Community Midwife (CMW) Business Management Module

State Innovations in Family Planning Services Project Agency, Lucknow.

Family Planning Directorate, Uttar Pradesh, Lucknow.
Module 2

Chapter number: 6

Topic: Management & Business Skills

Duration: 20 hours 40 minutes classroom, 2 hours practicum

OBJECTIVES: At the end of the session the CMW trainees will be able to:

1. In classroom, explain importance of acquiring simple business management skills for establishing, sustaining and improving the practice of CMWs in rural areas.
2. Explain importance of knowing household profile for a CMW.
3. In classroom, explain the process of collection and analysis of household data.
4. During field visits, demonstrate steps for collection and compilation of household data.
5. List the types of service providers currently functioning in the work area of CMWs.
6. List the type of ailments treated, client preferences and average fees charged by various service providers in CMW's work area.
7. List and state prevalence of common health conditions in her area/villages in classroom with special focus on maternal and child health.
8. Demonstrate the process of collection and compilation of data on health conditions in community and their health seeking behaviour during field visits.
9. Based on the information about health conditions in the work area of CMW and health seeking behaviour of people, identify the group of clients which could be potential customers/client groups and services that could be provided to them.
10. Based on the population statistics, in classroom, estimate approximate number of beneficiaries for various healthcare services in CMW’s work area in 1 year time and calculate traffic for each of these services.
11. In the classroom, using the information on estimated market costs of consumables will be able to identify costs for each of the services provided by the CMWs.
12. In the classroom, identify various ways of marketing the services based on the information from the field.
13. During field visits, demonstrate use of selected set of marketing skills for enhancing the service coverage.
14. In the classroom, the CMWs will be able to demonstrate mastery over calculation, recording and analysis of the revenue and expense

Content:

- Importance of business management skills for CMWs
- Knowing the working environment of CMW’s work areas
  - Village profile
  - Household profile
  - Profile of other healthcare providers
  - Expectations of community from CMWs
  - Health status of population
  - Health seeking behaviour
- Estimation of traffic for various services.
- How to estimate cost for various services
- Record keeping
- How will a CMW know whether she is in profit or loss?
- Promotional activities for improving CMW’s business
- Importance of linkages with other providers and referral center
- Income generation through sale of health products
- Major steps involved in setting up income generation system at community level.
- What is an action plan? How to prepare an action plan?

Training Materials:

- Flipcharts
- Markers
- Training manual
- Flip charts/board
- Loan applications for setting up small businesses
- Marker pens/chalks and dusters
- Charts on steps of setting up income generation system at community level
v Pre-prepared flip chart on the session objectives and key points
v Samples of various brands of socially and commercially marketed condoms, contraceptive pills, oral re-hydration salt (ORS) and other health products
v Pre-prepared list of possible commercial and social marketing outlets where CMWs can procure products on a regular basis

Reference:

- Study to develop a business development plan for Community Midwives in Uttar Pradesh, India- May 2004
- RCH module for female health worker (ANM), 2000, Integrated skill development training, by NIHFW, New Delhi

Appendices
1. Learning Guide
2. Case studies
3. Key points for setting up a good clinic
4. List of instruments and equipment for CMW clinic
5. Sample client exit questionnaire
6. Places where loans are available
7. Laws regulating ANM type services
8. Evaluation exercise and answers
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<th>Steps</th>
<th>Duration</th>
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<td>1. Importance of business management skills for a community midwife</td>
<td>30 minutes</td>
<td>Guided meditation, Large group discussion</td>
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<td>2. Genesis of business study for CMWs</td>
<td>20 minutes</td>
<td>Interactive presentation</td>
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<tr>
<td>3. Work environment of CMWs: Village profile, household profile, profile of other providers,</td>
<td>2 hour</td>
<td>Interactive presentation and discussion, role plays</td>
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<td>4. Work environment of CMWs: Health status of villages, health-seeking behaviour of community</td>
<td>2 hours</td>
<td>Interactive presentation, discussion</td>
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<td>5. Community perceptions and expectations from CMWs</td>
<td>30 minutes</td>
<td>Large group work, interactive presentation, discussion</td>
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<td>6. Overview of managing the business, specific needs for health services in community and services that could be offered by the CMWs</td>
<td>1 hour</td>
<td>Interactive presentation, group work, discussion</td>
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<td>7. Positioning CMWs in the health market and Constraints, assumptions and limitations of proposed business plan</td>
<td>1 Hour</td>
<td>Interactive presentation, discussion</td>
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<tr>
<td>8. How to build traffic for CMW's services and marketing activities for business development</td>
<td>1 hour</td>
<td>Game, group work, interactive presentation, discussion</td>
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<td>9. Marketing the services: What a CMW can do</td>
<td>1 hour</td>
<td>Group work, interactive presentation, discussion</td>
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<td>Activity</td>
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<tr>
<td>10. Model for improving relationship between CMWs and the community</td>
<td>40 minutes</td>
<td>Large group discussion, interactive presentation</td>
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<td>11. Setting up the business: an overview</td>
<td>20 minutes</td>
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<td>12. How to set-up a good clinic</td>
<td>2 Hours</td>
<td>Small and large group exercises, interactive presentation, discussion</td>
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<td>13. Action guide for CMWs</td>
<td>1 hour</td>
<td>Small and large group exercise, interactive presentation, discussion</td>
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<tr>
<td>14. How records can help you to establish, maintain and improve the business?</td>
<td>1 hour</td>
<td>Large group discussion, presentation</td>
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<td>15. Proposed costing of services and fees structure for various services</td>
<td>1 hour</td>
<td>Group discussion, interactive presentation, discussion, case study</td>
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<tr>
<td>16. Calculating traffic for various services</td>
<td>1 Hour 30 minutes</td>
<td>Small and large group work</td>
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<tr>
<td>17. How will you know whether you are in loss or profit?- Initial investment, revenue-expense chart, points of caution</td>
<td>1 hour</td>
<td>Case analysis, large group discussion</td>
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<tr>
<td>18. Introduction to the concept of income generation system at community level</td>
<td>30 minutes</td>
<td>Brainstorming, large group discussion</td>
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19. How will a CMW generate income through the sale of health products?

1 hour classroom
2 hours practicum

Role-play and large group discussion
Visit a social marketing wholesaler to find out how to go about getting products. Visit a commercial retailer who sells social and commercial marketed contraceptives and other socially benefited health products and learn his experiences.

20. Who will provide feedback to the CMW about her work

30 minutes

Interactive presentation, discussion, practice on client card

21. Evaluation and summary

30 minutes

Evaluation exercise and discussion

Learning Process

<table>
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<th>Step-1</th>
<th>Importance of business management skills for a community midwife?</th>
<th>30 minutes</th>
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1.1 Trainer should ask the CMW trainees to close their eyes and slowly keep talking so as to let the trainees imagine for a few minutes that they are not a batch of newcomers and they have just gone through an 18-month course, which has helped them to acquire knowledge and skills. During the course they made many good friends and also acquired necessary knowledge and skills. There were some good and bad times, which the batch had spent together. Now at the end of the 18-months, they have come to the stage when each one would go back to their individual community and establish their own respective units. Let the CMW trainees feel that they have completed the course. Now let the participants open their eyes. Now the trainer should ask the CMW trainees the following question. What are some of the problems you may face initially to set up
your business in the community? Responses should include the following: people may not accept you; there would be other providers in the community (such as ISMPs, TBAs, CBDs or even an MBBS doctor) who will not accept you easily and you may face resource problems such as money, place and essential supplies.

1.2 Once the CMW trainees have identified the problems that they may have to face for setting up their private clinics, ask them to identify what are the qualities that need to be developed in order to be established as a reliable health care provider and overcome some of the above problems. Have a volunteer list the responses of the trainees. Trainer to add, clarify any points that may have been missed. (Refer to Step 1 in this chapter’s content section)

1.3 Now ask the trainees to brainstorm what some of the essential knowledge and skills are that a CMW must have in order to establish herself as a private health care provider? Remind the trainees in a brainstorm they can suggest anything that makes sense to them and not to be afraid of not having the right answer. As two volunteers to write on flip chart writing alternate responses to quickly get all responses noted. Share the key points given under knowledge and skills a CMW must have. (Refer to Step 1 in the content section) Clarify doubts of the trainees.

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<th>Step 2</th>
<th>Genesis of business study for CMWs</th>
<th>20 minutes</th>
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2.1 Tell the CMWs that the business management plan described in this session is not based on some general observation or data. PRIME II, SIFPSA’s technical assistance partner in IFPS project has conducted a detailed study to assess the feasibility of CMW cadre in the project areas.

2.2 Tell them that the study included 20 sample villages in 2 CMW districts, Meerut and Agra. The findings that will be presented and discussed in this session are based on the 1) actual situation in these villages and 2) after discussion with the representative sample of men and women in the villages in the study area.

2.3 Explain that the financial projection about costing of services and possible income of CMWs is based on the facts revealed during this study.

2.4 There are some key constraints, assumptions and limitations behind these projected figures which will be discussed subsequently in the session.

2.5 Help the students understand that the suggestions or proposed actions in this session are reality based and not based on any imaginary situation.
**Step 3**

**Work environment of CMWs: Village profile, household profile, profile of other healthcare providers**

2 Hours

3.1 Ask the participants what they know about their villages with regards to average population, literacy status of women and men, and other providers in and around the villages, the clientele they serve, their caste groups, their fees structure. Note their responses on separate flip charts under each of the headings.

3.2 Conduct a value clarification exercise at the beginning of the session as follows:

Provide each CMW with 2 cards- 1 red and 1 green. Tell them that you will readout 6 questions, one-by-one. After you read each question, the CMWs will think for 30 second and raise a green card if they agree with what you read or raise a red card if they disagree.

