
		Target	Achievement		
1	BTF meeting for COVID-19 Vaccination Rollout				
2	Joint co-ordination Meeting with line departments				
3	COVID-19 vaccination microplanning meeting (For communication)				
4	Meeting with PRI members at block level				
5	Meeting with key religious leaders/ influencers at block level				
6	Sensitisation meeting with gov. line department and NGO/CBOs				
7	Any Other				
<b>Capacity building</b>					
8	Orientation of ANMs (For COVID-19 vaccination communication plan)				
9	Orientation of ASHAs/AWWs (For COVID-19 Vaccination Rollout communication plan)				

### SC/UPHC/Village level SBCC Communication preparedness checklist

NAME OF THE DISTRICT-		REPORTING MONTH & YEAR-					
Name of the Block:							
	<b>Social Media</b>						
10	WhatsApp messaging (whether any group )						
11	Other						
	<b>Mobilisation</b>						
12	Folk/ Street/ Nukud Natak						
13	Publicity van						
14	Mosque/ Church/ Temple announcement						
15	IPC sessions						
16	Others (specify)						
	<b>IEC - Communication Tools</b>						
17	Posters in community						
18	Poster for session site						
19	Leaflets for community						
20	Leaflet for Influencers						
21	Any other SBCC activities						

### Block/CHC level Communication preparedness checklist

NAME OF THE DISTRICT-		REPORTING MONTH & YEAR-					
Name of the Block:		Name of the SC/Village:					
Sl. No.	Name of the Activities	Physical Achievement					
		Target	Achievement				
1	Selection						
2	Mother's /SHG's meeting						
3	Community/Influencer's meeting						
4	VHSNC meeting for COVID-19 vaccination campaign						
5	Senior citizen forum's meeting						
6	Messaging through Social media						
7	Joint co-ordination Meeting with line departments						
8	Mobilisation						
9	Folk/ Street/ Nukkad Natak						
10	Publicity van						
12	Mosque/ Church/ Temple announcement						
13	IPC sessions						
14	Others (specify)						
	<b>IEC - Communication Tools</b>						
15	Posters in community						
16	Poster for session site						
17	Leaflets for community						
18	Folder for FLWs						
19	Leaflet for Influencers						
20	Any other SBCC activities						

## Annexure D: Detailed Media Engagement Plan

### Annexure D/1:

#### Media Engagement Plan for COVID-19

For the success of the COVID-19 vaccine rollout, media needs to be brought on-board as an ally and be engaged as a strong stakeholder to provide much-needed information, allay fears, establish public confidence and encourage right behaviours. Not engaging with media could fan emotions, rumours and undermine vaccine confidence.

#### Media needs to be engaged at four levels:

- Media advocacy for it to be a strong ally.
- Capacity-building of media
- Media engagement workshops before the launch of the vaccine and at critical stages of the vaccine campaign
- Routine media outreach

#### Media Advocacy:

Advocacy with heads of media organizations (CSOs, editors, heads of media institutes, whatsapp group administrators etc) along with educational and business heads to inform and build their understanding for greater media support for the smooth COVID-19 vaccine rollout. It can also strengthen trust between media and public health officials; help gain media buy-in into the programme and create sustained space for a positive discourse on the vaccine. It can take shape of small roundtable discussions/one-on-ones.

#### Capacity Building of Media:

Enhancing the capacity of media on evidence-based reporting is needed. Backed by data and facts to address potentially widespread misinformation is critical and can pre-empt any misinformation and negative reporting leading to a crisis. Media also depend on public health officials for timely and accurate information and regular sharing of specific facets of the campaign during different phases of the vaccine rollout is essential. This capacity building may be done through online/hybrid workshops (refer to annexure on Training Plan).

#### Media Engagement Workshops:

The pre-launch workshop should ideally be held at least two weeks before the rollout of the campaign at the National and State level. Engage with the regional media to reach the underserved and marginalized groups. The workshops should focus on information about the need for the vaccine, its safety and efficacy, emphasis on evidence-based reporting and the need to address both vaccine eagerness, hesitancy and Covid Appropriate Behaviours CAB. Share positive examples of COVID Warriors, bust myths and rumours. Health officials from the Government, UNICEF, WHO, medical professionals and other programme partners could address the media and establish early communication between media and spokespersons.

#### Routine media outreach:

Ensure regular media outreach through virtual/facilitated media field visits of the media on safety measures implemented as well as on the efficacy of the vaccines. Share positive field stories and photographs and short videos of the beneficiaries. Continue stories of CAB and positive experiences in the post-vaccination phase.

#### Media Monitoring and Analysis

Media monitoring and analysis of vaccine related public sentiment over time can help the COVID-19 vaccination programme to tailor more effective and timely strategies to address specific public concerns. Hence, it is important to make media monitoring central to the media engagement plan through:

- Media monitoring, including television, mainstream print, and social media
- Ongoing exchange of information with the key partners, thinktanks and State health departments, business houses, educational institutes and partners

#### Documentation:

Document all press mentions/releases, achievements, lessons learnt from the media engagement/advocacy and media engagement activities at the National, State and district levels. High-resolution pictures with consents and testimonials must be shared with media for positive stories, stories of COVID warriors/ champions and overall media coverage.

#### Action Plan for Media Engagement

**Responsible Persons @ National level:** Secretary (Health), AS (Health), ADG (PIB), MoI&B, JS-IEC, MoHFW

**Responsible Persons @ State level:** Secretary (Health) Mission Director, SEPIO, State IEC Officer

**Responsible Persons @ District level:** District Magistrate / Collector / DIO / IEC Officer

#### Preparation

- Maintain an updated list of print and electronic media journalists covering health (local, National, International) with contact information.
- Maintain a list of technical experts and influencers who can be roped in to write positive articles/Op-eds
- Leverage existing strategic relationships with media houses, digital media as well as citizen journalists
- Ensure that all information packages are constantly updated.
- An information package may contain the following documents in both hard copy and e-copies:
  - ▶ Frequently asked questions (FAQs); fact sheet or a technical brief on COVID-19, including the burden of the disease, background information on expected side-effects, given that this is a dynamic field with ongoing research. Recent updates/statistics
  - ▶ Contact addresses of spokespersons (domain experts).

#### Remember: Share information specific to media characteristics:

- Local media are read and believed by more people in the community than the national media
- National media has a wide reach and and more influence over national agendas
- International media can influence national agendas
- Social media is all-pervasive and influences media and vice-versa



Six Steps to an Effective Media Communication	
STEP 1: Assess media needs, media constraints, and internal media-relations capabilities	<ul style="list-style-type: none"> <li>➤ Assess the needs of the media</li> <li>➤ Assess the constraints of the media</li> <li>➤ Assess internal media-relations capabilities, assign dedicated staff for the same</li> </ul>
STEP 2: Train the communicators	<ul style="list-style-type: none"> <li>➤ Train the media communication team for timely handling media queries, outreach and need for agility in response.</li> <li>➤ Identify and train the designated lead spokesperson</li> </ul>
STEP 3: Prepare messages	<ul style="list-style-type: none"> <li>➤ Prepare clear, concise and targeted messages (refer to key messages developed by the MoHFW, as given in annexure)</li> <li>➤ Gather and share positive stories including photos/short videos of the people being vaccinated, including influencers</li> </ul>
STEP 4: Identify media outlets and media activities	<ul style="list-style-type: none"> <li>➤ Identify existing media houses, including the most influential ones</li> </ul>
STEP 5: Deliver messages	<ul style="list-style-type: none"> <li>➤ Deliver clear, timely and targeted messages through appropriate channels such as roundtable discussion/ press releases/ photos/ videos/ press conference/interviews etc</li> </ul>
STEP 6: Evaluate messages and performance	<ul style="list-style-type: none"> <li>➤ Monitor media for coverage, potential crisis</li> <li>➤ Analyze public responses to messages</li> <li>➤ Evaluate and improve performance based on feedback</li> <li>➤ Monitor social media for any pickups and feedback</li> </ul>

## Annexure D/2

### Crisis and Adverse Events Following Immunization (AEFI)

Communicating with the media during a crisis including AEFI requires particular skills and preparation. Reporters are highly trained professionals and their broad perspective must be properly understood. The media are interested in stories that will attract attention. While the success of a vaccination programme can attract attention, so can a programme that has not gone as planned.

An important fact to be understood is that the media wants early responses to their questions and therefore waiting for the conclusion of an investigation to speak to them is rarely possible. Information may need to be disseminated early and often, and it is vital to make it available to media and speaking about what is known and what is not known than being unresponsive. The role of the spokespersons is critical here.

