Motivating rural communities
to access existing mobile health van services:
A participatory communication plan

Lakshmi Murthy, Vikalpdesign, Udaipur - September /October 2008

(Draft 1)
Background
Birla Institute of Scientific Research has been running a mobile health van in rural areas of Nainital district since November 2007. The health van has been popular, with an expected patient load. A need was however felt to increase the patient load of the van in order to make each camp more viable. With this in the background a design brief was developed by the Futures Group for Vikalpdesign, Udaipur.

The brief
Develop a Participatory Communication Plan to
- increase utilization of the Mobile Van services (preventive, diagnostic, curative)
- improve access to RCH services in areas with poor access
- prepare a media/ communication product development plan as part of the communication strategy

To achieve the above, the following steps were visualized
- Visit to the mobile van and see this in operation
- Meet with the van team and ASHA workers.
- Conduct a consultative meeting/workshop with ASHA workers and include their views and their media preferences in the final communication strategy on “increasing utilization of the van”
- Orient ASHA workers to the mobile van so that they can see the facilities for themselves

The mobile van in operation
The mobile van was in Bindukatta.
on September 26th 2008. The van is parked on the side and tables are laid out for the team. There is one registration desk, one for the lab technician (who draws blood samples etc), one table for the pharmacist, and one table for the physician. The gynecologist and the senior nurse sit in a closed space near the van. Privacy is ensured for examinations.

The van members shared with us some of their thoughts and observations
- some people are so poor that they cannot afford the Rs 10 fee taken for registration. Some times the van team contributes the Rs 10 for the patient
- patients are not oriented or used to being prepared for medical investigations after a regular medical consultation. They do not bring or have the money to pay for an additional test such as a blood test. So they go back after taking basic medicines and then have to return for the test 15 days later.
- many women do not wear pads, they just bleed into their clothes and separate them selves from the main house during this time.
- there is a sanitary napkin distribution scheme from Johnson and Johnson, pads are dispensed by the medical to “future potential” patients. The scheme has to be understood better.
- the nurse felt that it would be useful for her to have a small flip book ( like the medical representative type of flip book) for her to use when she counsels patients for contraception
- there is a considerable number of women coming in with RTI complaints
- the team looks for assistance from ASHA workers to increase the patient load
The analytical exercise
ASHA workers were handed out two work sheets, which they were requested to fill.

- **Work sheet 1:**
  What do you think are reasons why people do not come to the van or use its facilities?

- **Work sheet 2:**
  What are ways in which the van can be made more popular, what kind of plans can we use to increase the patient load to the van?
Responses to “Mobile Van exercise 1”

Information/knowledge about the van

• There is not enough publicity.
• People do not know that there is a mobile van, and that one can benefit from that.
• They do not realize what the van can offer.
• They do not know that it has same facilities as in a hospital, and that is far simpler to reach the van than a hospital in a city.
• There is no advance information on the arrival date of the van.
• Sometimes they have the information but forget.
• People are illiterate they do know or understand anything.
• ASHA workers themselves do not know about the van so how can they tell their community.
Social issues
• Adolescent girls are particularly shy, they would rather ignore their health problems than seek advice from the doctors in the van.
• The van is seen as only a facility for pregnant women
• People are afraid of the machines in the van. They are afraid of what is going on inside.
• Many are shy. Pregnant women are especially shy. They feel that they will not be able to discuss their problem openly
• There are also preconceived notions, as people share their experiences with others. Many feel that medicine given from the van are not effective.
• The van must reach into more interior parts.
• People are suspicious, will they look after us well when we go to the van?
• Many persons feel that their health condition is better left undiagnosed. This way, there will be no stigma.

Economic issues
• Sometimes people come to the van, then pay for the registration. They do not come prepared for further costs like payment for blood test or ultrasound. So they go back without treatment.
• The registration fee of Rs 10 is expensive. They are not willing to spend on anything at all.
• People are too poor to afford the bus fare to come up to the van.

Other issues
• In the hills, many times you do not hear the sound of the van.
• The river rises outside the village and we are not able to cross over, so we miss the van.
• Sometimes the van breaks down and is not able to reach on the stated date.
• The van is far away from the village and by the time they have reached the van has left.
• Van timings are too short.
• People are busy, they do not have time to come to the van. They do not make time to come to the van.
• Today is a government holiday, so the van will not come, and this is why the date is missed.
• By the time people realise that it is time for the van, the day is over and the van visit gets missed.
• Many people are physically unable to reach the van, elderly or the disabled.

