



# Shakti Clinic

HIV/AIDS Salah Kendra



**Title: SHAKTI CLINIC - HIV/AIDS Salah Kendra: Brand Creation for a Health Service - A Guide**

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# **Shakti Clinic**

HIV/AIDS Salah Kendra

## **Brand Creation of a Health Service - A Guide**

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Mumbai Districts AIDS Control Society

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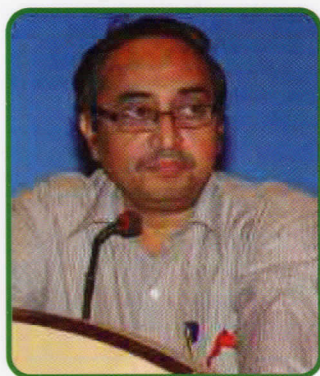
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## Foreword



NACO envisions an India where every person living with HIV has access to quality care and is treated with dignity. Effective prevention, care and support is possible in an environment where human rights are respected and where those infected or affected by HIV/AIDS live a life without stigma and discrimination.

Now in the lag end of its third phase, the overall goals of the National AIDS Control Programme (NACP) is to halt and control the epidemic by integrating programmes for prevention, care, support and treatment. HIV Counseling and Testing form an integral part of this strategy. For almost a decade now, Mumbai District AIDS Control Society (MDACS) has been implementing HIV counseling and testing through the "Integrated counseling and testing centers" known as ICTCs. With a vast network of 100 ICTC's, this crucial health service has been functioning beyond par and providing users with an accessible, helpful and effective lifeline. The credit for this goes to all the ICTC officials and staff who have strived and continue to commit themselves for the wellbeing of the users.

Yet, even with the strong infrastructure, access and quality the ICTC lacks visibility among the people of this city. An extensive research study conducted by MDACS revealed that majority of the respondents knew of HIV testing in government hospitals but did not recognize this service as the ICTC. Very few had heard of ICTC and knew of its benefits. Research also revealed that fear of being stigmatized was one of the key reasons for not getting tested.

These findings made it imperative for us at MDACS to rethink the communication strategy for the ICTC. There was a need to promote this service and its benefits; more importantly promote the 'behavior' of testing and remove the fear associated with testing. After much deliberation and strategic thought, all the 100 ICTCs were renamed Shakti Clinic - HIV/AIDS Salah Kendra. This service now has a new name, identity and is repositioned as a counseling center where correct information empowers the user thus converting his fear into a positive affect.

This book is an outcome of the efforts that were put together to create the brand Shakti. It is a guide that tells a story of how the ICTC services under MDACS were repackaged and repositioned to appeal to an even larger target audience and eventually contribute to the overall goal of controlling the epidemic.

This book has been developed to act as a Guide for public health practitioners, the private sector and others in the communication and health sector for mainstreaming and integrating services.

On behalf of MDACS, I would like to thank all those who made important contributions to the implementation of Shakti Clinic as well as those who put in efforts to get this guide developed. I hope the readers of this book will find observations and insights useful that will help them in their program planning and implementation.

**Dr. Arun Bamne**  
Project Director, (MDACS) &  
Executive Health Officer, (MCGM)

## Preface



Primarily developed to acquaint all the Shakti Clinic stakeholders so that they can understand the process and play a role in implementing the Shakti Experience, this book can also be used by development

practitioners, marketing and communication experts working in the field of delivering a health service to customers/clients/patients as a step by step primer to create or revamp an existing service for its beneficiaries.

Integrated HIV Counseling and Testing is a very important tool in both prevention and control as well in the early diagnosis of HIV in an individual and subsequent care & support. Counseling and testing services have been implemented by MDACS in Mumbai through the "Integrated counseling and testing centres" (ICTC's) for more than a decade, with around 100 centres operating across the city currently.

In 2011, MDACS conducted a formative research study on ICTC's and identified problem areas including low awareness of ICTC, difficulty in recall of technical name and fear of testing. In this context, a strategic communication strategy was developed and the ICTC was now renamed 'Shakti Clinic - HIV/AIDS Salah Kendra'. Complete with a brand new identity, Shakti Clinic aims to give its users correct information thus transforming the fear of testing into a positive feeling of empowerment.

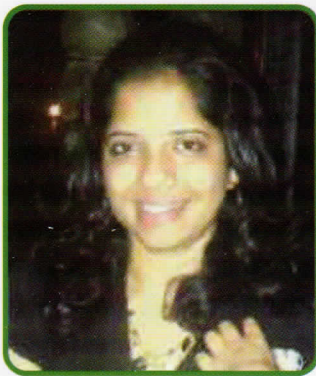
This book traces the journey of Shakti Clinic and this brand was created and implemented. Using the Shakti Clinic as a live case in the public health domain, the guide takes the reader through the process of exploring and

identifying problem areas within the existing health service, developing evidence based solution, planning its execution in the field and most importantly creating behaviour change.

**Dr. Balkrishna Adsul**

Addl. Project Director (MDACS) &  
Prof., Community Medicine

## Acknowledgements



It was almost 18 months ago, when MDACS had launched its audio visual entertainment migrant intervention program at the migrant hotspots, objective of the campaign being prevention and

testing. I am proud to disclose that we were successful in breaking barriers and the testing in mobile vans increased from an average of 20 when there was no IEC intervention to a whopping number of 100+ when there was an intervention at the hot spots.

In spite of these excellent numbers, I was taken to surprise when in the midst of a conversation with a migrant worker in Masjid Bander, I was posed with a question - 'what is ICTC?' On further probing I realized that this migrant worker had been attending the last 3 interventions but was not able to understand ICTC.

**On your marks, GET, SET, GO.** This was the point when we embarked upon the journey of the Shakti Initiative! We owe the birth of the concept of branding of ICTCs to the migrant worker.

In November 2010, after a few primary meetings at MDACS, this discussion was further taken up with communication experts from the Johns Hopkins University who assisted MDACS in devising a research program to test the hypothesis of '*the need for an identifying factor/brand name for the ICTCs*'.

In March 2011, MDACS conducted a formative research study on ICTCs and identified problem areas including low awareness of ICTC, difficulty in recall of technical name and fear of testing. Basis the study, the need for the transformation

of the product (ICTC) to a brand (The Shakti Clinic) was emphasized upon.

In this context, a strategic communication strategy was developed and the ICTC was renamed '**Shakti Clinic - HIV/AIDS Salah Kendra**'. Complete with a brand new identity, Shakti Clinic aims to give its users correct information in a positive environment thus transforming the fear of testing into an optimistic feeling of empowerment.

This mammoth sized initiative - right from the initial exploratory research, making its way through the detailed descriptive study leading to the birth of the brand and finally the process of taking the brand to the target audience was begun and completed within a period of 15 months. The innumerable tasks that made this project see the light of day would not have been possible without the multiple stakeholders involved in every step of the project.

To begin with, we would like to thank National AIDS Control Organization for their vision and constant encouragement for trying out innovations in order to achieve our goals.

Honorable Addl. Municipal Commissioner, Mrs. Manisha Mhaiskar, for supporting MDACS in the initiative of 'Branding the ICTCs as Shakti Clinic'.

MDACS as an organization and the individual officers have always been a rock solid support for new initiatives and quality work. we would like to thank Dr. S. S. Kudalkar, former Project Director, MDACS & Dy. Municipal Commissioner, MCGM under whose leadership and supervision the Brand Shakti was born. Dr. Harish Pathak, Addl. Project Director, who sat through the innumerable meetings adding value at every step, whose guidance led to a successful campaign; Dr. Dilip Kadam, Jt. Director (BSD) and Ms. Alpa Sonjhe, Asst. Director (ICTC) whose leadership has ensured

that we have such a wonderful service at our disposal; who are ensuring as we speak, that the service delivers what the brand promises.

We would like to thank Dr. Nilesh Chatterjee, Research Head, Johns Hopkins University for his valuable guidance during the Research Phase; Ms. Swati Pongurlekar, State Communication Manager, Maharashtra, for the tremendous amount of work in designing the research and setting up the research tools; Genevieve Fernandes for her flawless implementation of the research process.

We would like to thank the team at Dialogue Factory - Group M, headed by Mr. Dalveer Singh for so passionately pooling in all the creative resources for this project; Mr. R. Varadarajan, Director, Architecture for his undying efforts in working tirelessly on developing the brand and the entire communication campaign. We salute Mr. Prash Gaikwad and Ms. Meenal Brahmane for the 'Shakti Logo' and the multiple designs that followed; Last but not the least Ms. Saima Gaziani and her team for a beautifully organized press campaign to take 'The Shakti Experience' to the masses.

The Dean of Medical Hospitals, ICTC In charges, Medical Officers, Doctors at the Public Private Partnerships for their consent and cooperation; all the counselors and technicians who have coordinated in the branding process; the ICTC supervisors at MDACS - Ms. Maya Singh, Ms. Anita Patil, Mr. Bhartesh Patil, Mr. Sudhir Chavan, Ms. Sampada Shende & Mr. Prakash Bhagade in making this cumbersome branding task a success.

Arriving at the Shakti campaign we would like to thank all the stakeholders, from the bottom of our hearts, for collaborating with the cause: the NGOs associated with MDACS; Mr. Atul Rane, Sr. Divisional Commercial Manager, Central Railways for his immense contribution in mobilizing promotions at the Railway

Stations. Shri. Sharad Rao, President, Mumbai Mazdoor Union and Auto Rickshaw Union for his consent in utilizing transportation as a vehicle for communication and enabling Shakti to reach the masses.

We are extremely grateful to the Institute's Admin, Accounts and Financial officers for extending all their support and providing logistics for conducting the survey and the series of workshops at the institute during the project.

Credit goes to the 450 respondents who spent their valuable time and responded to the lengthy questionnaires with tremendous patience.

Last but not the least, a round of applause to the IEC Team at MDACS. A vision remains just a vision without a team with management and execution skills. The support of the IEC team at every step - be it administration, people management, creative contributions, liaising with authorities, implementation - they have mastered it all. The massive project with countless tasks saw impeccable execution. This was the result of the endless efforts by Mr. Ravindra Kadam (Admin & Coordination), Mr. Vijay Ajanikar (Asst. Director - IEC), Ms. Dnyaneshwari Sonawane (Consultant - CSM), Mr. Satyam Palaspaghar (Youth Consultant) and Mr. Sachin Raut. The effort by Mr. Sandesh Jadhav is highlighted specifically for his liaising skills with every officer/doctor/in charge at the hospitals to ensure effectiveness on the field.

I wish all the readers a 'Happy Reading!'

**Vinitha Venkatraman**  
Joint Director (IEC)  
MDACS

## Acronyms

<b>AIDS</b>	:	Acquired Immune Deficiency Syndrome
<b>ART</b>	:	Anti-Retroviral Therapy
<b>BMC</b>	:	Brihanmumbai Municipal Corporation
<b>BCC</b>	:	Behavior Change Communication
<b>CSW</b>	:	Commercial Sex Worker
<b>FSW</b>	:	Female Sex Worker
<b>HIV</b>	:	Human Immunodeficiency Virus
<b>HRG</b>	:	High Risk Group
<b>ICTC</b>	:	Integrated Counseling and Testing Centre
<b>IDU</b>	:	Intravenous Drug Users
<b>IEC</b>	:	Information Education and Communication
<b>MDACS</b>	:	Mumbai Districts AIDS Control Society
<b>MSM</b>	:	Men who have sex with men
<b>NACO</b>	:	National AIDS Control Organization
<b>NACP</b>	:	National AIDS Control Programme
<b>NGO</b>	:	Non-Governmental Organization
<b>PPTCT</b>	:	Prevention of Parent to Child Transmission

# Chapter 1

## Background

Globally a total of 2.7 million people acquired HIV infection in 2010, including 390 000 among children less than 15 years. This current prevalence has come down from 3.1 million in 2001, contributing to the total number of 34 million people living with HIV in 2010.

Women constitute half (50%) the adults (15 years and older) living with HIV in 2010, according to UNAIDS estimates. That proportion has shifted very little in the past 15 years. The burden of HIV on women, however, varies considerably by region and is heaviest in sub-Saharan Africa.

Although the rate of HIV prevalence is substantially lower in Asia than in some other regions, the absolute size of the Asian population means it is the second largest grouping of people living with HIV. In South and South-East Asia, the estimated 270 000 new HIV infections in 2010 was 40% less than at the epidemic's peak in 1996. In India, the country with the largest number of people living with HIV in the region, new HIV infections fell by 56%.

### HIV/AIDS - Indian Scenario

- India witnessed the first case of HIV/ AIDS in the year of 1986 in Chennai (Tamil Nadu) among a female commercial sex worker - the core group of transmitters. This was almost a decade after its appearance in the globe.
- As of 2010, India is estimated to have 23.9 lakh people infected with HIV at an estimated adult HIV prevalence of 0.31%. Adult HIV prevalence among men is 0.36%, while among women; it is 0.25%. These figures highlight an alarming rise compared to 2009 estimate of 0.29%.
- HIV infection rates have seen a downfall since 2003, however the recent estimates of 2010 reveal a rise of almost 0.2 % which suggests increasing spread of the infection in low risk populations as well especially among women and youth.
- Nearly 87 percent of HIV infections are still occurring through heterosexual routes of transmission. While parent to child transmission accounts for 5.4 percent of HIV cases detected, injecting drug use (1.6%), Men who have Sex with Men (1.5%) and contaminated blood and blood products account for one percent.

### National AIDS Control Organization - A Government of India Initiative

The 1990's saw the government set up NACO (the National AIDS Control Organization) and subsequently the National AIDS Control Programme (NACP I) to oversee

the formulation of policies, prevention work and control programmes relating to HIV and AIDS.