Read out the following questions:

1. If you see a child drowning, you will try to find out the caste of the child before you jump in to save the child.
2. The policeman on the highway finds an accident victim on the road in a serious condition, he should check for patient's caste or religion before shifting to hospital.
3. You find a woman dying of thirst; you would like give her water immediately without asking about her caste or religion.
4. You have a woman of so called 'lower caste' in complicated labor, you can save her life, however you would like to think for some time before providing her emergency services because she is from a 'lower caste'.
5. When you go to a doctor in the city, the doctor should ask you about your caste and then treat accordingly.
6. Two low caste patients are waiting in your clinic's waiting room, a high caste woman enters the clinic and rushes to your room. Would you see this high-caste woman ahead of 2 other low caste women sitting in waiting area?

For trainers: It is expected that all the participants will agree that in emergency/ life-threatening situations (or health related problems), the provider or helping person should not look for the social status (such as caste, region etc) of victim and provide the services immediately in order to save life.

Praise the participants for their values that being a service provider they do not want to segment their clients based on caste and religions or economic status and provide necessary services.
However, clarify that we have to accept the ground reality that there is a caste divide in the rural Uttar Pradesh. The CMWs will have to face this situation after going back and it will have a definite impact on their services in terms of limiting access to clients of a certain group and thereby income.

Ask 2-3 CMWs to recall the nursing ethics which they learnt at beginning of the course. The ethics guides the CMWs to provide good-quality services to all the individuals who need it, irrespective of their social or economic status. However considering UP’s social dynamics, they might face some problems within their families or community in putting this idea in action.

Now divide the CMWs in 2 groups and give them the tasks as described below:

Group 1: Imagine that you are a CMW belonging to a so called ‘lower caste’. You have successfully completed the 18-month course and are back in the village and want to set-up a clinic at your home in order to provider healthcare services to entire community (higher and lower caste individuals). Take 60 minute time and answer the following:

- Being lower caste CMW, what kind of problems you are likely to face in setting up your practice? List the problems and discuss and identify how will you tackle these problems? (40 minutes)
- Imagine that you have problem in accessing the women and children and households of higher caste families in the village because of your so called ‘lower caste’ status. Demonstrate using a role play how you will convince the community for improving/increasing the access of your services. 3 CMWs will act as the member of higher caste and one of the participants will play the role CMW and convince them about your role and responsibility (work ethics) and help them understand importance of having a free access to you in the community for providing healthcare services. (20 minutes for actual role play)

Group 2: Imagine that you are a CMW belonging to a high-caste family. You have successfully completed the 18-month course and are back in the village and want to set-up a clinic at your home in order to provider healthcare services to entire community (higher and lower caste individuals). Take 60 minute time and answer the following:

- Being from a high-caste family, what kind of problems you are likely to face in setting up your practice within your family and community? List the problems and discuss and identify how will you tackle these problems? (40 minutes)
Imagine that you have problem in accessing the women and children and households of 'lower caste' in the village because your mother-in-law and husband oppose it. Demonstrate using a role play how you will convince your mother-in-law and husband so that you are accessible to all castes for service delivery. The group should select 2 CMWs; one will act as the mother-in-law and the other as husband of CMW. One other participant will play the role of CMW and convince them about your service ethics and help them understand importance of having free access to you in the community. (20 minutes)

Let the groups present in front of a larger group and come out with additional suggestions (than the individual groups have come up with) for handling such a situation.

Finally, remind the CMWs once again about the Nursing Ethics which states that they have to raise themselves above all social issues such as caste, religion and economic status and provide equally good quality services to all segments and individuals in the community.

3.3 Now ask why it is important for a CMW to know the environment or situation and information about people around or in her work-area. Note their responses.

3.4 Explain that all these factors will have a direct bearing on the business of CMW once they go back to their villages and try to establish their practice.

3.5 Now share the information about above issues as described in the module. Emphasize that they will mostly be dealing with the illiterate or low literate people and in the population of about 1500 (for one village, it could be more it they cover more than one village).

3.6 Clarify that there will always be some existing service providers such as ISMPs, Jhola Chhaps, TBAs, ANMs and CBD workers around them who will compete for the clientele in the village. Their way and the range of services offered by them and service charges will influence the costing of the services offered by the CMWs. Ask volunteers to role play 2-3 encounters with these other service providers 1) the CMW meets a jhola chhap and talks of her recent training and hopes they can be colleagues and indicates she wants to focus on diseases of women. 2) The TBA accuses the CMW of trying to take her customer and the CMW asks her why she says that and suggests that they work together in the future with the CMW suggesting to families to call in the TBA for cleaning the woman and the room and massaging baby and mother in the end. She can even offer to involve the TBA in the cord cutting if the TBA commits to using fresh blade, washing hands, etc. She can suggest that the TBA might want to refer cases that she needs advise on to her so the CMW can help determine what to do or whether to refer outside. 3) CMW
meets the ANM and offers to let her use her verandah for immunizations and suggests they have educational talks together.

3.7 Tell them that according to the study the ISM and Jhola Chhaps provide services mostly to men and children and to an extent to women. Ask if that has been their experience as well? Then ask what happens in their village for women with women-specific problems (Gynecological and obstetrical)? List their answers on a chart and indicate if this is also what the Study learned. If the Study is correct, if CMWs could provide good female specific services at an affordable fee, are likely to get good response especially from this group.

| Step 4 | Work environment of CMWs: Health status of community, health seeking behaviour of community | 2 Hours |

4.1 Ask the CMWs what are the common health ailments in women, men and children that they know are more prevalent in their villages or surrounding area. List their responses. Using this list ask them what people generally do in such illnesses and how much they pay for it. Note on the flip chart, the payment range for the listed services.

4.2 Now tell them that the business study has collected and compiled the data of commonly occurring health conditions in their districts.

4.3 Present the list of commonly occurring health conditions and their prevalence as mentioned in the content.

4.4 Also share the information on health seeking behaviour of community in such illnesses or health conditions. Share the payment pattern or average expenditure made by the people for each of these conditions as evident from the business study. Compare with the charted payments just generated in the class.

4.5 Emphasize that people first try to access the services from a local healthcare provider and go to the outside healthcare providers only in severe conditions/illness or in emergencies.

4.6 Ask the CMWs to note the average payment pattern for each of the conditions and tell them that this data will be useful subsequently while estimating the costs of the services provided by the CMWs. Indicate that people usually are willing to pay more to the providers outside the village because they consider them to be better skilled and knowledgeable.

4.7 Tell the CMWs that this clearly means that they will have to be highly skilled in all the services they will be providing in the villages, at an affordable cost and must sustain providing high-quality and timely services.
to the community. Ask what they might use to be sure they are giving quality services and using the right approaches, and recommending the correct treatment or referral? (Answer: Skill checklists)

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<th>Step 5</th>
<th>Community perceptions and expectations</th>
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5.1 Create groups of 4 CMWs each and ask the CMWs to think for 5 minutes about the following. They should put themselves in the villagers' position (shoes) and discuss and write down 5 things they would expect from a village-based skilled provider like CMW. Clarify that the expectations may include behavioural aspects, treatment, follow-up, physical set-up of clinic and similar other aspects they would like to include.

5.2 After 5 minutes ask each group to share one key expectation they have identified. Tell them not to repeat the issues/expectations already shared by previous groups. Write all the expectation on a flip chart. Once you have a list of about 15-20 expectations, stop the exercise.

5.3 Now share the expectations that emerged during the business study as given in the content.

5.4 Emphasize that the villagers expect the CMWs to be a local provider who is available 24 hour for services. They also feel that the women and children could be the major clientele for CMW. The villagers also expect her to be a more skilled provider than local doctors and TBAs. They also feel that her round-the-clock availability in the village will save their time and money besides getting quality healthcare services.

5.5 Emphasize that one of the findings of the study was that people want CMWs to be available for home visits during emergency situations. Ask how a CMW could set up a mechanism for ensuring this.

5.6 Now show the list of services on page 45 on 2 pre-prepared flip charts. Divide the CMWs in 2 groups and ask them to guess the fees community representatives have shown willingness to pay for these services. Give them 10 minutes for this exercise. Now show the table on page 45 which shows various services and the fees that community is ready to pay for it. Ask the groups to compare it with their estimates.

5.7 Clarify that though these are some tentative figures quoted by the community members, later we will do a systematic exercise on how to arrive at an affordable, logical fee for each of the services provided by the CMW. Tell them that the table clearly indicates that people are quite excited to have CMWs there and are ready to pay for services. Use this as an opportunity to motivate and encourage the CMWs to go back to their villages and serve the community and earn money as well.
6.1 Tell participants that that now we are going to start discussion on business management process. Share the flow chart showing how CMW's private health care business might operate on page 47 and ask the participants what they understand from it. Listen to their responses without interrupting. If they explain the model correctly, praise them and explain it again. If not, explain the flow chart in detail starting from 'consumer need for good services' and explain the cycle.

6.2 Emphasize that client experiences are key to this cycle. If they have good experiences when they come to you first time, they will not only return for services but also recommend you to others. Therefore, the CMWs must ensure that they provide good, high-quality services right from first client and sustain quality forever.

6.3 Now tell them that the process of establishing a good business is broadly divided in 3 steps, 1) Planning the business, 2) running the business and 3) Getting money out of business. We will learn each of these steps in detail one by one.

6.4 Share sub-steps for each of these 3 broad steps. Clarify that we will be going through each of the sub-steps:

6.5 Now initiate discussion on step 1: Planning the business.

6.6 Explain that for planning a business you must have good information about the environment around you. We have discussed it in earlier session about your work environment which includes village and household profile, providers around you and perceptions and expectations of community. Do a quick recap of key points in each of these issues by asking questions to the participants.

6.7 Tell participants the business study has identified a range of services which a CMW can provide in her private practice and are needed by the community.