## Media plan for crisis and AEFI Communication

The media plan for crisis and AEFI Communication should lay stress on the following:

<p>Media releases to be used only if required [One-to-one briefings may also be considered]</p>	<p>Must specifically answer the 6 Ws for journalists:</p> <ul style="list-style-type: none"><li>➤ Who is affected/is responsible?</li><li>➤ What has happened? What is being done?</li><li>➤ Where has it happened?</li><li>➤ When did it happen?</li><li>➤ Why did it happen?</li></ul>
<p>Spokespersons</p>	<ul style="list-style-type: none"><li>➤ Identify in advance an appropriate spokesperson* with experience and training for responding to media queries (or several spokespersons in the different agencies) with an established information flow protocol from district to state to national level.</li><li>➤ Share contact details of spokesperson(s) with all relevant focal points at different levels of programme implementation.</li><li>➤ Ensure that the AEFI committees are aware of the need to respond to media and spokesperson is accordingly briefed.</li></ul>

## Annexure E : Communication Reporting Template

	Input indicators	Process indicators	Progress Indicators	Target Audience	Roles and responsibilities	Mechanism and tools
<b>Advocacy</b>	# of advocacy events held	# of influencers attended the activities	# of influencers declared public support for COVID-19 vaccine	Public figures, IMA, IAP, eminent private public health scientists and experts	Ministry to issue letter on reporting requirements level and assign state and district task forces to report	Audio and video materials, media reporting
<b>Capacity development</b>	# of capacity development activities (training, orientations, etc) conducted	# of people attended the activities	# of people applied their knowledge and skills gained in the capacity dev't events	Influencers, media, CSO, CBOs, Social Mobilizers, etc	Ministry to issue a compendium to capacity Development module to conduct pre-post test and assign SEPIO	Pre-post test
<b>Media</b>	# of media events conducted	# of media houses and journalist attended the events	# of media houses published articles or broadcasted programmes	Media houses, journalists, editors-in-chief	Ministry to issue letter on reporting requirements level and assign state and district IEC officers to report	Media reports
<b>Social media</b>	Reach and engagement on social media	Social media reach and # of video views. Number of WhatsApp Groups reached	Increase in social media engagement Number of Whats App champions engaged	Women and men aged above 18. Specific focus on parents and people in the age group 18 – 24 and women	Ministry to issue letter on reporting social media analytics from official channels and assign state IEC officers to report	Social media analytics reports
<b>Social mobilization and community engagement</b>	# of social mobilization and community engagement events conducted	# of members of PRI, SHGs, religious leaders, MAS, NSS, NYKS, Municipality corporations, etc. attended the events	# of people, including health care providers, FLWs, elderly reached and engaged	PRIs, SRLM, NSS, NYKS, Municipalities (MAS), etc.	Ministry to issue letter on reporting requirements level and assign state and district IEC officers to report	Government reports, CSO, CBO reports, audio, video and photo

## Annexure F: M&E Framework

 Monitoring Systems	 Methodologies	 Tools	 Duration	 Key roles	 When
<b>1. Formative Research</b> <b>Formative Research in select states on knowledge, perception on vaccine eagerness, confidence and CAB behaviours will be initiated (pre campaign and during new vaccine introduction)</b>	Qualitative and Quantitative Research (online and offline)	Online survey FGDs (qualitative) Telephonic interviews	2 times	UNICEF and partners	Online survey (U-report) and quanti/quali 1st round in Dec 2020 and 2nd round 2-3 months after the vaccine launch
<b>2. Concurrent Monitoring</b>  <b>A. District level communication monitoring : session site observations and tracking of the planned communication activities. This is included as concurrent monitoring in the planning template</b>  <b>B. Dashboard (ODK) tracking the following indicators:</b> » % of people who know what COVID-19 vaccine is » % of people who believe that COVID-19 vaccine is safe, should be taken » % of high-risk group who know benefit of the COVID-19 vaccine in preventing the infectious disease » % of family members of the high-risk group who are eager to get the COVID-19 vaccines for their elderly » % of high-risk group and their family members who intend to take the COVID-19 vaccination (in the future). » % high risk group who reported that the vaccination experience was positive » Perceived prevalence of COVID Appropriate Behaviours among community members	Continuous through state, district, block level Continuous quali/quantitative research (online and telephonic)	Planning, tracking and observation format Telephonic interviews (quantitative and qualitative)	Monthly	MoHFW and state Health Departments supported by UNICEF and partners	Communication monitoring as part of overall programme concurrent monitoring (when vaccination starts) Once vaccination starts; UNICEF to develop ODK kit and quality assurance; data to come from district health depts to NHM
<b>3. KAP Assessments</b> <b>During the implementation phase, two rounds of telephonic KAP assessments will be carried out – focusing on safety and eagerness</b>	Quanti Research (telephonic)	Telephonic interviews (quantitative and qualitative)	2 times	MoHFW and UNICEF	Once vaccination starts, Round 1: 1-2 months after Round 2: 7-8 months after

## Annexure G: Roles and Responsibilities of Different Ministries/Departments

### Roles and Responsibilities of different Ministries/ Departments in COVID-19 Vaccination Rollout

<b>Roles &amp; Responsibilities</b> <b>Department: Health &amp; Family Welfare</b>	<b>Nodal Officer/ Committee</b>
<p><b>State</b></p> <ul style="list-style-type: none"> <li>➤ Health &amp; Family Welfare Department will act as the nodal department for overall planning and supervision of effective implementation of communication activities for COVID-19 Vaccination process.</li> <li>➤ DoHFW will organise inter-sectoral coordination meetings identifying roles and responsibilities on communication activities to be conducted by different departments.</li> <li>➤ SEPIO will initiate and facilitate the preparation of state specific communication plan involving IEC Bureaus within the department in partnership with I&amp;PR and development partners</li> <li>➤ SEPIO in consultation with MD NHM/Director RCH will appoint state nodal for IEC and communication activities and a development partner to support implementation and monitoring of communication plans for COVID-19 vaccination process</li> <li>➤ SEPIO with support of State IEC Officer will develop the state capacity building plan for different cadres.</li> <li>➤ SEPIO with support from UNICEF/WHO and other development partners will adopt /customize state specific guidelines in line with the national guideline for COVID-19 vaccination.</li> <li>➤ DoH&amp;FW department will develop and provide prototypes of different standardized IEC materials to all departments.</li> <li>➤ Develop communication budget requirement along with compilation of the district budget sheet and provisioning funds for communication activities.</li> <li>➤ State will execute entire mass media (Electronic and Print) and social media budget on COVID-19 Vaccination.</li> <li>➤ Provision of adequate quantity of communication materials to districts to conduct IEC &amp; BCC activities.</li> <li>➤ SEPIO / State IEC Officer and State IEC team to monitor communication activities at all levels. A monitoring &amp; supervision team to be established at the state and district and block levels to monitor communication activities.</li> <li>➤ SEPIO to ensure discussion on communication agenda in State Task Force meeting with support from UNICEF/WHO.</li> <li>➤ Identification of Media spokesperson on COVID-19 vaccination and AEFI Identify state level religious leaders and faith-based institutions to support vaccination process.</li> <li>➤ Timely release of written appeals and video appeals as per need from state level.</li> <li>➤ Orientation of religious leaders through the State Minority Commission orientation on their role and responsibilities.</li> <li>➤ Regular update to the Influencers on their support and progress, encourage them for their positive commitment.</li> <li>➤ Develop a WhatsApp group with all departments for updates and support.</li> </ul>	<p>MD NHM with support of SEPIO State IEC Officer IEC Team ( SBCC/IEC Consultant)</p>
<p><b>District</b></p> <ul style="list-style-type: none"> <li>➤ CMO/CMHO/RCHO/DIO in close coordination with DM/DC will support development of District communication plan after communication training on tools and package.</li> <li>➤ DIO with support of District Communication Officer will develop the capacity building plan for block communication cadre.</li> <li>➤ Provide technical inputs for conducting inter-sectoral coordination meeting at district level for fixing roles and responsibilities</li> <li>➤ Allocate communication budget by compiling block budget sheets and release funds to blocks for executing communication activities.</li> <li>➤ District to execute mid media activities and provide communication materials for blocks and sub blocks to carry out IEC &amp; BCC activities.</li> <li>➤ District orientation of PRIs / Religious leaders/ Tribal leaders/ Media people on COVID-19 Vaccination</li> <li>➤ DIO to ensure discussion on progress of communication activities in the District Task Force meeting</li> <li>➤ Identify District spokesperson for handling media before, during and post vaccination and during AEFI situations</li> <li>➤ DIO / District IEC Officer and IEC team to monitor communication activities at field level.</li> <li>➤ Monitoring &amp; Supervision team identified at district level for communication.</li> <li>➤ Regular coordination with other departments for communication activities.</li> <li>➤ Sensitization of all officials of different line departments at district and block level on their support to communication actions</li> <li>➤ Identify Nodal Person at District level to lead the communication related Interventions i.e. IEC distribution within departments and other departments, regular coordination with other departments, communication plan.</li> <li>➤ Identify key religious leaders and faith based institutions through Minority Commission department.</li> <li>➤ Timely release of written appeals and video appeals as per need from District level.</li> <li>➤ Orientation of Influencers on their role and responsibilities and regular update for their support and progress.</li> </ul>	<p>DIO ADMO-FW DPHCO/ADPHCO/ MEIO/ Dy MEIO Communication Consultant / Manager</p>

