

Orientation Manual For Tarang Members (AYUSH)

Participant's Manual
2008



Uttar Pradesh Social Franchising Project

A project supported by USAID & SIFPSA. Implemented by HLPFPT



Preface

HLFPPT is an organization committed to work with various partners pioneering innovations for bettering health outcomes for the poor. Merrygold Health Network is one of such innovations in the field of Social Franchising.

Merrygold Health Network, aims towards achieving an objective of improving Maternal and Child Health through increased access to low cost – high quality healthcare services, for rural and urban working poor in Uttar Pradesh. In U.P. Social Franchising Project (supported by USAID and SIFPSA), HLFPPT as an implementing agency, will be establishing 70 fully franchised Merrygold Hospitals at district level, 700 partially franchised Merrysilver Clinics at block level and will be working with more than 10,000 Tarang partners (ASHAs, Chemists, Fare price shop owners, Tarang health committee members, Opinion leaders, Anganwadi workers, Depot holders) and AYUSH practitioners at the village level by 2010. Two model hospitals are already established in Kanpur and Agra focusing on maternal and child health care.

In our endeavour to make this a successful model, it was felt that training of AYUSH members will be a key component as they serve as the first point of contact for any health related problems among rural masses and enjoy a wide reach and credibility.

Equipped with the necessary skills, AYUSH can serves as a promoter and provider of healthcare products through social marketing and also establishes a strong referral network in his/her village by linking up the people with quality services in the government healthcare settings and Merrygold health network.

This “*Orientation Manual for Tarang (AYUSH) - 2008*” has been designed as a reference guide for AYUSH members, producing a cumulative force of trained AYUSH in a village or tehsil. It has been pre-tested with AYUSH at Kanpur and Agra. The inputs and feedbacks from them and comments of review committee members from SIFPSA and ITAP, has given this manual the present shape.

We have taken great care to make this manual as comprehensive, unambiguous and relevant as possible and hope this would serve as a ready reckoner and enabling tool in skilling the AYUSH practitioners.

HLFPPT

Acknowledgement

In order to build the skills of AYUSH practitioner as promoters, providers and communicators of healthcare issues and products in their villages, I present this Participant's manual named "*Orientation Manual for Tarang (AYUSH) - 2008*". This manual is the result of sincere intent and hard work of all those who are an integral part of the Merrygold Health network.

I am grateful to Mr. G. Manoj, (CEO, HLFPPPT) who has shown faith in my entire team to undertake the task of preparing this manual.

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The manual has been pre tested with AYUSH practitioners at Kanpur and Agra. Efforts made by Mr. Shashi Sharma, Mr. I.B. Srivastava, Mr. N.K. Pandey from HLFPPPT, in organizing the trainings and involvement of entire Merrygold hospital staff in trainings was commendable.

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Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Worker
AWW	Angan Wadi Worker
AYUSH	Ayurveda, Yoga, Unani, Siddha and Homeopathy
CBO	Community Based Organization
HIV	Human Immunodeficiency Virus
HLFPPT	Hindustan Latex Family Planning Promotion Trust
HMIS	Hospital Management Information System
IIPS	International Institute of Population Sciences
ISMP	Indigenous System of Medicine Practitioner
IMR	Infant mortality rate
IUD	Intra Uterine Device
MMR	Maternal Mortality Rate
MTP	Medical Termination of Pregnancy
NGO	Non Government Organization
NHFS	National Family Health Survey
OCP	Oral Contraceptive Pill
ORS	Oral Rehydration Salt
PPNDT	Pre Conception Pre Natal Diagnostic Techniques
RCH	Reproductive & Child Health
POP	Promotion of Product
PSI	Population Services International
STIs	Sexually Transmitted Disease

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Definitions

- **Infant Mortality Rate** – Number of infants dying under one year of age, in a year per 1000 live births of the same year.
- **Maternal Mortality Rate** – Number of deaths of women while pregnant or during delivery or within 42 days of delivery due to any cause related to pregnancy and child birth per 1,00,000 live births in a given year.
- **Neo-natal Morality Rate** – Number of infants dying within the first month of life (under 28 days) in a year per 1000 live births of the same year.
- **Peri-natal Mortality Rate** – Number of still births plus deaths within 1st week of delivery per 1000 births in a year.
- **Post Neo-natal Mortality Rate** – Number of infant deaths at 28 days to one year of age per 1000 live births in a given year.
- **Sex Ratio** – Number of females per 1000 males in a population
- **Unmet need for Family Planning** – Currently married women who are not using any method of contraceptives, but who do not want any more children or want to wait two or more years before having another child are defined as having an **unmet need for family planning**. Current contraceptives users are said to have a met need for family. The total demand for family planning is the sum of met and the unmet needs.
- **Total Fertility Rate** – Average number of children that would be born to a woman if she experiences the current fertility pattern throughout her reproductive span (15-49 years).

About the Manual

This manual has been designed for Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) doctors, practicing in the interiors of Uttar Pradesh about HLPPT's efforts in Social Marketing, Social Franchising and Tarang (AYUSH) network formation. It contains the details about the Tarang (AYUSH) Network, its functions, benefits of being Tarang (AYUSH) members, linking Tarang (AYUSH) with HLPPT's social marketing and social franchising projects.

The manual has been divided into three modules and further into units. The modules are –

1. Understanding Tarang (AYUSH) Network
2. Social Franchising
3. Social Marketing

Case studies and examples have been incorporated in modules, wherever required for the better understanding of the participants.

MODULE 1

Understanding Tarang (AYUSH)

- Unit 1.1 The Tarang (AYUSH) Network
- Unit 1.2 Becoming a Tarang (AYUSH) Member
and its Benefits.
- Unit 1.3 Enrollments as Tarang (AYUSH)
member

About this Module

This module has been written for the Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) doctors of Uttar Pradesh. The module is based on the learning from HLPPT's past experiences of social marketing in Uttar Pradesh and some other major states like, Andhra Pradesh, Orissa, Bihar, Jharkhand and MP.

This Module consists of three units explaining the basic concept about Tarang (AYUSH) Network and benefits of being a Tarang (AYUSH) member.

Unit 1.1 The Tarang (AYUSH) Network

Learning Objectives:

- Understand their present role in the community as health care providers.
- Understand the concept of 'Tarang (AYUSH) network'.

1.1.1 What is a Tarang (AYUSH) Network?

'Tarang (AYUSH) Network' can be described as a closely-knit community. A community, which encompasses AYUSH doctors as its members and HLPPT as its focal point. The objective of the network is to strengthen health services through social marketing of wellness products and establishing a network and co-ordination with ANMs, AWWs, ASHAs and community, hence create a strong referral backbone connecting the villages to the block and district level franchisee hospitals of HLPPT.