Regarding the medicines dispensed from the van
• Left over medicines from the government supply are kept in the van. The government wants to get rid of these medicines that is why the medicines from the van are not effective.
• Everyone seems to be getting the same kind of medicines!
• The medicines that you get from the van are only for a short time period. For example for a 15 day course, you get only 3 days medicines, we have to buy the rest. Those medicines are not available in the village.
Responses to “Mobile Van Exercise 2”

Interpersonal communication ideas to popularize the van

- The ANM centre is a good point where women can be told about the facilities. Call a meeting of the community members at the Sub Centre and speak to everyone about the van facilities. Convince women to use the van.
- Have a separate meeting with adolescents girls about the van.
- Explain things to people in the local language.
- Do a door to door campaign on the mobile van.
- Tell as many persons as you can about the van.
- People are not totally convinced by ASHA’s reassurances that the van facilities are good.
Mass communication ideas
- Announce van arrival dates on loud speakers
- Street plays can also be used to popularize the van
- Design posters and paste them at strategic points to announce van dates and facilities.
- Print the van dates in newspapers.
- Announce the van dates at schools so that children come home and tell their parents about it.
- Make announcements through the head of the Milk Cooperative in the village.
- School teachers should be contacted for publicizing the van. They in any case assist with “pulse - polio”
- There should be training programmes about the van
- Announce about the van on local channels in the TV
- Rallies are a good way to generate awareness.
- You can send messages on the mobile phone regarding the van dates.

Other comments
- We must make it easy for people to reach the van
- The van should adhere strictly to dates of the camps, otherwise people will not be ready to use the facility.
- Explain the economics of the van, that it is cheaper as a facility is in your back yard.
- Popularize the van by setting an example.. I have taken medicines from the van, I am well now, you can also get well.

Cues from the communication plan from both worksheets

Letting the general community know that there is such a thing as a health van (mass communication)
- that a mobile health van exists
- the van has facilities
- that it is the same quality care as in a stationary clinic
- that it is economical to use this facility as it is at their doorstep
- that the dates are fixed and there will be no change in the date even if it is a Sunday or a National Holiday
- that there is a registration fee of Rs 10
- that some patients may require an additional test like blood test or ultra sound for which there are extra charges
- that there are machines in the van that help in investigation and that they will not harm in any way

Letting the general community members know (mass communication)
- that TB, STI and other illnesses are curable
- that it is better to have illnesses diagnosed and treated, then leave it untreated
- that it is a good idea to bring extra money in case there is need for further medical examination
- that there is no need to stigmatize others for illnesses, such as TB can happen to us too
- that the van facilities are not just for women, it is for all community members
Addressing specific community members: (interpersonal communication)

Letting women and girls know
- that there is no need to be shy
- that there is woman doctor and a female nurse in the van team
- that even adolescent girls can consult the medical team for their problems
- some basic facts about Reproductive health so that they are able to judge for themselves when they need medical consultation

Check list of suggested vehicles/modes of communication
- women meetings at the ANM centre
- general meetings at milk dairy
- announcements on loud speakers
- posters at strategic locations in field area
- announcements in schools
- announcements through local television channels
- rallies
- by sending messages on mobile phones
- facilitate platforms for communication and exchange, letting women meet other women, men meet other men who have received treatment from the van. This way people will build up confidence about the health care the van can give to them.

ASHA workers are comfortable with womens’ group meetings. That is what they relate to easily, that is what they have known and participated in, and would like to continue to participate in. The communication plan can include a strong interpersonal training component on reproductive and child health issues.

Other points
- Sanitary napkin distribution scheme: this requires rethinking. There are disposal issues in rural areas, therefore a serious consultation is required with the community.
- Does the van timing need to be reworked?
3. **Media Exercise on visual literacy/ visual grammar**
Here, each ASHA worker was requested to quickly look at 26 random visuals. She was also given a table to fill. As each visual was passed to her, she had to see the image and quickly write down what she thought the visual represented, before passing the visual on to the next participant.