<b>Roles &amp; Responsibilities</b> <b>Department: Health &amp; Family Welfare</b>	<b>Nodal Officer/ Committee</b>
<p><b>Block</b></p> <ul style="list-style-type: none"> <li>➤ MO I/C will develop Block communication plan involving communication officers of the department</li> <li>➤ MO I/C to ensure communication agenda in the Block Task Force Meeting</li> <li>➤ MOI/C to develop and coordinate implementation of the communication plan with other department and provide technical support on COVID-19 Vaccination.</li> <li>➤ Orientation of PRI / Religious leaders/ Tribal leader/ Block Media people on COVID-19 Vaccination using available materials</li> <li>➤ MO I/C with support of Block Communication Officer to develop and conduct capacity building of field level staff on communication activities for COVID-19 vaccination .</li> <li>➤ Provide technical inputs to conduct inter-sectoral coordination meeting at each level</li> <li>➤ Develop communication budget plan.</li> <li>➤ Conduct inter-sectoral coordination meeting at block level</li> <li>➤ Ensure display and distribution of communication materials like hoarding, banner, poster and leaflets to field staff and ensure visibility at block level</li> <li>➤ Coordinate distribution of leaflets and communication materials for IEC activities like – Outdoor publicity, sensitization meetings, group discussion, Inter personal communication, distribution of leaflets and other reading materials, wall writing .</li> <li>➤ MOI/C and IEC officer will monitor communication activities with support of block communication cadre at field level</li> </ul>	<p>CHC - MOI/C &amp; PHEO/ BEE/ Communication Manager</p>
<p><b>GP / Village level</b></p> <ul style="list-style-type: none"> <li>➤ Panchayat through Pradhans/committee members oversee communication activities – information dissemination at panchayat level</li> <li>➤ Display various communication materials like hoarding, Banner, Poster and distribute leaflet to beneficiaries on COVID-19 vaccination .</li> <li>➤ Ensure visibility at vaccination point as per the guideline.</li> <li>➤ Mobilise the beneficiaries at Vaccination Point</li> <li>➤ Involving IHP/ ISP/ Youth clubs/ Traditional Healer/ FBOs/ various religious leader on COVID-19 vaccination.</li> <li>➤ Display of signages at vaccination point</li> <li>➤ Display of signature appeals in resistant pockets if required</li> <li>➤ Mosque/Church and Temple announcement in selected pockets.</li> <li>➤ Appeals in favour of Vaccination during Friday sermons, Sunday Church, and Temple as per availability of pilgrims.</li> <li>➤ Support can be sought from religious leaders and Influencers if getting any untoward situation/Serious AEFI.</li> <li>➤ IEC activities like – Outdoor publicity, sensitization meetings, Senior citizen's Meeting, VHNSC Meeting, SHG meeting, group discussion, Inter personal communication, distribution of leaflets and other reading materials, wall writings, etc., are to be coordinated by Health Department.</li> </ul>	

<b>Roles &amp; Responsibilities</b> <b>Department: Panchayati Raj Department</b>	<b>Nodal Officer/ Committee</b>
<p><b>State</b></p> <ul style="list-style-type: none"> <li>➤ Communication to District Collectors on overall implementation strategy, monitoring and supervision of the COVID-19 vaccination including communication activities</li> <li>➤ Orientation of PR functionaries involving the Do-HFW on COVID-19 vaccination</li> <li>➤ Provide activity guidelines with budget to districts for implementation.</li> <li>➤ Prototypes of IEC materials distributed from DIH&amp;FW to districts</li> <li>➤ The materials will be printed and distributed by the concerned departments to the districts for IEC &amp; BCC activities on COVID-19 vaccination.</li> <li>➤ Have a functional monitoring &amp; supervision team by the Department at State level</li> </ul>	<p>Director, Panchayat Raj</p>

<b>Roles &amp; Responsibilities</b> <b>Department:</b> Panchayati Raj Department	<b>Nodal Officer/ Committee</b>
<b>District</b> <ul style="list-style-type: none"> <li>➤ Sensitizations of Zilla Parishad members and NAC members. CDMO/ CMO to provide technical inputs.</li> <li>➤ Timely communication of activity guidelines to all BDOs for implementation</li> <li>➤ Key block staff sensitized at district level.</li> <li>➤ Ensure registration of health care workers working in health facilities under Zila Parishad/ Panchayat.</li> <li>➤ Identification and planning for vaccination site.</li> <li>➤ Support in organizing vaccination sessions including vaccine site preparation and logistics.</li> <li>➤ Create awareness through community meetings, special Gram Sabhas and messages to PRLs.</li> </ul>	<b>PD, DRDA</b>
<b>Block</b> <ul style="list-style-type: none"> <li>➤ Sensitization of PRI members - BDO to organize meeting with technical support of CHC MO I/C</li> <li>➤ Identify Village/Urban Vaccination site and ensure visibility at vaccination point</li> <li>➤ IEC activities like – Outdoor publicity, sensitization meetings</li> </ul>	<b>BDO GPO</b>
<b>GP &amp; Village level</b> <ul style="list-style-type: none"> <li>➤ Ensure visibility at vaccination point as per the guideline.</li> <li>➤ Mobilise the beneficiaries at immunisation Point</li> <li>➤ Involve IHP/ ISP/ Youth club/ Traditional Healer/ FBOs/ various religious leader on COVID-19 vaccination.</li> <li>➤ IEC activities like – Outdoor publicity, sensitization meetings</li> <li>➤ Ensure PR functionaries address rumours</li> <li>➤ Educate SHG members/ Senior citizen on COVID-19 vaccination</li> <li>➤ Participate and facilitate various field level activities like VHNSC, SHG and other meeting at village level</li> </ul>	

<b>Roles &amp; Responsibilities</b> <b>Department:</b> Education Department / Department of SC/ST and Minorities	<b>Nodal Officer/ Committee</b>
<b>State</b> <ul style="list-style-type: none"> <li>➤ Communication to District Programme Officers of SSA &amp; DI of Schools and Madarsa for overall implementation and supervision of COVID-19 vaccination.</li> <li>➤ Activity guideline with budget to be communicated to the districts for implementation.</li> <li>➤ Collect prototypes of IEC materials from DoH&amp;FW of concerned state. The materials to be printed and distributed by concerned department to districts to carry out sensitization and health educational activities on COVID-19 vaccination.</li> <li>➤ Having a functional monitoring &amp; supervision team at State level</li> </ul>	Director, School & Mass Education
<b>District</b> <ul style="list-style-type: none"> <li>➤ Head masters/ teachers to be sensitized on COVID-19 vaccination with support of CMO/CDMO</li> <li>➤ Reading materials like Frequently Asked Questions (FAQ) received from the CMO/CDMO, and distributed among the Schools</li> <li>➤ Sensitisation of School children on COVID Appropriate Behaviours (CAB).</li> <li>➤ Organizing exhibition and quiz competition by DEO at Zonal level on COVID Appropriate Behaviours (CAB)</li> <li>➤ Support in management of vaccination session site including working as team members (wherever needed).</li> <li>➤ Community awareness through school teachers, shiksha mitra.</li> <li>➤ Educate parents on why school children are not being vaccinated in early stages etc.</li> </ul>	DI(Head Quarter) & DPC/DEO
<b>Block</b> <ul style="list-style-type: none"> <li>➤ Head masters/ teachers sensitized on COVID-19 vaccination.</li> <li>➤ The headmasters to take responsibility to sensitize school children in school assembly and special classes on CAB.</li> <li>➤ The FAQs on COVID-19 vaccination will be received from the CHC MO I/C and distributed among the Schools in the block</li> <li>➤ Monitor the use of CAB and bed nets by boards of tribal residential schools</li> </ul>	BRCC/SEO