#### NACP-I (1992-1999)

The objective of NACP - I was to control the spread of HIV infection.

- During this period a major expansion of infrastructure of blood banks was undertaken with the establishment of 685 blood banks and 40 blood component separations.
- Infrastructure for treatment of sexually transmitted diseases in district hospitals and medical colleges was created with the establishment of 504 STD clinics.
- HIV sentinel surveillance system was also initiated.
- NGOs were involved in the prevention interventions with the focus on awareness generation.

The programme led to capacity development at the state level with the creation of State AIDS Cells in the Directorate of Health Services in states and union territories.

#### NACP-II (1999-2006)

During NACP-II a number of new initiatives were undertaken and the programme expanded in new areas.

- Targeted Interventions were started through NGOs, with a focus on High Risk Groups (HRGs) viz. commercial sex workers (CSWs), men who have sex with men (MSM), injecting drug users (IDUs), and bridge populations (truckers and migrants). The package of services in these interventions includes

Behaviour Change Communication, management of STDs and condom promotion.

- The School AIDS Education Programme was conceptualised to build up life skills of adolescents and address issues relating to growing up. All channels of communication were engaged to spread awareness about HIV/AIDS, promote safe behaviours and increase condom usage.
- VCTC's (Voluntary Counseling & Testing Centres) and PPTCT's (Prevention of Parent to Child Transmission) Programme was introduced to cater to general population and pregnant mothers respectively. Towards the end of NACP II, PPTCT centres were combined with VCTCs to form Integrated Counselling and Testing Centres (ICTCs). Provision of free Anti-Retroviral drugs to people living with AIDS was a crucial step in battling against this epidemic.
- Surveillance was upgraded, with reported AIDS cases being tracked as a source of additional information.

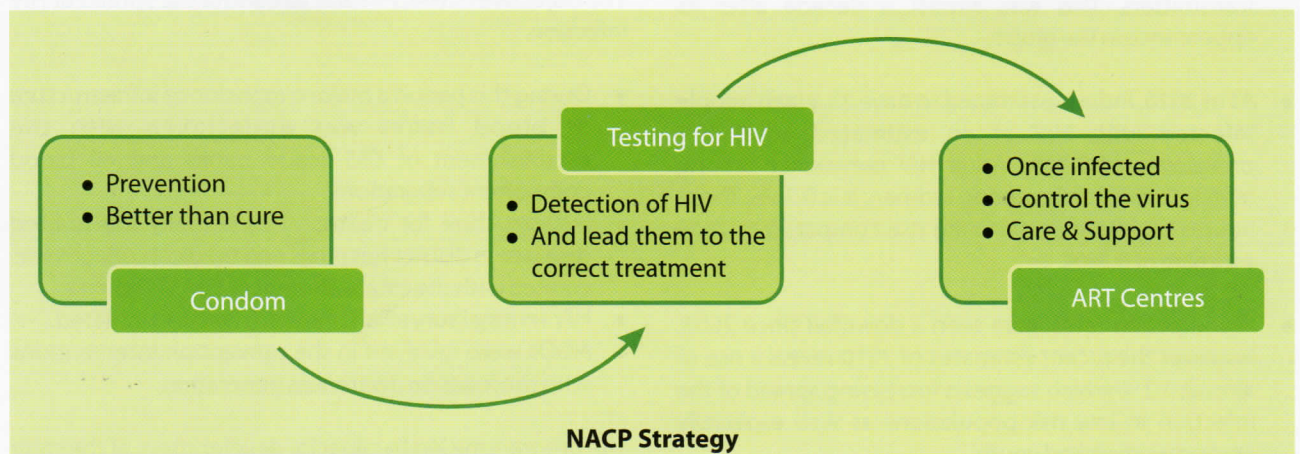
During this second phase of NACP the number of people living with HIV/AIDS went down to half from 5.3 million in 2003 to 2.5 million in 2006 (HSS 2006). By the end of NACP-II, HIV transmission through blood was reduced to less than two per cent (from eight per cent when surveillance first started in the late 1980s).

### NACP III (2008-2012)

Currently in its third phase, the overall goals of NACP III is to halt and reverse the epidemic in India by integrating programmes for prevention, care, support and treatment. This will be achieved through a four-pronged strategy:

- Prevent infections through saturation of coverage of high-risk groups with targeted interventions (TIs) and scaled up interventions in the general population.
- Provide greater care, support and treatment to larger numbers of PLHA (People Living with HIV/AIDS).
- Strengthen the infrastructure, systems and human resources in prevention, care, support and treatment programmes at district, state and national levels.
- Strengthen the nationwide Strategic Information Management System.

The specific objective is to reduce the rate of incidence by 60 percent in the first year of the programme in high prevalence states to obtain the reversal of the epidemic, and by 40 percent in the vulnerable states to stabilize the epidemic.



### Mumbai Districts AIDS Control Society



National AIDS Control Organisation provides leadership to HIV/AIDS Control Programme in India, implementing one National Plan within one monitoring system. State AIDS Prevention and Control Societies (SACS) implement NACO programme at state level.

The Mumbai Districts AIDS Control Society (MDACS) is the Mumbai arm of NACO. Established on 27th July 1998 by the Municipal Corporation of Greater Mumbai (MCGM) for control & prevention of HIV/AIDS in Mumbai, MDACS collaborates with various concerned stakeholders viz. General Health Sector, NGOs, CBOs, people living with HIV/AIDS, Corporate Houses and Media etc.

## Detection of the HIV virus - Integrated Counseling and Testing Centers

Integrated HIV counselling and testing is a very important tool both in prevention & control as well as in the early diagnosis of an individual and subsequent care & support. It is a fact that very few people who are living with HIV/AIDS are aware about their HIV status. The only means of knowing one's HIV status is to undergo a blood test.



The HIV counseling and testing have been implemented by MDACS in Mumbai through the "Integrated counseling and testing centers" (ICTCs) for more than a decade. These ICTCs have been reformed from the earlier Voluntary Counseling and Testing Centers (VCTCs) and

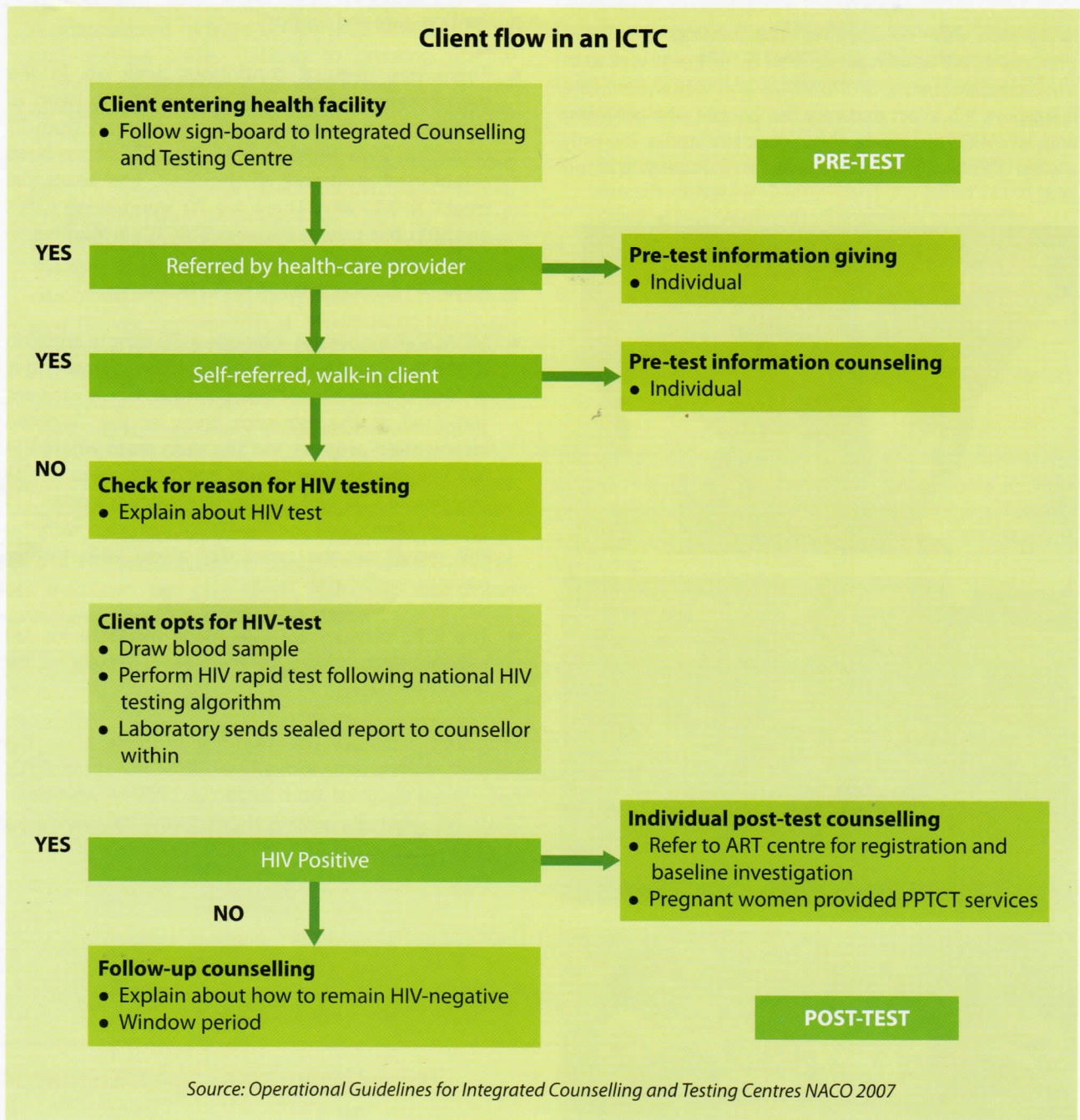
facilities providing Prevention of Parent-to-Child Transmission of HIV (PPTCT) services. The ICTCs serve as the entry point for a range of interventions in HIV prevention, care and support.

- There has been a continuous scale-up in the establishment of new ICTCs to meet the need of increasing counseling & testing in Mumbai from 21 centers in 2001 to 96 in 2011. The ICTCs have been established in almost all the Govt. and Municipal Health institutions. There are 70 Stand-alone ICTCs and 30 Public-private partnership ICTCs in Mumbai.
- **As of 2012, there are 100 ICTCs in Mumbai.**
- MDACS also operates 3 mobile ICTC vans in addition to the 100, that have been providing counseling & testing to hard-to-reach population. These vans are stationed at the Hot-spot areas of the Targeted Intervention projects and the slum areas where the NGOs motivate their clients and bring them to the Mobile Van ICTCs. Counseling and testing is provided to such clients and the clients are provided with the HIV report on the same day along with further necessary referral services.
- The ICTC services are also made available for Jail inmates (Arthur Road Jail for male & Byculia Jail for female inmates).

With the scale-up, the number of general clients (excluding pregnant women) tested for HIV at the ICTCs has almost doubled from 99392 in 2005 to 230628 in 2010. HIV positivity among these clients has decreased from 13% in 2005 to 6.75% in 2010.

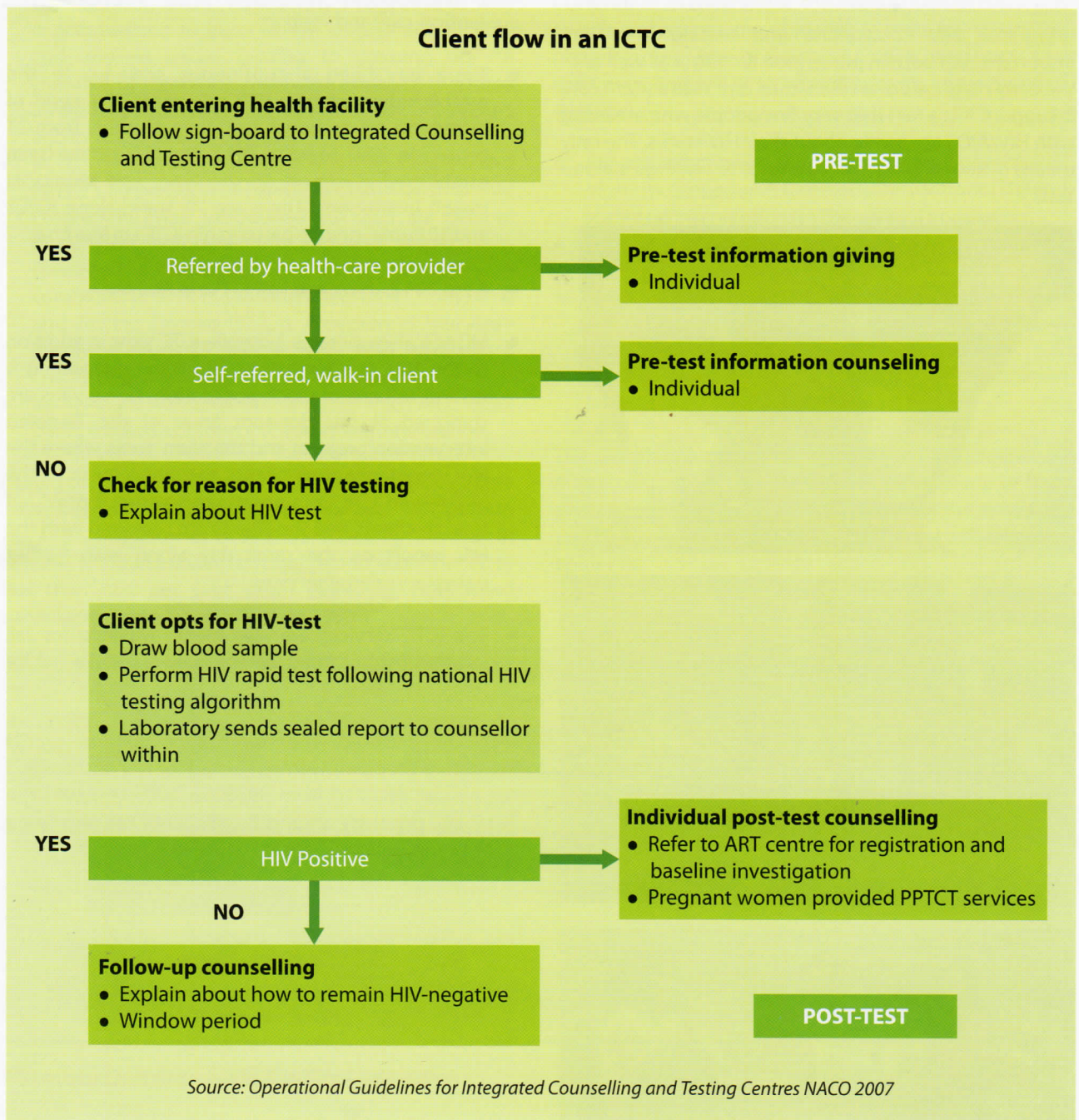
### ICTC Staff

Each ICTC has a team of skilled persons consisting of the manager (medical officer), counsellor and Lab Technician.



