

REQUEST FOR EXPRESSIONS OF INTEREST
[CONSULTING SERVICES– FIRMS SELECTION]

INDIA – Uttarakhand Health Systems Development Project

Loan No./Credit No./Grant No.: 5948-IN

Assignment Title: Designing and development of communication materials aimed at generating positive awareness regarding activities under the Uttarakhand Health Systems Development Project [UKHSDP]

Procurement Plan Reference Number: IN-UKHFWS-149507-CS-QCBS

The Government of Uttarakhand has received financing from the World Bank toward the cost of the Uttarakhand Health Systems Development Project [UKHSDP]. The Uttarakhand Health and Family Welfare Society [UKHFWS] which is the implementing agency for the UKHSDP intends to apply part of the proceeds for consulting services.

The Consulting Services [“the Services”] include **Designing and development of communication materials aimed at generating positive awareness regarding activities under the Uttarakhand Health Systems Development Project [UKHSDP].**

The Project now invites eligible consulting firms [“Consultants”] to indicate their interest in providing the Services. Interested Consultants should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services.

Short listing criteria for applicants are as follows:

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| <ol style="list-style-type: none">1) Experience of working in the area of social/development communication for at least 5 years.2) Experience of working in a hilly state and/or rural areas preferably for at least 3 years.3) Demonstrable experience (having at least 2 work orders) of similar work (health, social and development sector) in past 5 years. |
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A consultant will be selected in accordance with the Quality and Cost Based Selection [QCBS] method set out in the Consultant Guidelines.

The attention of interested Consultants is drawn to paragraph 1.9 of the World Bank’s Guidelines: Selection and Employment of Consultants under IBRD Loans and IDA Credits and

Grants by World Bank Borrowers, January 2011 and revised July 2014 [“Consultant Guidelines”], setting forth the World Bank’s policy on conflict of interest.

Consultants may associate with other firms in the form of a joint venture or a sub-consultancy to enhance their qualifications but should indicate clearly whether the association is in the form of a joint venture (and/or a sub-consultancy). In the case of a joint venture, all the partners in the joint venture shall be jointly and severally liable for the entire contract, if selected.

To participate in the e-tendering process, a firm is required to enrol on the e-Procurement module of the eProcurement System of Uttarakhand [URL: <https://www.uktenders.gov.in/nicgep/app>] free of charge.

The REOI along with indicative Terms of Reference is available online at Uttarakhand e-tender portal <https://www.uktenders.gov.in/nicgep/app.in> from 03.10.2020 to 17.10.2020 [up to 15.00 hours IST] for viewing/downloading free of cost.

Expression of Interest [EOI] must be submitted online only at <http://uktenders.gov.in> by or before 17.10.2020 [up to 1500 hours IST]. EOI submitted through any other mode shall not be entertained.

Further information can be obtained at the address below during office hours [*i.e.*, 1000 to 1700 hours].

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Terms of Reference (ToRs) – Firm Selection

Assignment Title: Designing and development of communication materials aimed at generating positive awareness regarding activities under the Uttarakhand Health Systems Development Project [UKHSDP]¹

1. Introduction to the Project

Uttarakhand Health Systems Development Project [UKHSDP] is conceived as a strategic initiative to enhance people's access to quality health care services in the state of Uttarakhand. The Project is financed by the World Bank and implemented by Uttarakhand Health and Family Welfare Society [UKHFWS]. The project seeks to support Uttarakhand in improving access to quality health services and in providing health financial risk protection. Specifically, the project would focus on improving access to health services for the predominantly remote population of the state, through strengthening public and private health-delivery systems; promoting greater stewardship and managerial capacity in the Health Directorate; improving information systems; augmenting monitoring and research; and extending coverage of state health insurance scheme beyond hospitalization to include primary healthcare services.

Project is to be implemented over six years with total cost of US \$125 Million, out of which the World Bank will provide financial support of US \$100 Million. The project has two components: a) Innovations in engaging the private sector [for integrated service delivery and for health financing], and b) Stewardship and health systems improvement. A description of the activities under the two project components is provided below.

Project Components

I. Component 1. Innovations in engaging the private sector: Innovations in engaging the private sector would finance engagement with the private sector in the delivery of healthcare services as well as in healthcare financing. This component expand access to services by creating integrated, technology-enabled health system architecture with enhanced focus and availability of primary care, emergency care and necessary referral services. It also expands financial protection by defining a benefit package of primary care services for child and adolescent health care and for the management of non-communicable diseases.