<b>Roles &amp; Responsibilities</b> <b>Department: Women &amp; Child Development Department</b>	<b>Nodal Officer/ Committee</b>
<b>State</b> <ul style="list-style-type: none"> <li>➤ Activity guidelines with budget to be communicated to District Social Welfare Officers for overall implementation and supportive supervision of COVID-19 vaccination.</li> <li>➤ The prototypes of IEC materials may be collected from DH&amp;FW, of concerned state. The materials will be printed and distributed by the concerned Department to the districts for IEC &amp; BCC and awareness campaign.</li> <li>➤ Functional monitoring &amp; supervision team at State level</li> </ul>	Director, Social Welfare
<b>District</b> <ul style="list-style-type: none"> <li>➤ Ensure inclusion of ICDS staff in COVID-19 vaccine beneficiary list.</li> <li>➤ Provide team members and supervisors/monitors for vaccination.</li> <li>➤ Capacity building of AWW / other staff on interpersonal communication for COVID Vaccine.</li> <li>➤ Generate community awareness on COVID-19 vaccination mainly through IPC.</li> <li>➤ Orientation of CDPOs and Supervisors on COVID-19 vaccination.</li> <li>➤ Formation of team of monitors on COVID-19 vaccination campaigns.</li> <li>➤ Ensure regular Participation in District level review meetings.</li> </ul>	DSWO
<b>Block</b> <ul style="list-style-type: none"> <li>➤ CDPOs and ICDS supervisors to monitor and supervise the vaccination site and ensure visibility of vaccination point at village level.</li> <li>➤ Frequently Asked Questions (FAQs) on COVID-19 vaccination to be distributed among ICDS Supervisors /AWWs to spread related health messages on COVID-19 vaccination.</li> <li>➤ Ensure regular Participation in Block level review meetings by CDPO or ICDS Supervisor</li> </ul>	CDPOs/ICDS Supervisors
<b>GP &amp; Village level</b> <ul style="list-style-type: none"> <li>➤ Encourage involvement of SHG members for mobilisation of beneficiaries on COVID-19 vaccination</li> <li>➤ AWW to counsel beneficiaries on Vaccination point</li> <li>➤ Ensure visibility at vaccination point</li> <li>➤ Educate SHG members/ Senior citizen on COVID-19 vaccination</li> <li>➤ Participate and facilitate various field level activities like VHNSC, SHG and other meeting at village level</li> </ul>	

<b>Roles &amp; Responsibilities</b> <b>Department: Housing &amp; Urban Development Department</b>	<b>Nodal Officer/ Committee</b>
<b>State</b> <ul style="list-style-type: none"> <li>➤ Communication to all Commissioners of Municipal Corporation/ Executive Officers of Municipality/NAC for overall implementation and supervision of the COVID-19 vaccination</li> <li>➤ Activity guidelines with budget need to be communicated in time.</li> <li>➤ Communication Materials may be provided to the districts for carry out the activities</li> <li>➤ Mass media – PA system in place with key messages received through department of Health &amp; FW</li> <li>➤ Formation of monitoring &amp; supervision team at State level</li> </ul>	Director, Municipal Administration



<b>Roles &amp; Responsibilities</b> <b>Department: Housing &amp; Urban Development Department</b>	<b>Nodal Officer/ Committee</b>
<p><b>Urban areas- Municipal corporation/ Municipalities / NAC</b></p> <ul style="list-style-type: none"> <li>➤ Orientation of Municipal executives and other implementing officers on COVID-19 vaccination</li> <li>➤ NGOs/CBOs working in urban areas are to be sensitized and involved in the communication activities with optimum utilization of their resources</li> <li>➤ IEC activities like – Outdoor publicity, sensitization meetings</li> <li>➤ Provide space for COVID-19 vaccination and ensure the visibility on vaccination points District will execute entire Mid media activities and provide adequate quantity of communication materials is to be provided to the blocks and sub blocks to carry IEC &amp; BCC activities.</li> <li>➤ Orientation of PRI / Religious leader/ Tribal leader/ Media people on COVID vaccination</li> <li>➤ Commissioner / Executive officer will monitor the entire communication activities at field level. There will be Monitoring &amp; supervision team at the urban level for communication.</li> <li>➤ Regular coordination with other departments for communication activities.</li> <li>➤ Ensuring registration of health care workers and other front-line workers working in Municipal Corporation, Municipality, etc.</li> <li>➤ Enlisting of corporation staff as and when it is decided to vaccinate them.</li> <li>➤ Support identification of session site with enough space for vaccination and session logistic planning in urban areas including, ULB, corporations and big municipal corporation areas.</li> <li>➤ Involve providing lead role in communication and social mobilization activities for COVID-19 vaccine roll out in urban areas including, ULB, corporations and big municipal corporation areas.</li> <li>➤ Active involvement of urban Self-Help groups under National Urban Livelihood Mission, (Mahila Arogya Samitis) to increase awareness on importance of COVID-19 vaccination in urban areas.</li> <li>➤ Spreading the awareness on COVID appropriate behavior.</li> </ul>	<p>Commissioners/ Executive Officers</p>

<b>Roles &amp; Responsibilities</b> <b>Department of Rural Development</b>
<ul style="list-style-type: none"> <li>➤ Support SHG engagement in vaccine roll out at vaccination site including working as team members, (wherever needed).</li> <li>➤ SHG support in logistics management, including vaccine site preparation, cleaning etc.</li> <li>➤ BDOs and village functionaries to help in vaccine delivery and monitoring.</li> <li>➤ Through NRLM, engage all SHGs for social mobilization, awareness generation, house visits etc.</li> <li>➤ SHGs to conduct local plays, nukkad natak, be part of community radio engagements, conduct group meetings.</li> </ul>

<b>Roles &amp; Responsibilities</b> <b>Department of AYUSH</b>
<ul style="list-style-type: none"> <li>➤ Identification &amp; vaccination of Health Care Workers with AYUSH</li> <li>➤ Provide vaccinators legally authorized to give injections and other team members</li> <li>➤ Use their platforms for dissemination of IEC</li> </ul>

<b>Roles &amp; Responsibilities</b> <b>Department: Information &amp; Public Relation Department</b>		<b>Nodal Officer/ Committee</b>
<p><b>State</b></p> <ul style="list-style-type: none"> <li>➤ Communication along with provision of necessary guidelines with budget to all DIPRO to undertake IEC measures on COVID-19 vaccination and CAB.</li> <li>➤ Telecast and broadcast CAB and COVID-19 vaccination messages on Doordarshan/AIR and local cable channel</li> <li>➤ Display hoardings and other materials at Strategic location on CAB and COVID-19 vaccination</li> <li>➤ Orientation to media personnel on COVID-19 vaccination and CAB .</li> <li>➤ Display advertisement in local newspapers on CAB and COVID-19 vaccination.</li> <li>➤ Community awareness through Satellite TV Channels and F.M. Radio Channels, community Radios</li> <li>➤ Identifying champions/ ambassadors and opinion makers and dissemination of the right messaging through opinion articles.</li> <li>➤ Through BOC: <ul style="list-style-type: none"> <li>➤ To conduct special folk programmes nation wide</li> <li>➤ Conduct exhibitions at district level</li> <li>➤ Hoardings and wall writings</li> <li>➤ Through PIB and state I&amp;B departments: <ul style="list-style-type: none"> <li>➤ Media Relations</li> <li>➤ Issue of press releases</li> </ul> </li> </ul> </li> </ul>	Director, I& PR	
<p><b>District / Block</b></p> <ul style="list-style-type: none"> <li>➤ Broad cast health messages through All India Radio and Regional Kendras</li> <li>➤ Facilitate panel discussion and special programmes on COVID-19 vaccination and CAB and release of health messages in newspapers time to time.</li> <li>➤ Coverage news from District, Block &amp; villages through print media and electronic media</li> <li>➤ Publish Human Interest stories on weekly basis</li> <li>➤ Publish best practices and can put encouragement column for FLWs / Religious leaders/ Influencers / departments.</li> </ul>	DPRO	

<b>Roles &amp; Responsibilities</b> <b>Department of Youth Affairs</b>
<ul style="list-style-type: none"> <li>➤ NYKS/ NSS/NCC/BS&amp;G to support session management and crowd control at session site</li> <li>➤ NYKS, NSS and national youth clubs to participate and support COVID-19 vaccine communication through its social mobilization activities</li> </ul>

<b>Roles &amp; Responsibilities</b> <b>Department of Home Affairs</b>
<ul style="list-style-type: none"> <li>➤ Support identification and vaccination of beneficiaries from police department.</li> <li>➤ Support vaccine delivery in hard to reach and LWE areas.</li> <li>➤ Provide security to vaccine during storage, shipment and at session</li> <li>➤ Support and facilitation of COVID-19 communication in areas of the Police</li> <li>➤ Help in spreading awareness on COVID appropriate behaviour</li> </ul>

<b>Roles &amp; Responsibilities</b> <b>Ministry of Defence</b>
<ul style="list-style-type: none"> <li>➤ Support in identification and vaccination of Front Line Workers under Ministry fo Defence</li> <li>➤ Supply for vaccine delivery in hard to reach and security sensitive areas</li> <li>➤ Liason of relevant officials with district administration for session planning and training of vaccinators in their system to ensure vaccination of their staff</li> <li>➤ Utilization of ex-servicemen in social mobilization, activities</li> <li>➤ Ensure participation of NCC in social mobilization and awareness generation.</li> </ul>

## Roles & Responsibilities

### Department of Food and Public Distribution

- Support in providing cold storage spaces and transport system, if needed
- Facilitate biometric authentication or finger print readers at session sites
- Generating awareness on COVID vaccination