6.8 Ask a volunteer to write down major areas of service delivery such as ANC, delivery, PNC etc on the flip chart/black board (as given on page 50) and ask CMWs to list the services that could be provided under each of the major areas. Complete the list by using the information/list of services given in the chart/table on page 50.
7.1 Inform the participants that there are some key considerations for properly positioning the CMWs in their work areas/villages.

7.2 Share the key considerations as given on page 51. Emphasize that the cost of CMW's services must be competitive, not higher than community expectations but at the same time should not put the CMWs at loss.

7.3 Tell the participants that after this discussion on the issues related to planning of business, we will discuss how to run business using various marketing strategies by the SIFPSA project and CMWs themselves.

7.4 Clarify that the marketing model has been created under certain constraints and therefore has limitations. Further, marketing model is based on certain assumptions. For successful implementation of the marketing model, the CMWs must understand these constraints, limitations and assumptions.

7.5 Start the discussion with constraints. Inform the participants that ideally the business plan should have been developed in consultation with practicing CMWs but since there were no CMWs in the field or this cadre did not exist at the time of the study, this was not possible. Taking view of working CMWs would have enriched the plan by including their experiences, vision, thinking, strengths and weaknesses for establishing and sustaining the business.

7.6 Explain that this is for the first time in India a business plan has been developed for a worker who is yet to enter the field.

7.7 Now share key assumptions of the business plan explaining that the model assumes that CMWs will possess certain competencies and the project will help them in certain way.

7.8 Share the key competencies that are expected from the CMWs.

7.9 Share SIFPSA’s planned contributions to make the CMWs a viable and successful provider.

7.10 Now share the limitations of the business plan with special emphasis on the fact the this plan will work well only if the CMWs will practice in small villages and not in towns or cities where there will be many other qualified practitioners competing for services. Also the CMWs must have right competencies and a strong will to deliver.

7.11 Share the list of limitations, explain each of them and close the discussion.
8.1 Keep ready 5 pre-prepared flip charts with one of the following written on each.

1. High quality services
2. Good clinic
3. Good rapport with the community
4. Low fees for services
5. Wide publicity

Paste these 5 flip charts on the walls of the classroom.

8.2 Now explain we have these 5 issues pasted on the walls. Read them carefully. You have to choose one which you think is the best way of getting more clients and go and stand near the flip chart. You may agree with more than one of these issues but choose just one which you think is your first and topmost preference.

8.3 Once the participants are divided in 5 groups under 5 charts, ask 2-3 participants from each group to explain why they think that this is the most important thing for getting more clients.

8.4 After all the groups completed, the trainer MUST clarify that all of these factors are key for getting and sustaining good clientele. The purpose of this exercise was to discuss and understand the importance of each of these key factors so that CMW can practice it in the field.

8.5 Tell the participants that the business study has recommended a strategy for improving the clientele of CMWs. One of the key activities we will discuss now is marketing the services.

8.6 Explain that the marketing activities needs to be done by both, the SIFPSA project as well as the CMWs themselves with the purpose to inform the community that the CMW is a private provider and the community will have to pay for her services. The community must also be made aware of the technical competencies of CMWs.

8.7 Suggest that the CMWs may want to do some voluntary activities to encourage the community try out their services.

8.8 Now share what SIFPSA is planning to increase community awareness regarding CMWs.

8.9 Tell the participants that SIFPSA is planning a small launch activity in the village of the CMW where the village Pradhan will inform the community.
about the CMWs that they are not government functionaries but are private providers who have been trained for 18 months and achieved the competency in maternal and child health and other service delivery. Their services are paid private services. Tell the CMW the name of their PMU and phone so she can contact if there are problems with this plan.

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<th>Step 9</th>
<th>Marketing of services of CMWs: What the CMWs can do</th>
<th>1 Hour</th>
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<tr>
<td>9.1</td>
<td>Clarify that the marketing efforts of SIFPSA will be one time activity. However, the CMWs need to sustain the marketing drive by conducting some activities such as door-to-door visits, once-a-moth interface to provide opportunities to the community to try out her services and experience the technical and behavioural skills.</td>
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<td>9.2</td>
<td>Explain in detail about the processes and importance of door-to-door services and community interface as described in the content.</td>
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<td>9.3</td>
<td>Tell the CMWs that now we will see a live demonstration of doing door-to-visits. Divide the CMWs in 2 groups. Ask the groups to do the following role play in their respective groups: One of the volunteer will act as a CMW. 2 other CMWs will act as husband and wife. The CMW will visit the household and meet husband/ wife and explain who she is, what competencies/skills she possesses, what paid services she will provide and tell them about a community interface event that is due after 3 days. Let other participants observe the role play and provide comments at the end. The comments should include what were the good things they learned and how the door-to-door interaction could be made better. Based on the observations of 2 role plays (by 2 different trainers), the trainer should summarize the key issues for making the door-to-door interactions more meaningful and effective.</td>
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<td>9.3</td>
<td>Emphasize that besides these 2 activities the CMWs should do some more activities to build good relationship with community such as voluntary service help in cases of emergency, subsidizing the fees for those who need care but can not afford it. Using the description in the content explain each of these activities in detail.</td>
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| 9.4    | Tell the CMWs that they could some additional activities to compel or encourage community to avail and try out her services. She can keep the
cost of her services slightly lower than current spending of the community
on those services or she may try to encourage the women who go outside
the village to get healthcare to try out her services. However, in such
situations the CMWs must ensure that she is confident and competent to
handle such a case or situation otherwise it may boomerang.

9.5 Suggest the CMWs that they may want to organize some free check-up or
similar camps to provide opportunity to community to try out her services
which if found satisfactory, might result in long term relationship.

9.6 Tell the participants that they can develop strategic linkages with some
higher-level doctors, nursing homes and pathology labs for referring their
clients. However, tell them that they have to be very cautious in selecting
the referral doctors and centers.

Ask the participants to take 5 minutes and think of 2 key issues or criteria
which they would consider when identifying a doctor or hospital or
laboratory as a referral center. After individually thinking for 5 minutes,
divide the participants in the group of 5 each, share individual responses
and come out with the best 2 responses which the group agrees upon.
After this exercise, ask each group to share 1 key criterion and list them
on flip chart. Instruct the groups not to repeat those mentioned by earlier
groups.

Once we have a list of these criteria, add (if required) to complete the
following essential criteria:

- Easy accessibility (not too far from your village or work area)
- Availability of desired expertise (allopathic qualifications and
infrastructural facilities) to deal with complications
- Having networking with further higher level referral centers as
required
- Not very heavy user charges
- Ready to give priority and respect to your referrals
- Willingness to collaborate and pay commission to you

Summarize that the participants may want to have tie up with one or more
higher-level providers/hospitals and labs depending on their estimated
client turnover.

<table>
<thead>
<tr>
<th>Step 10</th>
<th>Model for improving relationship between CMWs and the community</th>
<th>40 minutes</th>
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<tbody>
<tr>
<td>10.1</td>
<td>Show the customer relationship model included in the content section on page 59 to participants. Ask them to interpret the meaning of this figure.</td>
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</tbody>
</table>
10.2 Now tell them that this model represents the way to develop and improve relationship between a service provider like CMW and the community.

10.3 Take them through every step explaining that there is no bypass to these steps one leads to other. For example, unless the community experiences your services they are neither going to come back to you nor will they recommend you to others. As their experiences, good experiences will grow they will start believing in you. Therefore it is important for you to look for or create opportunities for them to try out your services because today’s trial user, if treated properly will become your regular users and subsequently your supporters.

10.4 Emphasize that the satisfied users will become the best advocates of your services. Therefore you must provide high-quality and timely services from the beginning and continue it forever or even improve the quality by updating your capabilities through experiences and other credible sources.

**Step 11**  Setting up the business: an overview  |  20 minutes

11.1 Tell the participants that now we are going to discuss about some of the operational aspects of business which if implemented properly, will ensure that the CMWs service and actions go beyond the expectation or prior experience of the patients.

11.2 Share that the model comprises of 5 essential issues, 1) look of clinic, 2) action guide, 3) patient history card, 4) stock card and 5) Prescription pads

11.3 Explain in brief about each of these 5 issues and tell them that we will discuss more about each of these issues in subsequent sessions.

**Step 12**  How to set up a good clinic  |  2 hours

12.1 Divide the participants into 2 groups. Ask trainees to imagine that they have completed the 18 month CMW course and are back in their village. Now they want set up a clinic in only 1 room that is available in her house. SIFPSA has already provided a set of instrument and furniture to her. Tell the participants that you have already vacated 2 rooms in ANMTC as clinic room for them. The 2 groups will now furnish two rooms of training centre as their clinic with available furniture, equipments and other IEC materials (Trainer should keep two rooms and material available for this exercise). Give 30 minutes time to both the groups to set up the rooms as “clinic”.

12.2 Once both the groups are ready, let each group visit other group’s clinic and observe and comment what is good and how it could have been made better. The trainers should also visit both the “clinics” and observe the way trainees has set-up them.
12.3 Now bring back all the trainees to classroom. Write “A good clinic” on chart. Focus the attention of trainees to the chart and ask them to think of the attributes that they can associate with a “good clinic”. Write the responses of the trainees on chart. Now compare the attributes of a “good clinic” with the one, which they have just furnished. Find out the differences. Send all the trainees back to same “clinics” and ask them to make changes, which they think now, should be made. Give 20 minutes time to trainees to make these changes.

12.2 Discuss, who can help CMWs in setting up the clinics. Refer the list of financial institutions, which could extend loan to CMWs for setting up their clinics.