II. Component 2. Stewardship and system improvement: This component strengthens the government's capacity to engage effectively with the private sector, and therefore, to enable the government to provide effective stewardship to improve the quality of services in the entire health system and particularly in its capacity to effectively pursue the innovations being planned under this project. The component focuses on strengthening the institutional structures for stewardship and service delivery and augmenting the state's human resource capacity, so that the necessary skill sets required for effective implementation of the project and the state's health programs are available. The strengthened capacity serves beyond the activities of this project, as it contributes to the Government's stewardship role for the health system. It support research and evidence generation, use of evidence for strategic planning, and improved information systems for data generation and management, including timely feedback to providers. It also supports facilities Assessment as well as contracting of agencies on a turnkey basis to support the attainment of NABH quality standards in identified public health facilities in the state. Finally, the component promote a multidisciplinary approach that strengthens the ability of the health system to respond to seasonal and context-specific needs. Project management costs also be financed from this component.

2. Background : Advocacy, Communication and Social Mobilization (ACSM) Needs

¹<http://www.ukhstdp.org/assets/pdf/project-appraisal-document.pdf>

The current project design attempts to learn from the past initiatives and improve the models to ensure better service delivery; hence, there is a need to not only educate and inform the public about the new interventions but also to change the biases and misconceptions based on past initiatives (especially the PPP projects) within target communities and other stakeholders. Also, there is need to create awareness among various stakeholders about the project and its components to mitigate any misinterpretation, and to foster support and convergence. In addition, the current PPP and NABH initiative require relocation of staff deployed at the target facilities, giving rise to concerns among exiting facility staff².

The initiative through communication and citizen engagement will not only create enabling environment for the project implementation but also help leverage support from various stakeholders and converge to achieve larger goals. This will help the people and UKHSDP in the following manner:

- a) Create awareness about benefits of interventions under the UKHSDP;
- b) Effectively conveying the improvement in services as a result of UKHSDP implementation to general population and other stakeholders; and
- c) Better utilization of public health services.

3. Objectives of the Assignment

With the Advocacy, Communication and Social Mobilization needs as described above, the objectives of the consultancy shall be -:

- a. Design and Development of 360 degree multimedia communication materials including audio-visual materials such as Audio Visual, advertisements for print media, outdoor and indoor publicity materials, activation ideas, new technologies etc. in relation to the requirements of the communication plan and Strategy (Attached as Annexure A) as well as publicity requirements of the UKHSDP i.e. the 'Tools of Communication' in relation to the UKHSDP interventions, communication focus and citizen's awareness.
- b. Based on the Uttarakhand Govt. and UKHSDP needs and guidelines, the consultant would prepare the above materials and facilitate the launch of these materials.
- c. Conceptualizing and putting in place an assessment system for the communication materials usage and effectiveness especially in the wake of Covid-19 situations.

4. Duration of Assignment

The expected duration of the assignment is 6 months from the date of contract signature, subject to satisfactory performance based on the mid-term review at 3 months.

5. Scope of Services

The scope of services would include tool development for citizen engagement and information dissemination i.e. the conceptualization, designing, scripting, and development of Information, Education and Communication (IEC) materials including -:

- a) Visual Clips/Commercials
- b) Cinema Spots/Ads
- c) Audio Clips/Radio Jingles /Radio Spots
- d) Print media: (design, layout, copy writing and colour scheme)
- e) Newspapers Advertisements , Articles for newspaper & magazines, advertorials, Press Release etc. on various activities/events/projects of UKHSDP

²<http://www.ukhspd.org/assets/pdf/project-appraisal-document.pdf>

- f) Brochures, booklets, leaflets, pamphlets, posters or any other mass communication material, newsletters, handouts etc.
- g) Backdrop, standees, and other publicity materials for events, press briefings/conferences, exhibitions, interviews, other exhibition materials etc.
- h) Outdoor Media including Hoardings, banners, bus/train panels, bus shelters, panels & posters at stations, railway stations and bus stations, illuminated signage, wall paintings, display panels etc.
- i) Digital creative including Flash /animated interactive spots, SMS content for mobile marketing, messages for automated phone calls, Info-graphics, e-Books, Mobile App, Interactive digital games, flash games, Flash/Graphical presentation
- j) Intra Personal Communication materials about the project and its components aimed at fieldworkers and officers of the Health Department *Panchayati* Raj Institutions, citizens at large and other stakeholders in form of leaflets, flipcharts, handbills, leave behind literature etc. and advocacy kits for policy-makers and senior program managers.
- k) Innovative proposals/tools for educating citizens about various interventions under the UKHSDP
- l) Feedback and Assessment System from end-users based on their experience and knowledge expansion on pre-set objective formats.
- m) **Adaptation work** : Adaptation of available creative (brochures, pamphlets, e-books, posters, handouts, SMS, Voice Over for TVCs, Films etc) in local dialects i.e. *Garhwali and Kumaoni* but Printed material will be in Hindi only as Garhwali and Kumaoni doesn't have a prevalent script.