<table>
<thead>
<tr>
<th>Visual</th>
<th>Visual perceived as: (Compilation: responses of participants)</th>
<th>Visual Grammar cues, useful for communication plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="hand_pump.png" alt="Image" /></td>
<td>• hand pump</td>
<td>identified easily, no specific cue</td>
</tr>
<tr>
<td><img src="mother_child.png" alt="Image" /></td>
<td>• mother feeding her child • PNC care</td>
<td>identified easily, no specific cue</td>
</tr>
<tr>
<td><img src="scales_children.png" alt="Image" /></td>
<td>• children and weighing scales • children running • taking the weight of something • come on let us play • girl and boy are equal</td>
<td>The intended message here was - &quot;boys and girls are equal just like pair of weighing scales&quot;. However many rural people “read” the pictures separately, weighing scales are understood separately, boy is running behind the girl is understood separately. <strong>The two facts are usually not “read together.”</strong> When designing for rural communities this has to be kept in mind.</td>
</tr>
</tbody>
</table>

A systematic field test is recommended after designing /developing communication plan.
The burning cigarette was identified fairly easily. What was however not identified by many was that sign of cross or “do not” over the burning cigarette.

Using more than one concept in a image - the picture in addition to “do not do” - causing confusion for some.

A black round ball in the stomach region: most rural women relate to pregnancy in this way. It is easy to understand this perception: they perceive the growing baby as a ball of blood and flesh and represent this as ball.

Local perceptions and interpretations have very firm place in media design and cannot be ignored.

The intended message It is not just rural persons who find this hard to understand, many urban educated people do not know what this means.

There no such concept as “universal imagery”. Perceptions will always differ.

The image represents a pair of hands massaging the stomach area so vigorously that the woman begins to bleed.

A close up view of any image is always a little difficult, unless it is accompanied by a larger “reference image”. There was a high chance for it to be misinterpreted.
All interpretations are correct. When developing images, we must be ready for the image to be seen differently from the intended message.

This image has been identified very differently from the intended message “symbol for male”.

All participants are associated with reproductive health. The audience always has a tendency to “find” or “look for” an area that it is supposed to be or anticipated to be. So it is not surprising that their interpretation of the image is related to aspects of reproductive health.

The intended message of one bird saying something to the other bird was totally missed.

The speech bubble (comic book style of showing conversation) is recognized by those who have exposure to comic books. For those who are not familiar, speech bubbles are not really “seen”.

The intended pictorial is a step well, a common water source in many areas of India. The participants did not recognize this at all as there are no step wells where they live. It was logically interpreted in the way they saw it.
Many women correctly recognized this as a girl menstruating. Since the picture did not look like the traditionally drawn figure of a woman, it was interpreted in other ways.

- scene after delivery
- placenta has come out
- mother and child

Identified easily, no specific cue

The intended message of a water bucket in the well had many interpretation. Not surprising as many villages do not have wells and participants did not identify with this.

- nutritious food
- Vitamin A
- Food with iron

Identified easily, no specific cue

This is the way many women draw “chullah”
• clean and pure water
• water is good after 8 hours
• one water pot is closed, one is open
• condom
• pure water, impure water

• human being
• pregnant woman getting water
• child is in the stomach
• woman filling water

• some symbol, arrow maybe
• penis
• uterus with mouth open
• pregnant woman
• ovary

• human body
• cannot identify this
• pregnant woman
• child with malnutrition
• sick person
• puppet

• woman menstruating
• young girl menstruating
• blood flow
• woman delivering
• person sick
• a cartoon figure

• A woman delivering a baby
• an ANM is assisting in the delivery
• a doctor is assisting
• the mother is being looked after, this will save her from infection

No one said this is right and this is wrong.

All interpretations are acceptable. There is no right or wrong.

If there is no state bank of India in the village it is unlikely that tis would be recognized. Naturally it is “seen” in different ways.

All interpretations are acceptable. There is no right or wrong.

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All interpretations are acceptable. There is no right or wrong.
• publicising something to a group
• street play
• increasing population
• publicizing contraception

• not able to fully understand this
• all are social workers
• publicising something
• digging with spades
• cleaning up the environment

• pregnant woman
• ASHA worker
• young woman
• adolescent girl
• 3 - 4 - 5 months pregnant

• many pregnant woman are standing in one line
• shows gestation, 1 month to 7 months
• many pregnant woman are going to the mobile van
• girls are standing in a line - aged 13 years to 18 years
• immunization

All interpretations are acceptable. There is no right or wrong.
Learning from visual cues

• Intended communication fails when a picture is differently interpreted. Communication media catering to mass audiences has ignored the vast discrepancies in visual language. This fact must be kept in focus.
• There exists a myth that symbols are universal, that all people across cultures understand the same images. Symbols and imagery are not universal. For an audience with no formal school education, abstracted symbols like ticks and crosses, speech bubbles, scales are taken literally and hold no symbolic meaning. This was illustrated clearly during the picture recognition session. Perception are different for different people.
• Visual perception is the way a person “reads,” interprets or understands a picture and cultural environment and personal experience determine the way pictures are understood.
• The visual language of a group is acquired over time with respect to their surroundings.