**ICTC Staff**

Each ICTC has a team of skilled persons consisting of the manager (medical officer), counsellor and Lab Technician.



Network of ICTC's in Mumbai



\*ICTCs as per records in 2011.

# Chapter 2

## Identifying the Problem

### Situational analysis

Since its inception in 2001, the ICTC's in Mumbai have been consistently delivering quality services across its vast network. People were visiting the centers, getting counseled, tested and referred for further treatment. However, even a decade after its existence, certain problem areas were identified by MDACS.

- **Lack of Visual Identification for ICTC**  
Even within a government hospital, a client could not identify the ICTC. The ICTC had no visual image that the user/non-user could relate to.
- **The brand ICTC is almost unknown**  
An ICTC was an HIV testing center that was a unit of the hospital and that was the end of their (user & non-user) understanding of this service.
- **Fear of Testing**  
There is a fear associated of being stigmatized / discriminated against if one uses the ICTC



### Research Strategy

With the identified issues at hand, MDACS planned to develop a comprehensive, evidence based communication strategy to increase awareness about the HIV counseling and testing facilities available in the city; and motivate and move appropriate population to get counseled and tested in these centers.

As a prerequisite to the strategy development, it was proposed to conduct a **formative study** with quantitative and qualitative research methods in order to confirm the above stated premise of the problem areas and also establish baseline indicators on the city residents' knowledge, attitudes and practices about HIV testing and ICTC.

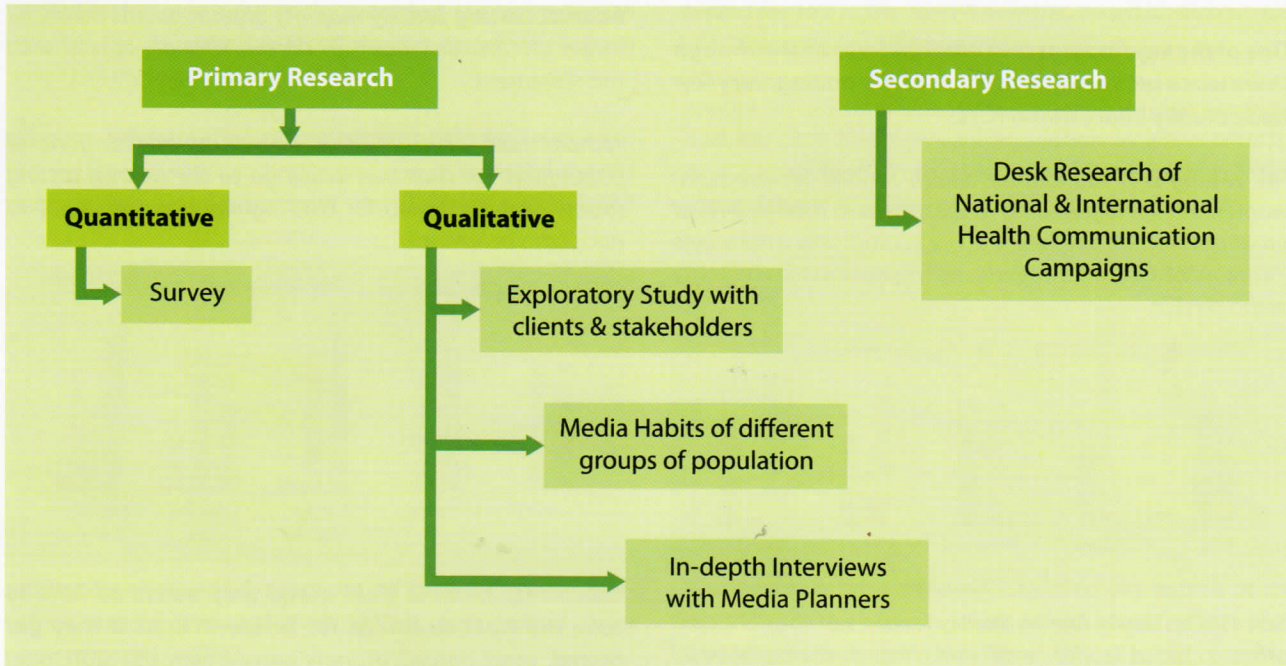
### Research Objectives

- Gauge awareness of, attitude towards and utilization of ICTC and HIV testing
  - Understand the motivators and barriers in accessing ICTC services
  - Client's perception about ICTC services
  - Gain insights into the media reach and media habits of the target populations so as to ensure maximization of the reach of the resultant communication campaign
2. HIV related knowledge, perceptions and practices
    - Self-risk perception of HIV
    - Community risk perception of HIV
    - Actual HIV testing in last 6 months
    - Place of HIV testing
    - Reasons for getting tested for HIV
    - Intent to get tested for HIV

### Research Questions

1. Knowledge about HIV testing & ICTC
  - Sources of Information for HIV testing & ICTC
3. Media Habits of different population groups
  - Access to different forms of media
  - Exposure to folk media
  - Access to advertising media

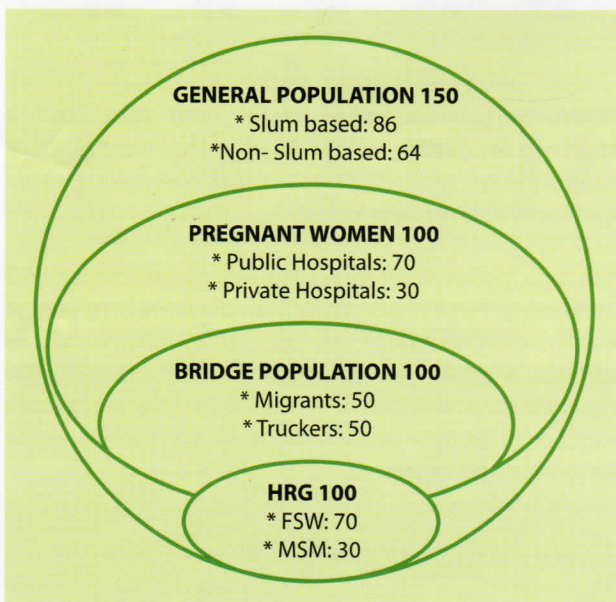
## Methods



### Sampling - Primary Research

#### 1. Quantitative Survey:

A cross sectional study was conducted among 5 target population groups with a total sample size of 450 respondents.



#### 2. Qualitative Research:

**a. Rapid Exploration Exercise** was conducted among 58 stakeholders to gauge the awareness of, attitude towards and utilization of ICTC and to

explore issues in access to these centers. Stakeholders included Users of public health services (Users and Non-Users of ICTC), Counselors and ICTC administrators from different types of ICTCs, Hospital staff and NGO staff and Potential friends of ICTC (Paanwala, Medical shop owners, Bar owners, Taxi, Rickshaw drivers etc.)

#### **b. Media habits of different groups of population:**

Titled 'A day in the life of' this research exercise of in-depth interviews was conducted with 15 participants from 5 target groups of population, to understand their media touch points and the type and flow of ICT that reaches them on a typical day.

**c. Structured in-depth interviews was conducted with 3 Communication Professionals** from the Advertising Industry with an aim of understanding the most effective media channels to reach different groups of populations in the context of creating universal awareness of ICTC.

### Secondary Research

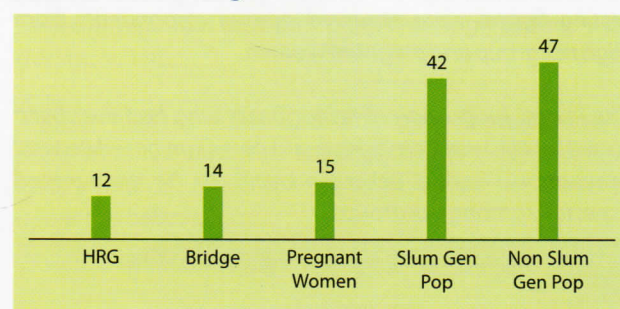
A total of 23 health related communication campaigns were studied out of which 14 were national campaigns while the remaining 9 were international.

**Clearly more than 50% of the low risk groups feel that people from their community may not get tested because of the fear of being stigmatized.**

**Proportion of respondents that came across print media on HIV testing**

### Media Access & Exposure

- Access and exposure to television was high across all groups.
- In the case of newspapers however, low risk groups (pregnant and general population) had higher exposure.
- Majority of slum-based general population (35%) and bridge population (20%) confirmed to have watched 'Nukad Naatak' (street plays).



### Top forms of advertising media that respondents' came across while travelling

Top Forms of Adv Media	HRG	Bridge	Pregnant Women	Slum Based Gen Pop	Non Slum Based Gen Pop
1	Poster 91% (20)	Poster 81% (34)	Hoarding 70% (47)	Poster 87% (68)	Hoardings 69% (41)
2	Banner 86% (19)	Poster inside train 76% (32)	Bus Shelter 67% (45)	Bus Shelter 86% (67)	Bus Panel 68% (40)
3	Sign board 64% (14)	Hoardings 76% (32)	Bus Panel 61% (41)	Bus Panel 85% (66)	Bus Shelter 66% (39)
Most liked form of ADV MEDIA	POSTER	POSTER	HOARDINGS/ BILLBOARDS	BUS PANEL	HOARDINGS/ BILLBOARDS

### Qualitative Findings Revealed:

**NONE OF THE USERS** of ICTC except one from the HRG group knew what ICTC was and did not know the testing centre by the name of ICTC. It was known by the OPD no. For instance in one of the Hospital examined it was called 'OPD no.'401'.

Clients would refer to the ICTC in the dispensary, by the name of the dispensary ('XXX Dawakhaana')

All USERS knew that HIV testing was free but did not know that they can walk in without doctor's prescription. Awareness about 'Voluntary testing' is essential.

**NONE OF THE NON-USERS** around ICTC (even those sitting in the same hall or the next OPD very close to ICTC) knew about ICTC or where the HIV test is done.

There were no clear prominent signages highlighting the facility. Long form of ICTC was written in English or Marathi but this did not make sense to the users & non-users.

**OUT OF 14 STAFF** of the hospitals (including nurses, attendants, security guards) only 2 had heard the name ICTC. Most did not know the full form.

They all knew about HIV testing and refer to the ICTC by the OPD No. They also guide clients by using the OPD No.

People do not know about the services- though the current ad says how one can get HIV and importance of testing, they don't say that every BMC hospital next to your house offers free HIV testing - That line is missing from the communication.

Poster and map at the gate (all entrances) is required for easier access and Map with clear indication for direction. Also center/brand name should be in Marathi or Hindi. For referred patients who are illiterate so particular colour for identifying the OPD will help.



### Challenges.....exposed by research study

- The research study clearly highlighted that majority were not aware of ICTC. They were aware of HIV testing in government hospitals but did not recognize this service as ICTC.
- Exploratory visits to ICTC's revealed that both users and non-users found it difficult to locate the centre especially in a big hospital. This was a primary issue, as there were no signages guiding the client to the center. The ICTC was most often referred to by the OPD. No. and not by its actual name, implying the difficulties that users had with recalling the name and more importantly identifying with it.
- The name ICTC did not resonate with Users or Non-users. The name 'ICTC' had a technical feel to which people could not relate to. This in turn discouraged recall and possibly even response.
- Only respondents from High risk groups showed almost universal awareness of 'Free' testing element of the ICTC. People across all groups need to be aware that HIV testing in an ICTC is free. This is one of the key messages that will encourage access and enhance the turnout at the centres.
- Although there is lack of awareness of ICTC as a brand, respondents were in favour for HIV testing. Majority agreed that they could go to a nearest health facility and get tested and they also added that they would be able to take right decisions in future if they got tested. This positive intent needs to be catalyzed upon and awareness of the vast network of 100 ICTC's in the city needs to spread. People should know that within this vast network, there is a testing center in their neighbourhood thus making it convenient to visit and get tested.
- One third of respondents felt that less than 25% of their community members would approve of them getting tested for HIV. This finding has a major implication as we live in a collective society driven culture and give high regard to community approval. Respondents associated testing with lack of approval from community and a resultant fear of being stigmatized upon being tested. Communication strategy has to address this fear of testing and transform HIV testing into a positive behavior.
- Even though ICTC and government testing facility are the same, respondents were still confused about the co-existence of the two. Respondents have gone to the government hospital to get tested for HIV but are not aware that this facility is called the ICTC.