1.1.2 Who is a Tarang (AYUSH) Member?

Tarang (AYUSH) member is an Ayurveda, Yoga, Unani, Siddha and Homeopathy, health service provider who is the first contact for health care services at the village level. He /she is accepted, recognized and respected by the community. Their timely presence, easy access and services rendered make them eligible to become a Tarang (AYUSH) Partner.

As a Tarang (AYUSH) member, he/she serves the community, and is responsible for ensuring affordable and accessible quality health care services and products.

1.1.3 Why AYUSH doctors as Tarang (AYUSH) Members?

Apart from providing their routine clinical services, the AYUSH will be inducted and trained in Maternal and Child Health, Social franchising and social marketing of health care products, counseling in general and especially for maternal and child health and family planning issues. They would also establish referral network to support any medical emergency in their area. Only AYUSH are being considered as Tarang (AYUSH) members because -

- AYUSH have better acceptance and motivating capacity among rural communities.
- AYUSH facilitate increased availability of health and family welfare services and products in remote areas through creation of access points.
- There has been an increase in, providing maternal and child health services, contraceptive usage through Tarang (AYUSH) network in UP.

Unit 1.2 Becoming a Tarang (AYUSH) Member and its Benefits

Learning Objectives:

- Articulate the benefits of being a Tarang (AYUSH) member.
- Feel motivated to work as Tarang (AYUSH) member.
- Know about the enrolment as a Tarang (AYUSH) member.

Case Study

Ravi Kishan, a resident of Village Badi, District Sitapur, has been associated with HLPPT for last one year as a Tarang (AYUSH) member. Earlier, people knew him only as a unani doctor and used to visit him for treatment of minor ailments, cuts and wounds. His practice was not very successful and hence it was difficult for him to earn a decent living.

After enrolling as a Tarang (AYUSH) Member he got an opportunity to attend several training programs arranged by HLPPT and gain insight into various healthcare issues. He got to know about various complications and their management during pregnancy and new born care. This helped him in increasing his number of patients and he benefited from being Tarang (AYUSH) members.

He was given training on pregnancy and care, new born care, family planning and contraceptive usage and about various common illnesses like diarrhea, anemia and malaria.

After the successful completion of the trainings, Ravi Kishan received various product related and health information display materials for his clinic.

As a Tarang (AYUSH) Member, he was full of enthusiasm to start the right maternal and child health practices and serve efficiently, but he did face a few problems in convincing people to even talk about issues related to family planning, contraception and HIV/AIDS. However, with consistent support from HLPPT, his efforts became successful to a major extent.

Now, Ravi could get access to all HLPPT products at his clinic itself, through the marketing team, his practice has improved and his clinic has become the sole destination for people in need of any maternal and child health services..

Today he proudly speaks that he has developed a well-recognized and respectable image for himself among his fellow villagers. He is delighted about the contribution he has made to his community.

- Q-1 What opportunities did Ravi Kishan get after being enrolled as a Tarang (AYUSH) member?
- Q-2 What were the benefits which he obtained after attending training sessions?
- Q-3 What were the problems faced by Ravi after he received trainings?
- Q-4 What support did he get from HLPPT team?

1.2.2 Benefits of being a Tarang (AYUSH) Member

Tarang (AYUSH) members have a major role to play in the community, in the process, they obtain certain benefits also. These tangible and intangible benefits are crucial in keeping their spirits high and motivate them to continue their activities with enthusiasm. As part of the Social Marketing force in the villages, it has been observed that Tarang (AYUSH) Members have –

Increased visibility: Tarang (AYUSH) members will receive direct attention and recognition from large projects of HLPPT, like social franchising and social marketing projects which will increase their visibility in the community

Increase in respect: Tarang (AYUSH) Members will be recognized and valued as good service providers, counselors and well wishers of the community. The work done by Tarang (AYUSH) members will be appreciated by the community members and will help enhancing their social status.

Increased knowledge: Improvement in knowledge about care during pregnancy, post partum assessment and new born care, childhood illness and their management and contraceptives, social marketing concept and products will be another benefit for Tarang (AYUSH) members as they will receive detailed training about these products.

Enhanced skills: With the help of various practical sessions, which are the part of Tarang (AYUSH) training, the Tarang (AYUSH) members will be able to enhance their skills in areas like first aid, use of sterile injectables etc.

Increase in earnings: Tarang (AYUSH) members can increase their monthly earnings through selling social marketing products, provided to them.

Networking with other AYUSH: Tarang (AYUSH) member can stay in link with all other Tarang (AYUSH) members and AYUSH in the area.

Appropriate ambiance: Tarang (AYUSH) members will get a platform to discuss different issues of their concerns, communicate their problems among other Tarang (AYUSH) members and present their ideas related to their work in front of other members.

Unit 1.3 Enrollments as a Tarang (AYUSH) Member

Learning Objectives:

- Get enrolled as a Tarang (AYUSH) member.
- Understand the dos and don'ts as a Tarang (AYUSH) member.

1.3.1 Enrollment as a Tarang (AYUSH) Member

Every AYUSH are required to submit the following details before become a Tarang (AYUSH) member.

- Degree or certificate of qualifications
- Registration number provided by Registrar office
- Population catered
- Average number of referrals done
- Certificate or any other document provided by Chief Medical Officer of the district to practice in a particular area.

1.3.2 Roles and Responsibilities of Tarang (AYUSH) Members

- Encouraging and providing maternal and child health services.
- Discouraging wrong practices like oxytocin to the pregnant women for inducing labour.
- Creating awareness in the community for maternal and newborn care.
- Counseling of the eligible couples in the village on usage of spacing methods.
- Counseling and informing the Self Help Groups and young mothers with 0-5 year children on Oral Re-hydration Therapy.
- Promoting the usage of at least 100 Iron & Folic Acid tablets among pregnant women in the village and also promoting intake of iron rich and nutritious food for adolescent girls through school campaigns.
- Promoting menstrual hygiene among adolescent girls and usage of sanitary napkins.
- Acting as village contraceptive and health care depots for dispensing of program supported products in the remote villages where there are no medical outlets.
- Promoting a health seeking behavior amongst the village community.
- Networking with ANMs, Angan Wadi workers and ASHA for various health related events and activities.
- Doing referrals to the government or Merrysilver clinics, Merrygold hospitals during complications in pregnancy, delivery, post partum or new born etc.

1.3.3 Instructions for Tarang (AYUSH) Members

- Listen carefully and be patient with the client.
- Collect complete history from the client.
- Impart health related information.
- Provide counseling and support to all community members.
- Refer client when serious.
- Check product stock timely for expiry dates.
- Guide the client with correct and complete information.
- Follow the marketing guidelines of HLPPT.
- Inform and charge the client with correct product price, as laid by HLPPT.
- HLPPT strongly discourages Tarang (AYUSH) members from performing abortion or any other malpractices.
- Any women in complication should be referred to the nearest equipped and certified government health care facility.