Media designed for the Mobile van audience must be developed to include:
• visual perception, that is community specific
• literacy levels
• gender
• field testing to confirm if they are understood the way it is intended.
• visuals designed and developed by community members - encouraging people’s own visual expression, finding common visual languages and finally producing visuals that are responsive to the needs of the target audience.

A drawing workshop is recommended. During group discussions, women who are often silent are able to communicate through drawings. Opening new avenues of communication can be part of a wider process of revaluing and redefining media for the mobile van. (Past experiences have clearly shown this. In workshops where women are encouraged to express themselves through drawing, issues and concerns subtly surface which otherwise would remain hidden. The hidden issues can thus be addressed systematically.)
A total of 69 ASHA workers from Ramnagar and Haldwani block were requested to examine 12 samples of communication products. They were then asked to give their opinion based on the following points.

- What is the main message the media attempts to convey?
- Please give your opinion on the text and illustrations and the overall look.
- Is this suitable for distribution/sharing/displaying in the areas where the van reaches?
- Suggest situations/locations where this media can be used/given/displayed.
- Suggest how this media can be improved/modified.
- How many units should be printed of each of these products?
- Any other opinion?

Sticker: Size: 7” X 4.5”
Content: Violence against girls and women
Content is clear, but there should be a picture of violence. For such an important message the size of this paper is too small, where are we going to stick this? Make it larger. We are going to be forced to think about violence when we see this product. Yes, we should have poster sized material like this. This can be pasted at the milk dairy, panchayat bhawan and other common spaces. You can give each ASHA worker 100 units of this product for distribution.

Comic Book: Size: 5” X 7”
Content: Youth and risky behaviour, HIV, blood donation
Content seems clear, some pictures are not clear. But it is a good product. It is suitable for young persons and literate persons. Young persons need to be told about HIV. So this product is okay, but some people may have objection to this being distributed to young persons. These books can be kept in the van and we can give this when we give out condoms. This can also be kept at the anganwadi, milk dairy at senior schools and then distributed.
Take Away: Folded triangle size : 2.5” X 3.5 “
Content: Nirodh and AIDS
Pictures are clear. It shows clearly how to wear a condom, however two pictures are missing, taking the condom off after intercourse and pinching the front part of the condom to remove the trapped air. It is a very interesting product, giving it may cause lot of embarrassment, not giving this means health issues!
Is there a method to cover the pictures and not make it so open? When it was folded back into its triangle shape, everyone realized then that it was indeed covered, so they were a lot happier with it!

HIV mirror pamphlet Folded Size : 5” X 8 “
Content: Nirodh and HIV
Message is clear, pictures are clear. It is suitable for both literate and non literate audiences. It shows clearly how to wear a condom, however it is not all suitable for taking back home. Suppose children see it? Later within the group it was agreed that such a pamphlet is in any case kept away, so the product getting into a child’s hands is out of question.
The pamphlet can be distributed from the van, anganwadi, given out by the ASHA.
Take Away STI Folded Size: 5" X 5"
Content: Sexually Transmitted Diseases
Pictures are clear. (messages were deliberately not read out, but explained only at the end) The figures in the illustrations communicated well and was easily recognized, as pain, bleeding during intercourse, etc. There was a general understanding that the problems are in the genital area. But the ASHAs were not clear about what these symptoms lead to (that is that connection between STI and the symptoms). ASHAs should be able to distribute this easily, but women will be able to give to women and men to men. ASHAs husbands can give to other men.
100 units per ASHA is a good print size.
The take away can be distributed from the van, from the Anganwadi.

Take Away STI Folded Size: 6" X 8"
Content: Sexually Transmitted Diseases
Pictures are not clear. There is no picture of a man or a woman, just the pictures of the make genitals. It makes us uncomfortable to see this. We are not sure if we will be able to distribute this at all. The previous pamphlet on STI was better designed.