## Roles & Responsibilities

### Department of Social Justice and Empowerment

- Support setting up session sites in welfare home premises, if needed
- Generating awareness among identified priority group for COVID-19 vaccination

## Roles & Responsibilities

### Department of Tribal Affairs

- Allow setting up session sites in schools premises under the Ministry of Tribal Affairs
- Generating awareness on COVID vaccination in tribal communities and their mobilization

## Roles & Responsibilities

### Divisional Railways Manager (DRM)

- Support identification and vaccination of Health Care Workers with the railways
- Support in conducting vaccination sessions in railway hospitals, dispensaries and other premises.
- Support communication through screening of AV spots on trains and platforms and use COVID-19 vaccine branding on the tickets

## Roles & Responsibilities

### Department of Labour & Employment

- Support identification and vaccination of Health Care Workers with the ESI
- Support in conducting vaccination sessions in ESI hospitals
- Support COVID-19 vaccination through institutions under Ministry of Labour and Employment, such as ESIC to conduct awareness programmes through their networks

## Roles & Responsibilities

### Department of Electronics and Information Technology

- Village level engagement of Common Service Centers for beneficiary registration, monitoring, printing of beneficiary certification and other services where connectivity and web-based methods are required
- Encouraging mobile service providers to send text and voice messages, caller tunes on COVID vaccination
- Message and IEC on telephone bills etc.

## Roles & Responsibilities

### Department of Minority Affairs

- Support setting up session sites in premises of affiliated institutions, if needed
- Generating awareness among identified priority group for COVID-19 vaccination

## Annexure H: Key Messages

### Key messages from Indian leadership

#### Hon'ble Prime Minister

- Continue to practice the preventive behaviours with and even after the availability of the vaccine.
- Vaccines will be made available only after they pass all tests for validation of data and regulatory frameworks.
- Every vaccine distributed in our country would have passed all scientific parameters to defeat this pandemic.
- We have to prepare ourselves as a nation to carry forward a Jan Andolan for COVID -19 vaccination and ensure that all people in are protected.
- What we develop and use will be scientifically validated; for we believe safety is as important as speed to develop the vaccine'

#### Hon'ble Minister Health & Family Welfare, Government of India

- The government is working round-the-clock to ensure that there is a fair and equitable distribution of vaccines, once they are ready.
- India has the advantage of running the world's largest and immunization programme; vaccinating nearly 2.7 crore newborns annually.
- Our rich immunization experience, our best practices and the robustness of our health care delivery system will be leveraged and augmented using a strong IT platform to ensure that this humongous national mission of vaccinating identified priority groups with COVID-19 vaccine is achieved in a timely manner.
- Vaccine efficacy and safety are the two most important priorities for the government.
- Due emphasis has been laid on equitable distribution of the vaccine(s). Therefore populations groups have been prioritised. Those most at risk such as our health care workers, frontline workers, people over the age of 50 and people less than 50 but living with co-morbidities have been identified for vaccination in the first phase.
- We urge everyone to continue following the COVID-19 Appropriate Behaviours (CAB) such as wearing masks, frequent handwashing with soap or sanitization and maintaining a physical distancing of at least 6 feet (Do Gaj Ki Doori) . These are important for your safety and the safety of your friends and family

### VACCINE INTRODUCTION

- This is the first time that a vaccine for COVID- 19 has been developed and launched in the country.
- The vaccine will help to protect you, your family and communities from the Coronavirus
- The vaccine provides immunity against the Coronavirus disease and reduces the risk of contracting the COVID-19 infection
- This is an injectable vaccine
- This is a safe vaccine, has gone through various trials and has been developed after scientific research.
- All safety protocols including CAB behaviours will be strictly followed in the vaccination centers and sites while providing the vaccine. All vaccinators are trained in vaccine safety protocols and familiar with COVID Appropriate Behaviour
- All vaccinators are trained in vaccine safety protocols and are familiar with COVID Appropriate Behaviours If you are a health worker, or work as a health care provider get yourself registered for the vaccine using the online registration system
- Once you have registered yourself, you will receive the vaccine in the selected location near your home. The vaccination date, time and site will be intimated to you on your registered mobile number through SMS.
- If you are a health worker, or work as a health care provider get yourself registered for the vaccine using the online registration system known as the CO-WIN platform
- If you work as a frontline worker (police, home-guard, municipal workers, armed force) you will probably receive the vaccine in first phase be a part of the priority group
- The vaccine will be provided free of cost in the government health facility or at the designated vaccination centers

### VACCINE EAGERNESS

- The government is planning to provide the vaccine for COVID-19 to whoever needs it. However, because of limited vaccine availability in the initial phase, it might take some time before it can be made available widely. Some people may have to wait for their turn to get the vaccine.
- With limited supply of vaccines in the initial phase, it will be provided to those people first who are at maximum risk of getting infected or spreading the infection.
- If you work as a Healthcare worker, municipal worker or Frontline worker such as State and Central Police Department, Armed Forces, home guards or civil -defense; you will be in first list along with the people from the high risk population like people over 50 years old and those less than 50 years but with comorbid conditions
- Only registered beneficiaries will be vaccinated. All beneficiaries have to be registered online. There will be no on -spot registrations at the vaccination site. Only registered beneficiaries will be vaccinated . There will be no on -spot registrations at the vaccination site.

- The Government of India has decided to adhere to phased vaccination process and identified the priority groups for the first phase keeping in view the high risk population groups and vaccine availability in the initial phase.
- The priority groups are: 1. Health Care Workers 2. Frontline Workers 3. People over 50 years of age 4. People under 50 years of age with co-morbidities.
- As you know health care workers and frontline workers are at the greatest risk of getting infected and are the most vulnerable.

## VACCINE HESITANCY

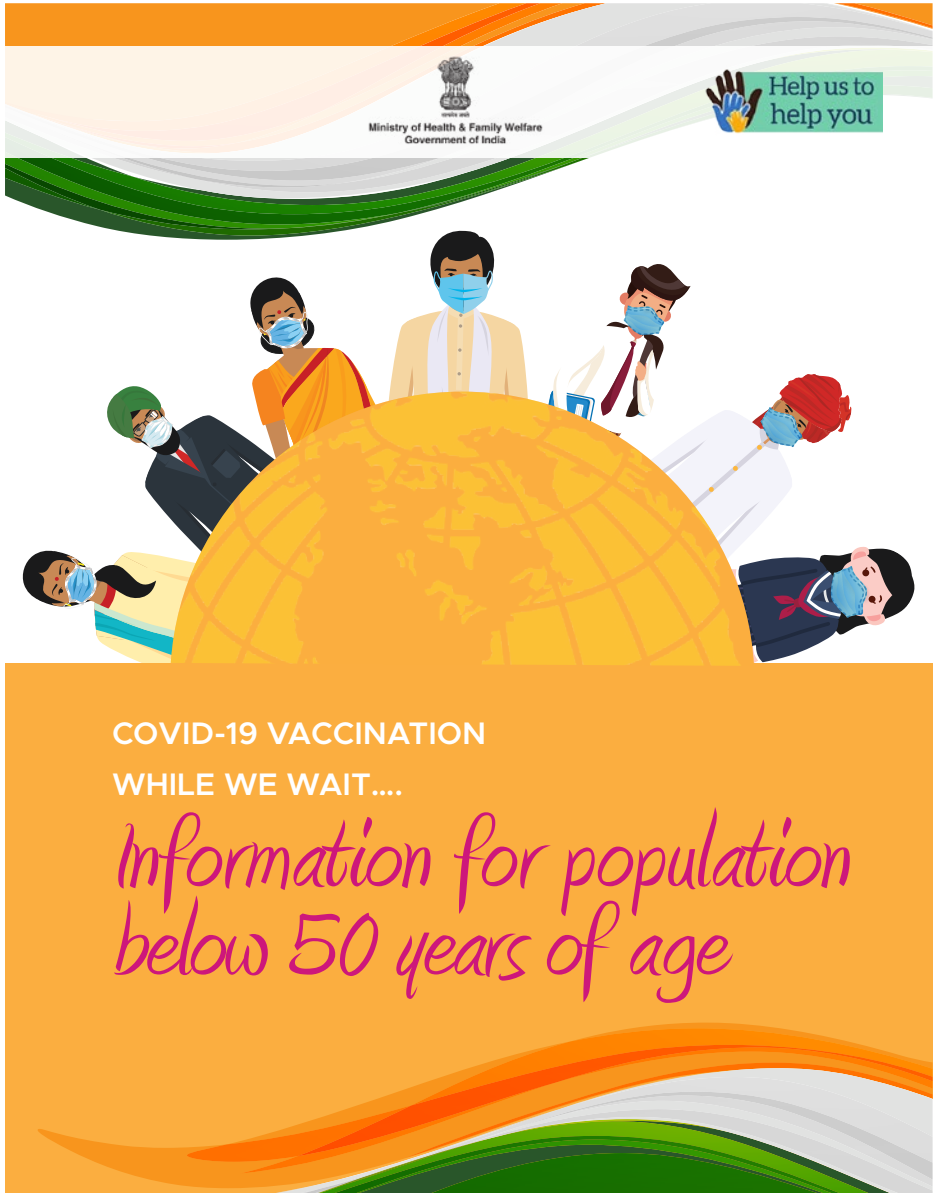
- Vaccination saves lives at every stage of life
- Immunization has been a great public health success story
- Vaccines provide immunity and protect us, and our communities from contracting diseases.
- It is critical for us to get the COVID-19 vaccine, when our turn comes, so that we can protect ourselves, our families, friends and communities from the infection.
- The vaccination process will be a phased one; we need to ensure adherence to CAB behaviours at all times by all members
- The COVID-19 vaccines have been developed after thorough scientific research and are introduced to the public after undergoing various trials and after they were declared safe for the public.
- It is true that the COVID-19 vaccine has been developed in a short time frame, but it has undergone the protocols of various levels of trials, following due scientific processes and after due diligence. All safety protocols have been followed and there have been no compromises in bringing the vaccine to the general public.
- Adequate safety and efficacy tests have been done on this vaccine, and the regulatory approval has been given after all required checks have been confirmed.
- While administering the vaccine, all safety protocols including CAB behaviours will be followed at the vaccination centers and vaccination sites
- All vaccinators have been adequately trained in vaccine safety protocols and the need to follow COVID Appropriate Behaviours.