<table>
<thead>
<tr>
<th>Step 13</th>
<th>Action guide for CMWs</th>
<th>1 hour</th>
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<tbody>
<tr>
<td>13.1</td>
<td>Explain to participants what we mean by action guide and how it helps to deliver the services not only to the satisfaction of the clients but beyond their expectation which ultimately leads to development of trust between the provider and client.</td>
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</table>

13.2.1 Ask trainees to think of a situation where a client is visiting their clinic. The trainer should tell trainees to open “Format – Action guide for CMWs” annexed in the module and ask them to fill – what is expected from them by a client and what they could do to exceed their expectations. Give 15 minutes time to finish the assignment. Now discuss all the points sequentially and tell the trainees not to repeat the ideas. Now trainer should fill the gaps with the table available in the content of step 13. Clarify the doubts of trainees.

<table>
<thead>
<tr>
<th>Step 14</th>
<th>How records can help CMWs to establish, maintain and improve the business</th>
<th>40 minutes</th>
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<tbody>
<tr>
<td>14.1</td>
<td>Divide the participants in 4 groups and ask them to imagine a situation, where they have finished their 1½ years training of CMW training and are practicing midwifery in their villages. Tell them to make a list of record keeping instruments, they would like to use and why? Let every group present their list and ask other groups add or clarify. At the end, tell the trainees the list of record keeping instruments useful for them during practice and its benefits.</td>
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14.2 Explain that the trainees are going to understand the importance of maintaining records. Have trainees state why maintaining records is important. Explain the best responses: knowledge who are users, their problems, date of follow-up and re-supply and stock can be easily checked from the records. This helps the CMW see patterns of illness and
assists in diagnosis. It also gives her record of who has paid and who owes for what? Further it also helps her to determine her client load for any health product so she can effectively re-order the supplies.

14.3 Tell the participants that the business study has recommended at least 3 type of records for them 1) patient register, 2) stock register and 3) prescription pad.

14.4 Share the format of patient register and explain how to fill it. Do a similar exercise for 2 other records.

14.5 Provide blank formats of patient register to all participants. Provide them 3 case studies and ask them to fill the patient register based on the information provided in the case studies. OR arrange 3 role plays where one participant will act as CMW and the second one as client. The CMW will take history of client in front of all participants who will note the findings in their patient register format. Let 3-4 pairs do it one after the other. The trainers should also complete their own formats during the role plays.

After the role plays ask random CMWs to come forward and tell the group what information they have noted in the patient register format. The trainers should add or comment as required. While the participants talk of each bit of information, the trainer should ask other CMWs the importance of collecting (or noting) that particular bit of information. Explain as required to expel all the doubts of CMWs regarding importance of registering the client information.

14.6 Explain how the stock register can help them to avoid stock out situations and maintain adequate stock of essential items all the time.

14.7 Point out that a simple but clear prescription pad that the patient takes either to a chemist or to a referral doctor, helps to make the CMW a true professional. It should have her name, village address, clinic hours and her CMW title printed at the top or divided between top and bottom. This can help her get referrals from chemists or even from referral doctors who have patients that may need home care.

<table>
<thead>
<tr>
<th>Step 15</th>
<th>How business makes money: Proposed costing of services and fee structure for various services</th>
<th>45 Minutes</th>
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<tbody>
<tr>
<td>15.1</td>
<td>Open the topic by asking the participants what are some of the reasons to get admitted to the CMW course. The responses might include, serving poor, community service, to earn money, to serve country etc. Taking thread from the clue of the response 'making money', tell the participants that the primary purpose of your</td>
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</table>
services in the rural Uttar Pradesh is to provide good quality services to the underserved population at an affordable price. But you definitely need money to sustain and improve your business and earn your livelihood in the process.

15.2 Tell them that, therefore, you must be able to define the cost of your services in such a way that community can afford it and at the same time you can sustain and improve your business.

15.3 Explain that for every service the CMW provides, she will have to invest in consumables as well as spare her time for services. Therefore, broadly the costing of services is done based on these 2 aspects 1) recover the cost you incurred and earn additional service charges for sustainability.

15.4 Provide a few of the examples provided in Table 1 under step 15 and explain how actual cost of consumables is calculated.

15.5 Now using the data in Table 2 of step 15, show them how the fees for some of the services have been derived which cover the cost of the consumable plus additional service charges.

15.6 Remind the participants, that your fees for any service has to be competitive to the fees charged by other skilled providers like you for similar services as well as it should be affordable to the community.

<table>
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<tr>
<th>Step 16</th>
<th>Calculating traffic for various services</th>
<th>1 hour 30 Minutes</th>
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<tbody>
<tr>
<td>16.1</td>
<td>Ask participants, what information they will need in order to calculate approximate income in a period of one month. The responses might include cost of services, number of patients, type of patients etc.</td>
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<td>16.2</td>
<td>Explain that for sustaining a good business, the provider must know approximate number of clients in the population and how many clients they must attract to sustain the business. In this session we will learn how to calculate approximate number of beneficiaries for various healthcare services provided by the CMW in a given population.</td>
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<tr>
<td>16.3</td>
<td>Share an example from step 16; Incidence of pregnancy and explain how the approximate number of beneficiaries are calculated using the vital statistics for the population.</td>
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<tr>
<td>16.4</td>
<td>Share another example if the participants do not understand from first example.</td>
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<tr>
<td>16.5</td>
<td>Now ask trainees to calculate incidence of illnesses in their community for remaining services. Provide them with population statistics as given in the content in step 16.</td>
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</table>
16.6 Divide the participants in 6 groups. Give them calculation of 3 services each in such a way that at least 1 service of one group overlaps with one other group. For example:

Group 1: Number of infants, antenatal cases, under-five children
Group 2: Number of antenatal check-ups, ARI cases under-five children
Group 3: Number of ARI cases, post-natal cases, number of infants
Group 4: Number of deliveries, diarrhea cases, postnatal cases
Group 5: Number of diarrhea cases, incidence of pregnancy, family planning beneficiaries
Group 6: FP beneficiaries, general illness, number of deliveries

After group work for 30 minutes, ask each group to present the findings. If you get the correct response for any service from any one group, ask subsequent groups not to repeat the same again. The trainer must ensure that all calculations are correctly done by the larger group collectively and trainees have understood the process. This can be ensured by asking them solve an exercise in the 'evaluation exercise' section where the rate are to be calculated for population of 2500.

16.6 The trainer should share study findings given in the content section of step 16 with trainees. Clarify the doubts of trainees.

| Step 17 | How CMWs will know whether they are in profit or loss? Initial investment, revenue-expense chart, points of caution | 1 Hour |

17.1 Ask CMW trainees to think why it is necessary for them to know whether they are in profit or loss? List the responses of the trainees and share that as a CMW they are definitely doing the community service but in the process they also need to earn their livelihood and would, in all probability, wish to improve their business as a CMW to keep track of her expenses. Share that this can be done by following simple procedures and record keeping.

17.2 Share a copy of format used for maintaining records (Refer to step 17 of the content section). Trainer should make the format on flip chart in advance and should present it to trainees. Explain how to fill this format and calculate the contents. Clarify any doubts of the participants.

17.3 Divide trainees into 4 small groups calling numbers 1 to 4 one by one. Assign one case-study (given in the appendix) to 2 groups and one to another 2 groups. Give each group a chart and marker to work on case. Give each group 20 minutes time to complete the assignment and ask
them to answer the question given at the end of the case. One trainee to present the group findings and ask others groups to add or clarify any point. At the end, trainer should conclude by saying that each trainee needs to maintain a similar record of the expenses.

<table>
<thead>
<tr>
<th>Step 18</th>
<th>Introduction to the concept of income generation system at community level</th>
<th>30 Minutes</th>
</tr>
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18.1 Brainstorm what activities trainees could do to increase their income after reaching their practice area. List trainees' responses and discuss them one by one. Trainer should discuss the responses pertaining to selling the health products in step ~ 19.

<table>
<thead>
<tr>
<th>Step 19</th>
<th>How will a CMW generate income through the sale of health products</th>
<th>1 Hour</th>
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</table>

19.1 Call a representative of CSM agency active in the CMW district. Ask him to share a list of the CSM products available and to make presentation on the "How a CMW could generate income through sale of CSM products". The presentation should not last more than 20 minutes; which should follow by a 20 minutes question-answer session. Ask agency representative to provide the list of their stockists/suppliers with contact information, sample kit containing CSM products to CMWs.

19.2 Ask trainees to make a list of other health products (apart from CSM products), which they could sell in their community. Compare their list with the list provided in the content section of step 19 and discuss.

<table>
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<tr>
<th>Step 20</th>
<th>Who will provide feedback to CMWs</th>
<th>30 minutes</th>
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20.1 Tell the CMWs that after 18 months training, once they go back to their villages and set up a private practice, they will be on their own. There will no formal mechanism to supervise them except for first 3 months when the government health staff will keep track of them and support. Also they will be expected to get final certification in their 9th month as their provisional certification is only to allow them to start practicing. However, the CMWs must have some mechanism to get feedback on how she is doing, what is the quality of her services so that she can improve and sustain her performance.

20.2 Ask the participants if they can think of any mechanism which might provide them regular and timely feedback for improvement and support. Note their responses.
20.3 Now tell them that there are some processes or mechanisms if they use, can provide them very specific feedback for improving her services.

20.4 Share the concept of client feedback explaining that the CMWs services has to be client oriented so the feedback from clients themselves is the best way of assessing client satisfaction with their services and improve them as required.

20.5 Tell the CMWs that you can get very useful feedback on your performance from clients and their relatives to whom you provided services. Ask for and listen to their feedback carefully and make the necessary changes in your communication, clinic set up and services. Emphasize that 'Satisfied clients will bring you more clients'.

20.6 Remind them about the importance of learning guides and checklists and tell that these instruments can help them in self-supervision/self assessment and this is the best way to keep up their quality.

20.7 Also suggest that if they are willing, they can develop a forum or association of CMWs in the block who meet once in 2-3 months and share and discuss their successes, problems and resolve issues and learn from each others experiences.