6. Tasks to be undertaken

The tasks to be undertaken by the Consultant to fulfil the objectives, in consultation with the Project Implementation Team [PIT] of the UKHFWS include but are not limited to the following :

- **Task 1:** Undertake a comprehensive review of available communications materials and carry out group or individual discussions with people who are key potential targets for the interventions and/or have good knowledge and experience of it and other stakeholders.
- **Task 2:** Develop and pre-test appropriate messages, identify the media to be used and develop specific plans to launch and utilize the materials
- **Task 3:** Produce the necessary materials. This would include developing and initial rolling out of these prototype materials. (As per the list attached in Annexure A)
- **Task 4:** Develop, pre-test and introduce a simple and effective system to monitor the quantity, quality and effectiveness of communication materials. The system should include the use of monitoring information at various levels for constant improvement of communication activities by the state.

7. Deliverables and Time Schedule for Completion of deliverable

S. No.	Description of Deliverable	Content/Details of Deliverables	Timeline (number of days after previous stage)	Payment as % of Contract Value
1.	Inception Report (IR)	The IR shall include understanding of consulting firms approach to completion of the assignment alongwith time-lines, workplan and	IR Within 15 days of contract signing	5% for the contract Value

		resources that will be put into place to complete the 4 tasks outlined in order to achieve the objectives of the assignment. The IR will also include the process of pre-testing of the materials developed and the approval process for the final prototypes/materials prior to production.		
2.	Monthly work plans (MWP)	This shall include, inter alia, progress of work, tasks undertaken, partial results, meetings, workshops and planning of activities for coming months, updated work schedule and staff deployment plan, difficulties encountered, assistance required. Progress in physical and financial terms shall also be covered.	The first monthly work plan to be submitted within 1 month of Contract Signature and subsequently every month thereafter	5% for the contract Value
3.	Brief monthly reports on activities completed, on-going and planned, including documentation of all primary materials created (for advocacy, skill-development, NGO orientation, client BCC, etc.), capacity-building and monitoring (after these commence), and any issues that may need to be resolved by the UKHSDP	a. Provide the literature and communications materials review and report of discussions with stakeholders b. Develop and pre-test appropriate messages and identify the mediums	From date of acceptance of IR by the Client Within 3 months	
4.	Approved Mid-term report including suggestions for any desirable changes in the work plan, strategy, tools, materials etc. for review by the UKHSDP	Written report and power-point presentation mid-term progress report in the contract and review by UKHSDP	Within 2 months of acceptance of IR	30% for the contract Value
5.	All communication materials developed by the agency under this assignment are to be shared in hard (only for print materials) and soft copies (for print and audio-visual materials) including scripts, visuals, TV/radio	Provide the pretested and approved versions of all creative materials as a repository with hard and soft copies as applicable (creatives, advocacy kits, communication materials	Within 5 months of contract signature date	30% for the contract Value

	spots, training modules, toolkits, etc.	and audio/visual spots, etc., before production)		
6	Approved Completion report. All the final material produced by the agency under this assignment would be handed over to and shall be the property of the UKHSDP and the agency would not have any right to retain or reproduce the material without written approval of the UKHSDP.	The report should include the following: process of development of material, pre and post-test approach, deployment plan for materials developed along with monitoring framework to assess their impact.	Within 6 months of contract signature date	30% for the contract Value

8. Team composition and desired qualification requirements for the key experts [and any other requirements which will be used for evaluating the Key Experts]

UKHFWS will assess the demonstrated experience and capacity of interested consulting firms applying for this assignment. The assignment requires a firm with experience/background in the areas of Designing and Developing Communication materials for generating positive awareness regarding activities in health/ public health projects.