## COVID Appropriate Behaviour during and after vaccination

- While vaccines are now available for some people in the initial phase, it is critical that all of us continue to follow all the COVID Appropriate Behaviours, to ensure that we stay protected.
- While the vaccine will protect you and your families, it needs to be supported by following of the key preventive behaviours: use of masks, frequent handwashing with soaps and sanitisers, and maintaining physical distance of at least 6 feet (Do Gaj ki Doori).
- We must continue to watch for any COVID-19 symptoms and be prompt to isolate ourselves and get tested if we experience any symptoms.
- COVID Appropriate Behaviours need to be followed and continued diligently during and after the vaccination session as well.
- COVID Appropriate Behaviours are a must for all of us to follow, till the world can adequately address and fight the virus and put in place all the right tools to deal with it.

**Annexure I:** Leaflets

**Leaflet 1: Information for population below 50 years of age**



**COVID-19 VACCINATION**

**WHILE WE WAIT....**

*Information for population  
below 50 years of age*

## FACTS ABOUT COVID-19 AND COVID-19 VACCINE

Coronavirus disease or COVID-19 is an infectious disease caused by a virus named SARS-CoV-2.

### COMMON SYMPTOMS ARE:



Fever



Dry cough



Shortness of breath or difficulty in breathing



Tiredness

### HOW IS COVID-19 TRANSMITTED?



COVID-19 is spread through droplets and aerosols emitted from the nose or mouth, particularly when a person with COVID-19 speaks, coughs, sneezes or spits



It can also be contracted by touching one's eyes, nose or mouth after contact with contaminated surfaces and objects

## COVID APPROPRIATE BEHAVIOURS (CAB) FOR PREVENTION

The best way to prevent COVID-19 infection is to avoid exposure to the virus

### THE BASIC PREVENTIVE PUBLIC HEALTH MEASURES INCLUDE THE FOLLOWING CAB:



Maintain a physical distance of at least 6 feet (2 gaj ki doori) when in a public place



Using your mask properly to cover nose, mouth and chin at all times when you are outside



Do not touch your eyes, nose and mouth unless your hands are sanitised



Wash hands frequently and thoroughly with soap and water or use sanitiser



Cover your mouth while sneezing and coughing and avoid spitting in the open



Prompt testing on observing symptoms



Isolation on observing symptoms

### COVID-19 VACCINE



A safe and effective vaccine is being made available for protection against COVID-19.

It will be available for beneficiaries registered on the Co-WIN portal starting with health care workers, frontline workers and prioritised population.

Two doses of vaccine, 3 to 4 weeks apart, need to be taken by an individual to complete the vaccination schedule.

Leaflet on information for population below 50 years of age



## PRIORITISATION OF POPULATION FOR COVID-19 VACCINE



Considering the limited availability of the vaccine initially, persons who are at maximum risk of getting infected with COVID-19 and population having risk of high mortality will be vaccinated first.

### THE CRITERIA FOR SELECTION OF THESE BENEFICIARIES ARE



Those at the greatest risk of exposure to infection and age group having high COVID related death.



Those when vaccinated would minimize the spread of the virus.

### PRIORITISED GROUPS FOR PHASE 1



Health care workers



Frontline workers



Population above age of 50 years



Population with associated comorbidities such as hypertension diabetes/HIV/cancer/cardiovascular disease/chronic disease etc.

## WHEN WILL POPULATION BELOW 50 YEARS OF AGE AND NOT HAVING ANY CO-MORBIDITY, BE ELIGIBLE FOR COVID-19 VACCINATION?

COVID-19 Vaccine roll-out will take place in phased manner based on vaccine availability.



**PHASE 1**  
Specific priority groups to be covered.



**PHASE 2**  
Guidance on the next category to be prioritised for vaccination will be announced by National Expert Group on Vaccine Administration for COVID-19 (NEGVAC).

Information on the Phase 2 roll-out, registration process and details about where and when of the vaccination sessions will be provided closer to the implementation period.

*Leaflet on Information for population below 50 years of age*





## KEY MESSAGES WHILE WAITING FOR PHASE 2

- ⦿ Do not be anxious about the availability of the vaccine, wait for your turn.
- ⦿ Do not be misled by the fake vaccine marketing/promotions, as the COVID-19 vaccine is not available in the open markets yet.
- ⦿ Make sure that you follow COVID Appropriate Behaviors at all times, even after vaccination.
- ⦿ Attend community meetings on COVID-19 vaccination process organised in your locality while maintaining social distancing.
- ⦿ You may volunteer to support implementation of Phase 1 vaccination sessions in your areas
- ⦿ If feeling unwell, get tested for COVID-19 at a nearest facility; doctor's prescription is not required. If tested positive, self-isolate immediately and seek medical support.
- ⦿ If you have any questions/doubts Call 24x7 National Helpline No.1075; +91- 11-23978046.

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## KEY MESSAGES ABOUT COVID-19 VACCINE

- ⦿ COVID-19 Vaccine is safe and effective and will be available in phased manner.
- ⦿ COVID-19 Vaccine along with CAB are effective to protect individuals from COVID-19 infection.
- ⦿ COVID Appropriate Behaviors are to be strictly followed at all time, even after vaccination.
- ⦿ Pre-registration is a must for the eligible beneficiaries.
- ⦿ Vaccine will not be given to the individuals who are not registered.
- ⦿ Registration process will be guided by the mobilisers/volunteers as and when available.
- ⦿ If you are unwell when at the time of your second dose of vaccine appointment, it is better to wait until you have recovered. You should try to get the second dose as soon as possible after recovery.
- ⦿ You should not attend a vaccination appointment if you are self-isolating, or waiting for a COVID-19 test or unsure if you are not well.
- ⦿ Complete schedule of vaccination will reduce chances of a person becoming seriously ill.

### FOR MORE INFORMATION

Call 24x7 National Helpline No. 1075 (Toll Free) [www.mohfw.gov.in](http://www.mohfw.gov.in), [www.cowin.gov.in](http://www.cowin.gov.in)



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## COVID-19 VACCINATION

# *Role of Religious Leaders*

Your role is very important to create favourable atmosphere in the community for COVID-19 vaccine introduction and to instill trust

## FACTS ABOUT COVID-19 AND COVID-19 VACCINE

Coronavirus disease or COVID-19 is an infectious disease caused by a virus named SARS-CoV-2.

### COMMON SYMPTOMS ARE:



Fever



Dry cough



Shortness of breath or difficulty in breathing



Tiredness

### HOW IS COVID-19 TRANSMITTED?



COVID-19 is spread through droplets and aerosols emitted from the nose or mouth, particularly when a person with COVID-19 speaks, coughs, sneezes or spits



It can also be contracted by touching one's eyes, nose or mouth after contact with contaminated surfaces and objects

## COVID APPROPRIATE BEHAVIOURS (CAB) FOR PREVENTION

The best way to prevent COVID-19 infection is to avoid exposure to the virus

### THE BASIC PREVENTIVE PUBLIC HEALTH MEASURES INCLUDE THE FOLLOWING CAB:



Maintain a physical distance of at least 6 feet (2 gaj ki doori) when in a public place



Using your mask properly to cover nose, mouth and chin at all times when you are outside



Do not touch your eyes, nose and mouth unless your hands are sanitised



Wash hands frequently and thoroughly with soap and water or use sanitiser



Cover your mouth while sneezing and coughing and avoid spitting in the open



Prompt testing on observing symptoms



Isolation on observing symptoms

### COVID-19 VACCINE



A safe and effective vaccine is being made available for protection against COVID-19.