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<tr>
<th>Step 21</th>
<th>Evaluation and summary</th>
<th>30 minutes</th>
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21.1 Ask trainees to volunteer one person to summarize, what we have learnt in this chapter. Ask others to add, if something is omitted. Paraphrase what trainees have told.

21.2 Ask trainees to enumerate some 'useful tips for making good rapport with the community'; Trainer could refer to the useful tips given in the last of this chapter.

21.3 Administer the enclosed 'evaluation exercise' to trainees. Give 20 minutes time to finish it.
Content: Business Management for CMWs

Step 1: Importance of business management skills for a community midwife

Why a Community Midwife needs simple business management skills?

You have just invested 18 months of your life in CMW training, improving your knowledge of health issues and skills to provide services. Now you are ready to go back to your village to establish a good practice, earn prestige, credibility and of, course, money. In the long run, you want to sustain and increase your practice.

The situation you face in your village may be that:

- People may not accept you overnight as a health care provider.
- There will be other providers in your village or nearby - ISMPs, TBAs, CBDs or even a MBBS doctor - competing with you for clientele.
- You may face resource problems such as a shortage of funds for establishing a clinic, getting a good space, buying essential supplies etc.

Therefore, you need to know easy, simple ways to deal with the above-mentioned hurdles so you may establish, maintain and sustain your practice in your village.

The following sections in this lesson will provide you important information for establishing a good business.

Step 2: Genesis of business study for CMWs

Introduction

State Innovations in Family Planning Service Agency (SIFPSA) with technical assistance from PRIME/IntraHealth is training a cadre of private providers in Uttar Pradesh. The new cadre, called the Community Midwife (CMW) will be a paid service provider at the village level. They are currently undergoing training similar to the training provided to the ANMs.

These CMWs have been selected from 4 districts of Uttar Pradesh, namely, Agra, Meerut, Varanasi and Sitapur. In all, 240 CMWs are undergoing the training. After receiving the training, the CMWs will open clinics at their respective villages. The aim of the CMW project is to increase access to safe delivery, quality family planning and other reproductive and child health services to address the unmet needs of the community.
Background of the study

The present study is aimed at developing a business plan for the CMWs. To provide the necessary inputs to the business plan, a study was conducted in the project areas. The study was divided into two phases.

In the first phase, a qualitative study was conducted to understand the health seeking behavior in the community, with special reference to general illness, reproductive health problems, pregnancy care and complications, delivery care and complications, post partum care and complications, child health care and family planning practices. Based on the inputs from the qualitative research, a business plan was designed.

Focus group discussions were conducted among currently married women aged 18-35 years with at least one child aged below two years, husbands of currently married women aged 18-35 years with at least one child aged below two years and mother-in-laws of currently married women aged 18-35 years with at least one child aged below two years.

In-depth interviews were conducted among the different service providers, opinion leaders and resident ANMs. A complete enumeration of all the existing service providers was also conducted.

In the second phase of the study, a quantitative sample survey was conducted. The quantitative study was undertaken to validate, generalize and fine-tune the business plan. The quantitative study covered issues related to general illness, reproductive health problems, pregnancy care and complications, delivery care and complications, post partum care and complications, child health care and family planning practices.

Currently married women aged 18-35 years with at least one child aged below two years and the husbands of those currently married women aged 18-35 years with at least one child aged below two years who reported that their husbands take decision on whether to consult a service provider in health needs and the selection of the service provider were covered in the second phase of the study.

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**Step 3: Work environment of CMWs: Household profile, village profile, profile of other healthcare providers**

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**Why it is important for the CMWs to know the environment of her work-area?**

After completion of 18 month course, the CMWs will go back to their respective villages and start their practice or business. Like for any other business, the
CMWs must know about their clientele in terms of size, subgroups, their expectations about quality and cost of services, other competitors in the work area etc. This is because all these factors will have a direct bearing on the business of CMW initially as well as in long term. Therefore, it is extremely important for a CMW to know the environment in her work area and plan her services accordingly.

As a part of environment, the knowledge about the community is essential because they are the clients of CMWs and a CMW need to know about them, their needs, aspirations, earning and paying capacity. She must also be fully aware of other healthcare providers in her area with whom she can either collaborate to maximize the service delivery or compete with them.

HOUSEHOLD PROFILE

Introduction

This section presents the background characteristics of the currently married women aged 18-35 years with a child of less than two years of age and also describes the profile of their households in the sample villages from 2 CMW districts.

Background characteristics of the women

This background characteristics of the women in the sample villages in 2 CMW districts like age, education, and occupation is as follows:

The information is obtained from currently married women between the age group of 18-35 years with at least one child below two years of age. It is because, this group of women is more likely to have demand for service for pregnancy and reproductive health related issues than their older counterparts.

Number of children:

- The mean number of living children in household was about 3.
- The mean age of the last child was 10 months

Literacy status:

- Sixty-eight percent of the respondents have never been to school,
- 3 percent have gone to school but have not completed the primary grade,
- 10 percent have completed primary grade,
- 10 percent have complete middle school and
- 9 percent have completed high school and above.
In a nutshell, most of the rural clientele of the CMWs will be low literate. Therefore, the CMWs would need to practice their interpersonal oral communication skills.

**Working status:**

- Ninety-seven percent of the respondents do not do paid work.
- Only 2 percent have said that they were working as unskilled laborer and
- another 1 percent said that they were working in the family farm or were working as skilled laborers.

**Caste and religion:**

- Ninety-two percent of the households were Hindus
- the remaining 8 percent were Muslims.
- 50% of the households belong to the general caste group
- 50% percent were from scheduled caste and 10 percent belong to other backward classes.

As regards the husbands of the currently married women, 27 percent of the husbands of the currently married women have never been to school (as against 68% in case of their wives). Among the husbands of the currently married women 37 percent have completed high school and above, while 16 percent have completed the primary grade, 15 percent have completed middle school and 4 percent have gone to school but have not completed primary grade. Forty-two percent work in the family farm. Another 31 percent work as unskilled labor, 25 percent work as skilled worker.

**Economic profile of the households**

This section presents the economic indicators such as ownership agricultural land, ownership of irrigated land, average income of the families in the study villages.

- Sixty-four percent of the households owned agricultural land
- 37 percent own irrigated land.
- Ninety-two percent owned house.
- The average monthly household income was Rs.1494\(^1\). The monthly household income was highest in Meerut (Rs.1746), followed by Agra (Rs.1683), Varanasi (Rs.1504) and Sitapur (Rs.1023).

**Summary**

The profile of the respondents indicates that most of the women were illiterate, housewives and a sizable proportion of the households belong to schedule
castes and other backward classes. The profile of the households shows that about one-third of the households in these villages are landless and the average income is around Rs. 1500. Hence, while preparing the business plan, the profile of the target segment has to be taken into consideration.

VILLAGE PROFILE

Introduction

The information of villages highlighted in this section was collected during the qualitative two districts, viz. Agra and Varanasi. Hence, only the profile of the 20 study villages in Agra and Varanasi are given. The village profile provides relevant information to understand the target area and the profile of the target segment for formulating the marketing model.

Profile of the villages

The profile of the villages is summarized as below:

- Average population is around 1750
- Average number of households is around 350
- Proportion of SC /OBC to the total population is about 50% (SC – 31% and OBC – 16%)
- Proportion of households with agricultural land is about 60%
- Proportion of villages with electricity is 70%
- Major source of water for drinking is hand pumps
- Average number of tractors per village is around 5
- Average distance of the nearest Primary Health Center is around 3.5 km from the village
- Average distance of the nearest chemist shop is around 2.5 km from the village
- Presence of a non-governmental organization is in 35% of the villages

OTHER SERVICE PROVIDERS

Introduction

The information on the availability of the different types of service providers in the villages has been collected only from the study villages in Agra and Varanasi. The information on the different service providers has highlighted the unmet demand for health service providers in the study area.

Profile of the service providers

The type of service provider in the CMW work area is as follows:
a. Some villages where there is no service provider
b. OJhas (folk-healers)
c. TBA/Dais
d. Jhola Chhap doctors (quacks)
e. RMPs
f. ISM doctors (Ayurved/Homeo/Unani/Siddha)
g. MBBS doctors

Findings from study areas (Total 20 villages):

- Total 64 service providers in 20 villages (average of 3.2 providers per village).
- 3 villages where there are no service providers.
- 2 villages where MBBS doctors are present.
- Most of the other villages were similar in terms of existence of service providers.
- All of the service providers except the dais were male.

Finding from depth interviews of service provider:

Jhola Chhap:

- The quacks, more commonly referred to as Jhola Chhap (because they mostly carry medicines in their bags or jhola), are the most commonly found service provider in the villages.
- Their educational qualification, intermediate is the highest grade that they have achieved.
- They are mostly the assistants of either an ISM or MBBS doctor.
- Have some superfluous knowledge about medicine and treatment of some of the common ailments like fever, cough & cold, headache, cuts and minor burn etc.
- Some of them only provide first aid.
- Most of them give medicine and charge lump sum money (Rs.10 to 20).

Some social aspects:

- This cadre has a social relevance in the village.
- Though most of the villagers know about their credence but they are the popular ‘village doctors’ treating people ‘well’.
- They at times command respect as well, as there are villages with no health facilities available in the near vicinity and the villagers have to depend on the Jhola Chaps.
- In case he is unable to treat the ailment, he usually refers the case to his ‘Guru’ (teacher) or the doctor with whom he works.
ISM doctors:

- ISM doctors and RMPs are the grade two doctors (behind the MBBS) and are a well respected lot.
- Villagers mostly know names of these doctors and rank them on the basis of their capabilities.
- They are almost seen as specialists by villagers, who have immense faith on them.
- They all have clinics and would invariably have a chemist shop attached to their clinics. They mostly write prescriptions and the medicines are bought separately.
- They would charge about Rs.30/- for their consultation.
- They do take commission for referrals to higher level doctors in nearby towns and cities.