### Key Challenges

1. Low awareness
2. Technical & complicated name: low recall
3. Lack of openness to the service due to fear / ignorance

### Objectives

With the aforementioned key challenges at hand, the next step was to define core objectives of the communication that would guide the strategy and the

campaign implementation. Objectives were drawn upon:

- Appropriate audience should be aware of this service
- Change image of the testing center from a commodity to a brand
- Increase recognition, recall and response
- Induce behavior change towards counseling
- Change perception and normalize HIV testing - 'HIV testing is like any other test'
- Create a positive climate of HIV counseling and encourage people at risk to get counseled and tested

### **Ethos - Thought Process**

#### **Banking on the good quality of the existing service....**

The ICTC implemented under MDACS is the only such health testing service which has an integral element of counseling. Counseling is an important part of this service and is given both before and after a person gets tested. This ensures that s/he is completely prepared for the results, will act responsibly and will have information and access to the required services in the future to lead a normal, healthy and balanced life.

The counselor takes on the role of a friend and a guide and guides the client/user regardless of the test results. This element of counseling is found to have a positive impact on clients and is something that they continue to vouch for.

The ICTC has at its advantage a strong service element that needs to be 'in marketing' terms packaged to appeal to more people thus realizing its ultimate goal in HIV/AIDS control.

#### **Eliminating the fear associated with HIV testing.....**

HIV/AIDS has a heavy morality tag attached to it and subsequently HIV testing gets linked to being immoral and hence deserving of social ostracism or stigma.

Over the years HIV testing has retained its negative connotation and people continue to fear lack of social approval on getting tested. They perceive fear even before they get the results.

Hence the approach of this communication strategy would be to curb this fear and transform it into a positive feeling. Going to a HIV testing center should not stand for fear instead it should connote a sense of empowerment and wellbeing. This is because, only once one is tested and detected positive, can he treat himself and thereby lead a healthy life. Hence, testing is important and must be looked at a life savior instead of a threat. It should be

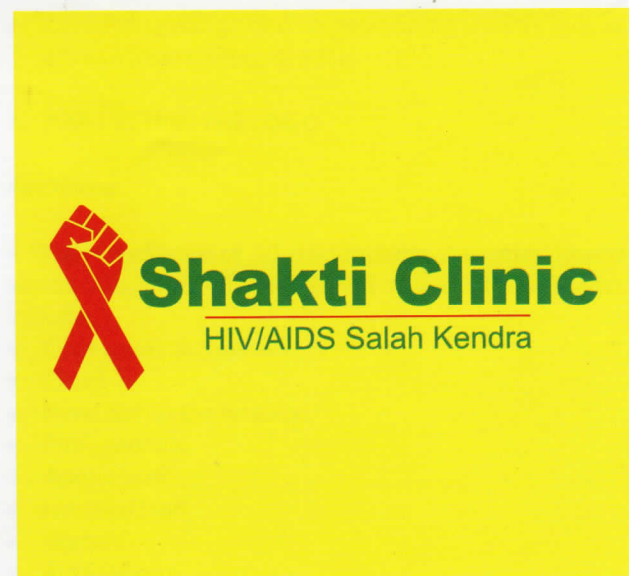
viewed as any other diagnostic test without any morality label attached to it.

**With the thought process churning the following words emerged that resonated with the new identity for ICTC that was to be created.....**



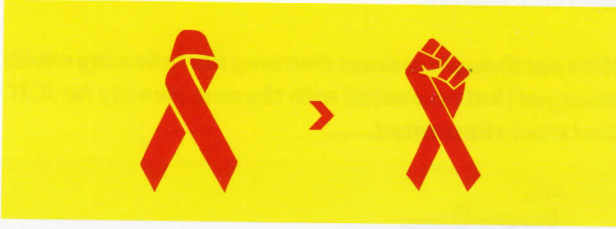
### **A New Name - A New Identity**

MDACS stands for an HIV-free Mumbai. It aims to empower people through services and knowledge and Help them take responsibility for themselves, their family and society at large. With this key thought of empowering the user through the use of the HIV counseling and testing service, a new brand was born.



**'Shakti Clinic - HIV/AIDS Salah Kendra'** the overhauled transition of ICTC's was conceptualized with three major attributes in name - **neutral language, power and simplicity.**

**The Logo**



The brand logo was created keeping in mind that it should be religion neutral considering the cultural melting pot that

Mumbai is. The international symbol - red ribbon of AIDS awareness, has been transformed to a red ribbon that curls up to a fist symbolizing strength i.e. 'Shakti'. The strength of accessibility of information and services in the name itself is a step forward in reducing the stigma and being approachable.

The new logo signifies the coming together of all stakeholders to support people living with HIV/AIDS - A symbol of the energy and power to fight HIV

**Repositioning Ictc To Shakti Clinic - Hiv/aids Salah Kendra**

The testing centers will be given their new name - Shakti Clinic.

Along with this name comes a positioning statement which will help reposition this service to the target audience.

This new brand will not be known as a testing center but will have a reformed identity of an information center that aims to empower people. Calling it the '**Shakti Clinic - HIV/AIDS Salah Kendra**', this service centre uses 'Salah' (counseling) to reduce fear and empower the user. The user can fearlessly access the center, empower himself with information and take an informed decision.

The new identity builds an ambiance of care, positivity, trust and friendliness making it easy to access information on HIV/AIDs and increase the number of patients undergoing tests. It will also encourage a behavioral change towards Counseling and testing.

Pre-testing is key to ensuring that themes, messages and activities reach the intended target populations. It is important to pre-test at every stage with all audiences for whom the communication is intended, both primary and secondary.

Keeping this important element in mind, MDACS pre-tested Shakti with general and target audience. Several versions were pre-tested and audience reactions compared. Pre-testing and discussions were also done with stakeholders, since their views could have differed from those of the target population.

### **Pre-testing was conducted at 3 levels:**

1. Shakti as a Name
2. Positioning the Shakti Clinic
3. Logo of Shakti Clinic

### **1. PRE-TESTING SHAKTI AS A NAME**

#### **Audience:**

A target audience of 30 respondents was interviewed about the name 'Shakti'. Respondents included:

- Waiters
- Auto Drivers
- Office Boys
- Taxi Drivers
- Pan Tapri Walas

#### **Key Questions asked:**

- a. Is the name 'Shakti' easily understood by anybody - immaterial of educational / cultural background, economic status?
- b. Does it cut across languages?
- c. Does the name hold any religious implication - checked for religion neutrality?
- d. Does the name or the colour scheme - does it skew towards any faith or religion, does it have a religion bias - either positive or negative by the members of the TG?

#### **Key Responses derived:**

- Power
- Himmat (Strength in Hindi)
- Strength
- Positive vibe
- Did not reflect religion

### **2. PRE-TESTING THE POSITIONING OF SHAKTI CLINIC**

#### **Audience:**

A target audience of 25 respondents was interviewed about the positioning of the Shakti Clinic. Respondents included:

- Counselor / Lab Technician
- Doctors
- Clients
- Media Professionals

#### **Key Questions asked:**

- Should Shakti Clinic be positioned purely as a counseling 'Salah' center or should it be propagated as both counseling and testing center?
- Salah Kendra v/s Salah and Jaach Kendra

#### **Key Responses derived:**

- There was a debate for the two positions. Should Shakti be a testing center, since testing is available? Or should the focus be on the counseling element?
- Conclusive responses: The objective of getting tested is met, since a person has to be go ICTC to get counseled, the counselor will help he assess his risk behaviour which will gradually lead to testing if required.
- Consensus was gained on positioning Shakti Clinic as a 'Salah' (counseling) Kendra.

### **3. PRE-TESTING THE LOGO**

#### **Audience:**

A target audience of 50 respondents was interviewed about the logo of the Shakti Clinic. Respondents included:

- Counselor / Technician
- Client
- Non User - at the hospital
- Professionals
- Admin Staff
- Hospital Staff
- Waiters
- Auto Drivers
- Office Boys
- Taxi Drivers
- Pan Tapri Walas

**Key Questions asked:**

- Respondents were shown the logo of the red ribbon curled into a fist. They were asked about what they felt on looking this logo.
- Orange and Green colour options were taken for logo and these separate versions were tested with the respondents. Yellow as a background colour for the name was pre-tested.
- Apart from logo, background colour, the pre-testing samples also included the positioning statement for the clinic.

**Key Responses derived:**

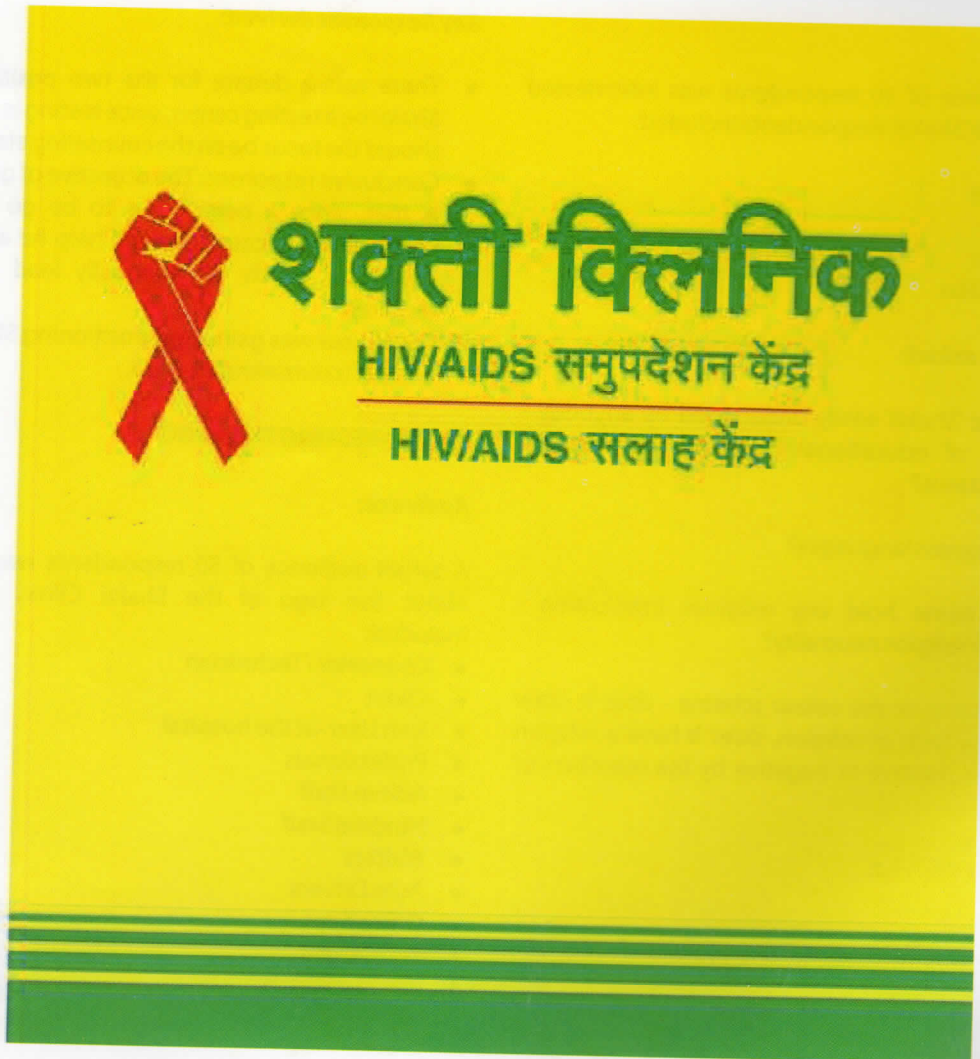
- People felt that the logo was a very different take on the red ribbon and was approved by respondents.

- Colour combinations were found to be appealing, grabbed attention, the positivity of the name was coming in the colours and the font
- The name, logo, colors were talking the same language of power and empowerment
- Logo was easily understood by all

**Pre-testing the Shakti concept helped immensely in retaining only those ideas that got an overall nod from the audience.**

*Mumbai is a melting pot of people from different cultures and communities. This diversity was the key element that Shakti communication had to address as it was important to cater to all audiences. Hence the positioning is in both Hindi and Marathi so that we appeal to those who are originally from the resident state of Maharashtra and those who are from others states in India and have made Mumbai their resident city.*

**Hence; Shakti Clinic - HIV/AIDS Samupadeshan Kendra and HIV/AIDS Salah Kendra**



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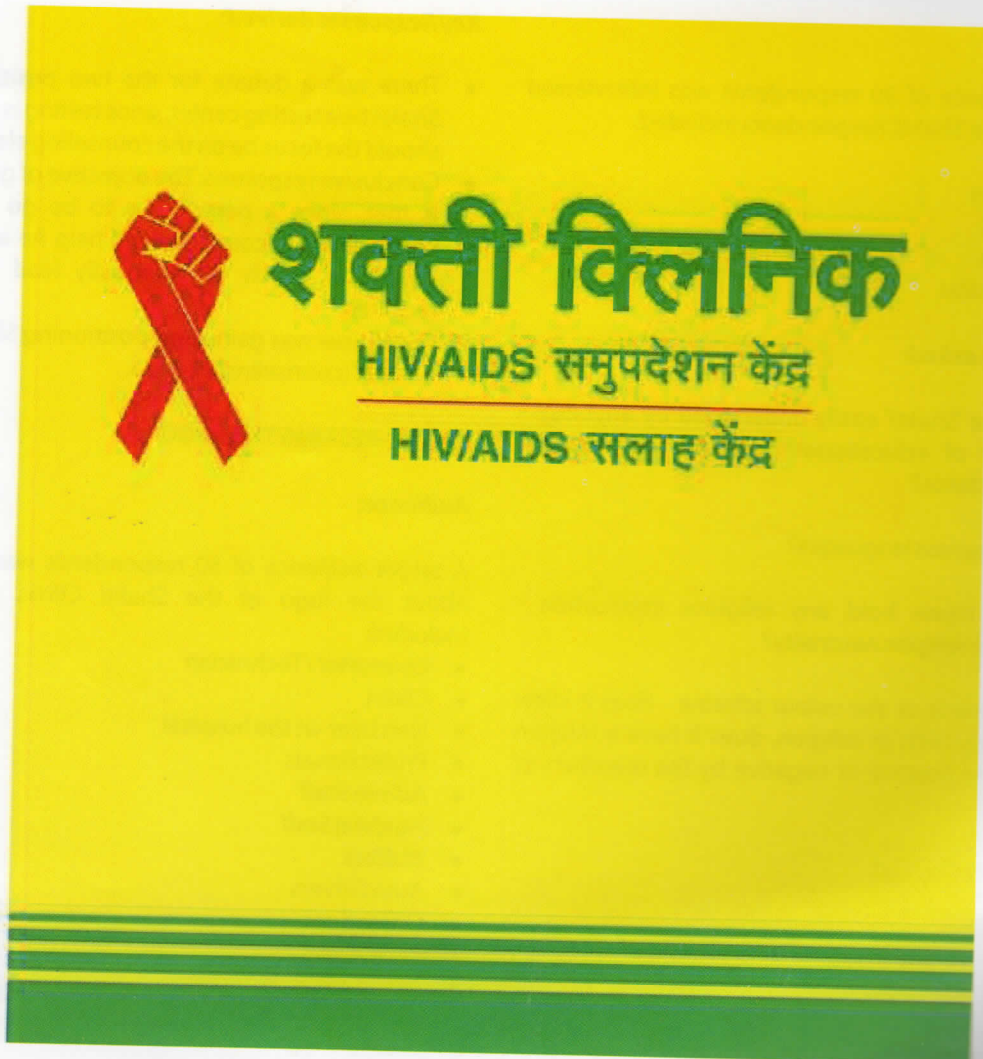
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# Chapter 5

## The Shakti Experience

The HIV counseling and testing centers under MDACS have got a new name and a new identity. It was time to now define the Shakti experience and implement it in all the 100 centers across the city.