The selected firm will be expected to deploy sufficient amount of manpower required to successfully deliver the tasks. An indicative manpower requirement for the assignment of entire 6 months must include key and non-key experts of suitable qualifications and experience for the key positions tabulated below:

Table 1: Minimum Qualification Desired and Indicative Experience of Key Experts

S. No.	Key Position	Number	Desired Role	Task Assigned	Minimum Qualification and Desired Professional Experience	Estimated Man Months/man days
1	K1 : Project Leader/ Communication Specialist	1	Team Lead	Manage the entire Project from agency end, team management and communication specialist	Master's degree in Public Relation/Mass-Communication or a Diploma in Management. with Desired Experience: Professional experience of at least 5 years work in relevant field in similar assignments.	5 days in a month for all 6 months i.e. 30 man days in total distributed over 6 months
2	K2 : Design and Visualization	2	Designer/Visualizer	Development of creative for print and electronic media	Diploma/Bachelor's degree in Graphic Designing.	30 Man days

					<p><i>Desired Experience</i> : 3+ years of experience with graphics design-2+ years of experience with Microsoft Office and Adobe Creative Suite, including Adobe In Design, Illustrator, and Photoshop-Knowledge of information visualization and design technique</p>	
3	K3 : Copy Writer	1	Copywriter	Copywriting for creative for print and electronic media	<p>Bachelor's degree in advertising, or marketing.</p> <p><i>Desired Experience:</i> 3 years' experience in copywriting, experience in content writing.</p>	30 Man days
4	K4 : Audio Video Production	1	Coordinator for Audio / Video productions	Direction for production of Audio/Video contents	<p>Diploma/ Bachelor's degree in Mass-Communication/ Video Audio Production or Marketing</p> <p><i>Desired Experience</i> : At least 3 years' experience in same field</p>	30 Man days
5	K5 : Web Designer	1	Digital Creative Designing	Website and digital creative designing	<p>Diploma/B.Sc. in Multimedia and Web Design.</p> <p><i>Desired Experience:</i> at least 2 years of experience in design imaging Multimedia design Webpage scripting Programming, CSS Adobe Suite</p>	15 man days per month distributed over 4 months =Total 60 Man days
6	K6 : App Developer	1	App Development	Develop Android and Windows applications	Diploma/Bachelor's Degree in Computer Science	15 man days per month distributed over 4

					Computer Application Desired Experience : minimum 3-4 year experience in IT domain and Full Stack Web Applications	months =Total 60 Man days
7	K7 : Social Media Expert	1	Social Media Specialist	Execution / creation and updating of project information and all related pages on social media platforms and overseeing the maintenance of the same.	Bachelor's degree in Communications, Marketing, Business, New Media or Public Relations <i>Desired Experience</i> : 2+ years' experience in digital marketing and social media	6 days a week for 4 months or 96 Man days over 4 months
Total : key position =8						

9. Client's Input and facilities to be made available to the Consultant by the client

The GoUK will provide the detail of facilities and functions as well as affected populations to facilitate background knowledge helpful in formulation of communication material.

10. Composition of review committee to monitor Consultant's work

PIT of the UKHFWS will constitute a committee to review the works and designate a member from PIT to monitor and coordinate the study activities of the selected consultant. The Joint Director Health System Strengthening will closely follow up with the Consultant and provide necessary guidance during the assignment. The designated person would provide all the necessary support to the Consultant and ensure access to relevant stakeholders. This support includes provision of relevant information and documents, facilitation of contact, enterprises and other stakeholders, and organization of meetings.

11. Copyright

All materials and documentation during the assignment will be the sole property of UKHFWS.

**Annexure -A
Communication Framework**

Stakeholder	Strategy including Media vehicle	Timing	Participation (and Responsibility)	Monitoring Tool
<p>Community, PRIs/ opinion leaders and field workers (ASHA, ANM)</p>	<ul style="list-style-type: none"> • Mass media dissemination about project and components, and its benefits • Leaflet about project to PRIs and field workers along with letter from Government • PC on behaviour change for utilization of services from target facilities and feedback of service provision - supported by local agency/ NGO working on health • Monthly meeting with community and PRIs by UKHSDP staff in association with district staffs and PPP service providers 	<p>At the time of tendering; follow up on annual basis about output/ outcomes</p> <p>At the time of tendering; follow-up at the time of starting PPP operation with leaflet distribution through newspaper</p> <p>At the time of initiating project activities in the cluster. Local Agency/ NGOs to be hired for this. And further supported by mass media activities as mentioned above.</p> <p>Monthly meetings for coming six months from the start of the cluster operations; followed by quarterly meetinWhatsApp group of the joint community, PRI, PPP</p>	<p>(UKHSDP – through mass media – using newspaper, Radio/TV, SMS system, automated call to beneficiary)</p> <p>UKHSDP</p> <p>UKHSDP</p>	<p>Patient Awareness survey, Patient satisfaction surveys; Minutes of the community/PRI meetings</p> <p>Activity schedule and report on completion of activities</p>