Traditional Birth Attendants or Dais:

- Most of the Dais have acquired any formal training.
- Most of the Dais were illiterate but with a lot of experience behind them that enables them to make a position in the society. They have a social relevance.
- They are part of the team conducting delivery.
- Most of them cut the cord and clean the place of delivery.
- They are mostly from lowest caste groups and usually referred to as Mehtrain (sweepers). In most of the higher caste families, the Dais are not allowed to conduct the delivery but cut the cord and clean the delivery place. However, in the other caste groups, the Dais are allowed to conduct the delivery as well.
- Dais get about Rs.50-100/- per delivery depending on the economic situation of the family.
- They also get grains and clothes apart from the money. It is a custom that some gift has to be given to the Dais after the delivery has been successfully conducted. Even if the delivery has not been conducted in the village, the Dais get their gift once the mother and child return to the village.

Key issues for CMWs:

During the discussion with the Jhola Chhaps in the villages about the CMW, it was suggested that at least for deliveries, the CMW should tie up with the Dais, and otherwise it would be difficult for the villagers to accept the CMW in place of the Dai. In such case, they suggested, that the CMW could conduct the delivery while the Dai can cut the cord (as usual).

ANMs:

- The ANMs usually provide immunization services to the pregnant women and the children, and distribute IFA tablets to the pregnant women.
- They avoid treating illnesses and seldom attend deliveries.
- There are, however, instances of village women approaching ANM for minor reproductive health problem.
- The ANMs visit, they have to organize immunization camp at different places for the different caste groups due to caste divide in the village. One caste group would seldom come with their child at a place where the other caste members are there.
- CMWs have to tackle this caste split while delivering services in the villages.

Step 4: Work environment of CMW: Health status of community, health seeking behaviour of community

HEALTH SEEKING BEHAVIOR

Introduction

To formulate a realistic business plan, it is essential to understand the existing health seeking behavior of the community. Hence a systematic analysis of the nature and incidence of the different illnesses and complications, especially among the women and children (as the CMW is more likely to address the health needs of the women and children), treatment of such illnesses and complications, selection of the service provider and the cost incurred during such episodes. The present chapter deals with the health seeking behavior of the community, especially among the women and children.

The following sections are synthesis of the findings of both the qualitative and quantitative phases of the study. This section highlights the health seeking behavior of the community in the sample population from 2 CMW districts for the following health issues:

- General illness
- Reproductive health problems
- Pregnancy care and complications
- Delivery care and complications
- Post partum care and complications
- Child health care
- Family planning practices

General illness

Common problems:
The study shows that 73 percent of the respondents have said that they have fallen ill during the past 3 months. Fever (79%), cough and cold (57%), headache (48%) and body ache (38%) were the major illness reported by the respondents.

Health seeking:

- The women generally resorted to home remedies such as taking ‘hot tea/milk’ with ginger. The general belief associated with the home remedies is that the body needs warmth.
- They (79%) would not consult a service provider initially and wait for a couple of days before consulting a service provider.
- They (53%) (the women) would consult a service provider in the village initially and then if the illness persists 40% would consult a service provider outside the village.
- Most of the respondents have visited the private clinic (86%) for consultation. Only 8 percent of the respondents have said that the service provider has visited them at their home.
- 84 percent have consulted the healthcare provider in village within 2-3 days of the onset of the illness as against 73 percent of those who have consulted the service provider outside the village within 2-3 days of the onset of the illness.
- The women first resort to home remedies and then when the illness prolongs for more than a couple of days, they consult a service provider in the village. If the service provider in the village fails to cure the illness, then they consult a service provider outside the village.
- The major reasons for the selection of a particular service provider are competency (54%) and accessibility (36%) of the service provider.
- The decision whether a service provider should be consulted as well as the selection of the service provider rests on the husband (58% and 53%, respectively).

Payment pattern:

- Eighty six percent have said that they have paid for consulting a service provider.
- spending is Rs.78 while spending on provider in the village is Rs.55 and average spending on provider outside village is Rs.131.
- Apart from the cost incurred on consulting the service provider, 44 percent have said that the person who accompanied the respondent also lost his/her labor for the day.

Reproductive health problems

Common problems:

- 56 percent have said that they had reproductive health problems.
Among the major problems associated with white discharge are itching/irritation (27%), abdominal pain (27%), fever (15%), bad odor with white discharge (15%), while pain/burning sensation during urination was reported by 19 percent of the respondents.

**Health-seeking behaviour:**

- 48 percent have reported that they have consulted a service provider.
- The respondents have consulted a service provider for itching/irritation (57%), abdominal pain (49%), fever (29%), bad odor with white discharge (21%).
- Twenty-six percent of the respondents have consulted a service provider for pain/burning sensation during urination.
- 58 percent of the respondents have consulted private providers outside the village, 23 percent of the respondents have consulted a service provider within the village.

Those who have said that they have consulted a service provider in the village, have consulted mostly a service provider in the village within 2-3 days (60%), while of those consulting a service provider outside the village, 60 percent have consulted the service provider only after 4-5 days or more.

*Women generally avoid consulting a service provider as almost all the existing service providers are ‘males’ and it is difficult for them to relate to a ‘male service provider’ for their reproductive health problems.*

*The major reasons for the selection of a particular service provider were competency (61%) and accessibility (35%).*

The decision, whether a service provider should be consulted as well as the selection of the service provider, is taken by the husband of the currently married women (66% & 63%, respectively).

**Payment pattern:**

- The payment pattern to the service providers (inside and outside the village) related to reproductive health problems.
- Eighty seven percent of the respondents who have consulted a service provider have paid for the services.
- The overall median spending is Rs.150 while spending on provider in the village is Rs.100 and median spending on provider outside village is Rs.220.

Other than the cost of consulting the service provider, 51 percent have said that the person who accompanied the respondent also lost his/her labor for the day.
Pregnancy care and complications

Information pertaining to pregnancy related to the latest pregnancy that the respondent had.

General conceptions:

- Pregnancy is perceived as a normal phenomenon of life and as per the mother-in-laws (qualitative research), "a woman needs to work more to keep herself fit during her pregnancy than take rest".
- The mother-in-laws felt that the present generation of 'daughter-in-laws' prefer taking rest and hence fall ill. Hence, illness during pregnancy is perceived as a manifestation of 'pregnancy' and can not be categorized as illness.
- Antenatal care, primarily immunization and IFA tablets, seems to be more of a government driven initiative which gets translated into a fairly high proportion of the target segment seeking assistance from the private service provider as well.
- Though the mother-in-laws did not see their pregnancies going through such series of care, the mothers of today indeed perceive such steps as necessary in ensuring good health of the mother and the child.

Antenatal Care:

ANC checkup:

- 36 percent of the women receiving ANC checkups during their last pregnancies.
- Ten percent have received it once while another 14 percent received it twice and 11 percent have received thrice or more during their last pregnancy.
- As high as 53 percent of those who have said that they have received ANC checkup have said that they received it from the service provider outside the village.

Payment pattern:

- Those who have not received ANC checkup have said that it is not necessary (59%) and it cost too much (19%).
- Fifty percent of those who have received ANC check up have paid for the check up.
- The overall median cost incurred for ANC was calculated as Rs.55

TT immunization:
74 percent of the women interviewed said that they have received TT injections during their last pregnancy.

**Health seeking:**

- Sixty percent of the women have said that they have received TT injection from the visiting ANM, while another 24 percent have received it from the Primary Health Center and 15% have received it from private providers.

**Payment pattern:**

- Twenty three percent of those who have received TT have paid for it.
- The women have reportedly paid Rs.7 (median value) towards the total cost of getting injection.

**IFA tablets:**

- 62 percent have said that they had received IFA tablets during their last pregnancy.

**Payment pattern:**

- Fourteen percent of those who have received IFA tables have paid for it. The average cost incurred was Rs. 20.
- The qualitative research, however, revealed that most of the women have said that they didn’t consume the IFA tablets as it caused nausea and giddiness.
- Forty-eight percent have said that they have taken supplementary diet during their last pregnancy. However, the qualitative research shows that the concept of supplementary diet was not quite known among the women.

**For ANC checkup, more than half of the respondents have consulted a service provider outside the village, immunization and distribution of IFA tablets was mostly undertaken by the government health functionaries.**

**Delivery:**

**Common problems experienced during delivery:**

- 60 percent of the respondents reported complications during their last pregnancy.
- Among the different illness reported by the women, 38 percent have said that they suffered 'excessive fatigue'
- While another 37 percent have said that they suffered from anemia.
Health-seeking:

- 62 percent of the respondents have consulted a service provider.
- Most of the respondents have visited the private clinic (81%) for consultation.
- Only 8 percent of the respondents said that the service provider has visited them at their home.
- The different illnesses for which the women consulted the service providers were anemia (62%), excessive fatigue (54%) and swelling (39%).
- Only 18 percent have consulted the service provider in the village, while 59 percent have consulted the service provider outside the village.
- Among the respondents who have consulted a service provider in the village, 58 percent have consulted within 2-3 days of the onset of the illness as against 51 percent of those who have consulted the service provider outside the village within 2-3 days of the onset of the illness.
- The qualitative research that shows that the women first resort to home remedies and then when the illness prolongs for more than a couple of days, they consult a service provider in the village.
- If the service provider in the village fails to cure the illness, then they consult a service provider outside the village.
- Among those who did not consult any service provider, 52 percent have said that it is not necessary and another 43 percent have said that it cost too much.

**Competency of the service provider (63%) was the major reason cited for choosing a service provider.**

- The decision, whether a service provider should be consulted as well as the selection of the service provider rest on the husband (70% & 62%, respectively).

Payment pattern:

- Eighty five percent have said that they have paid for consulting a service provider.
The overall median spending is Rs.200 while average spending on provider in the village is Rs.78 and median spending on provider outside village is Rs.280.

