

Orientation Manual for Tarang Members

Facilitator's Guide for Master Trainers
2008



Uttar Pradesh Social Franchising Project

A project supported by USAID & SIFPSA. Implemented by HLPPT



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), HLPPT 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 members (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 Tarang 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, Tarang members 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 the people with quality services in the government healthcare settings as well as Merrygold health network.

This *“Tarang Orientation Manual - 2008”* has been designed as a facilitator’s guide for Master Trainers of Tarang Members. It has been pre-tested with Master Trainers of NGO alliances at Lucknow. The inputs and feedbacks from the master trainers 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 Master Trainers.

HLFPPT

Acknowledgement

In order to build the skill of Master Trainers as facilitators, I present this Participant's manual named "*Tarang Orientation Manual - 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.

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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 Organisation
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 - Governmental 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 unmeet 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).

Dos and Don'ts of Training

The following “Dos and Don'ts” should ALWAYS be kept in mind by the facilitators during any session of this module.

Dos –

- Prepare in advance
- Maintain good eye contact
- Involve participants
- Write clearly and boldly
- Use visual aids and ensure visibility of aids to all
- Speak clearly and loud enough
- Recap at the end of each session
- Encourage questions
- Use logical sequencing of the topics
- Bridge one topic to the next
- Encourage participation and give appropriate feedbacks
- Avoid distracting mannerisms and distractions in the room
- Be aware of the participant's body language
- Provide clear instructions
- Check if your instructions are understood clearly
- Keep the group focused on the task
- Use good time management and evaluate as you go
- Keep it simple and summarize.

Don'ts –

- Don't talk to the flip chart or board
- Don't read from the curriculum
- Don't block the visual aids
- Don't stand at one spot
- Don't ignore the participant's comments and feedbacks (verbal or non-verbal)
- Don't lose your temper

About the Manual

This manual has been designed for facilitators, to train the Tarang Members in the interiors of Uttar Pradesh, about HLPPT's efforts in Social Marketing, Social Franchising and Tarang network formation.

The manual contains the details about the Tarang Network (network of ASHA, Angan wadi worker, Fair price shop owner, Tarang committee member, CBOs, Chemist etc)), its functions, benefits of being Tarang members, linking Tarang with HLPPT's social marketing and social franchising projects. This module can be adopted with some modification for other projects where Tarang network exists.

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

- The Art of Learning
- Understanding Tarang
- Tarang in Social Franchising
- Tarang in Social Marketing

Case studies, Role Play, Games have been incorporated in modules, wherever required for the better understanding of the participants.

MODULE 1

The Art of Training

- Unit 1.1 Adult Learning Concept
- Unit 1.2 Methods of Training

About this Module

This module focuses on informing and guiding the participants about adult learning concepts and various methods of teaching. Our participants –Tarang have always been looked forward as the best medium to convey any information to the rural communities due to their reach and acceptance in the community. If equipped with the skills of adult learning and teaching, they will definitely be able to communicate correct information and guide the community members to face challenges related to health care.

Unit 1.1 Adult Learning Concept

This session focuses on the methods, which can be effectively used for adult learners. The session will also determine factors contributing to maximum retention amongst adult learners.

Session Objectives

By the end of the session, the participants will be able to -

- Understanding of concept of adult learning.
- Discuss the characteristics of adult learners.
- Develop the ‘points to remember’ when interacting with adult learners.

Training Methodology

Brainstorming, Discussion

Teaching Aids

White board, Chart paper, Stand, VIPP cards, Pens, Cello tape

Duration

1 Hour 30 Minutes

Facilitator’s Notes

- The facilitator should invite experiences, thoughts and issues from the participants and be a good listener.
- S/he should remember that most of the participants come with a rich experience through their work and trainings they have attended during the course of time.
- The facilitator should begin by asking some of the participants to answer the following questions-
 - Do you think there is a difference between how a child learns and how an adult learns?
 - If yes, then what are these differences?
- The facilitator should note all the responses on the board, by making two separate columns one for child and the other for an adult.

- Take the discussion further by asking why adults want to learn?
- The facilitator should introduce VIPP card exercise here and ask each of the participants to write one reason for the same. Stick these on the wall.
- Read out the responses aloud and then paraphrase them into the following groups:

Why does an adult want to learn?