MODULE 2

Tarang (AYUSH) in Social Franchising

Unit 2.1 Franchising

Unit 2.2 Situational analysis of Health Scenario in U.P

Unit 2.3 Uttar Pradesh Social Franchising Project

About the Module

Module 2 comprises of three units. The first unit concentrates on the concept of Franchising and Social Franchising. The second unit gives the participants an insight on health scenario and third unit gives an idea about Social Franchising Project of HLPPT in Uttar Pradesh.

Unit 2.1 Franchising

Learning Objectives:

- Understand the concepts of franchising and social franchising.
- Be aware of the advantages of franchising.

2.1.1 Franchising and Social Franchising

Franchising is a method of doing business wherein there is a franchiser and franchisees.

Franchiser is the owner and originator of the franchise brand and policies. Franchisee is the individual outlet owner. The franchiser provides the **trademarks** and tried and proven methods of doing business to a franchisee.

The **franchisee** gives the franchiser a recurring payment, and usually a percentage piece of **gross profits** as well as the annual fees. Various other profits like **advertising, training**, and other support services are commonly made available by the franchiser to the franchisees. It helps avoid many of the constraints commonly faced by individuals in setting up their own business.

Franchising enables rapid growth by individuals to buy a proven business format and run it as their own business, with guidelines from the original franchiser. Examples of franchising are available in the business of footwear, clothing, cosmetics, education, food, health-care etc. Following are some of the examples: Action Footwear, Raymond's Men's Clothing, Lakme Products, Aptech Computer Education, Apollo Health Care, and Mc Donald's.

Social Franchising is a term used to describe the process by which organizations working for social causes replicate their successful business formulae enabling other people or organizations to start-up and run that business elsewhere.

It is based upon the concept of franchising in the commercial sector. This offers the potential of much greater impact on social problems alongside local community ownership.

Few examples of social franchising associated with health care are –

- Janani, an Indian NGO working in Bihar has been successful in establishing and running franchised health care clinics for maternal health and family planning.

- PSI, an international NGO, has franchised clinics called ‘Key Clinics’ for STI management.

2.1.2 Advantages of Franchising

- A strong brand identity gets things moving faster and provides credibility that is vital to success. This is one of the biggest advantages of franchising – that one has the right to use the brand name and trademarks of the franchiser, which saves a lot of investment.
- Another very big advantage of franchising is that the franchisees do not have to make their own mistakes to learn! The franchisee can learn from the past experiences of the franchiser.
- By taking a franchise of an established brand, the franchisee is assured that the clients coming to him are already aware of the products or services. Hence, the returns come relatively faster.
- Regular training keeps the franchisees updated on products, services and market trends.

Unit 2.2 Situational Analysis of Health scenario in Uttar Pradesh

Learning Objectives:

- To understand the current health situation of Uttar Pradesh in terms of demography, maternal & child health and new born & infant health.

(A) Population profile in UP

Uttar Pradesh is the largest state in terms of its population size. It's 166.4 million population comprising 17% of India's population. The demographic backwardness of UP is characterized by most demographic parameters such as high fertility with a total fertility rate (TFR) of 4.4 in compared to India's TFR is 2.9(SRS 2006). In addition U.P has very high Maternal Mortality Ratio and Infant Mortality Rate.

Table 1: Comparative table of Family Planning status of (currently married women, age 15-49), in UP and India.

Indicators	Uttar Pradesh			India		
	Total	Urban	Rural	Total	Urban	Rural
Any method (%)	43.6	56.3	39.7	56.3	64.0	53.0
Any modern method (%)	29.3	42.3	25.2	48.5	55.8	45.3
Female sterilization (%)	17.3	18.7	16.8	37.3	37.8	37.1
Male sterilization (%)	0.2	0.5	0.1	1.0	1.1	1.0
IUD (%)	1.4	3.2	0.8	1.8	3.4	1.1
Pills (%)	1.7	3.2	1.3	3.1	3.9	2.8
Condoms (%)	8.7	16.6	6.2	5.3	10.0	3.3
* Unmet need	21.9	15.5	23.8	13.2	10.0	14.6
For spacing	9.3	6.0	10.3	6.3	4.6	7.1
For limiting	12.6	9.5	13.5	6.8	5.3	7.5

(Source: NFHS-3 2005-06)

As seen in the above table there is need for contraceptive usage among eligible couple in U.P

(*Currently married women who are not using any method of contraceptives but who do not want any more children or want to wait two or more years before having another child are defined as having an unmet need for family planning.)

(B) Maternal & Child Health

Maternal Health

More than half the pregnant poor women do not receive three antenatal check-ups. A similar number of women in reproductive age group are anemic. The high proportion of domiciliary Deliveries, many of which are attended by untrained health personnel in unhygienic conditions exposes mother to risk and complications.

There are five major obstetrical causes to maternal deaths:

- Hemorrhage
- Obstruction,
- Unsafe Abortion
- Sepsis
- Hypertension disorder
- Other contributing factors for maternal death are Malaria, Anemia, Viral hepatitis.

Table 2: Comparative table of Maternal Care (for births in the last 3 years) in U.P and India.

Indicators	Uttar Pradesh			India		
	Total	Urban	Rural	Total	Urban	Rural
Mothers who had at least 3 ANC visit for their last birth (%)	26.3	40.9	22.6	50.7	73.8	42.8
Mothers who consumed IFA for 90 days or more when they were pregnant with their last pregnancy (%)	8.7	16.4	6.7	22.3	34.5	18.1
Births assisted by a doctor/nurse/LHV/other health personnel (%)	29.2	50.5	23.8	48.3	75.2	39.1
Institutional births (%)	22.0	39.9	17.5	40.7	69.4	31.1
Mothers who received PNC from doctor/nurse/LHV/other health personnel within 2 days of delivery for last birth (%)	14.2	31.1	9.9	36.4	60.7	28.1

(Source: NHFS-3 2005-06)

The maternal mortality ratio of UP is 517 in compared to India's 301. (SRS2001-03)

(C) Newborn and Infant Health

Children are the hope of the nation. Survival of newborn and infants is directly related to the maternal health, nutritional status and management of obstetric complication during a woman's delivery and postnatal period.

Infant mortality includes all causes of death occurring to babies to 0-1 year of age.

The major causes of infant mortality are:

- Low birth weight
- Diarrhea
- Measles
- Pneumonia
- Malaria during pregnancy
- Accidental cause

Table: 3 Comparative table of Infant mortality rates, Neo-natal mortality rates and early neo-natal mortality rates by residence, UP and India, 2005.