Apart from the cost incurred on consulting the service provider, 49 percent have said that the person who accompanied the respondent also lost his/her labor for the day.

**Delivery care and complications**

One of the most important events of human life is the birth of a newborn. Though there are attempts from different quarters to reduce the risk to the mother and child and propagate safe delivery, the study shows that the practice is far from desired. The information pertaining to delivery relates to the latest delivery of the respondent.

**Health seeking:**

- Seventy-six percent of the deliveries were conducted at home.
- Another 20 percent deliveries were conducted at private hospitals/clinics, and the remaining 4 percent at CHC/government hospitals or at PHCs.
- The 70% deliveries conducted at home were mostly attended by TBA/Dai, and 24% by friends/relatives/women of the village.
- In most of the cases, the TBA/Dais cut the cord (80%).
- Among some of the upper caste families, the women of the village/friends and relatives usually conduct the delivery while the Dais, who usually belong to the lower caste groups (called Mehtrains, meaning the sweepers) cut the cord and clean the place of delivery.
- The Mehtrains hold a special significance during the deliveries in a village and are specially called and given gifts and money as a mark of the arrival of the newborn.
- 50% those who had delivery at home have said they have not gone to a health facility for delivery as it is not necessary, 25% said that cost too much and lack of 21% has no knowledge about delivery.

**Payment pattern:**

- 67 percent of those who had their deliveries at home have paid for the delivery.
- The median cost incurred for delivery at home has been calculated as Rs.100.
- The money was generally given to the TBA/Dai as a part of a ritual among the community.
- The median cost incurred for the delivery at a private health facility was Rs.850.

- 28 percent of the women have reported that they had complications during their last delivery. Of these cases, 36 percent reported that they had
obstructed labor, while another 21 percent had excessive bleeding during the last delivery. Fifty nine percent of women who had complications during delivery were taken to a health facility, mostly to a private health facility (49%). In 58 percent of the cases, the women conducting the delivery had decided that the woman should be taken to a health facility. This was also corroborated in the qualitative research. Moreover, in such cases, the husband of the women (69%) is mainly consulted. Fifty nine percent of those who were taken to a health facility have paid for the services. The median cost incurred for availing the services was calculated as Rs.665.

The findings on delivery of the child reveal that most of the deliveries were conducted at home, attended by friends/relatives and the TBA/Dais of the villages. Presence of a trained professional has been found to negligible. Hence, with the availability of trained personnel like CMW, the chances of the proportion of safe deliveries in the villages may increase.

Post partum care and complications

Post partum period is a crucial phase which is often neglected and ignored. The study attempted to understand the incidence of different ailments during the post partum period and the way it is mitigated.

Postpartum check-up:

Health seeking:

As regards post partum checkup, only 11 percent of the respondents have said that they have undergone post partum checkup. Most of the respondents have said that they have received the post partum checkup from the private provider outside the village (32%) and ANM (23%).

Payment pattern:

Among those who had received post partum checkup, 55 percent have said that they have paid for the checkup. The median cost incurred on post partum checkup was calculated as Rs.100.

Postpartum problems or complications:

- About 40 percent of the women interviewed have said that they have had complications during the post partum period (within six weeks of the last delivery).
- Among the major complications cited were back pain (62%), high fever (55%), abdominal pain (27%) and excessive bleeding (15%) among others.
Health seeking:

Of the 40 percent women reporting complications during the post partum period, 64 percent have said that they have consulted a service provider.

Mostly a private service provider outside the village (63%) was consulted by the respondents. Most of the women consulted a service provider for high fever (57%), back pain (52%), abdominal pain (24%) and excessive bleeding (16%). Nine percent of the women who had consulted a provider have said that the illness was not cured.

Those who had consulted a service provider in the village, they consulted the provider within 2-3 days (69%). Those who had consulted providers outside the village had also consulted the provider within 2-3 days (57%).

Those who did not consult any service provider have said that they did not do so because it was not necessary (60%), it costs too much money (30%) and they had no time to consult a provider (13%).

In 73% cases, husbands of the currently married women decided whether a provider should be consulted and which provider should be consulted (64%).

Payment pattern:

In all, 82 percent of the women said that they paid for the services. The overall median cost incurred has been calculated as Rs.175, the median cost incurred for provider outside village is Rs.220 while the median cost for provider in the village is Rs.50. Fifty-two percent have said that the person accompanying them had lost her/his labor for the day.

Child health care

On the issues related to child health, the youngest child was considered for the study. The study shows that during the past one month, 59 percent of the respondents have said that their youngest child has had fever. While 46 percent have said that they have consulted a service provider outside the village, another 42 percent have said that they have consulted a service provider in the village.

Health seeking:

Seventy six percent of the respondents have reported that their youngest child had been ill with fever, cough and cold or diarrhea. Fifty-seven percent of the respondents have said that their youngest child was ill with cough and cold. While 44 percent have said that they have consulted a service provider outside the village, another 40 percent have said that they have consulted a service provider in the village.
Fifty-four percent of the respondents have said that their youngest child had been ill with diarrhea. While 44 percent have said that they have consulted a service provider outside the village, another 40 percent have said that they have consulted a service provider in the village.

**Payment pattern:**

In all, 96 percent of those who had consulted a service provider have said that they have paid for the services. The overall median cost incurred on the treatment has been calculated as Rs.50. The median cost incurred is Rs.30 for service provider in the village, while it is Rs.93 in case of a provider outside the village.

There was a high level of awareness among the women with regard to symptoms and signs of diarrhea and ARI. As regards the different signs and symptoms of diarrhea and ARI, the study revealed that the overall awareness was generally high. In case of diarrhea, 79 percent mentioned repeated watery stool, while 60 percent mentioned fever as the major signs of diarrhea. In case of ARI, 69 percent mentioned fever while 53 percent mentioned rapid breathing, 44 percent mentioned noisy breathing and 42 percent mentioned difficulty in breathing.

As regards immunization, among the children aged 12-23 months, 96 percent of the children were given any vaccination of BCG, DPT, Polio or Measles while only 34 percent were given all the vaccines of BCG, three dozes of DPT, three or more dozes of Polio and Measles. Sixty eight percent of these immunizations were reportedly done by the ANM and 18 percent at PHC.

**Family planning practices**

This section presents the awareness and user ship pattern of contraceptives. The study shows that the awareness about the modern family planning methods was comparatively higher among the respondents:

94% knew about male sterilization and  
97% about female sterilization,  
89% about IUD,  
94% about OCP and  
94% for condom  
58% about rhythm method  
42% about withdrawal method.

**Health seeking:**

Ever-user ship was highest for condom (13%) followed by OCP (9%), IUD (1%) among the spacing methods, while 4 percent of the women have undergone sterilization as against 1 percent male sterilization. Seventeen percent of
respondents have said that they (the women) or their husbands were currently using any family planning method (condom (7%) or OCP (2%)). Chemist shop (67%) was reportedly the main source of purchase of the condoms/pills.

Summary

The findings on the health seeking behavior of the target population in the study provide crucial leads for the business plan. The findings of study show the proportion of the people consulting a service provider was higher in case of general illness and illness among children than for reproductive health problems or during pregnancy care. The study also shows that there is a preference for seeking services of the private provider outside the villages owing to the general belief that the provider is competent.

In case of reproductive health related problems, there is a tendency to 'live with the problem' and not many prefer to consult a service provider. The qualitative research revealed that in the absence of a 'woman service provider' (other than the ANM, who rarely visits them), the women prefer to 'live with it' than consult a 'male service provider'. Hence, it may be concluded that there is need for a woman provider that the CMW can fulfill.

The findings also highlight a similar trend as far as delivery and post partum care is concerned. The CMW, with her training skills can ensure safe deliveries even at home, as currently the presence of trained personnel during the delivery is almost absent. But the CMW and the client must always plan for the need of referral in case of danger signs. Having a patient die because this is not done is definitely bad for business!

The median cost incurred by the target segment has also been determined to arrive at a realistic revenue model. The target segment has mentioned that they would prefer to pay a little less than what they are currently paying the private providers in the village. Hence, the revenue model has considered a fee for the CMW that is a little less than the median cost incurred for the private providers in the village. The fee for the CMW has been calculated accordingly for the different illnesses and events like pregnancy, delivery and post partum care. However, if costs rise as the months go by, these fees will need to also rise.
Step 5: Community perceptions and expectations from CMWs

COMMUNITY PERCEPTIONS AND EXPECTATIONS
FROM COMMUNITY MIDWIFE

Introduction

During the business study, the concept of the Community Midwife (CMW) was explained to the men and women contacted in 2 CMW districts. It was explained that the CMW would be a woman from the same village. She would undergo training for 18 months as is given to an ANM. After the completion of the training, she would open up a clinic at the village and provide services to the people of the village. It was emphasized that the CMW will be a ‘paid provider’ and would charge money as any other private providers would charge. Having explained the concept of the CMW, a series of issues related to their reaction, perception, acceptance and willingness to pay to the CMW was assessed. This chapter presents the findings of the reaction of the selected community members in the project area towards the CMW project.

During the qualitative phase of the study it was revealed that the decision on consulting health providers is mostly taken by the husbands. Hence, a sub-sample of 200 husbands of the currently married women aged 18-35 years with at least one child below two years was included for study to understand the reaction of the husbands about the CMW project. Furthermore, their willingness to pay to the CMW was also assessed.

Reaction on the concept of CMW

The concept of Community Midwife was explained to the community and their reactions were recorded.