The discussion can be taken in a direction to obtain the answers like-

- Social relations: to make new friends, to meet a need for associations.
- External expectations: to comply with instructions from someone else.
- Social welfare: To improve the ability to serve the mankind, prepare for service to the community and improve ability to participate in community work
- Personal development: To achieve higher status in a job, for professional advancement.
- Stimulation: To relieve boredom, provide a break in the routine of home or work.
- Cognitive interest: to learn for the sake of learning, seek knowledge for its own sake and to satisfy an enquiring mind.

- Come back to the points written on the board and refer to adult learning column. The facilitator should discuss them and drive the group to a common understanding that-

Adults learn best interactively and in practical settings

Unlike children and teenagers, adults have many responsibilities that they must balance against the demands of learning. Because of these responsibilities, adults have *barriers against participating in learning*. Some of these barriers include lack of time, money, confidence, or interest, lack of information about opportunities to learn, scheduling problems and problems with child care and transportation. Barriers to learning are categorized as-

- **Emotional Factors** - Motivation and responsibility for learning values and attitude, comfort with lecture of facilitations and comfort with instructor and other attendees.
- **Intellectual Factors** - level of intelligence, empathy and understanding
- **Physical Factors** - Physical settings-room temperature, lights, and noise level.

The facilitator should get the participants to list barriers to learning. Discuss-

How do we motivate the unmotivated?

Unit 1.2 Methods of Training

There are specific training methods that have proven to be very effective, when dealing with adult learners. These methods have been selected, to stimulate participant's sense, which leads to active involvement of the participants in training sessions leading to better learning.

Each of the training method is unique in its own way and has advantages and disadvantages. It is the trainers who can best decide what methods they wish to use. Selection of a training method is closely linked with session objectives, group of trainees and their work experience, skills and attitudes.

Session Objectives

- Introduce various methods used to increase knowledge, attitude and skills.
- Demonstrate the use of different training methods and teaching aid for interactive participatory training.

Training Methodology

- Discussion and demonstration
- Preparation and practice sessions by the participants

Teaching Aids

White board, Chart paper, Pens

Duration

2 Hours

Facilitator's Notes

- Be attentive to the participant's understanding.
- Practice all the principles of adult learning and participative training while you are conducting the session.
- At the end of the session, recap the important lessons learnt during the session.

1.2.1 Brainstorming

This method is used when discussing a topic with a group of 15-20 persons. Every one present in the group participates. The participants take turns in expressing their ideas that are noted carefully on a chart paper/ white/ black board. It is important that all the expressions/ views of the participants are recorded. The next step is to collate the ideas and form sub themes or groups. The discussion ends with a summary of the key points identified by the group.

Points to remember
<ul style="list-style-type: none">• Plan the process of brainstorming carefully• State the objectives at the beginning of the session• Explain the process of brainstorming to the participants• Request for a volunteer from the group to note the points.• Ask all the participants to listen carefully to their colleagues and wait for their turn.• Accept all point given by the participant.• Ask the participants to speak in simple language.• Allow participants to do the grouping of common ideas and give the titles.• Display summary points.

1.2.2 Group Discussion

Discussions provide scope for exchange of ideas and experiences. These can be in large or small groups and are an effective way of talking through issues, problem identification or practical skills. It is a good way to allow participants to share experiences and ideas. Another important feature of the discussion is the way in which the participant's attitudes change when they talk about their opinions in a group.

Effective Group Discussion
<ul style="list-style-type: none">• Break up the large group of 15- 20 participants into 3-4 subgroups for equal participation of all members.• Structure the discussion by providing them with a problem statement and some questions for discussion or an exercise.• Ask the group to pick up a leader and a person who will note down the points.• Ask the leader to moderate the discussion so as to prevent the group from digressing into other sub themes• Inform the group about the time needed for the discussion including preparation of summary points.• Provide the group with VIPP cards, charts and writing markers.• Get the group work presented one by one. Allow other group to comment on it.• Summarize the key points at the end of the session. And share it with the group.

1.2.3 Classroom Demonstration

Classroom demonstration is a process, where some skill / activity is displayed in the classroom setting, to make participants understand how to carry it out in a real situation. Classroom demonstration is an excellent tool to increase participant understanding of the concept and for generating their interest in the topic. Before starting any demonstration, the facilitator should sensitize the participants regarding the topic/issue and should be clear in his/her instructions while demonstrating.