**Annexure -A
Communication Framework**

Stakeholder	Strategy including Media vehicle	Timing	Participation (and Responsibility)	Monitoring Tool
		<p>service providers, District health officials, and UKHSDP staffs (including from PPP cell) to communicate on regular basis, raise and resolve concerns, and report progress beside grievance redressal system</p>	<p>UKHSDP</p> <p>UKHSDP staff in association with district staffs and PPP service providers (UKHSDP)</p> <p>Select community members, PRI representatives, PPP service provider, District health officials, and UKHSDP</p>	<p>Minutes of the meetings</p> <p>Active WhatsApp group</p>

Annexure -A
Communication Framework

Stakeholder	Strategy including Media vehicle	Timing	Participation (and Responsibility)	Monitoring Tool
			(UKHSDP)	
Hospital Staff - permanent and contractual	<ul style="list-style-type: none"> • Interpersonal Communication (IPC) Meetings with staff • Leaflet about project and its components • Follow-up consultative meetings on quarterly basis 	As soon as PPP tender is floated for Pauri and Ramnagar clusters; on quarterly basis	Hospital Staffs, DG officials, CMO, UKHSDP team members (including from PPP cell) (UKHSDP)	Minutes of the meetings
Govt Functionaries – DM, CDO, SDM, BDO, CMO/ ACMO, DHEO, CDPO and MS/PMS	Joint meetings/ workshop <ul style="list-style-type: none"> • Awareness about project; • Seeking cooperation and convergence 	At the time of tendering; follow-up at the time of starting PPP operation; and follow up as review meeting annually	Govt functionaries, CMO, UKHSDP team members (including from PPP cell) (UKHSDP)	Minutes of the meetings
Front line functionaries such as ASHA, HV, ANM etc.	<ul style="list-style-type: none"> • Leaflet about project and clarification on their roles with PPP operations along with letter from Health Directorate 	At the time of starting PPP operation;	(UKHSDP)	Monitoring survey

Annexure -A
Communication Framework

Stakeholder	Strategy including Media vehicle	Timing	Participation (and Responsibility)	Monitoring Tool
<p>Different lobby groups such as (1) Private Pharmacies/ Diagnostics etc. and their associations/ Chamber of commerce</p> <p>(2) Media Groups/ Local news papers</p> <p>(3) NGOs/ CBOs</p>	<p>Joint meetings/ workshop</p> <ul style="list-style-type: none"> • Awareness about project • Seeking cooperation and convergence 	<p>At the time of tendering; follow-up at the time of starting PPP operation</p>	<p>(UKHSDP along with PPP Cell and District Officials)</p> <p>Local representatives at location of the facility</p> <p>State/ District level</p> <p>State/ District level</p>	<p>Minutes of meeting</p>
<p>Decision Makers, Political representatives at district/cluster and state level</p>	<p>Joint meetings/ workshop</p> <ul style="list-style-type: none"> • Awareness about project; • Seeking cooperation and convergence 	<p>At the time of starting PPP operation; and follow up as review meeting annually</p>	<p>Key decision makers (UKHSDP including from PPP cell)</p>	<p>Agenda/ Minutes of the meeting</p>

1 COMMUNICATION ACTION PLAN

1.1 Key communication activities

Based on the communication framework, the key activities include:

1. Dissemination about project and components, and its benefits (Community, PRIs/ opinion leaders, field workers) using Mass media and new media channel and workshops
2. Leaflet about project and its components to PRIs and fieldworkers of Health Directorate along with letter from Government/ Directorate, sharing of leaflet to hospital staffs, government functionaries, decision makers and other stakeholders
3. IPC activities using local agency/ NGOs in target villages in association with ASHA/ ANM
4. Monthly meeting with community and PRIs by UKHSDP staff in association with district staffs and PPP service providers
5. Interpersonal Communication (IPC) Meetings with hospital staff
6. Joint meetings/ workshop with Government functionaries (DM, CDO, SDM, BDO, CMO/ ACOMO, CDPO and MS/PMS)
7. Joint meetings/ workshop with different lobby groups - (1) Private Pharmacies/ Diagnostics etc. and their associations; (2) Media Groups/ Local newspapers; (3) NGOs/ CBOs
8. Joint meetings/ workshop - Decision Makers, Political representatives at District and State level