It will be available for beneficiaries aged 50 years and above and under 50 years with associated co-morbidities. Government of India will be announcing the site on which all potential beneficiaries will be asked to register.

Two doses of vaccine, 3 to 4 weeks apart, need to be taken by an individual to complete the vaccination schedule.

*Leaflet on Role of Religious Leaders*

## RELIGIOUS LEADERS' ROLE BEFORE VACCINATION DAY



Attend orientation meeting on COVID-19 vaccine to get accurate information.



Educate community members on importance of following CAB and benefits of COVID-19 vaccine.



Disseminate positive information about COVID-19 vaccine through WhatsApp or other social network groups and announce at events you organise.



Answer questions from the community members, address negative information, rumours, myths about COVID-19 vaccine. Highlight positive messages related to COVID-19 vaccine from Religious Heads/Institutions.



Manage vaccine eagerness by helping community to understand why only certain population groups (occupation and age specific) need to get vaccinated in Phase 1.



Manage vaccine hesitancy by helping community understand that the vaccine is introduced after adequate testing and trials.



Inform community that they should not attend a vaccination appointment if self-isolating or waiting for a COVID-19 test or unsure if they are well or not.



Promote MoHFW as a trusted source of information. Call out against fake news and discourage community from circulating messages from unverified sources.

## RELIGIOUS LEADERS' ROLE ON DAY OF VACCINATION



Support in inauguration of vaccination sessions at the local level.



Support in mobilizing registered beneficiaries to vaccination site as per the given time slot.



Support health workers in organizing and conducting vaccination sessions.



Support in managing vaccine eagerness by explaining the need to cover certain groups on priority.



Support in resolving disputes arising out of beneficiaries being refused vaccination without proper identification or registration.



Insure CAB are followed at the session site.



Inform the health workers of any untoward incident and provide active help.

*Leaflet on Role of Religious Leaders*

## YOUR ROLE POST VACCINATION



Support in identifying any drop outs from the list of registered beneficiaries and inform ANM/ASHA.



Inform beneficiaries that they will receive the date and venue of the second vaccination through SMS.



Inform people that if they are unwell when it is time for next vaccine dose it is better to wait for full recovery but should try to get second dose as soon as possible.



In case of any adverse effects following immunization (AEFI), support the mobilisers and health work force in managing crisis situation by appealing to the community to stay calm while waiting for a proper diagnosis and prevent aggressive behaviour against health workers

### FOR MORE INFORMATION

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## COVID-19 VACCINATION

# Role of Influencers

PRIs/Ward members/community leaders/representatives of Self Help Groups (SHGs)/Mahila Arogya Samitis (MAS)/Resident Welfare Associations (RWA)

As an influencer your support to COVID-19 vaccination introductory process is invaluable, as the communities trust you and look up to you. You can play a meaningful role by using your influence in promoting in promoting the COVID-19 Vaccination process in your communities

## FACTS ABOUT COVID-19 AND COVID-19 VACCINE

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### COMMON SYMPTOMS ARE:



Fever



Dry cough



Shortness of breath or difficulty in breathing



Tiredness

### HOW IS COVID-19 TRANSMITTED?



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Wash hands frequently and thoroughly with soap and water or use sanitiser



Cover your mouth while sneezing and coughing and avoid spitting in the open



Prompt testing on observing symptoms



Isolation on observing symptoms

### COVID-19 VACCINE



A safe and effective vaccine is being made available for protection against COVID-19.

It will be available for beneficiaries aged 50 years and above and under 50 years with associated co-morbidities. Government of India will be announcing the site on which all potential beneficiaries will be asked to register.

Two doses of vaccine, 3 to 4 weeks apart, need to be taken by an individual to complete the vaccination schedule.

*Leaflet on Role of Influencers*



## ROLE OF INFLUENCER DURING PREPARATION PHASE

- 1 Participate in the state/district/block and Task Force meetings organized by the Health department to be a part of the COVID-19 Vaccination process and gather correct information on the process to be shared with the community.
- 2 Share information about the vaccine, its benefits, prioritization approach, eligibility criteria through your organization website, WhatsApp groups and other social media platforms.
- 3 Support the health workers in registering the eligible beneficiaries as guided by the health care workers/mobilizers.
- 4 Participate in community meetings to inform and engage with communities to build positive perspectives about the COVID-19 Vaccination process.
- 5 Support social mobilizers in counseling eligible beneficiaries who are known to be hesitant/resistant towards immunization.
- 6 Circulate information about MOHFW website for getting verified facts about COVID-19 Vaccine.
- 7 Support Health Care Workers to identify a place for vaccination and provide necessary support in conducting the session.
- 8 Encourage the beneficiaries to mark the date and time of the vaccination and get vaccinated.
- 9 Inform people that they should not attend a vaccination appointment if they are self-isolating, or waiting for a COVID-19 test or unsure if they are not well.
- 10 Promote COVID Appropriate Behaviours in the community.

## ROLE OF INFLUENCER DURING VACCINATION PHASE

- 1 As an influencer, be present at the vaccination session site.
- 2 Support the inaugural process in your area if required.
- 3 Support frontline workers to mobilize the registered beneficiaries as per the time slots provided.
- 4 Promote COVID Appropriate Behaviours at the vaccination session site.
- 5 Support support vaccination team in crowd management and maintaining a sanitized session site.
- 6 Help to address any queries from the community.
- 7 Provide the beneficiary with contact details of the ANM/ASHA/ Mobiliser to contact in case of post vaccination uneasiness.

*Leaflet for Role of Influencers*



## YOUR ROLE POST VACCINATION



Support in identifying any drop outs from the list of registered beneficiaries and inform ANM/ASHA.



Conduct home-visits to ensure well being of the beneficiaries and to remind about the second dose of the vaccine.



In case of any adverse effects following immunization (AEFI), support the mobilisers and Health Care Workers in managing crisis situation by appealing to the community to stay calm while waiting for a proper diagnosis and prevent aggressive behavior against health workers.



Regularly update the community regarding the vaccination progress and address any questions related to vaccine eagerness and hesitancy.



Inform beneficiaries that they will receive the date and venue of the second dose through SMS.



Inform people that if they are unwell at the time of the second vaccination dose, it is better to wait for a full recovery and after recovery they should get the second dose as soon as possible.

### FOR MORE INFORMATION

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## COVID-19 VACCINATION

# Role of Social Mobilisers

As a Social Mobiliser, your role is crucial to disseminate correct information about COVID-19 vaccination roll-out process, build wider community partnerships, help communities to understand the process and respond to their queries to create a positive environment for the vaccination process

## FACTS ABOUT COVID-19 AND COVID-19 VACCINE

Coronavirus disease or COVID-19 is an infectious disease caused by a virus named SARS-CoV-2.

### COMMON SYMPTOMS ARE:



Fever



Dry cough



Shortness of breath or difficulty in breathing



Tiredness

### HOW IS COVID-19 TRANSMITTED?



COVID-19 is spread through droplets and aerosols emitted from the nose or mouth, particularly when a person with COVID-19 speaks, coughs, sneezes or spits



It can also be contracted by touching one's eyes, nose or mouth after contact with contaminated surfaces and objects

## COVID APPROPRIATE BEHAVIOURS (CAB) FOR PREVENTION

The best way to prevent COVID-19 infection is to avoid exposure to the virus

### THE BASIC PREVENTIVE PUBLIC HEALTH MEASURES INCLUDE THE FOLLOWING CAB:



Maintain a physical distance of at least 6 feet (2 gaj ki doori) when in a public place



Using your mask properly to cover nose, mouth and chin at all times when you are outside



Do not touch your eyes, nose and mouth unless your hands are sanitised



Wash hands frequently and thoroughly with soap and water or use sanitiser



Cover your mouth while sneezing and coughing and avoid spitting in the open



Prompt testing on observing symptoms



Isolation on observing symptoms

### COVID-19 VACCINE



A safe and effective vaccine is being made available for protection against COVID-19.

It will be available for beneficiaries aged 50 years and above and under 50 years with associated co-morbidities. Government of India will be announcing the site on which all potential beneficiaries will be asked to register.

Two doses of vaccine, 3 to 4 weeks apart, need to be taken by an individual to complete the vaccination schedule.