- Describe the skill; explain what it is, why it is important and when it should be used.
- Demonstrate the skill; let the participants see an expert (often the trainer) use the skill.
- Arrange practice sessions and offer feedback to them on their performance.

1.2.4 Role Play

This method is useful for applying the knowledge that is being taught, practicing skills and generating material for discussion. It simply means acting out of real-life situations and problems. Trainees can explore ways of interacting or managing different situations, and may get feedback in important areas where they wouldn't normally receive feedback in the work setting. They can also have the opportunity to reverse roles and see problems from the other perspective. Role-plays can be generated from a problem stated in class or it can be designed ahead of time and given to the participant. The players receive a description of the character he or she is to play. From the description, the player makes up the action and dialogue as the role-play progresses. The player tries to behave in the way that the character might behave when faced with a given situation or problem. The players simply behave in a natural way so that their roles and action develop as the play goes along.

Planning for a role play
<ul style="list-style-type: none">• Keep the group size small 3-5 per group• Either assign someone to be an observer or have the trainees to write their observations• Make sure the purpose of the role play is clear to all the participants• If the role play demonstrates negative actions, be sure to redo it with positive ones• Keep the role-play simple and short• After the play, you have the important task of guiding the discussion- ask the players questions like these: How did you feel? Are you happy with the way the situation you were acting worked out? Could you have done anything different to get better results?• Then ask the audience to give their views.• Summarize what the group has learnt at the end of the session

1.2.5 Case Study

This method is useful for teaching problem-solving skills and case management skills, such as complications or cases that the trainees would not normally see. Case studies are drawn from real-life situations and should be adapted when necessary to take into account local practices and conditions. These can be used before introducing a subject to get the trainees to start thinking about the topic, or they can be used afterwards to have the trainees practice what they are learning. Case studies can be used in large groups or they can break into small groups to discuss and report back to the large group.

Some key points for consideration
<ul style="list-style-type: none">• Keep the case study brief and state the problem clearly.• Ask the participants to identify the problem being presented in the case?• What is the solution, if any, being offered?• What should have been done differently?• What are the issues that we should focus on?• Training aids will be as per the training techniques used.

MODULE 2

Understanding Tarang

- Unit 2.1 The Tarang Network
- Unit 2.2 Becoming a Tarang Member
 and its Benefit
- Unit 2.3 Enrollment as a Tarang
 member

About this Module

This module has been written for the facilitators to train the Tarang Members of Uttar Pradesh. The module is based on the learning's 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 member, Tarang Network and benefits of being a Tarang member.

Unit 2.1 The Tarang Network

This unit will focus on creating an understanding about Tarang Network and defining its members.

Session Objectives

By the end of this module the participants will be able to –

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

Training Methodology

Lecture cum discussion.

Teaching Aids

White board, Chart paper, Pens

Duration

30 minutes

Facilitator's Notes

- The facilitator should have a clear understanding about the role of Tarang Members in health care setting.
- He/she should be well versed with the 'Tarang network' concept.
- Facilitator should be able to discuss the content of this unit with the help of examples to enhance the understanding
- The ambiance should be kept lively by encouraging and involving the participants in the discussion.

2.1.1 What is a Tarang Network?

‘Tarang’ is a Hindi word that means a ‘wave’ in English. The attributes that get associated with a wave are inter-connection, continuity, ripples, energy carrier and a phenomenon that signifies movement. Emanating from a point, it spreads all across, reaches out to distances and affects one and all. Similarly, our Tarang members are carriers of proper information related to health care and they reach out to interior villages with their knowledge and skills, whenever needed.

‘Tarang Network’ can be described as a closely-knit community. A community, which encompasses ASHA, Anganwadi worker, Fair price shop owner, Tarang committee member, CBOs, Chemist etc as its members and HLPPT as its focal point. This objective of the network is to strengthen health services through, social marketing of wellness products, establishing referral network and co-ordination with community hence create a strong referral backbone connecting the villages to the block and district level franchisee hospitals of HLPPT.

2.1.2 Who is a Tarang Member?

Tarang member is a rural 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 Member.

As a Tarang member, he/she serves the community, as change agent for ensuring affordable and accessible quality health care services and products.

2.1.3 Why community level workers as Tarang members?

Apart from providing their routine services, the Tarang member will be inducted and trained in 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. They are considered as a Tarang member because -

- Tarang Members have better acceptance and motivating capacity among rural communities.
- Tarang Members facilitate increased availability of health and family welfare products in remote areas through creation of access points.