Indicators	Uttar Pradesh			India		
	Total	Urban	Rural	Total	Urban	Rural
Infant mortality rate	73	77	54	58	64	40
Neo-natal mortality rates	45	48	33	37	41	23
Early neo-natal mortality rate	32	35	18	28	31	16

(Source: Sample Registration System (SRS), Report no.2, 2006)

The present infant mortality rate in India has reduced from 64 per 1000 live births in 2002 to 58 per 1000 live birth (SRS-2006)

Family planning saves lives and improves health

Women's health. Contraceptive use reduces maternal mortality and improves women's health by preventing unwanted and high-risk pregnancies and reducing the need for unsafe abortions. Some contraceptives also improve women's health by reducing the likelihood of disease transmission and protecting against certain cancers and health problems (see Box).

"It is estimated that 100,000 maternal deaths could be avoided each year if all women who said they want no more children were able to stop childbearing."

Each year over 500,000 women die from causes related to pregnancy and childbirth (*Maternal Mortality Ratios and Rates*, WHO, 1991). Pregnancy also affects women's health: for each

maternal death in a developing country, more than 100 women suffer illnesses related to pregnancy and childbirth (Koblinsky, 1993). A significant proportion of these deaths could be avoided through the effective use of family planning; it is estimated that 100,000 maternal deaths could be avoided each year if all women who said they wanted no more children were able to stop childbearing (World Bank, 1993).

Unit 2.3 U.P. Social Franchising Project

Learning Objectives:

- Understand the structure and operation of the Social Franchising Project in UP.

The demographic backwardness needs to be the focus of attentive and concerted efforts. To meet the challenges HLPPT started its social franchising program in UP. HLPPT recognized problems such as inadequate access by the most vulnerable groups; poor quality and coverage of primary and secondary facilities. Even though private sector has a major role in providing health services; they have not been networked in an organized manner for better public health outcomes.

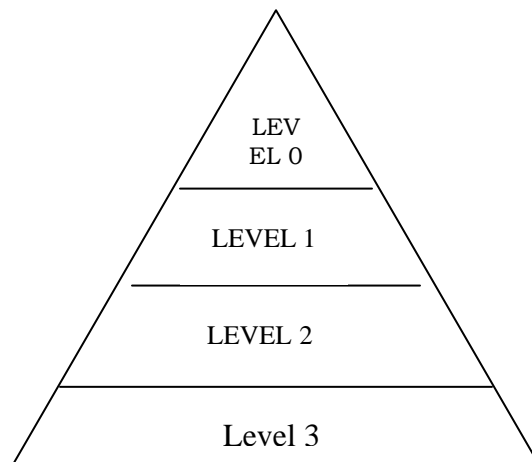
2.3.1 Vision of the Project

The project would create a sustainable public private partnership in healthcare for the low – income working class and poor by developing a sustainable network of franchised hospitals offering quality RCH service at pre fixed prices.

Objectives: -

- To refine franchisee business model piloted by HLPPT and validate the key assumptions.
- To standardized quality of service, pricing and customer care standards across various franchised hospitals through appropriate management models.
- To augment the franchised service through partnership with specialized organizations committed to the vision of providing low cost high quality health care for the poor.
- To build an organizational system for franchise identification, contracting and management.
- To develop a franchised network of more than 70 franchised hospitals and at least 700 fractional franchised clinics networked to 10,500 RMPs and AYUSH spanning the entire state of Uttar Pradesh over a period of 3 years.

2.3.2 About the Project



As shown in the figure above, the Social Franchising Project in UP has four levels – Levels 0, 1, 2 & 3.

Level 0 (L0) are hospitals *owned by HLPPT*, which are one each, at Agra and Kanpur. They are located in the periphery of these cities providing health care services for the mother and child. Services provided are – Normal Delivery, Caesarean Sections, other Gynecological surgeries, IUD insertion, and basic child health care facilities. Diagnostic services like pathological examination and Ultrasonography are also available. The hospitals have their own pharmacy, pathology lab and ambulance service.

Level 1 (L1) hospitals will be *fully franchised* hospitals, which would be identical to L0 hospitals in municipal areas of the district and will have all available services franchised. They would provide all services being provided by L0 hospitals.

Level 2 (L2) hospitals will be *partially franchised* and established at the block level. Practicing service providers would be a part of this network. They will continue to provide the services they already deliver but will be required to upgrade their infrastructure and adhere to all protocols for the franchised services. L2 hospitals would be linked to L1 hospital for referral of complicated cases. Every L2 hospital would be linked to 15 Tarang or Tarang (AYUSH) Health Clinics. A total of 700 Level 2 hospitals will be established in the project period of three years.

Level 3 (L3) would be the network at the village level . AYUSH would be a part of the network. This network will play a very significant role because majority of the referrals to the hospitals would be coming from this network.

2.3.3 Salient Features of the Project

- **Franchise Licensing Fee** – This would be a one-time payment made by the Franchisees to HLPPT for the brand name, project setting up, and manpower planning and training.
- **Continuing Fees** – A percent of the gross profit will be charged by HLPPT from the franchisee for providing operational support.
- **Monitoring** of the services being delivered by the franchisees would be done routinely by HLPPT.
- **Hospital Information Management System (HIMS)** – A computerized system would be created by which relevant data of all the hospitals would be available in one central location. This would also serve as one of the methods for monitoring of the hospitals from a remote location.
- **Community Involvement through People Audit** – This would help monitor the functioning of the hospitals by the community utilizing its services.

- **Training of AYUSH, Franchisees & Hospital Staff** – Trainings will be conducted by HLPPT for the enrolled AYUSH Members, the franchisees, doctors, nurses and para-medical staff of the hospitals.

2.3.4 Challenges in SF Project of HLPPT

Following are the challenges in the Social Franchising Project:

- All the enrolled AYUSH to follow the Do's and Don'ts, which are mentioned in this manual.
- All the franchisees to follow the Do's and Don'ts.
- All hospital staff – The doctors, nurses, paramedical staff - to follow the protocols so that the quality of services is maintained in all hospitals.

Only if all of the above mentioned people follow the laid down protocols quality can be ensured in all services being delivered.

MODULE 3

Tarang (AYUSH) in Social Marketing

- Unit 3.1 About Social Marketing
- Unit 3.2 Products Marketed by HLPPT
- Unit 3.3 Supply chain of the Products & Maintenance of Supply
- Unit 3.4 Role of Tarang (AYUSH) members
- Unit 3.5 Communication and Counseling Skills

About this Module

The purpose of this module is to create an understanding that, the same marketing principles that are being used to sell products to consumers could be used to "sell" ideas, attitudes and behaviors also. The module will also focus on the fact that social marketing is not about pushing a product, but learning to listen to the needs of the target audience. This module will also enable the participant to understand communication and counseling skills in RCH.