Shakti stands for empowerment through correct information but a mere change in name and symbols would not result in behavior change. The Shakti experience has to reach each center and must be practiced by the custodians of this brand i.e. the service providers. An ICTC has a humble staff of a medical officer, counselor and a lab technician. It is these practitioners who are guardians of the brand and will give users the Shakti experience.

### DEFINING THE SHAKTI EXPERIENCE

**This chapter will orient the readers to the 'Shakti branding experience' and 'branding rituals'.**

Most of the ICTC's are located within the premises of government hospitals. One of the key findings that emerged from the research study was that many users found it difficult to locate an ICTC in the hospital. To address this issue an initial recce was conducted in various ICTC's to understand:

- How easily accessible is it for the user from the entry point of the hospital
- What is the shortest route to the respective ICTC
- Awareness of ICTC within the hospital premise

#### Challenges identified during the first recce:

- Lack of awareness of ICTC was observed; not many knew where the ICTC was within the hospital premise
- Recce team was sent to ICU, when asked direction for ICTC in a suburban based government hospital
- It was time consuming to reach certain ICTC's from the entry point of the hospital due to lack of directions and lack of awareness within the hospital staff as well.

#### Recommendations given post the first recce:

1. Have the most effective presence of the branding elements
2. To ensure the best visibility for all the ICTC centers. Thus ensuring that the ICTC centers are easy to find/reach, especially the ones in the big 5 hospitals. Need for proper directional signage to locate the

respective ICTC's with minimal human help

3. Do this in the most efficient way with minimal cost
4. To maintain an optimal balance of visibility elements
5. Increase awareness in Mumbai about HIV testing centers in Govt. hospitals
6. Increase recognition, recall & response

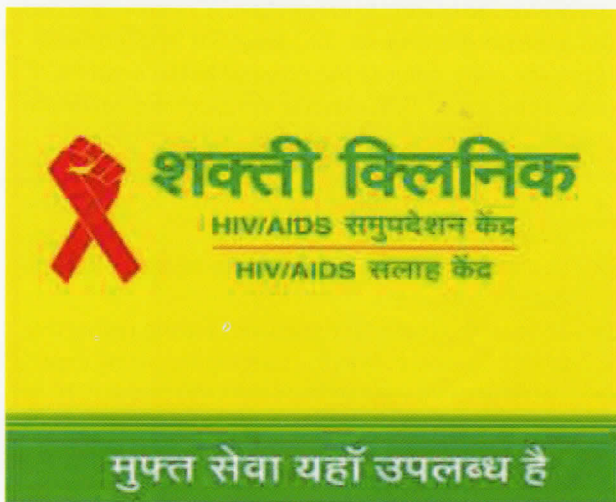
*Based on the recommendations of the first recce a second round of visits to the all the ICTCs were made and an exercise drawing up the directions and pathways from the entry point of the hospital to the actual ICTC was conducted. This exercise entailed the following steps:*

- Find the shortest distance to reach ICTC within the hospital premises
- Look for the pathways from the nearest Hospital Gate (Main Gate) to the ICTC
- To map the material to be used for the respective branding elements to the specific mounting area
- Look for the pathway from the OPD to the ICTC at the respective hospitals
- Calculate the number of direction signages required to reach the respective ICTC's with minimal help
- Determine where and how to install the main façade branding at the respective ICTC centers
- Determine where and how to install the Registration area Signage

**Both the visits were implemented and a branding plan emerged.**



## 1. GATE SIGNAGE



The gate of a hospital is the entry point for all users and potential users. A signage at the start is absolutely critical to guide the user especially in big hospitals where it can take up to 30 minutes to actually locate a testing centre. Creative Image (above) is the actual gate signage that has been displayed on the gates of each hospital. The key message that this signage delivers is "Free Service". Right at the beginning the 1st aspect / USP of ICTC is that it offers free service, hence the message at the gate.

## 2. DIRECTIONAL SIGNAGE

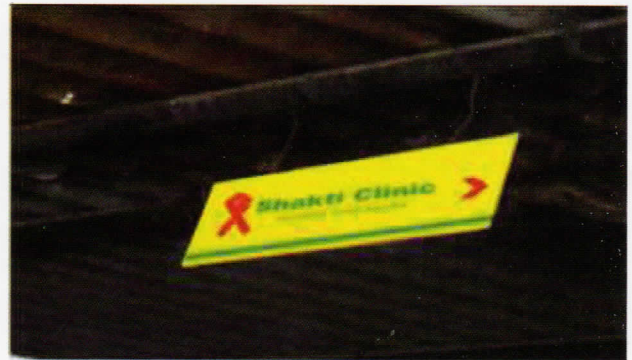
As the user enters the hospital he is surrounded by different pathways, lanes and wards. Which one is he supposed to enter?

He asks a few people around, 'Where is the HIV testing center?'

People look at him with disgust and don't bother with a reply. He goes to the hospital staff seeking a definite reply on the exact location of the testing centre but to his surprise even the hospital staff are unaware and ask him to go to a particular OPD.

This is the predicament that the user faces. He has mustered up the courage to go get tested, he is at the hospital but does not know how to reach the ICTC.

*Directional signages essentially address this predicament, guiding the user along a pathway and making it easier for him to locate Shakti clinic. As shown in the representative images (below), directional signages will be put up at key points along the hospital pathway to guide the user until he finally reaches the center.*



## 3. FAÇADE SIGNAGE



The façade area is the point before the user reaches the registration. This point tells the user that he has reached his destination.

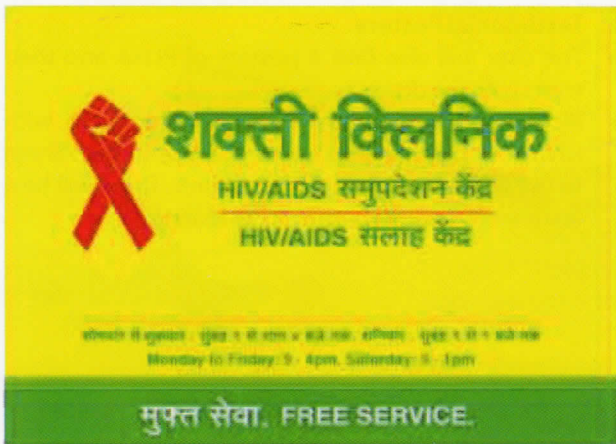


Image (pg 18 - right bottom) is the scene of a façade of an existing ICTC. It is difficult to tell if one has reached the ICTC, with absolutely no sign/board/direction of the center.

In the image again, one can find an area marked in area. This spot was chosen for displaying the façade signage.

The Shakti façade signage (creative image above) tells the user that he has reached the clinic again reminds him of the free service available here.

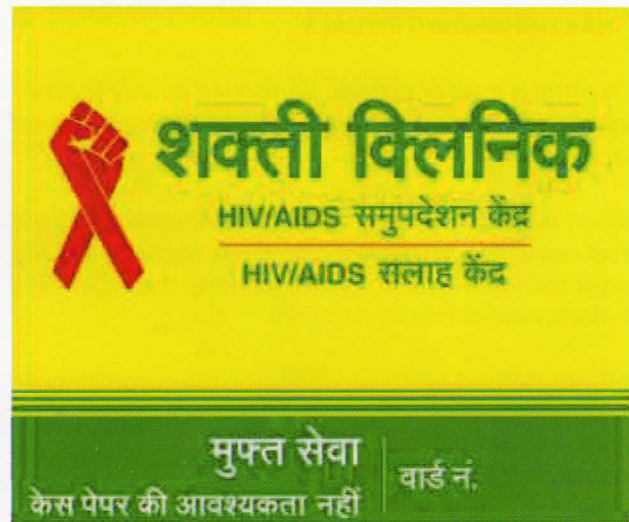
Such façade signages were displayed in each ICTC increasing the convenience of the user.

#### 4. REGISTRATION SIGNAGE

The image below to the is that of a registration counter standing bare, with no instructions or details to guide the user.

The area in the image marked in red was the point identified for display of the Shakti registration signage.

The registration point is the final area that the user needs to cross until he accesses the Shakti services.



Signages at the registration (image above) will give the message of:

'Free Service'

'No Case Paper Required'

'Shakti Clinic in Ward no. ....'

The intent behind the messaging of 'No case papers' was that any user can enter the ICTC without a case paper, but many a times he is not aware of it since any general procedure in a Municipal Hospital needs a case paper. ICTC apart from being a free service ensures that the client does not have to go through the cumbersome process, he can walk into an ICTC directly and he should be aware of this. Bright signages of Shakti at the registration area, gives the user this information.

#### Signages will have two important elements:

##### 1. Standardization

- i. All directional signages will be standardize across all the ICTC's
- ii. All Gate signages will be standardized
- iii. Branding elements for all the PPP's would be standardized

##### 2. Customization

- i. The main Façade branding for the big 5 hospitals will be customized
- ii. The Registration Signage for the big 5 hospitals will be customized
- iii. Signages with the ward number will be put up at every hospital, every signage will be customized as per the ward / room no at the hospital

## SHAKTI BRANDING RITUALS

**“A ritual is a set of actions, performed mainly for their symbolic value. It may be prescribed by the traditions of a community.”**

Apart from giving the product (ICTC) a revamped look, feel and design; it is also imperative to translate this into an actual experience at an ICTC such that this experience reflects what the brand stands for.

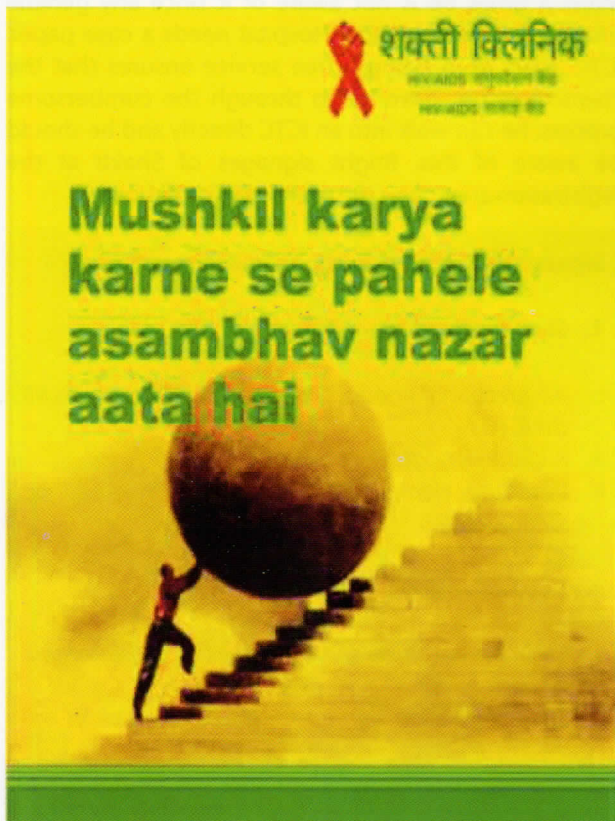
MDACS devised a set of practices or in other words ‘rituals’ that would make up the Shakti experience at every ICTC. These rituals are simple yet strategic actions that will radiate ‘Shakti’ to all the senses.

### A. SENSE OF SIGHT

All visual elements will be consistent with the Shakti brand colors.