Unit 2.2 Becoming a Tarang Member and its Benefit

This unit will briefly explain about the benefits of being a Tarang member by taking examples from the case studies.

Session Objectives

By the end of this module the participants will be able to –

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

Training Methodology

Case study presentation, followed by lecture, group discussion and presentation.

Training Aids

Handouts on case study
Chart papers and flip charts
Cloth board/flannel board and stand
Markers
Presentation.

Duration

45 minutes

Facilitator's Notes

- The facilitator should have enough copies of the case studies to distribute among the participants.
- He/she should be well versed with the case studies.
- He/she should divide all participants into 4 -5 groups, with 6 -7 participants in each group. Also choose a group leader in each group.
- Two groups should be assigned with first case study and other two groups with the second case study.
- Facilitator should give 10 minutes to the groups, to go through each case study and then should ask them to make presentations explaining case studies.
- The facilitator should encourage discussion over case studies and start with the Presentation after discussion.

2.2.1 Case Studies

Case Study 1

Ravi Kishan, a resident of Village Badi, District Sitapur, has been associated with HLPPT for last one year as a Tarang Member. Earlier, people knew him only as a chemist and used to visit him for buying medicines. His business was not very successful and hence it was difficult for him to earn a decent living.

After enrolling as a Tarang 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 a variety of health care products and their use and met a number of Tarang members like him, who had benefited from being Tarang members.

He was given training on counseling eligible couples for family planning and contraceptive usage and about various common illnesses like diarrhea, anemia and malaria. He also received essential information on menstrual hygiene, STIs, HIV/AIDS, etc.

As a Tarang Member, he was full of enthusiasm to 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 only, through the marketing team, his practice has improved and his clinic has become the sole destination for people in need of any such products. The margin on sale of products helped him make some savings as well.

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.

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

Case Study 2

Sandhya Singh from village Penna, Devariya, used to work as a ASHA . At her village, people approached her for information on various health issues.

Although, some village women and girls used to visit her with their personal problems but she used to find herself incompetent in addressing their issues to a great extent. They would ask her to get them contraceptive pills, sanitary napkins, etc but Sandhya did not know where to get them.

Around ten months back she was approached by HLPPT to enroll as a Tarang member and attend trainings. She was a bit apprehensive and was afraid of telling anybody about her work and also whether the trainings would be of any use to her. But then, the outreach staff of HLPPT motivated her to be a part of the sessions and assured her of gaining something useful.

In the trainings she could clarify all her doubts and misconceptions about various biological processes like menstrual cycles, safe pregnancies and safe periods. She gained knowledge about the products and was delighted to know that they could be delivered at her place only. The margin that Sandhya could earn on the sale of these products came as an additional income to her and strengthened her financial position.

Now, Sandhya talks about antenatal care, safe delivery, immunization, management of diarrheal diseases, maintaining menstrual hygiene, family planning and spacing methods and intake of Iron folic acid tablets etc. with women and girls. The help form Aanganwadi worker and the ANMs came as a pleasant surprise to her as earlier they would not even talk to her.

Sandhya's work and efforts are being appreciated by all and she is happy to continue her work with respect.

1. What were the problems Sandhya used to face before getting enrolled as a Tarang Member?
2. What was Sandhya's fear while getting associated with Tarang and how could she overcome that fear?
3. What benefits did she gain through trainings and by enrolling as a Tarang member?
4. What are the main issues, Sandhya talks about as a Tarang member?

2.2.2 Benefits of being a Tarang Member

Tarang 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 members have –

- **Increased visibility:** Tarang members will receive direct attention and recognition from large projects of HLFPPPT, like social franchising and social marketing projects which will increase their visibility in the community
- **Increase in respect:** Tarang members will be recognized and valued as good counselors and well wishers of the community. The work done by Tarang members will be appreciated by the community members and will help enhancing their social status.
- **Increased knowledge:** Improvement in knowledge about all the wellness products and development of communication and counseling skills for social marketing concept and products will be another benefit for Tarang 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 training, the Tarang members will be able to enhance their skills in areas like first aid, use of sterile injectables etc.
- **Increase in earnings:** Tarang members can increase their monthly earnings through selling social marketing products, provided to them.
- **Networking with other Tarang members:** Tarang member can stay in link with all other Tarang members in the area.
- **Appropriate ambience:** Tarang members will get a platform to discuss different issues of their concerns, communicate their problems among other Tarang members and present their ideas related to their work in front of other members.