Sl.No.	Communication Activity	Details of the Activity	Channels of communication	Periodicity/ Frequency
1	Dissemination through Mass media and New media about project, progress made so far and intended benefits to Community at large in the target area	<p>(1) Vernacular newspaper is widely read in most part of Uttarakhand especially in target areas, and hence will also be used for this purpose.</p> <p>(2) SMS sent to people at large in target areas as them being potential beneficiaries/ user of the target facilities regarding the improvement made in the facilities and services being offered along with GR / help line no for any further enquiry.</p> <p>(3) Automated phone calls in target areas regarding project and improved</p>	<p>Local vernacular newspaper (e.g. Amar Ujala; DainikJagaran' Hindustan etc.), and one English newspaper</p> <p>Given almost everyone has either basic or smart phone in the target areas, using free/paid Government/ private SMS services to inform will be very easy and cost effective - the SMS shall be in Hindi and scheduled as sequence of messages informing the target community.</p> <p>Automated voice call shall be a brief call with recorded message about the project and services including GR / help line no. in the voice of someone influential such as Chief Minister or Health Minister type. This should be in Hindi or local</p>	<p>With the initiation of the activities followed up with monthly messages reiterating for recall for six months, and then followed up with annual progress reports showcasing achievements</p> <p>Once the PPP operations are functional with full capacity and/or when NABH accreditation received for set of facilities</p> <p>Once the PPP operations are functional with full capacity and/or when NABH accreditation received for set of facilities</p>

Sl.No.	Communication Activity	Details of the Activity	Channels of communication	Periodicity/ Frequency
		<p>services being provided by the facilities.</p> <p>(4) 30 sec/ 50 sec video clips to be developed on improvement in the facility along with patient experience.</p>	<p>dialect i.e. Garhwali/ Kumauni as appropriate.</p> <p>Using local TV and WhatsApp and other social media channels- Should inform the progress made and type of services being offered along with interview of one/two satisfied patients narrating their experience.</p>	<p>Once the PPP operations are functional with full capacity and/or when NABH accreditation received for set of facilities</p>
2	Leaflet about project and components	Three types of leaflets to be made (1) About project and its components, (2) Specific cluster wise details, (3) FAQs	To be sent with letter to PRIs and frontline workers; And shared directly by UKHSDP to district level officials and	During initiation of project activities

Sl.No.	Communication Activity	Details of the Activity	Channels of communication	Periodicity/ Frequency
		Leaflet to be made in Hindi. And shall be shared with (1) PRIs, (2) Hospital Staffs, (3) Government functionaries, (4) Decision makers, (5) Other stakeholders	key decision makers during one-to-one meetings/ joint workshops	
3	Interpersonal Communication (IPC) Meetings with hospital staff	Discussion with hospital staffs (both permanent and contractual) to share project details and address their concerns.	IPC by UKHSDP (PPP and communication cell)	As soon as PPP tender is floated for Pauri and Ramnagar clusters; on quarterly basis
4	Monthly meeting with community and PRIs by UKHSDP staff in association with district staffs and PPP service providers	Will use the forum of patient committee to communicate information regarding project operations.	Meetings/ discussions of Patient committees	With start of PPP operations
5	Joint meetings/ workshop/ review meetings with Government functionaries (DM, CDO, SDM, BDO, CMO/ ACMO, CDPO and MS/PMS)	Workshop at District/ Block level where facilities are located. To be organized by UKHSDP	Workshop with government officials	During tendering process and at the time starting PPP operations; and follow up as review meeting annually
6	Joint meetings/ workshop with different lobby groups - (1) Private Pharmacies/ Diagnostics etc. and their	Workshop at District/ Block level where facilities are located. To be organized by UKHSDP	Workshop – separately with different lobby groups	At the time starting PPP operations

Sl.No.	Communication Activity	Details of the Activity	Channels of communication	Periodicity/ Frequency
	associations; (2) Media Groups/ Local newspapers; (3) NGOs/ CBOs			
7	Joint meetings/ workshop/ review meetings - Decision Makers, Political representatives at district and state level	Workshop at State/ District level where cluster is located. To be organized by UKHSDP	Workshop with decision makers	At the time starting PPP operations and during upgradation of facilities for NABH accreditation; and follow up as review meeting annually