Chaupad Take away Children’s illnesses Folded Size: 5" X 5"
Content: Children’s illnesses
Pictures are all self explanatory, “pet mein kida” fever picture + ORS picture was really clear, the pneumonia picture is confusing. This is not suitable for take away but must be made into a large poster that all can see. It is an important topic.
Immunization take away : 2” X 4 “
Content: Immunization
The information on this product, both pictures and content is comprehensive and is very apt for the van. All the facilities are available in the van. This communication product is better as a poster. Then we can put it up in public spaces and everyone can see it, come to the van and immunize their child.

Contraceptive book take away Size : 3” X 4 “
Content: Children’s illnesses
The little book is handy and it has information on a range of contraceptives. All these contraceptive options are distributed in the van. So this is most suitable for keeping in the van and distributing from there. We like that information about the pregnancy test (urine test)

Poster, emergency pill Size : 18” X 22 “
Content: Children’s illnesses
Posters are useful, we can put them up anywhere. Posters can be of any topic. They can be put anywhere like shops, like any community - common place.
( Posters are impersonal, something not handed over by the ASHA like a Take Aways. Is this is why there is so much enthusiasm about a poster and discomfort about Take ways on sensitive issues. This needs to be examined further.

Nutrition Flag Size : 9” X 12 “
Content: Nutrition
One ASHA named this product “SWASTH BHARAT”! The association with the Indian Flag is instant. The thali and the association of the colours of the flag and the food in the thali is instant and liked a lot.
Learning from opinions about media:
• The reality of illiteracy cannot be ignored. The rural community still largely relies on inter-personal communication as a way of sharing information. In this scenario, training programmes can have a vital role. One major component of communication planning can centre around training and aids for training and awareness building. These aids can be made more community friendly and sensitive to include visual grammar familiar to the audience.
• At the same time, one cannot exclude the literate community. A limited number of take away material can be developed with well designed text and pictures.
• Specifically
  - No one related at all to stickers. An unfamiliar media, it was suggested again and again that the size should be increased. In fact, the ASHAs said give us the poster we can peel of the back and stick this at different locations
  - Posters are a familiar media as they have been in use for many many years. This is an impersonal media, you can stick it anywhere and then the ASHA is not responsible anymore.
  - Take aways on the other hand are very personal, the ASHA gives this one to one. Therefore this causes some degree of discomfort to the distributor. Any take away that is crucial to reproductive health and one that has discomfort causing content must be accompanied by systematic counseling of the ASHA. How to give it, in what circumstances to give it, when to give it.
  - Comic books have a place in the context of adolescent reproductive health. But this can be recommended only if the programme includes a strong adolescent field component.
  - The nutrition flag was extremely popular. The colours, the non controversial content all add to quick acceptance.

Communication plan

Objectives:
• increase utilization of the Mobile Van services (preventive, diagnostic, curative)
• improve access to RCH services in areas with poor access.

It is anticipated that using many communication methods, tactics and media will help to increase the patient load from the current ...... to ....
Methods, tactics and media

1. Giving the van a brand name: logo/USP
A symbol/logo/usp (unique selling proposition) will be developed as an identity for the van. A two day field test workshop will be conducted. Here the first draft of BCC material will be shared with ASHA workers and in addition design workshop will be conducted with ASHA workers and ideas for the logo and USP will be generated. The logo / usp will repeat on everyday objects, like a match box, childrens’ products like a pencil, carrying a three word message for the van, a cloth jhola and others. This will help the community recall and identify with a health facility that they can start accessing.

2. Visual face lift: painting the van: the logo + usp on the van

3. Publicizing the presence/existence of the van to the general community and the facilities the van can offer. Media will be selected depending on the block.
   - loud speakers (in non mobile zones): messaging - Camp date and time, future camp dates and times, facilities available
• **mobile phone messages** (in mobile zones): *messaging - Camp date and time, future camp dates and times*

• **van schedule circulars** to be issued to select persons in village- example milk cooperative head, selected shop owners in the chouraha, teachers and others *messaging - Camp date and time, future camp dates and times*

• **limited edition posters**: *messaging: announcing registration fee, van facilities and who can access and whom to contact for more van information*

• **wall paintings**: *messaging: announcing registration fee, van facilities and who can access and whom to contact for more van information*

4. Motivating specific target groups to use the van
   • Half day **“Van awareness” workshops** in the community for women
   • Orientation workshops with in the general community.
   • Orientation workshops with adolescents - both boys and girls

Workshops to be conducted by the ASHA worker. ASHA workers will receive specific training that will equip then to conduct the sessions efficiently.