Unit 2.3 Enrollment as a Tarang Member

This unit will explain about the enrollment of participant as Tarang members and the roles and responsibility of Tarang members. The members will also be informed about the dos and don'ts.

Session Objectives

By the end of this module the participants will be able to –

- Get enrolled as a Tarang Member.
- Understand the dos and don't as a Tarang member.

Training Methodology

Lecture followed by discussion

Training Aids

Presentation.

Duration

30 minutes

Facilitator's Notes

- The facilitator should be able to encourage maximum participants to get enrolled as Tarang members.
- Facilitator should finalize a list of participants, who have enrolled as Tarang members.
- The facilitator should encourage discussion over Presentation and should be able to clarify all doubts on dos and don'ts.

2.3.1 Enrollment as a Tarang Member

Having understood the advantages of becoming a Tarang Member, participants will be enrolled as a Tarang member.

2.3.2 Roles and responsibilities of Tarang Members

Under NHRM / RCH II, the Tarang member should promote health-seeking behavior among the villager community and establishes networking with community for various health related activities.

The responsibilities of the Tarang member will be:

- Acting as village contraceptive and health care depots for dispensing of program supported. Products in the remote villages where there are no medical outlets
- 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.

2.3.3 Instructions for Tarang 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 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 3

Tarang in Social Franchising

- Unit 3.1 Franchising
- Unit3.2 Situational analysis of Health Scenario in U.P.
- Unit 3.3 Uttar Pradesh Social Franchising Project

About this Module

This module comprises of three units. The first unit concentrates on the concepts of franchising and social franchising. The second unit gives the situational analysis of health scenario in U.P. The third unit will provide an insight into the Social Franchising Project of HLPPT in Uttar Pradesh.

Unit 3.1 Franchising

In this unit, we will be discussing the basic concepts of ‘franchising’, its examples in the commercial sector and growth into the health sector. This unit will form the basic foundation for understanding the difference between social franchising and franchising otherwise.

Session Objectives

At the end of the session, the participants should:

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

Training Methodology

Lecture, brainstorming, group discussion.

Training Aids

Power Point Presentation, Flip Charts

Session Duration

40 Minutes

Facilitator’s Notes

The facilitator will –

- Explain to the participants the concepts of franchising and social franchising in very simple terms.
- He/She should give examples of social franchising for better understanding.
- Advantages of franchising would be enlisted by brainstorming the group.

3.1.1 Franchising and Social Franchising

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

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, McDonald'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.

3.1.2 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 3.2 Situational Analysis of Health scenario in Uttar Pradesh

This unit will provide a situational analysis of health scenario in U.P. It shows the population profile and maternal and child health status of state as per National Family health Survey 2005-06.

Session Objectives

At the end of the session the participants should be able to –

- To Understand the existing correlation between maternal and newborn health
- To discuss the status of infant mortality rate, Maternal mortality ratio and family planning in context of U.P

Training Methodology

Lecture & Discussion.

Training Aids

Power Point Presentation

Session Duration

45 minutes

Facilitator's Notes

- The facilitator should be well versed to explain data regarding Infant Mortality Rate, Maternal Mortality Ratio and family planning in context of UP.

3.2.1 Situational Analysis of Health scenario in Uttar Pradesh

(A) Population Profile in UP

Uttar Pradesh is the largest state in terms of its population size. It's 166.4 million population comprises 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 comparison to India's TFR of 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 etc.

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)

(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 (SRS2006)

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."

World Bank, 1993

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.

Unit 3.3 U.P. Social Franchising Project

The Social Franchising project of UP has a characteristic structure with four levels. This structure is well represented by a triangle with four tiers. The broad base is the network of the large number of the Tarang Members and AYUSH practitioners enrolled in the project. The levels above that are those of the Maternal and Child Health Care Hospitals. This unit explains in detail about the Social Franchising project.

Session Objectives

At the end of the session the participants should be able to –

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

Training Methodology

Lecture & Discussion.

