

SOICHEMA COMMUNICATION AND SENSITIZATION PLAN

1. Situation Analysis	
A. Purpose	The scheme is trying improve access to quality healthcare while reducing OOPE and financial hardship.
B. Expected Behavioural Change to achieve purpose.	The willingness of residents to pre-pay for healthcare or contribute to the scheme.
C. Context: SWOT	The scheme has strong political support; a lot of people own and use transistor radios; health insurance is largely an unknown concept among target population; high poverty level.
2. Communication Strategy	
A. Audience (Primary, Secondary, Influencers)	Primary – Residents (Men, women, youths and children) Secondary – Residents who have some level of knowledge about health insurance schemes eg civil servants. Influencers- Healthcare providers, spiritual leaders (imams and ulamas), opinion and community leaders.
B. Objectives	To improve the knowledge of all Sokoto State Residents in 22 LGAs, about the benefits of contributing to the State Health Fund, so that population coverage of the scheme increases from 0% to 50% by December 31 2020, by explaining the advantages of pre-payment schemes and pooling of health risks.
C. Brand Identity of our key message	You will have a Rest of mind; Good Health; Longer life; Wellness and prosperity if you enrol into the scheme. Those who fail to contribute are exposed to Death, Poverty, and Pain.
D. Strategic Communication Approach	We shall adopt the community-based approach combined with media-focused and influencer-driven because of the clear-cut audience segmentation which divided the people into formal sector, informal sector, community-based and the vulnerable.
E. Key Message Points.	The contributions are affordable, and provides you with an ID card which gives you automatic access to hospitals anytime and anywhere in the state.

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F. Channels and tools	<p>Lead channel is the television, then radio and supported by bill boards (Outdoor billboards, transit – bus body advertising), Community Events (Folk dramas, group meetings, rallies, community advocacy and mobilization), IPC (Hand bills, fliers, provider advocacy, posters)</p> <p>Tools to be used in these channels are: advertising, publicity, entertainment vehicles, advocacy, community participation, events creation and sponsorship, promotion and IPC enhancement.</p>
3. Management Consideration	
A. Partners roles and responsibilities.	SOCHEMA is the lead organization to be supported by IPs, TPAs, local NGOs, MHA, CBOs, Media houses, PR firms and Advertising firms.
B. Timeline for communication strategy Implementation	1 st July 2018 to 31 st December 2020
C. Budget	2% of SOCHEMA Admin fee
4. Evaluation	
Tracking progress and Evaluating Impact	Media monitoring, tracking communication and sensitization and surveys.