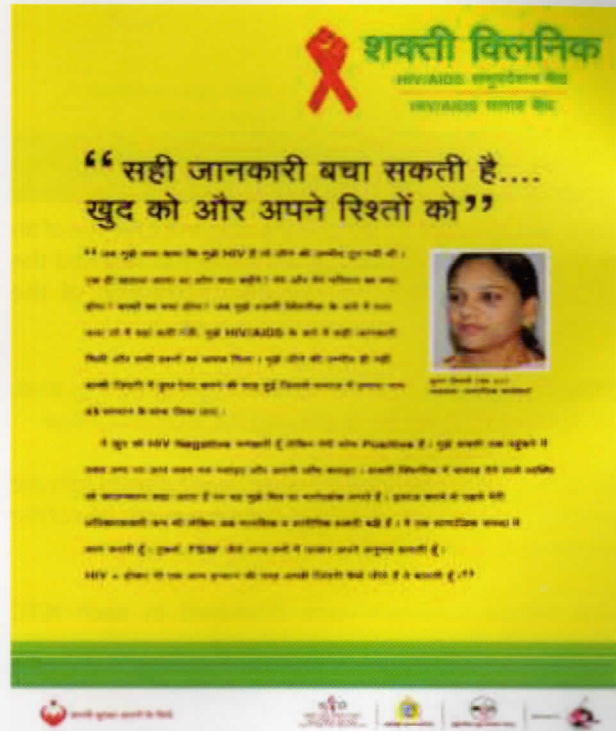
#### 1. Motivational Posters

- As the user enters the Shakti clinic s/he will be welcomed with 4 motivational posters both in Hindi and Marathi.
- The messages on each of these posters are aimed to lift the spirits of those waiting for their turn of counseling.



#### 2. Testimonial Posters

- The user will also find 4 posters of PLHA and their trusts with the disease.
- More importantly it tells the user that even with HIV/AIDS their life goes on normally and urges them to use the benefits at the Shakti Clinic. There will be 4 testimonial posters both in Hindi Marathi.



- Once the user reaches the counselor and is set to begin his counseling session, he will encounter the next element of the Shakti experience.

**The counselor will be wearing a specially designed lab coat that carries that Shakti colour and symbolizes the empowering experience. This also helps distinguish the Shakti counselor from the other service providers at the hospital.**



- Apart from these sight points, materials used in the centre will also be branded with the Shakti look. For instance:

- Personal Identification Slip - This slip will have motivational messages for the user.
- Consent form



c. Referral slip - This slip that has details of the user is usually handled by external hospital staff. There have been instance of stigma against positive users by external staff. This slip will now have an anti-stigma message that can be read by user and the others (hospital staff).

**5. Map with all the 100 ICTC locations in the city of Mumbai.**

Each ICTC will have this map so if someone is at a big hospital which has a crowd to handle, he can go to another ICTC which is close by, all he has to do is look at the map. This material intends to provide users with convenience so that he saves his time.



**6. SENSE OF SOUND**

Music has the power to influence emotion.



Every counselor will be given an inspirational music CD that will be played at the Shakti Clinic.

This ritual aims to motivate users through music and leave a soothing effect on them.

**7. SENSE OF SMELL**

A visit to the hospital or a health clinic most often guarantees a typical clinical smell which creates a dull and sick environment.

The third sense that Shakti experience touches upon is that of smell. Every Shakti clinic will have a zestful lemon air freshener which will remove unpleasant clinical smells and fill the room with a pleasing light fragrance.

**Each of these rituals right from the counselor's wearing a Shakti coat to inspirational music being played in the clinic constitute the Shakti experience of treating the user with the highest regard and giving him a positive and hassle-free experience and most importantly taking away the fear of testing as well as that of the disease.**

With a new brand name, identity, logo and brand rituals, Shakti Clinic was revamped internally. However the Shakti make-over had to reach the user. Hence a strategic communication campaign was launched to generate specific outcome of informing large number of people in the city about the new Shakti Clinic - HIV/AIDS Salah Kendra and its key features in a specified period of time, so as to remove the fear of testing amongst the TG and increase the recognition, recall and response amongst all. The Communication followed the AIDA model of

marketing. First, bring about awareness among potential users, then generate interest and instill a desire in them to try out the service and finally coax them to take action and visit the center.

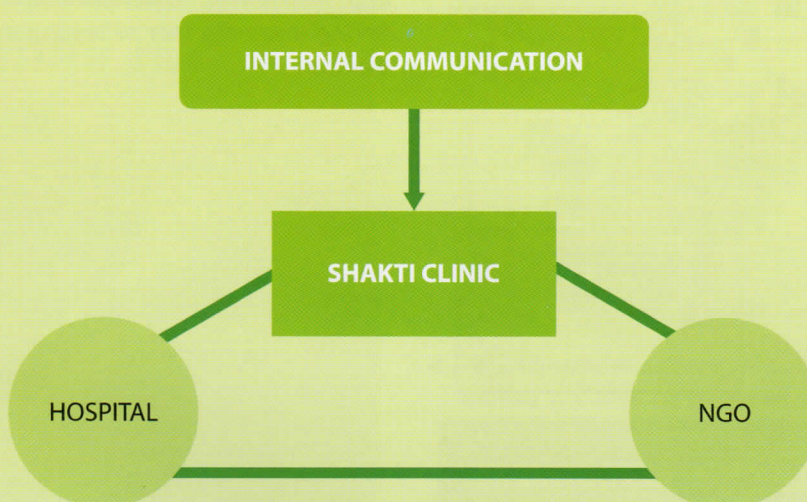
Phase 1 of the campaign was launched in March 2012. The primary objective of Phase 1 was to create awareness among the target audience about Shakti Clinic. No one knew what it was, so the job at hand was to tell them what it is and do just that - focused approach.

### COMMUNICATION CAMPAIGN

- **Audience:** For Internal Partners
- **Aim:** To increase awareness and adoption of Shakti Clinics
- **Focus:** Counselors, technicians, doctors, ward-boys, nurses, security



- **Audience:** For External Parties
- **Aim:** Mass Announcement of opening of Shakti Clinics
- **Focus:** Shakti Clinic localities, modes of transport, general public at large.



Internal communication revolved around three main stakeholders as shown in the image (above).

## 1. SHAKTI CLINIC

The most important location where communication had to impact was the Shakti Clinic, the place where the service is offered.

Each of the Shakti Clinics was revamped with a new identity complete with the following branding elements (also discussed in the previous chapter 4):

- **Branding Rituals** within the Shakti Clinic radiating to all 3 senses
  - i. Sense of Sight: Motivational and PLHA testimonial posters, Shakti coats for counselors, writing material branded with Shakti logo and messages and Map with Shakti clinic locations across the city.
  - ii. Sense of Sound: An inspirational music CD will be played within the confines of the clinic to leave a soothing impact on the user.
  - iii. Sense of smell: In order to do away with the typical clinical hospital smell, a zestful lemon air freshener will be used in the clinic sprucing up the atmosphere.

*Apart from branding the Shakti Clinic in terms of its look, feel, design and cultivating a Shakti experience, peripheral stakeholders like Hospitals and NGO's were also oriented to Brand Shakti. Majority of referrals to ICTC come from these 2 stakeholders hence they needed to know about the new brand and its features in order to inform the potential users and persuade them to visit the center.*

## 2. HOSPITALS

- **Signages** at each of the following points were displayed at hospitals to inform the user about key messages of 'free service', 'no case papers' and directions to 'Shakti clinic'.
  - Gate
  - Directional



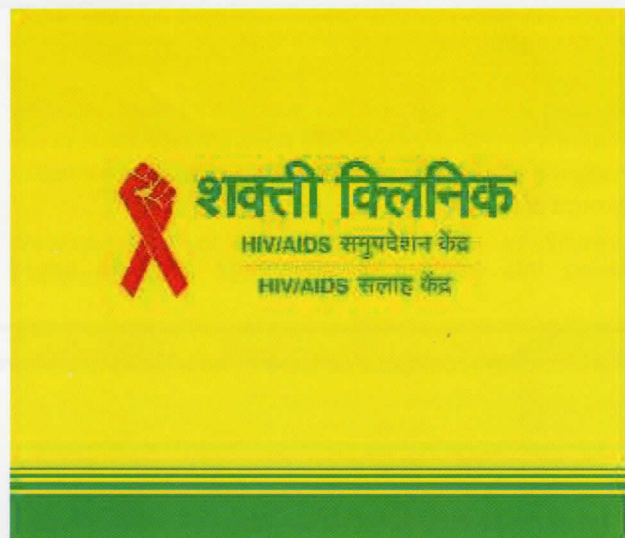
- Façade
- Registration

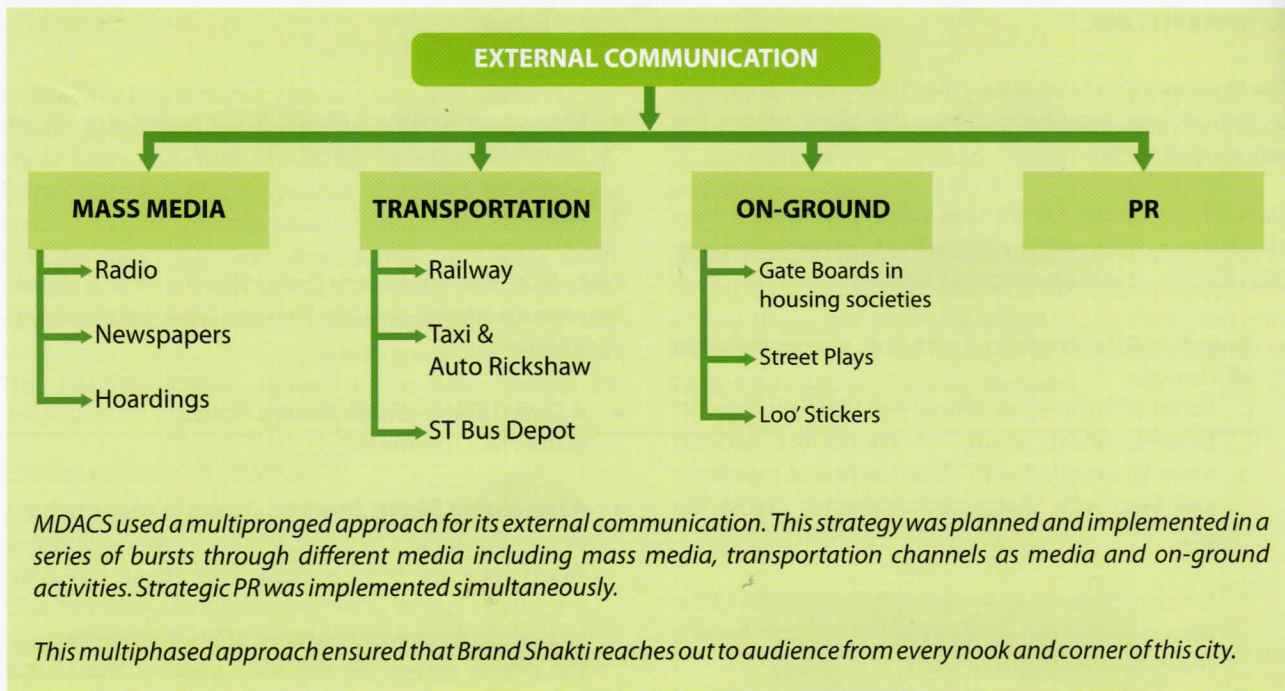
- **Map** citing locations of 100 ICTCs across the city of Mumbai was put up in every hospital.

## 3. NGO

Every NGO was oriented to Brand Shakti – what it stands for - what is aims to provide. Two materials were given to each NGO:

- **A Shakti Clinic - Salah Kendra Poster** to be displayed in their NGO premises
- **A laminated Shakti Sheet** (as shown in image below) which the NGO Outreach Workers will carry along when they go out on field. This sheet not only introduces brand Shakti to potential users but will also guide them with locations of Shakti clinics across the city as shown on the back page of the image below.





**A. MASS MEDIA**

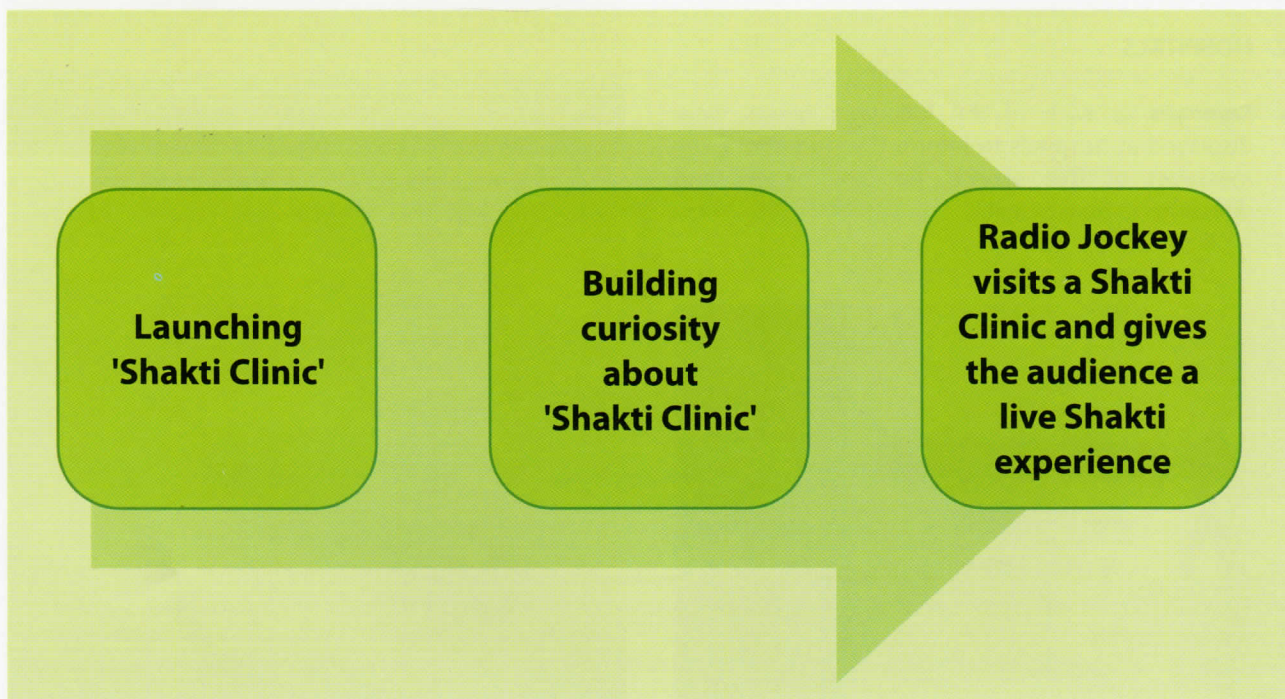
Radio is a key mass media channel that is accessed by majority in this city especially during travel hours in the morning and evening. This medium cuts across different groups of people.