Unit 3.1 About Social Marketing

This unit gives an insight into social marketing and its fundamentals. The basic difference between commercial marketing and social marketing is well explained in this unit with the help of a case-let narration.

Learning Objectives:

- Understand the basic concept of social marketing.
- Appreciate the difference between commercial and social marketing
- Understand about social marketing operations of HLFPPT in UP.

3.1.1 What is Social Marketing?

Social marketing is the application of commercial marketing concepts, tools, resources, skills and technologies to encourage socially beneficial behavior among under served / unserved segments of the population by existing public and private systems, through commercial networks, and community / NGO based distribution systems.

The case let below describes a situation related to marketing –

Case let:

Rajesh and Ravi both are sales persons in village Jhumaria. Ravi sells soaps and detergents and Rajesh sells ORS packets. Let's discuss the difference between the two.

It can be understood, that the main features of social marketing that make it distinct from commercial marketing, can be based upon two factors –

Purpose of marketing: The purpose of Social Marketing is to –

- Understand the needs and desires of the target audience.
- Bring about an attitudinal change towards health care in people.
- Enhance information and access to various health care products for general well-being.
- Provide products at affordable prices
- Bring about a change in the larger health indicators of the state.

Methodology of marketing – The method of Social Marketing differs from Commercial Marketing in terms of –

- Interpersonal communication.
- Counseling
- Product related information dissemination

Therefore social marketing aims at a larger impact on the consumer and is not just profit oriented.

3.1.2 Various Social Marketing operations in U.P.

HLFPPT is implementing various Social Marketing Projects in more than ten states of the country. Over a span of ten years its operations in U.P. have managed to reach the remotest of rural areas covering a population of more than 4 crore people.

Chota Sansar Project - 1997-2000

- First project in UP focusing on rural areas and towns of less than 20,000 population
- Launch of a new condom- RAKSHAK
- Sales of 53 million Condoms and 8.5 lakh cycles of OCP in rural UP
- Effective NGO Partnerships
- Extensive rural media implementation in UP.

Sukhi Sansar Project

- Expanded the Sales for Condoms and OCPs in Rural UP.
- Reached a wider population.
- HLPPT brands were recognized by common man

Currently there are three main Social Marketing operations in U.P.

Targeted Distribution Model for Social Marketing

- Retailers Chain Model
- Community Based distribution through NGOs / Milk Cooperatives / Societies
- Community Based Social Marketing
- Linkage with Existing Channels, Public Private Partnership.

Purak Gramin Bazar

- A shop that provides quality products and services at reasonable prices.
- Committed to rural and community development and women empowerment.

Public Distribution System

- Large scale networking in rural areas through PDS.
- Providing salt through the channel.
- Have a strong partnership with the government machinery.

Unit 3.2 Products Marketed by HLPPT

Learning Objectives:

- Be aware of the different products for which social marketing is done by HLPPT
- Have essential information about the products.

3.2.1 Products by HLPPT

A) Oral Contraceptive Pills – Mala D, Arpan

Composition-Arpan and Mala-D are hormonal pills (combined Oestrogen and Progesterone pills).

For side-effects and their management, please refer to the Maternal and Child Health for Tarang (AYUSH)

B) Condoms - Rakshak, Ustad, Deluxe Nirodh

To know in detail about these products kindly refer module on family planning.

C) Sanitary Napkins – Sakhi for Menstrual hygiene

WHO has defined ‘Adolescence’ as the period between 10 to 19 years? About one- fifth of the India’s population is in adolescent age group and yet to begin their reproductive lives. The girls experienced first menstrual cycle by 11-13 years of age. So, it is particularly important to maintain personal hygiene and to have knowledge about menstrual cycle.

General Facts about Menstruation

- Menstruation usually lasts for 4-5 days
- In adolescent girls it begins at the age of 11-13 years, which called menarche and generally cycle ends at the age of 45-50 known as menopause.
- On a average, the menstrual cycle is repeated every 28 days
- Ovulation occurs on the 14th day prior to the expected menstrual periods.
- The approximately quantity of menstrual discharge is (120ml to 150ml). This comprises blood and uterine tissue.

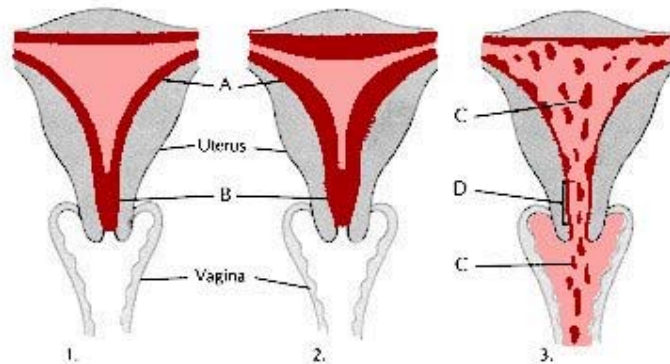
What is Menstruation cycle?

The menstruation cycle is a monthly cycle, in which a women’s body releases an egg (ovum) and prepared itself for fertilization of egg by sperm making an environment in the womb where the fertilized egg could implant to form a baby.

If the egg is not fertilized, there is no pregnancy. This causes endometrium to break down and shed and a new menstrual cycle begins.

There can be variation in the length of cycle, amount and duration of menstrual bleeding, ovulation time and regularity of menstrual cycle, from one woman to another.

Fig 1: Three Phases of the Menstrual Cycle
(Seen as beginning after the last day of menstruation)



Phase 1 – Preparing for ovulation- the endometrium begins to grow after menstruation.

Phase 2 – Preparing for implantation- the endometrium is becoming ready for the implantation.

Phase 3 – If no implantation occurs, the endometrium breaks down and is discharged in menstruation.

Care during menstruations

Generally girls in rural areas use cloth during their menstrual period which is unhygienic for menstrual health. It can also give rise to various infections like RTIs **which may lead to infertility**. Thus it is very important to maintain menstrual hygiene for good health.

- Bathing daily is required because menstrual fluid gives out a distinct odor, hence washing the genital region daily with mild soap and lukewarm water is essential.
- The diet should consist of vegetables and fruits that give nourishment and help clear the bowel.
- Sanitary napkins must be used to absorb the flow the menstrual flow, therefore sanitary napkin need to be changed twice a day or more depending on the menstrual flow.
- A good exercise regime coupled with a proper diet can also help to relieve the stress. It will energize her and boost her self confidence.
- Regularly wash the face, twice a day with mild soap or face wash to get rid of dead skin cells, sweat and harmful bacteria and drink a lot of water, about 8-10 glasses.