5. Addressing critical reproductive and child health issues and through that create awareness about facilities in the van and pointing to the van (drawing attention to van) as a space where RH issues can be addressed.

**Take Aways** will be developed for the following short listed areas of reproductive health that were found to be critical

• STI
• HIV
• Contraception
• Menstruation - hygiene options

6. **Portable /desk top counselling material** on critical areas of reproductive health, child and maternal health. The material developed for this will be designed to double as “material for van team” + training material for ASHA to work with her community.

   The areas :
   • STI
   • HIV
   • Contraception
   • Menstruation - hygiene options

Here, the STI, HIV and contraception products will draw its **content and illustration from existing ASHA + materials... format will change** to fit in with the concept of “portable desk top material.”

7. **Focussed group discussion ( FGD) material** on critical areas of child and maternal health. Material for this will centre around the following areas:

   • ANC/ PNC care
   • Immunization
   • Children’s diseases

*Material under this section is already available from the ASHA + programme. These will be reviewed and minor modifications incorporated if required*

8. **Training ASHAs to use FGD material**

   This training will focus on how to use the materials to communicate for issues of RH and child health
<table>
<thead>
<tr>
<th>Media</th>
<th>Details</th>
<th>Messaging</th>
<th>Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loud speaker announcements</td>
<td>In remote areas</td>
<td>Camp date and time, future camp dates and times, facilities available</td>
<td>1</td>
</tr>
<tr>
<td>Mobile phone messages</td>
<td>In areas where there are mobile phones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple one page van circulars</td>
<td>Given to selected people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td>Limited print run</td>
<td>Announcing registration fee, van facilities and who can access and whom to contact for more van information</td>
<td>2</td>
</tr>
<tr>
<td>Wall paintings</td>
<td>Limited number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take Aways</td>
<td>Four take aways</td>
<td>Messaging to be finalized with Future group</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>• STI</td>
<td></td>
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<td>• HIV</td>
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<td>• Contraception</td>
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<td></td>
<td>• Menstruation/hygiene options</td>
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<td></td>
<td>The Take Aways will be given in a pre designed sequence, in rotation. The first Take Away in month one, the second in month two, the third in month three and so on. Then in month five the first take away is brought back for distribution. That way, patients keep seeing new products at each visit.</td>
<td></td>
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</tr>
<tr>
<td>Field test workshop + logo/USP</td>
<td>Designing of the Take Aways: Draft to be made ready</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Brand name logo/USP</td>
<td>Ideas to be generated at field test workshop</td>
<td>Logos/ USP will be short listed, modified and finalised</td>
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<td>---------------------</td>
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<tr>
<td>Painting the van itself</td>
<td>Van to be given a visual face lift</td>
<td>New colours, logo/usp</td>
<td></td>
</tr>
<tr>
<td>Match box /jhola/pencils other products</td>
<td>Stickers on the backs of match boxes on multipurpose cloth bag</td>
<td>logo/usp</td>
<td></td>
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<tr>
<td>Van awareness workshops</td>
<td>Community members/ groups to be allowed to go inside the van and see for themselves, facilities to be explained. Women and adolescent groups to get an orientation to the kinds of health issues that can be dressed in the van</td>
<td>Each block to have three half day orientation workshops, general community, women, adolescent girls and boys</td>
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<tr>
<td>FGD material</td>
<td>Review of existing material , modifying and finalizing</td>
<td></td>
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Initial ideas for prototypes

Rough sketch:

Van Tag for mass distribution

1. Like an airline tag, can be tied to a school bag strap, just given away.... Much like visiting card, with a different shape.

Shape to be still worked on.

Side two

Wellness on wheels
Quality health care at your door step. The mobile health van. On ---- and --- of each month.

Van will be parked at Kali Mandir

2. This can work into a three dimension van... it can be assembled, flap tucked in to make it like a card board van for kids to play with. The message remains on it. The shelf life - 2 hours to two months depending! But excellent as a “launch” product.

The surface will be folded down at two points as shown in the arrow and simple flaps will lock it in to make this into 3 d van.

Vikalpdesign/Futures Group
October 2008
One single portable /desk top counselling material

Due to shortage of space on the doctors desk/nurse's desk, the table top material will combine critical issues that are usually addressed by the van team

- STI
- HIV
- Contraception
- Menstruation

Mobile van: Counselling aid

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