Training Aids

Power Point Presentation

Session Duration

45 minutes

Facilitator's Notes

The facilitator would –

- Describe the four-tier structure of the UP Social Franchising Project
- Emphasize on the involvement of 'Tarang' partners and create an understanding among the participants that their contribution will lead to the success of the project and reduce maternal and child illness and death in UP.
- The facilitator should also briefly explain the salient features of the project and the anticipated challenges.

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. The private sector has moved to fill the gap, but the cost of privatized medical care has been high.

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. With the hope to increase the access to quality healthcare, it would be meaningful and effective to develop partnership with the private sector.

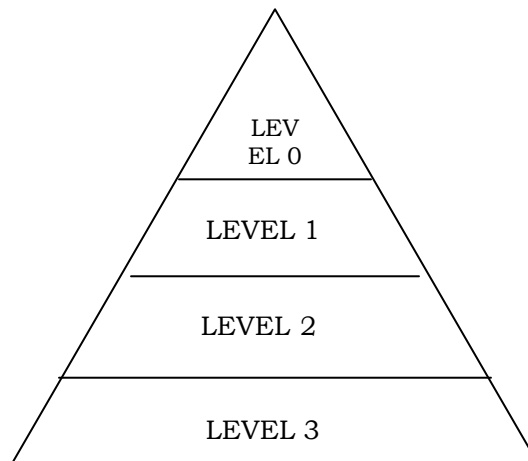
3.3.1 Vision of the Project

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 Tarang Members spanning the entire state of Uttar Pradesh over a period of 3 years.

3.3.2 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 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 TARANG MEMBER network at the village level. 10, 500 Tarang Members 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.

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

3.3.4 Challenges in SF Project of HLFPPPT

Following are the challenges in the Social Franchising Project:

- All the enrolled Tarang Members 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 4

Tarang in Social Marketing

- Unit 4.1 About Social Marketing
- Unit 4.2 Products Marketed by HLPPT
- Unit 4.3 Supply chain of the Products &
Maintenance of Supply
- Unit 4.4 Role of Tarang members
- Unit 4.5 Communication and Counseling Skills
for Reproductive & Child Health (RCH)

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 4.1 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.

Session Objectives

By the end of the unit the participants will be able to –

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

Training Methodology

Case let narration followed by brainstorming session, Presentation and discussion

Training Aids

Presentation

Handouts and Leaflet on Social Marketing.

Copies of 'Tarang Sandesh'

Duration

45 minutes

Facilitator's Note

- The facilitator should be able to narrate the case let in a simple and interesting manner.
- He/she should encourage participants to think and express their ideas about social marketing through discussion after case let narration.
- He/she should be able to steer the answers towards the basic concept of social marketing.

4.1.1 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.

4.1.2 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 4.2 Products Marketed by HLPPT

In this unit, the facilitators will be informed about the products for which social marketing is done by HLPPT, their method of usage, advantages and precautions to be undertaken while using products. Information will also be given about Oral Contraceptive Pills, Condoms, Sanitary napkins, Oral Rehydration Salt, Iron & Folic Acid tablets and mosquito coil.

Session Objectives

At the end of the session, the participants should -

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

Training Methodology

Basic understanding about the products will be created among participants, by a game with distribution of product samples, followed by a Presentation, lecture and brainstorming, Role play & games

Training Aids

Sample of products, flip charts, markers, Presentation, Flip Charts, Penis model and handouts.

Session Duration

1 hour

Facilitator's Notes

- For conducting the 'Know me' game, the facilitator should distribute the sample of products quickly.
- This exercise 'Know Me' should be finished within 15 minutes.
- Participants should be instructed to interchange the samples and try to see all types of products distributed.
- Facilitator should encourage the participants to describe about the product and its us
- Then, with the aid of Presentation the facilitator will enlist all the products marketed by HLPPT and give the information about each product.
- Thereafter, brain storming of the group should be done in-between to elicit responses on products. For e.g. – Side effects of OCPs, advantages of condoms and sanitary napkins.
- The facilitators should present the inputs on the steps of counseling, client's rights, and informed choice.

4.2.1 Products by HLPPT

A) Oral Contraceptive Pills – Mala D, Arpan

Composition: Arpan and Mala-D are hormonal pills (combined Oestrogen and Progesterone pills). For details please refer the Module No. 3 of Maternal and Child Health Manual for 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 an 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.