Napkin “Sakhi” offer protection to women at an affordable cost. It is very economical and is the cheapest brand available in the branded sanitary napkins. It helps in maintaining menstrual hygiene preventing rashes and infections.

Disposal of Sanitary napkins: Disposal of used sanitary napkins must also be hygienic. The used pads must be placed in a paper or a plastic bag before throwing them in dustbin. They should not be thrown out of windows. It is not advisable to flush out sanitary napkins through the toilets.

D) Iron & Folic Acid Tablets – Ferro Plus

Anemia, one of the more common blood disorders, occurs when the level of healthy red blood cells (RBCs) in the body becomes too low or the RBCs don't have enough hemoglobin. Anemia is the loss of oxygen carrying capacity of the blood due to deficiency of hemoglobin in the red blood cell.

Table 5: Comparative table of the prevalence rate of Anemia among children and adult in U.P.

Anemia among children & adults	Total	Urban	Rural
Children age 6-35 months who are anemic (%)	85.1	82.5	85.7
Ever-married age 15-49 who are anemic (%)	50.8	50.7	50.8
Pregnant women age 15-49 who are anemic (%)	51.6	51.3	51.7
Ever-married men age 15-49 who are anemic (%)	24.7	15.7	27.8

(Source: NFHS-3 (2005-06) fact sheet for Uttar Pradesh)

Anemia or deficiency exists when hemoglobin levels in individuals, fall below the following levels.

Table 6: Normal levels of hemoglobin

Individuals	g/dl
Adult male	13
Adult female-non pregnant	12
Adult female-pregnant	11
Children, 6 months to 6 years	11
Children, 6to 14 years	12

(Source: WHO 1968).Tech.Rep.Ser.No.405

Symptoms of Anemia

The first symptoms might be mild skin paleness, and decreased pinkness of the lips and nail beds. These changes happen gradually, so they may be difficult to notice. Other common features of anemia include:

- Fatigue and weakness
- Irritability
- Decreased appetite
- Poor concentration
- Dizziness or a feeling of being lightheaded

Anemia in Adolescent

During adolescence, the body demands more iron. Adolescent girls are at higher risk for Iron Deficiency Anemia through these periods of rapid growth because they may not be getting enough iron in their diet to make up for the increased needs. Adolescent girls are at higher risk because of menstrual blood loss and smaller iron intake.

Anemia during Pregnancy

Supplementary iron in the form of tablets is given to control anemia due to deficiency of iron. Iron requirement for pregnant women is around 40mg/day. **Anemia during pregnancy leads to:**

- **20-40% of all maternal deaths.**
- **Greater risk of premature delivery and low birth weight babies.**

Tea consumption before or after taking tablets, prevents iron absorption. Women should be warned about the stools turning black in color on prolonged consumption of iron tablets. Sources of Iron which are easily available and effectively help in correction of anemia, due to nutritional deficiency of iron are – green leafy vegetables, banana, pomegranate, groundnut, jaggery, dates, raisins, beef, pork and chicken.

Ferro Plus is a supplementary iron and folic acid in the form of tablets is given to control anemia.

E) Mosquito Coil – Star

HLPPT's new product 'Star' Mosquito coil is an initiative undertaken to combat Malaria. It is very effective against Malaria, Dengue, Filariasis and other mosquito-transmitted viral diseases.

Malaria is a parasitic infection transmitted to humans through the bites of infected female Anopheles mosquitoes. People with malaria often experience fever, headache, chills, vomiting and flu-like symptoms between 10 and 15 days after the mosquito bite. If not treated, malaria can become life threatening.

Malaria during Pregnancy

Pregnant women are particularly vulnerable to malaria as pregnancy reduces a woman's immunity to malaria, making her more susceptible to malaria infection and increasing the risk of illness, severe anemia and death. For the unborn child, maternal malaria increases the risk of spontaneous abortion, stillbirth, premature delivery and low birth weight - a leading cause of child mortality.

Dengue

Dengue fever is a flu-like illness spread by the bite of an infected mosquito. Dengue fever usually starts suddenly with a high fever, rash, severe headache, pain behind the eyes, and muscle and joint pain. For preventing Dengue care should be taken to avoid mosquito bites by using mosquito coil, bed nets etc. Also eliminate mosquito-breeding sites around homes and Discard items that can collect rain or run-off water, especially old tyres. Regularly change the water in outdoor birdbaths, coolers and pet and animal water containers.

3.2.2 Price list of Products promoted by HLFPPPT

Table 7: Price list of Products

HINDUSTAN LATEX FAMILY PLANNING PROMOTION TRUST Price List of Various Brands promoted by HLFPPPT			
All Prices given per Wallet			
Brand	Stockist Price	Retailer's Price	M.R.P
Rakshak (3 in One Pack)	4.58	5.04	6.00
Delux Nirodh (5 in One Pack)	2.25	2.50	3.00
Ustad (3 in one Pack)	3.80	4.15	5.00
Arpan (1 Pack)	3.64	4.00	5.00
Mala-D (1 Pack)	2.25	2.50	3.00
IFA (1 Strip)	8.82	10.53	12.00
ORS (Orange / Lemon / Mint)	6.83	8.46	10.00
Sakhi - Sanitary Napkin - 10 napkins in one pack	14.70	18.10	20.00
Sakhi - Sanitary Napkin - 06 napkins in one pack	9.91	11.77	13.00 (Non-Vat states)
Sakhi - Sanitary Napkin - 06 napkins in one pack	9.53	11.83	13.00 (Vat states)

Common Illness of Childhood

All children suffer from common illness several times each year. Acute respiratory infection, diarrhea, fever are very common in children below 5 years. Pneumonia, measles, malaria and associated malnutrition are responsible for 60% of death in children under five. Jal –Jeevan is useful for saving children’s life from common illness.

Table 4: Treatment of childhood diseases under 3 years in U.P

Treatment of childhood diseases under 3 years	Total	Urban	Rural
Children with diarrhea in the last 2 weeks who received ORS(%)	12.0	15.0	11.2
Children with diarrhea in the last 2 weeks taken to healthy facility(%)	55.9	66.3	53.3
Children with acute respiratory infection or fever in last 2 weeks taken to a hospital	63.6	83.8	58.6

(Source: NFHS-3, 2005-06)

The figures indicate poor knowledge of proper treatment of diarrhea and ARI, not only among the mothers but also health care providers. Health care providers should promote the importance of Jal-Jeevan (ORS), increase in fluid intake, and continued feeding in diarrhea and should discourage the use of drugs to treat childhood diarrhea.