Using this element to advantage all radio based

communication highlighted 3 important messages of Shakti-

- 'Free Service'
- 'Confidential'
- '100 Shakti Clinics in the city which means that there is one in the neighbourhood making it convenient for user to visit the center'

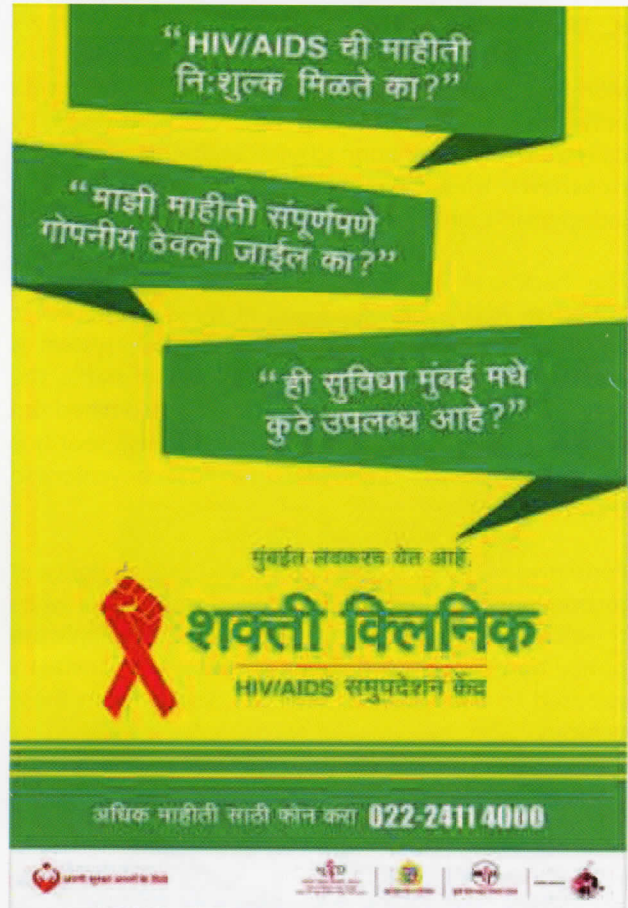
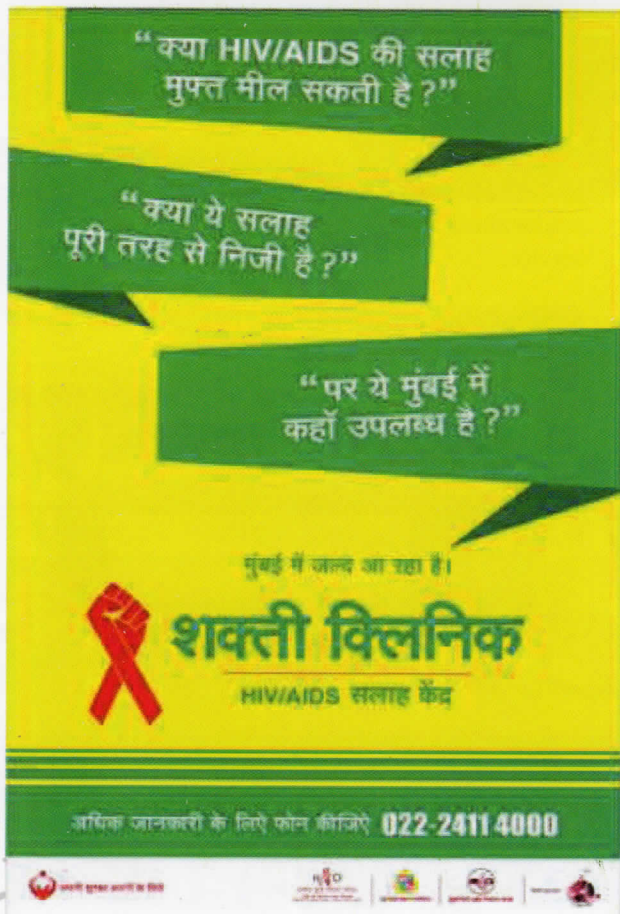
**Radio communication was implemented in 3 phases over a period of one month:**



**Newspaper** communication was launched simultaneously along with the radio activity. Top dailies in 3 languages; Hindi, Marathi and English were selected.



Given below are the creative for Newspaper Advertisements in Hindi & Marathi papers.



Newspaper activity had 3 bursts of Shakti Communication

BURTS	TIME	OBJECTIVE
1	Pre - Launch	Teasers released informing people about a brand new service 'Shakti Clinic - HIV/AIDS Salah Kendra' that is going to be operational soon.
2	Launch	Adverts telling people that 'Shakti' is now open at 100 locations in Mumbai. This carried a map of Shakti clinics across the city.
3	Post-launch	This will be a call to action phase.

**Shakti Clinic - HIV/AIDS Salah Kendra Hoardings** will be displayed in every hospital premise, featuring key messages of 'free and confidential' service.

## B. TRANSPORTATION

Mumbai has one of the most accessible and wide networks of transport that carry millions of its residents daily from one destination to another. Trains, buses, auto rickshaws and taxis together form an almost indispensable network that is the lifeline of this city.

The backbone of the city's transport, the Mumbai Suburban Railway, is composed of three rail networks and runs along the length of the city. The system is among the largest in the world. In terms of traffic, the Western and Central Rail system carry an estimated **6m people everyday**. Anywhere you go you will spot bus stands, auto rickshaws and taxis making it convenient to travel in this city.

Formative research study highlighted that majority of respondents were exposed to advertising media while travelling. Qualitative interviews showed that people use public transport on a daily basis and were constantly exposed to and recalled messages displayed on these vehicles.

The External Communication Campaign of Shakti capitalized on this already existing network and spread the word out through these transportation mediums. Stakeholders including Railway officials, Taxi & auto rickshaw unions and ST bus officials joined the Shakti Campaign and allowed for communication materials to be prominently displayed on their vehicles.

**Railway stations** in Mumbai attract the maximum crowd every day. Hence 'Shakti Clinic' Posters (image to left) were displayed prominently at the ticket booking counters.



These posters feature name and location of clinics around that particular railways station area making it convenient for the potential user to visit the clinic.

After trains, **Auto rickshaws** and **Taxis** are the most widely used modes of transport.

- Shakti Clinic stickers were displayed inside the vehicle (as is shown in the image on the left) informing the reader about the new brand and key messages of free service.
- Auto/taxis were given branded rate cards with Shakti Clinic's address



**शक्ती क्लिनिक**  
HIV/AIDS समुपदेशन केंद्र  
HIV/AIDS सलाह केंद्र

Name of Centre	Area
डॉ. बाबुसाहेब आंबेडकर बृहन्मुंबई महानगर पालिका, प्रस्तालीगुहा	शिबोली (पूर्व)
सावित्रीबाई फुले मुद्रक प्रस्तालीगुहा	मुद्रक (पश्चिम)
राज्याबाई अस्पताल	शिवाशिहर (पूर्व)
सरोज्य अस्पताल	घाटकोपर (पश्चिम)
बल मुक्ताबाई बृहन्मुंबई महानगर पालिका सर्वसाधारण अस्पताल	घाटकोपर (पश्चिम)
मालती स्नाबाई ठाकरे प्रस्तालीगुहा	घाटकोपर (पश्चिम)
एम. एच. डी. सावरकर बृहन्मुंबई महानगर पालिका सर्वसाधारण अस्पताल	मुद्रक
मुद्रक प्रस्तालीगुहा	मुद्रक (पश्चिम)
एम. टी. अग्रवाल बृहन्मुंबई महानगर पालिका सर्वसाधारण अस्पताल	मुद्रक (पश्चिम)
के. एम. जे. कुले अस्पताल	शिबोली (पूर्व)

अधिक जानकारी के लिए फोन कीजिए **022-2411 4000**



Shakti Clinic Posters have been displayed at **ST Bus Depots** as well.



### C. ONGROUND ACTIVITIES

#### 1. Shakti Clinic board on gates of housing societies

6000 housing societies around the 100 Shakti centers in the city were approached and requested to display the 'Shakti Clinic' tin board on their building gates. The gate is a prominent point of contact for residents almost on a daily basis, increasing the visibility of Shakti and influencing the recall as well.



#### 2. 'Loo' Stickers

Yet another innovative medium for communication, **Public & Slum toilets** were identified and a small sticker of Shakti branding was spaced inside. This was a static branding effort placed to grab attention of our Target Audience.



#### 3. Street Plays

200 street plays were conducted across railway stations of the city informing people about Shakti Clinic. Each



street play mobilized a crowd of 50-80 people with a mixed audience of male and females.

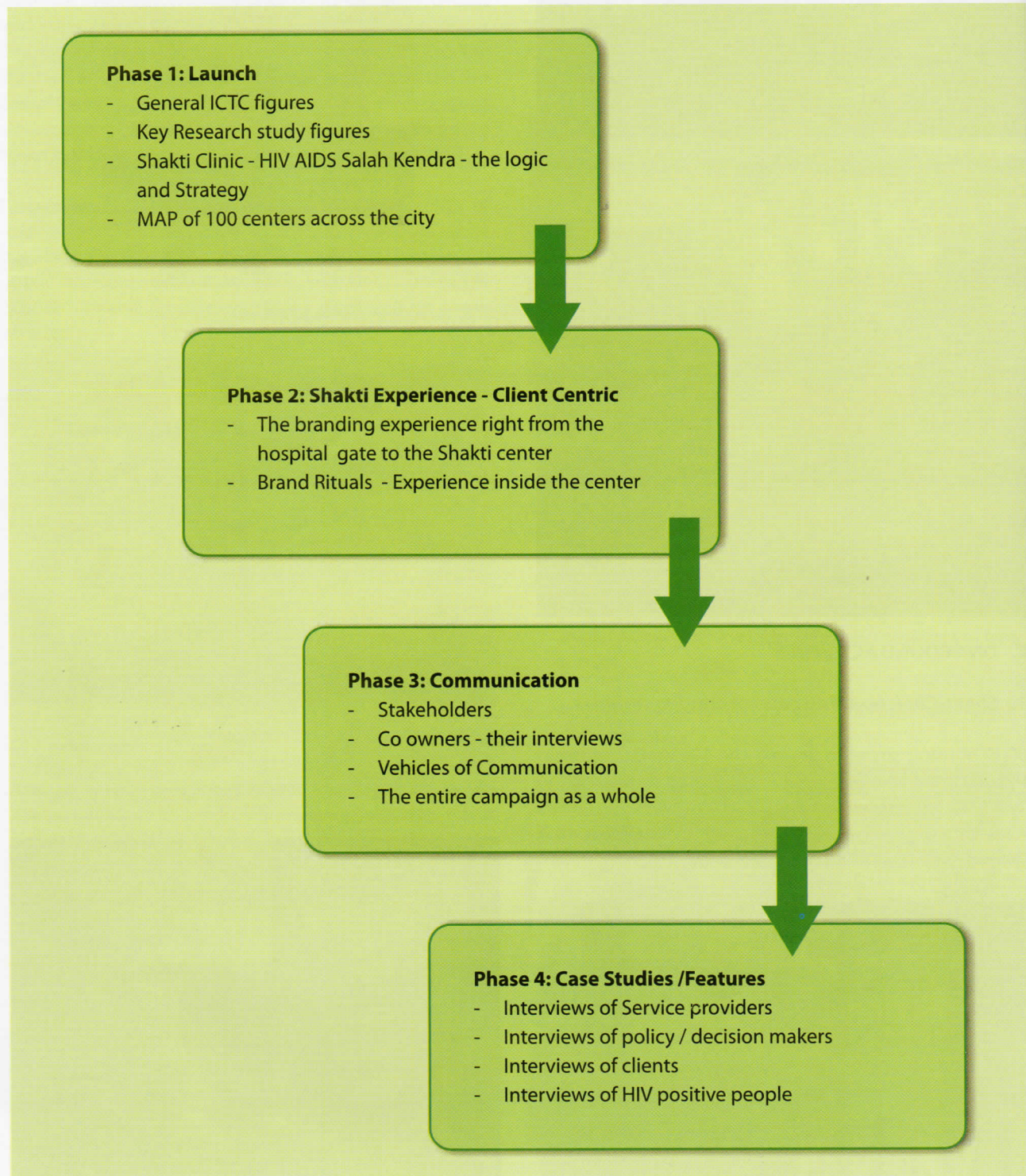
Using HIV Testing as a theme for the plays, actors introduced Shakti Clinic and conveyed key messages like:

- 'Free Service'

- 'Confidentiality'
- 'Shakti clinic is at the hospital near you.'

Actors displayed Shakti Clinic board to the audience and passers by and announced the names of the nearby hospitals that housed the Shakti Clinic.

#### D. PRESS CAMPAIGN



MDACS executed Shakti Press Campaign in four phases (as shown in image on pg 28). Press/Media officials were oriented to Brand Shakti and briefed about the process in which press releases would be implemented according to the 4 phases.