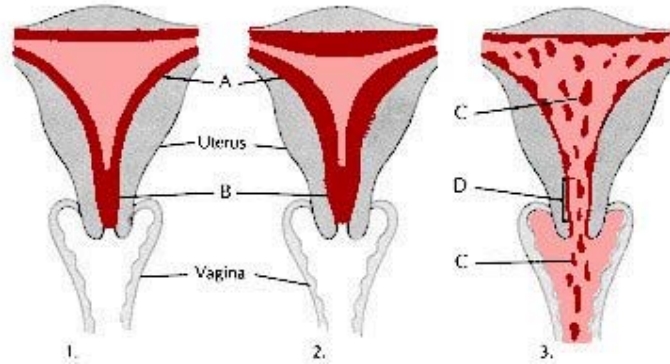
What is Menstruation cycle?

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 cause endometrium to break down and shed and a new menstrual cycle begin.

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 breakdowns 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 4: 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 5: 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, 6 to 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) Common Illness of Childhood (Jal Jeevan - saving children’s life)

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 6: 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	63.6	83.8	58.6

fever in last 2 weeks taken to a hospital			
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(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 discourages 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:

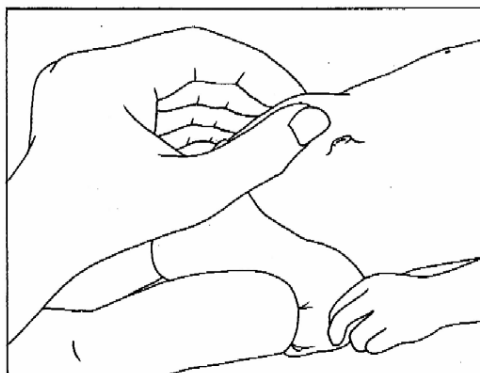
General condition:

- Lethargic or unconscious or restless and irritable
- Sunken eyes
- Child not able to drink or thirsty
- Skin pinch: Slow or Very slow (More than 2 second)

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.

Jal Jeevan - Saving children's life

Jal- jeevan is an effective and affordable product offered by HLFPT which consists of salts and minerals, essential for the body. It is used to treat diarrheal diseases in children and also helps to cure dehydration occurring from the above mentioned diseases.

How to prepare the solution?

- Hands to be washed properly
- Measure five glasses of water into a vessel and boil
- Cool the boiled water and empty the contents of the ORS packet
- Cover the vessel – store and use within 24 hours
- Dispose the solution after 24 hours of preparation

How to use?

- ORS to be given as frequently as possible
- Monitor for any problems
- If the child vomits, wait for 10 minutes and continue giving ORS, but more slowly.
- Continue breast feeding

Acute Respiratory Infection (ARI)

ARI is a leading cause of mortality in children under the age of five in our country. Respiratory infections are caused by viruses or bacteria. Pneumonia is the commonest lung infection in children which can lead to serious respiratory conditions. Children suffering from other conditions, such as malnutrition or measles, are particularly susceptible to pneumonia. Symptoms of Pneumonia are - cough accompanied by difficult or short rapid breathing.

F) Mosquito Coil – Star

HLFPPT's new product 'Star' Mosquito coil is an initiative undertaken to combat Malaria. It is very effective against Malaria, Dengue, Filaria 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.

Measles

Measles is one of the most contagious viral diseases caused by Paramyxovirus causing unpleasant rashes on the patient's body. Droplets can transmit infection and anyone who has not already had measles, can get infected. The symptoms of the infection are hacking cough, runny nose, high fever, and watery red eyes with full-body rash. Prevention of Measles – Children can be protected from measles by getting them vaccinated according to the immunization schedule. Measles vaccination is given at the age of nine months. A child who is suffering from Measles should be given plenty of fluids, rest, and should be kept away from spreading the infection to others.

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

4.2.2 Price list of Products

Table 7: Price list of Products

HINDUSTAN LATEX FAMILY PLANNING PROMOTION TRUST Price List of Various Brands			
All Prices given per Wallet			
Brand	Stockist's 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)

Unit 4.3 Supply Chain of the Products & Maintenance of Supplies

This unit describes the route of supply, of the products from the organization (HLFPPT) to Tarang member and the ways to maintain this supply constantly.

Session Objectives

By the end of the unit the participants will be able to –

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

Training Methodology

Lecture cum discussion followed by Presentation.