Diarrheal Disease

Diarrhoea occurs when stools contain more water than normal. Diarrhoea is also called **loose** or **watery** stools. It is common in children, especially those between 6 months and 2 years of age. It is more common in babies under 6 months who are drinking cow's milk or infant feeding formulas. Frequent passing of normal stools is not diarrhoea. The number of stools normally passed in a day varies with the diet and age of the child. In many regions diarrhoea is defined as three or more loose or watery stools in a 24-hour period.

Diarrhoea with blood in the stool, with or without mucus, is called **dysentery**.

Signs of dehydration:

General condition:

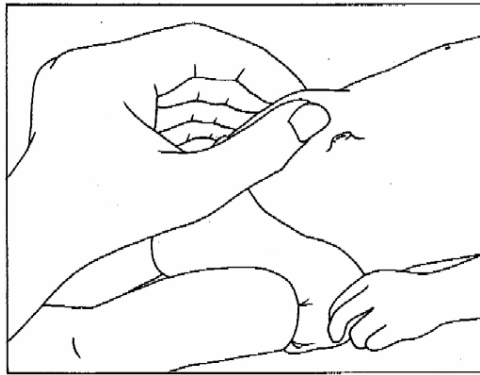
- Lethargic or unconscious or restless and irritable
- Sunken eyes
- Child not able to drink or thirsty

- Skin pinch: Very slow or slow

Ask the mother to place the young infant or child on the examining table so that the young infant or child is flat on his back with his arms at his sides (not over his head) and his legs straight or, ask the mother to hold the young infant or child so he is lying flat in her lap.

Presence of any two signs are needed for diagnosing dehydration

Fig 2: Pinching of skin



Locate the area on the young infant's or child's abdomen halfway between the umbilicus and the side of the abdomen. To do the skin pinch, use your thumb and first finger. Do not use your fingertips because this will cause pain. Place your hand so that when you pinch the skin, the fold of skin will be in a line up and down the child's body and not across the child's body. Firmly pick up all of the layers of skin and the tissue under them. Pinch the skin for one second and then release it. When you release the skin, look to see if the skin pinch goes back:

- very slowly (longer than 2 seconds)
- slowly
- immediately

If the skin stays up for even a brief time after you release it, decide that the skin pinch goes back slowly.

Malnutrition

Malnutrition is responsible for more than fifty percent deaths in children through out the world. In children, malnutrition reduces the resistance to combat infection, thus they are more likely to die from common childhood illness like,

- Diarrhea
- Pneumonia
- Measles
- Malaria

Assessing the Malnutrition

Malnutrition can be assessed by looking for the presence of visible severe wasting, oedema of both feet or by recording weight for height.

Prevention from Malnutrition - Efforts to prevent malnutrition includes,

- Promotion of breastfeeding
- Improvement in feeding practice
- Provision for micronutrient supplement

Unit 3.3 Supply chain of the Products & Maintenance of Supplies

Learning Objectives:

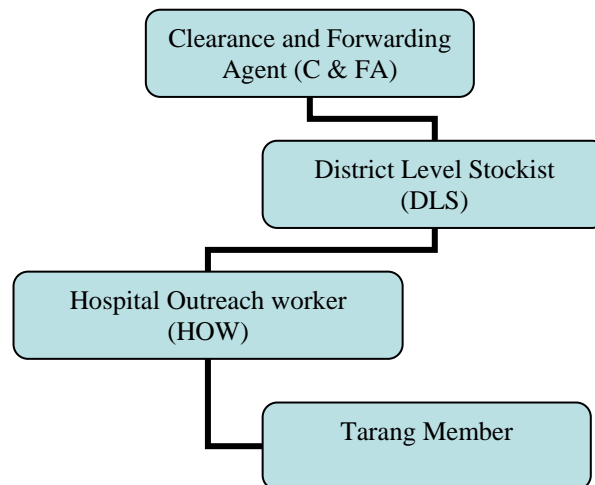
- Comprehend the route of supply of products to them, from HLPPT.
- Get acquainted with the people, whom they can contact for product supply

3.3.1 Supply Chain of Products for Tarang (AYUSH) members in U.P.

Uttar Pradesh is one of the pioneer states for HLPPT, to start the social marketing operations. To make the operation successful, the most essential aspect is, to have a foolproof method of delivering the products, in sufficient quantity, from source of generation to the community. Tarang (AYUSH) members will be the key people acting as bridge to fill this gap.

To make all the products continuously available to the Tarang (AYUSH) members, HLPPT has assigned a district level stockist and Outreach Worker in its project districts, who will facilitate and monitor the timely flow of stock, to Tarang (AYUSH) members.

The flowchart below will clearly explain the flow the stock from HLPPT to Tarang (AYUSH) Member.



C & FA- Clearance and Forwarding Agency of HLPPT, is responsible for getting the stock from the source and forwarding it to the stockiest in different districts. It focuses on –

- The right product
- The right quantity
- In the right condition
- To the right place
- At the right time
- For the right cost

DLS - District Level Stockiest, after receiving the complete stock, then distributes the pre decided amount of stock to the Hospital outreach worker for further distribution among Tarang (AYUSH) members. District Level Stockiest is Responsible for –

- Receipt of stocks
- Storage of stocks
- Distribution of stocks
- Accounting of sales and stocks
- Receivables Management
- Reports Generation

Hospital Outreach Worker is responsible for –

- Providing product support to Tarang (AYUSH) members
- Providing POP material to Tarang (AYUSH) members
- Providing other health related information to Tarang (AYUSH) members.

Unit 3.4 Role of Tarang (AYUSH) Members

Learning Objectives:

- Foresee their roles in Social Marketing and Social Franchising.
- Appreciate the wide spectrum of responsibility they would be fulfilling.

3.4.1 Role of Tarang (AYUSH) Members in community

Being a Tarang (AYUSH) Member has many benefits through it has few challenges also. The biggest challenge is, to bring about a sustainable change in the attitudes of the people of community regarding health care issues. Contraception and family planning issues are still not talked comfortably in the Indian families and people are hesitant to discuss about such subjects. To bring about a shift in people's mindset towards healthier reproductive and sexual health, is a major task. A Tarang (AYUSH) member, belonging to the same community, has the opportunity to bring about desirable change in the behavioral of people, by utilizing his skills.

Apart from providing their routine clinical services, Tarang (AYUSH) members will be responsible for social marketing of all products, counseling and establishing referral network to support any emergency in their area. Their major roles as categorized are –

- **Awareness generation and counseling**
Tarang (AYUSH) members will be major source of generating awareness in community on RCH and other health issues. They would have and create awareness on PNDT act and safe abortions. Special efforts would be required to counsel antenatal mothers for early registration, regular check ups and institutional delivery in the nearest SF hospital.
- **Coordination and developing linkages**
Tarang (AYUSH) members would coordinate with ANM/AWW/ASHA for organizing immunization days, polio rounds, health campaigns etc. and also coordinates amongst them.
- **Social Marketing**
Members would assist in promotion of social marketing products and provide complete information regarding these to the clients. They would also be acting as a village level Depot holder for HLPPT's products and would ensure easy availability and access to the HLPPT's health care product and concepts.
- **Establishing referral system**
Tarang (AYUSH) members would ensure that all deliveries of their area are conducted in institutions (Merry Gold Hospitals/ Merry Silver Clinics/Government hospitals).