**Phase 1** launches Shakti clinic. Press releases in this phase gave the reader a background to the ICTC's in the city and recent statistics that validate the revamped look of the clinic. It also informed the reader about the vast network of 100 Shakti Clinics in the city of Mumbai.

the service is purely client centric. In this phase, reporters also visited Shakti Clinics and reported Shakti experience to the readers.

**Phase 3** carried stories of the stakeholders and the entire campaign implementation including all the vehicles of communication

Finally **Phase 4** features stories and case studies of key persons in this process including service providers, clients of Shakti, policy makers and PLHA.



**This initial phase will also introduce the new logo to the masses. The key objective is to convince the reporters to carry logo that will ensure association of the service and the symbol of empowerment.**

**Phase 2** described the Shakti experience. It takes the reader right from the gate entry point of the hospital to the actual center and initiates them to the brand rituals practiced at the Shakti clinic. The reporters cover the experience of how

**ON THE ANVIL SURVEY SHOWS CAMPAIGNS HAVE FAILED TO CREATE ADEQUATE AWARENESS; 100-ODD CENTRES TO BE CALLED SHAKTI HIV/AIDS SALAH KENDRAS NOW**

**HIV counselling centres to undergo an image makeover**

**EXPRESS NEWS SERVICE MUMBAI**

**D**ESPITE several awareness campaigns and programmes, the message of HIV counselling has failed to penetrate the masses, revealed a recent survey done by the Maharashtra District AIDS Control Society (MDACS). According to the results of the survey, while 82 per cent of the surveyed persons were aware of HIV testing, 70 per cent of these people were not aware of the Integrated Counseling and Testing Centres (ICTCs) in the city. The survey had a sample size of 450 individuals and was divided into four groups: general population, pregnant women, truckers and migrant workers and the high risk groups of female sex workers and men having sex with men.

In an attempt to draw more

people for HIV counselling, MDACS will now rebrand the 100 odd ICTCs in the city. The centres will now be called 'Shakti HIV/AIDS Salah Kendra' and will sport an entirely new look.

"The survey indicated that while people were aware of HIV testing and counselling, they didn't know where they could get it done. There has also been no visual representation of the centres. We figured that the complex

**The survey** had a sample size of 450 individuals and was divided into four groups: general population, pregnant women, truckers and migrant workers

term of 'ICTC' needed to be changed into something simpler and more attractive," said Vinitha Venkat, joint director of MDACS.

Integrated HIV counselling and testing is important to prevention and control of HIV as well as in the early diagnosis and subsequent care and support for the patient. Interestingly, the MDACS survey said that the high risk groups were the most informed with 57 per cent of them having knowledge about ICTCs as compared to the 24 per cent of the general population. Also, 95 per cent of the high risk group was found to be aware of HIV testing as compared to the 82 per cent in the general population.

"There continues to be a lot of stigma associated with HIV. With the name 'Shakti', we want to empower people by giving them right knowledge at the right time. At these centres, the job counsellors will be at the gate of the centres," Venkat said.

Following the recent report of its project, MDACS is looking at an makeover of its programme.

The MDACS counsellor in Mumbai has now been a red ribbon which was a fist, denoting '50 power

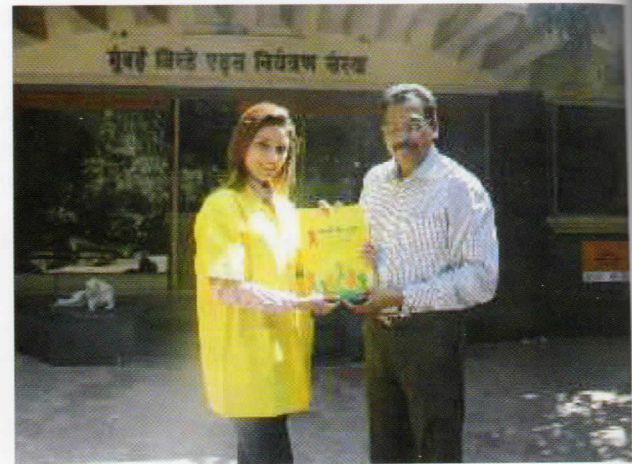
### E. CELEBRITY IMPETUS

Yet another integral part of the communication campaign was tying up with Indian Actress, Pop Singer & Yoga Expert, Raageshwari Loomba as the Brand Ambassador of Shakti Clinic.



This is not the first time that Raageshwari has been associated with a social cause. She has been performing several charitable concerts in aid of the leprosy-afflicted, for 'Alert India' and is a dedicated supporter of the leprosy mission in Nasik and the Mumbai Acworth Hospital. Raageshwari has also undertaken work for the Bill Gates and Melinda Gates Foundation on issues related to maternal mortality and child morbidity cases in India.

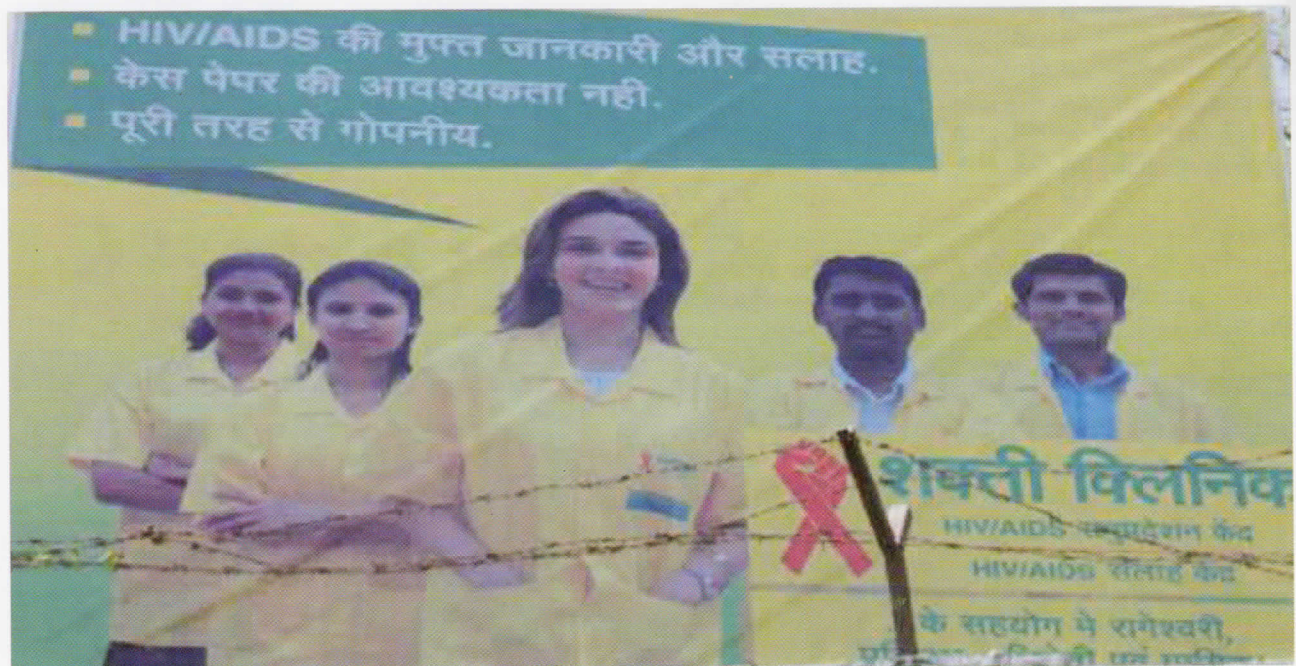
On joining office as the Project Director of MDACS in 2012, one of the first initiatives of Dr. Kishor Kshirsagar was to bring in a popular public figure like Ms. Raageshwari Loomba who readily agreed to lend her face for the Shakti Communication Campaign.



Apart from her successful film & music career, Raageshwari is also known to be a powerful woman who fought her paralysis with determination without losing her smile and is back on her feet. The team at MDACS is thus confident that Raageshwari will be instrumental in encouraging all HIV/AIDS positive people to fight their illness and not be depressed about it.

On becoming the brand ambassador of Shakti Clinic, Raageshwari has already been a part of several promotional activities for this health service and has also interacted with HIV positive individuals; Shakti Clinic staff to motivate them.

Raageshwari has lent her face for the Outdoor Promotional Hoardings that have been put up on display in peripheral MCGM hospitals in the city; wherein she is seen wearing the Shakti Lab coat and standing with actual Shakti Counselors. Seen in the image below is the Shakti Hoarding outside a MCGM hospital.





Raageshwari has been visiting Shakti Clinics across the city and interacting with Staff and patients alike. During her visits to the clinic, she has often discussed and motivated staff to continue providing good service and giving the client the empowered experience as he/she leaves the clinic.



Seen in the image (above left); Raageshwari with Shakti Counselors at Nair Hospital (MCGM) and in the image (right), with Dr. Kishor Kshirsagar, Former Project Director, MDACS, Dr. Jayanti Shastri (HOD. Gynaecology & I/C ICTC, Nair Hospital, Mumbai) and Dr. Asha Dalal (HOD. Microbiology & I/C PPTCT, Nair Hospital, Mumbai).



Raageshwari has also lent her voice for the 3 week long Radio Campaign to promote Shakti which will go on air in June 2012. As part of the radio campaign, Raageshwari will talk about Shakti Clinic, its features and also discuss common myths around HIV/AIDS.

## Voices from the field

*"The name 'Shakti Clinic' has been very effective for our programme. It denotes a sense of power. Right from the new name to the enhanced look of the clinic with the motivational posters, everyone at the clinic is experiencing a strong wave of energy and positivity. Even an element like the lemon freshener contributes to making this a different experience."*

**Ram Waydande**

Counselor

Shakti Clinic - HIV/AIDS Salah Kendra  
Charkop Maternity Home

*'Shakti Clinic' established by Mumbai Districts AIDS Control Society will provide power of knowledge through pre & posttest counseling & HIV testing. The trained personnel with help of quality testing will empower an individual to decide upon the future course of life even if he/she is HIV positive or negative."*

**Dr. Dilip Kadam**

Joint Director (Basic Services Division)  
Mumbai District AIDS Control Society

*"When I came to know that I had contracted HIV, I was shattered. I feared about what people what think about me? What would happen to my life, my children? Then I heard about Shakti Clinic and immediately went to a nearby center. It was at this clinic where all my questions were answered and all my doubts were cleared. I sensed a tremendous relief. The counselors may have been doing their job, but to me they were more like friends who showed that they cared for me. Today even though I am living with HIV, I think of myself as HIV negative but my attitude towards life has always been a positive one thanks to Shakti Clinic."*

**Suman Tiwari**

PLHA & Social Activist

*"HIV Counseling and Testing plays a key role in reducing and controlling the epidemic and what better way to spread awareness about Shakti Clinic than the Railway network in the city of Mumbai.*

*We are happy to be associated with MDACS and support them on their mission to inform and encourage people of Mumbai about the HIV Counseling and Testing through the Shakti Clinic."*

**Mr. Atul Rane (IAS)**

Sr. Divisional Commercial Manager  
Central Railways

## Voices from the field

*"The new name and logo is very catchy. Users are enquiring about the look and it is a good feeling to tell them about our brand and the services. It is impressive to see that this entire change and make-over of the ICTC into Shakti Clinic is backed by participatory research; our opinions were also taken into consideration. We feel like a part of this branding program."*

**Kiran Shah**

Lab Technician

Shakti Clinic - HIV/AIDS Salah Kendra  
Siddharth Hospital

*"It was fun exploring what ICTC meant to different people. A taxi driver thought it was something to do with the ITC group of hotels. Understanding people's knowledge, language, perceptions, needs is very crucial when creating awareness about a service. ICTC needs to be accessible to every person in Mumbai, and they need to understand what it means in their language. MDACS is trying to do exactly that. JHU-CCP was happy to be part of the exploration process and to provide technical assistance to MDACS in the research phase."*

**Swati Pongurlekar**

State Communication Manager (Maharashtra)

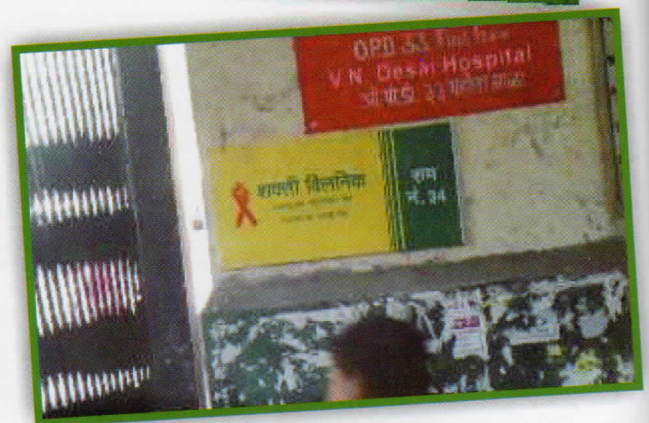
Johns Hopkins University - Center for Communication Programs

*"I was scared and I knew I had to get tested to clear the doubts in my mind. I had heard of Shakti clinic in a suburban hospital so I decided to go there. As I reached the hospital, I thought that it was going to be difficult to find the place as it was so large and there were so many buildings within the hospital premises, and asking people for directions would make me even more anxious. But thankfully I found a Shakti board right at the gate and spotted a few more along the way. I reached the clinic and did not have to ask anyone for directions."*

*Inside the clinic, the counselor spoke to me well and explained carefully even before I took the test. She even spoke to me comfortingly after my test results were out. All I can say is I went in feeling shattered but by the end of my visit I had a whole new understanding of life."*

**User**

Shakti Clinic - HIV/AIDS Salah Kendra





# शक्ति क्लिनिक

HIV/AIDS समुपदेशन केंद्र

HIV/AIDS सलाह केंद्र

For more information call: **022-2411 4000**



Apni Suraksha Apno ke liye



National AIDS Control Organization  
India's voice against AIDS



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AIDS Control Society