*Leaflet on Role of Social Mobilisers*



## ROLE OF SOCIAL MOBILISER DURING PREPARATION PHASE

- 1 Conduct community meetings to inform on the benefits of COVID-19 vaccine, provide details of the COVID-19 vaccination roll-out, eligibility criteria and address queries.
- 2 Counsel and support beneficiaries in the process of registration.
- 3 Emphasize on the importance importance of COVID-19 vaccination to beneficiaries through house to house distribution of IEC materials and social media platforms.
- 4 Support beneficiary identification and registration for COVID-19 Vaccination as per the eligibility criteria as pre-registration is compulsory for all.
- 5 Inform that the registered beneficiaries to carry a photo identity card to the vaccination centers.
- 6 Inform the beneficiaries about venue, date and time of the COVID-19 vaccination session.
- 7 Answer questions from the community related to why it is available in phased manner.
- 8 Identify, orient and engage influencers in the locality to support you in the COVID-19 vaccine roll-out and also invite them to COVID-19 vaccination sessions.
- 9 Ensure influencers accompany you in the mobilization activities and invite them to the COVID-19 vaccination sessions.
- 10 Inform beneficiaries to avoid going for vaccination incase they show any COVID-19 symptoms.

**Important to disseminate correct and consistent information on COVID-19 Vaccination, processes, phased approach, beneficiary prioritization and engage the communities throughout the COVID-19 Vaccination introduction process.**

*Leaflet on Role of Social Mobilisers*



## ROLE OF SOCIAL MOBILISER DURING VACCINATION PHASE

- ⊙ Ensure beneficiaries are called for the session as per the given time slots.
- ⊙ Display the IEC materials strategically around the vaccination site to increase visibility.
- ⊙ Ensure sanitizing of the venue and help in maintaining CAB among the beneficiaries.
- ⊙ Support Health Care Workers to facilitate the entry and exit protocols and crowd management.
- ⊙ Ensure beneficiaries wait at the session site for 30 minutes after vaccination.
- ⊙ Provide the name and phone number of the concerned ANM/ASHA if there is any discomfort post vaccination.

## ROLE OF SOCIAL MOBILISER DURING POST VACCINATION PHASE

- ⊙ Identify drop outs from list of registered beneficiaries and coordinate with ANM/ASHA to ensure vaccination of beneficiaries.
- ⊙ Remind beneficiaries of the second dose of vaccine, information which will be provided through SMS.
- ⊙ Regularly update the community on vaccination process and address any vaccine related queries.
- ⊙ Follow up with beneficiaries through Home- visits/ phone for any minor AEFIs or discomfort.
- ⊙ In case of any adverse effects following immunization (AEFI) follow the protocols and support the Health Care Workers and AEFI committee teams.

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## KEY MESSAGES

- ⊙ COVID-19 Vaccine is safe and effective and will be available in phased manner.
- ⊙ CAB are to strictly followed at all times even after vaccination.
- ⊙ COVID-19 Vaccine along with CAB are effective to protect individuals from COVID-19 infection.
- ⊙ Pre-Registration is a must for the eligible beneficiaries.
- ⊙ Vaccine will be given only to the individuals who are registered for COVID-19 vaccination.
- ⊙ Beneficiaries to carry photo identification to the vaccination session.
- ⊙ Beneficiaries must wait at the session site for 30 minutes post vaccination to observe for any AEFI.
- ⊙ Beneficiaries will be reminded of the next COVID-19 vaccination session for the second dose through SMS.
- ⊙ The vaccine will be provided free of cost in the government health facility.
- ⊙ You should not attend a vaccine appointment if you are self-isolating, or waiting for a COVID-19 test or unsure if you are well or not.
- ⊙ If you are unwell when it is time for your next appointment, it is better to wait until you have recovered to have your vaccine, but you should try to have it as soon as possible.
- ⊙ If feeling unwell, get tested for COVID-19 at a nearest facility, prescription is not required. If tested positive, self-isolate immediately and seek medical support.

## FOR MORE INFORMATION

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## COVID-19 VACCINATION

# Role of Volunteers

We appreciate your interest to volunteer in this massive COVID-19 Vaccination roll-out plan. Each of you can play a useful role for the smooth roll-out of this Vaccination introduction process

## FACTS ABOUT COVID-19 AND COVID-19 VACCINE

Coronavirus disease or COVID-19 is an infectious disease caused by a virus named SARS-CoV-2.

### COMMON SYMPTOMS ARE:



Fever



Dry cough



Shortness of breath or difficulty in breathing



Tiredness

### HOW IS COVID-19 TRANSMITTED?



COVID-19 is spread through droplets and aerosols emitted from the nose or mouth, particularly when a person with COVID-19 speaks, coughs, sneezes or spits



It can also be contracted by touching one's eyes, nose or mouth after contact with contaminated surfaces and objects

## COVID APPROPRIATE BEHAVIOURS (CAB) FOR PREVENTION

The best way to prevent COVID-19 infection is to avoid exposure to the virus

### THE BASIC PREVENTIVE PUBLIC HEALTH MEASURES INCLUDE THE FOLLOWING CAB:



Maintain a physical distance of at least 6 feet (2 gaj ki doori) when in a public place



Using your mask properly to cover nose, mouth and chin at all times when you are outside



Do not touch your eyes, nose and mouth unless your hands are sanitised



Wash hands frequently and thoroughly with soap and water or use sanitiser



Cover your mouth while sneezing and coughing and avoid spitting in the open



Prompt testing on observing symptoms



Isolation on observing symptoms

### COVID-19 VACCINE



A safe and effective vaccine is being made available for protection against COVID-19.

It will be available for beneficiaries aged 50 years and above and under 50 years with associated co-morbidities. Government of India will be announcing the site on which all potential beneficiaries will be asked to register.

Two doses of vaccine, 3 to 4 weeks apart, need to be taken by an individual to complete the vaccination schedule.

*Leaflet on Role of Volunteers*



## YOUR SUPPORT IN THE COMMUNITY

1 Be a role model for practicing the CAB in your locality.

2 Ensure that community understands and follows CAB, like use of face masks etc. at all times.

3 Get information from credible sources such as Government of India website or your ASHA, ANM or Pradhan

4 Disseminate correct information on COVID-19 vaccination with friends, larger social circles and communities through your social media platforms - Facebook, Twitter, WhatsApp groups.

5 Inform beneficiaries that they should not attend a vaccine appointment if they are self-isolating, or waiting for a COVID-19 test or unsure if they are not well.

6 Inform beneficiaries that if they are unwell when it is time for your next appointment, it is better to wait until you have recovered to have your vaccine, but they should try to have it as soon as possible.

7

Be an authentic source of information for people with queries and doubts by keeping yourself updated with the correct information through regular contact with ASHA, ANM Health care providers etc.

8

Notify the health functionaries and mobilizers if you hear of any misinformation spreading in the community and respond with facts and correct information. Do not share/circulate/forward any information received from unverified sources

9

Help people understand prioritisation approach for vaccination.

10

Support in beneficiary registration process of the eligible individuals.

11

Support in bringing the elderly to the vaccination centers.

12

Be a citizen journalist to amplify the positive voices/experiences of the communities.

13

Be informed on the process of vaccination and update yourself with the latest information.

*Leaflet on Role of Volunteers*



## YOUR SUPPORT AT THE VACCINATION SITES



Support health care workers in setting up the vaccination site.



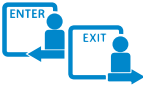
Support health care workers to identify a place for vaccination and sanitizing the vaccination sites.



Support in organizing water/soap or sanitizers, extra masks for anyone who missed wearing it and arranging seating for the beneficiaries with social distancing.



Crowd management at the session site and checking the beneficiary list with identification card and ensuring COVID Appropriate Behaviors (CAB).



Help beneficiaries to follow entry and exit routes to the vaccination room.



Support Mobilisers to display IEC materials on COVID-19 vaccination at the session site.

### FOR MORE INFORMATION

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## COVID -19 VACCINATION:

### Beneficiary Identity and Importance of Photo ID

The Government of India has developed a phased plan of vaccine rollout in India with the population at high risk to be prioritised and vaccinated first. Persons who are at maximum risk of getting infected with COVID-19 and population at high risk would be vaccinated first

#### I. Why does a beneficiary need to Register?

Currently as the vaccine is being made available in a phased manner, it is important for the Government to identify the groups as per the registration.



Registration is mandatory for vaccination



Family members/relatives cannot get the vaccine in case the registered beneficiary is not able to take it due to travel or illness.



To register, a beneficiary needs to provide any one of the approved documents.

#### II. What are the documents which a beneficiary can use for registration?

Any of the below mentioned ID with photo may be produced at the time of registration:



Passport



Driving License



PAN Card



MNREGA Job Card



Aadhaar Card



Voter ID



Smart Card issued by the RGI under NPR



Pension document with photograph



Official identity cards issued to MPs/MLAs/MLCs



Passbooks with photograph issued by Bank/Post Office



Health Insurance Smart Card issued under the scheme of Ministry of Labour



Service Identity Cards with photograph issued to employees by Central/State Govt./PSUs/Public Limited Companies

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