- **Better first aid and patient care at village level**
Besides providing basic medicines for cough, cold and fever and other minor ailments, the trained Tarang (AYUSH) members will be in a position to provide immediate first aid to village communities before transporting them to the next level institutions.
- **Follow-up**
The Tarang (AYUSH) members will be encouraged to follow up with the community members and ensure that they are not in need of any supplies. This effort is also to build in the client provider relationship, encourage sales and improve networking.
- **Health Education**
Tarang (AYUSH) members will be instrumental in providing health education to the members of village community and promote behavior change communication, through techniques acceptable to community member

Unit 3.5 Communication and Counseling Skills

This unit gives an insight into communication and counseling skills and its fundamentals. The unit will also focus on the fact that communication and counseling skill will capacitate AYUSH member, to learning, listening and understanding the needs of the target audience. This unit will create an enabling environment for health promotion in community.

Learning Objectives:

- To understand the basic process of communication.
- To understand the six rules of counseling.
- To be aware about the rights of a client.

What is Communication?

Communication is the process of exchanging information, ideas, attitude and values between two or more people. An effective communication activity leads to behavior change in society.

There are two forms of communication:

- **Verbal Communication** - The medium for verbal communication is the voice. It includes written and oral communication.
- **Nonverbal communication** - is the way of interchanging thoughts, opinions, and information by observing / using body language, eye contact, facial expression etc. but without the use of words.

3.5.2 How do people communicate to each other?

In the simple word, information comes from a source in the form of message and through a channel goes to the receiver and receiver gives the feedback. There are four main skills in the communication process-

- **Listening** - An active process involved in creating meanings, remembering and responding to verbal and non-verbal messages.
- **Questioning** - A process to check facts and gain further information
- **Clarifying** - The process of simplifying, explaining the messages received.
- **Responding** - An appropriate reaction to the message received.

3.5.3 How to Communicate Effectively?

The most important step in improving communication is to recognize barriers to effective communication.

- Lack of knowledge

- Long communication chain
- Lack of communication skills
- Lack of interest
- Information overloaded
- Wrong selection of channel
- Poor listening skill
- Inadequate feedback

3.5.4 Channels of Communication

It is very important to select the channel of communication according to the situation, objective and target group. Few main channels of communication are:

Interpersonal communication channel - It is the most effective method of communication as we are virtually face-to-face with the person with whom we are communicating. We almost instantly get the feedback and based upon the reaction or the feedback we can further explain the point not clearly understood earlier. It includes counseling, outreach activity, advocacy and information provided by health professionals and social workers.

Small media channel - Posters, cassettes, leaflets, brochures, flip charts, video, flash cards, t-shirts badge etc,

Mass media - Radio, films, television, newspaper and magazine.

Tradition media - Folk show, story telling, street play mela, festival etc.

3.5.5 Counseling

Interpersonal communication is the channel used in counseling process. Counseling is a skill in which counselor helps the client to make informed and voluntary decision about the problem. It is a two-way process of exchanging information that involves, listening to client and providing them accurate information, option and understanding of the matter.

3.5.6 Process of Counseling

Counseling has six basic elements, it is commonly known as **GATHER** steps. Each letter in the word stands for one-steps.

G - Greet Clients

A - Ask Clients about Themselves

T - Tell Clients about Their Choices

H - Help Clients to Choose

E - Explain what to do

R - Return for Follow-Up

3.5.7 How be an effective counselor?

A good counselor should understand client's feeling and needs. With this the counselor adapts counseling to suit each client. Client will be benefited if a counselor:

- Understands and cares about the client. Builds Rapport.
- Give clients useful, accurate information. Help them understand what is necessary for them.
- Create a two-way interaction with clients by listening attentively and encouraging clients to ask questions and express concerns.
- Help clients to make their own choices, based on clear information and their own feelings, situation, and needs.
- Help them remember key information.

3.5.8 Client Rights

A Client has the right to

- Accurate information
- Access to service
- Informed choice
- Safe service
- Privacy & confidentiality
- Dignity, comfort and expression of opinion

3.5.9 Practice Sessions

To provide an opportunity to each participant for practice on process and content of counseling, practices sessions can be organized during training.

- A 20 year old female Savita comes to see Tarang member of Kalyanpur village. She has one year old child. Now she wants to have some gap before the birth of her next child. She met the ASHA worker and was told that Tarang are trained for helping people choose Family Planning method she visited his clinic and wants to have information on some method. Now how will he help her?
- A 21-year-old Sushma, lactating women with three-month-old baby want to postpone her pregnancy. She visited Dr Pandey a Tarang member and says she want to use OCPs as

her neighbor is using it and told that it is very easy to use. How Dr Pandey will respond and help her?

- One of the ladies Radha just got married. She and her husband decided to delay their first pregnancy. They contacted AWW and were told to contact Dr Shukla a Merry tarang member. They visited their clinic. How will Dr Shukla help them?
- Gangaram got recently married. He is quite aware and wanted to delay birth of his first child. He once attended comm. unity meeting with Merry tarang member and came to know about male condom. Now he visited her clinic and wanted help. How will she respond?
- A 30 year old man Somnath comes to see Tarang member of kairali village. He has three children. The couple had a discussion and do not want to have more children. So he wants to know about male sterilization. He contacted Tarang. How will he help him?

Annexure and References

Annexure 1

IDEAL IMMUNIZATION SCHEDULE FOR THE INFANTS (Recommended by the Ministry of Health, Govt. of India)

At 11/2 months	<u>B.C.G. (injection)*</u>
	<u>D.P.T. - 1 (injection) and</u>
	<u>O.P.V. - 1 (dose)</u>
At 21/2 months	<u>D.P.T. - 2 (injection) and</u>
	<u>O.P.V. - 2 (dose)</u>
At 31/2 months	<u>D.P.T. - 3 (injection) and</u>
	<u>O.P.V. - 3 (dose)</u>
At 9 months	<u>Measles (injection)</u>
16 to 24 months	<u>D.P.T. Booster (injection) and</u>
	<u>O.P.V. Booster (dose)</u>

* If the infant has been delivered in a hospital/clinic, she should be given the B.C.G. injection at birth.

* Even if you are late for an injection/dose, you must still get it. Consult your health worker regarding this.

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