Training Aids

Presentation

Duration

45 minutes

Facilitator's Note

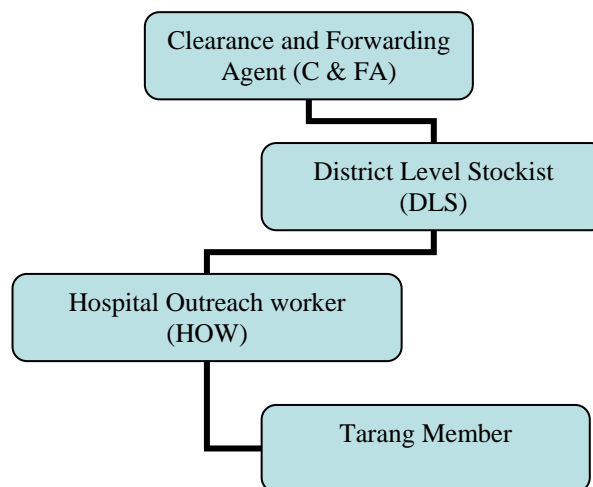
- The facilitator should know the names of District Level Stockists (DLS) and hospital out reach worker (HOW) of that district.
- He/ She should keep handy, the names and phone numbers of the key people of social marketing team.

4.3.1 Supply Chain of Products for Tarang 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 members will be the key people acting as bridge to fill this gap.

To make all the products continuously available to the Tarang 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 members.

The flowchart below will clearly explain the flow the stock from HLPPT to Tarang 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 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 members
- Providing POP material to Tarang members
- Providing other health related information to Tarang members.

Unit 4.4 Role of Tarang Members

This unit explains in detail, about the different roles and responsibilities Tarang members will accomplish in the social marketing as well as social franchising endeavors of HLPPT.

Session Objectives

By the end of the unit the participants will be able to –

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

Training Methodology

Presentation followed by discussion.

Training Aids

Presentation

Duration

30 minutes

Facilitator's Note

- The facilitator should be sufficiently equipped with information on the role of a Tarang Member.
- He/She should be able to communicate the expectations of the organization from the participants.

4.4.1 Role of Tarang Members in Community.

Being a Tarang 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 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 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 have been categorized as –

- **Awareness generation and counseling**
Tarang members will be major source of generating awareness in community on RCH and other health issues. They would have and create awareness on PNMT 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 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 HLFPPPT's products and would ensure easy availability and access to the HLFPPPT's health care product and concepts.
- **Establishing referral system**
Tarang members would ensure that all deliveries of their area are conducted in institutions (Merry Gold Hospitals/ Merry Silver Clinics/Government hospitals).
- **Follow-up**
The Tarang 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 members will be instrumental in providing health education to the members of village community and promote behavior change communication, through techniques acceptable to community members.

Unit 4.5 Communication and Counseling Skills for Reproductive & Child Health

This unit gives an insight into communication and counseling skills and its fundamentals. Communication can play a decisive role in RCH. It is the essential element for disseminating knowledge to health provider as well as community. The unit will also focus on the fact that communication and counseling skill will capacitate facilitators, to learning, listening and understanding the needs of the target audience. This unit will create an enabling environment for health promotion in community.

Session Objectives

By the end of the unit the participants will be able to –

- Understand the basic process of communication.
- Understand the six rules of counseling.
- Rights of a Client.

Training Methodology

Activity on communication process (Chinese whisper), role –play, Presentation and discussion

Training Aids

Presentation

Duration

45 minutes

Facilitator's Note

- The facilitator should be able to narrate the process in a simple and interesting manner.
- He/she should encourage participants to think and express their ideas about communication.
- He/she should be able to steer the answers towards the basic concept of communication.

4.5.1 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.

4.5.2 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.

But in the each of these processes there is a possibility of distortion. To understand about distortions in a message an activity is described below. This activity will let you experience about the communication process and distortion.

Activity: Passing the message

Form a circle of participants and give a short message to one of the participant to share it in a whisper with the person standing next to him/her. This process continues until the message comes back to the 1st participant. All participants will then recite the original message sent and the group will understand the distortion made in the original message. Then participant will be engaged in discussions on how messages can be distorted.

4.5.3 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

4.5.4 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 counselling, 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.

4.5.5 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.

4.5.6 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

4.5.7 How to be an effective counselor?

An effective 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.

4.5.8 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

4.5.9 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 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 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?

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