- An overwhelming majority of both women and men (85% and 90%, respectively) perceived the concept of CMW as being ‘extremely good’.
- The major reasons for such reactions have been attributed to the fact that the CMWs will be very good for the women & children (64% women & 59% men),
- ‘She will save time and money (as she will be from the village)’ (63% both women & men),
- ‘she will be available whenever needed (24 hour service)’ (57% women & 67% men). The other reasons being that ‘the village doctors are not trained’ (10% women & 29% men) and ‘the local Dai is not trained’ (7% women & 10% men).
- In a nut shell, they perceive a ‘woman service provider, from the village is better trained than the village doctor as well as the local Dai’.
Most of the respondents (90% in women & 95% in men) have said that it is ‘very likely’ that they would avail the services of the CMW. Similar reasons have been cited as has been mentioned, i.e. ‘good for women and children’, ‘24 hour service’, ‘save time and money’ etc. Not only the women, but it is perceived that even their husbands would agree to her decision of using the services of the CMWs.

- The respondents have opined that the CMWs will be mostly visited by the women (100%), women with children (87%).
- 74 percent of the women felt that CMW will be consulted mostly at the initial stages of illness, while little over 50% men were more optimistic and have said that she can be consulted even at a stage when they usually go to a village doctor.

The research shows an apprehension on the part of the people on the capability of the CMW, hence though they have appreciated the concept but would perhaps need to experience the services of the CMW in order to accept her as a service provider.

Preferred charges of CMW

The target segment would prefer the CMW to charge only for medicine and should not charge separately for medicine and consultation. Only a handful of 0.8 percent in women & 0.5 percent in men have said they would prefer the CMW to write prescription only.

The respondents were shown a list of services that they might want the CMW to provide them. The information obtained from the study also show that the women & men desired to have almost every service from the CMW that was in the list.

The median value that they are willing to pay to the CMW for the different services is as follows:
Table: Median values of willing to pay to the CMW

<table>
<thead>
<tr>
<th>Services</th>
<th>Pay (Rs.)</th>
<th></th>
<th>Services</th>
<th>Pay (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
<td></td>
<td>Females</td>
</tr>
<tr>
<td>General illness</td>
<td>15.00</td>
<td>15.00</td>
<td>Emergency at delivery</td>
<td>300.00</td>
</tr>
<tr>
<td>First aid</td>
<td>5.00</td>
<td>5.00</td>
<td>Services after delivery</td>
<td>50.00</td>
</tr>
<tr>
<td>Identify, stabilize, refer</td>
<td>20.00</td>
<td>30.00</td>
<td>Provide FP services</td>
<td>5.00</td>
</tr>
<tr>
<td>Pathological test</td>
<td>30.00</td>
<td>45.00</td>
<td>Counsel &amp; refer for FP sterilization</td>
<td>20.00</td>
</tr>
<tr>
<td>Reproductive health</td>
<td>25.00</td>
<td>10.00</td>
<td>Identify, stabilize, refer</td>
<td>30.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>complications during delivery</td>
<td></td>
</tr>
<tr>
<td>Physical examination</td>
<td>50.00</td>
<td>15.00</td>
<td>Care of neonates</td>
<td>20.00</td>
</tr>
<tr>
<td>TT injection</td>
<td>10.00</td>
<td>10.00</td>
<td>Care of children</td>
<td>15.00</td>
</tr>
<tr>
<td>IFA tablets</td>
<td>5.00</td>
<td>10.00</td>
<td>Immunization</td>
<td>10.00</td>
</tr>
<tr>
<td>Counseling on nutrition/health/FP</td>
<td>20.00</td>
<td>30.00</td>
<td>Identify, stabilize, refer</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>complications during child illness</td>
<td></td>
</tr>
<tr>
<td>Conduct delivery</td>
<td>100.00</td>
<td>200.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Seventy percent of women and 55 percent of men have said that the CMW should be able to visit the patient at home at the time of emergencies,
- 56% women & 35% men felt that she should be of mixing nature,
- 54% women & 73% men expressed that she should listen and treat problems well, 41% women and 57% men expect that she should be polite.

The respondents perceive the clinic of the CMWs to have chairs and tables (98% in both women and men), curtain (91% in women and 68% in men), bed for examination (80% in women and 96% in men), bench for clients (74% in women and 99%).

Summary

The study findings show overwhelming response to the CMW concept. It was perceived to benefit the women most as currently there is no 'women providers' in or around the villages to cater to the needs of the women. Though they would prefer to consult the CMW whenever necessary, but it would largely depend on the technical skill and the interpersonal relationship of the CMW with the community that would create a position of 'dependable service provider' in the village.
Step 6: Developing a business plan, an introduction and specific needs for health services in community and the services that a CMW can offer

BUSINESS PLAN

Introduction

The diagram below (fig.1) defines how private health care business operates. The consumers have a need for good health. Between this need and the reality there is a gap. The gap creates a perceived need in the mind of the consumers (community) for basic medical facility. This perceived need is translated into an action of visiting a clinic if they are aware of the existence of such a clinic that fulfills their need.

FLOW CHART SHOWING HOW CMW’s PRIVATE HEALTH CARE BUSINESS MIGHT OPERATE

CLIENTS' NEED FOR GOOD HEALTH

Client’s visit to CMW clinic

Experiencing GOOD QUALITY services provided by CMWs

Experiencing gaps in expectations & reality

Impressed and SATISFIED client

Satisfied client sends new clients

Return of Client

LOST CLIENT/SEARCH OF ALTERNATE HEALTH PROVIDER

INCCREASED REVENUES

Increased number of clients at CMW's

Experiencing POOR QUALITY services provided by CMWs

UNSATISFIED client
When consumers visit the clinic, they go through certain experiences. If they find the experiences rewarding, they would visit the clinic again and recommend it to others. This creates revenues for the clinic. The revenue enables the clinic to prosper and fulfill the gap better and better.

- Therefore, the CMWs must know:

What is the environment:

- The market... who are the CMWs’ customers?
- What is their need?
- What service will the CMWs provide to fulfill the needs?
- What will be the position of the services offered by the CMW in the market?

How to plan business:

- The business strategy
- How should awareness of CMWs’ services be created?
- What marketing activities are to be carried out?
- Budgets for such activities
- How resources can be raised for these activities

How to run the business: How to make the experiences of the consumers, when they visit the CMW’s clinic, rewarding for them:

- The systems and processes required to buy the products required to deliver the services
- The systems and processes required to deliver the services and maintain certain quality standards
- Financial control systems

How the business makes money: to enable the CMW to recover her investment, make profits and generate resources for smooth operation and growth. Therefore, this part elaborates on:

- Cost structures for providing each service
- Recommended fee that the CMWs should charge for each service
- Calculation of traffic for each service
- Revenue and expense chart
How to plan the business

Business planning include establishing the need in the market and defining the services to be provided by the CMWs in the backdrop of these needs. It also defines how the CMWs should position themselves in the market viz. the current service providers in the village.

Village profile

The profile of the villages targeted by SIFPSA for the CMW services is:

- The average population of each village is around 1750 (Source: Quantitative research)
- 29% SC, 10% OBCs (Source: Quantitative research)
- 36.2% landless (Source: Quantitative research)
- 11% with no consumer durable goods (Source: Quantitative research)
- Average family income-Rs.1494/- per month (Source: Quantitative research)
- Population of currently married women in the age group of 18-35 years in the target villages is approximately 282 (based on UP NFHS-2)

Health infrastructure

The infrastructure for health care in the villages is almost non-existent. There are no hospitals or dispensaries in the villages; The Primary Healthcare Centers are often very far away. The visits from ANMs are very irregular. The availability of health service providers in the villages are as under (source: Quantitative research)

- There are 3.2 service providers per village on an average:
  - There are 3 villages where there is no service provider
  - There are 2 Ojha (folk-healers) from 2 villages
  - There are 28 TBA/Dais found in 14 villages
  - There are 12 Jhola Chhap doctors (quacks) found in 8 villages
  - There are 7 RMPs found in 6 villages
  - There are 13 ISM doctors (Ayurved/Homeo/Unani/Siddha) found in 6 villages
  - There are 2 MBBS doctors found in 2 villages

The need for health services in the following areas

As mentioned earlier, qualified allopathic doctors are available only in 2 CMW villages. The service providers in the villages treat general illness in men and children. Any serious illness has to be treated in towns or cities. All service providers except Dais are males. Therefore, quality healthcare for women is almost non-existent in the villages. For any serious illness or reproductive health care needs, women have to go to towns or cities.
Hence, there is a huge gap in the health care required by the women and children in the villages and the facilities and services currently available. This gap can be very effectively filled up by the CMWs.

**The services to be offered by the CMWs**

Looking at the specific need in the target villages, the following services should be offered by the CMWs

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DETAILS</th>
</tr>
</thead>
</table>
| Pregnancy test           | • History taking  
                          • Pregnancy test, confirmation, calculate EDD  
                          • Counseling  
                          • Provide IFA tablets in anemic cases as per approved schedule (if patient is prepared to pay for it) with good counseling on side effects  
                          • Advise patients to get IFA tablets from ANMs or PHCs when they are not willing to pay her for it |
| ANC check ups (at least three) | • History taking  
                          • Test sugar in urine  
                          • Confirm use of IFA tablets  
                          • Administer TT doses as required  
                          • Nutrition counseling  
                          • Counsel on birth preparedness to the pregnant women and her family  
                          • Identifies women with danger signs, stabilize and refer them to appropriate institutions  
                          • Refer pregnant women for necessary laboratory tests |
| Delivery                 | • Conduct safe delivery using standard procedures including 5 cleans  
                          • Identifies women with danger signs, stabilize & refer them to appropriate institutions  
                          • Provide nursing care and obstetric first aid management of complications during delivery including bleeding, difficult labor, infection, convulsions, high BP, and new born with abnormalities and refer them to appropriate institutions  
                          • Counseling regarding early breast feeding and neonatal child care  
                          • New born childcare including resuscitation |
| Child health             | • Primary child hood immunization  
                          • Treatment for general illness like diarrhea, cough and cold and fever |
<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Care of neonates</td>
</tr>
<tr>
<td></td>
<td>• Counseling on breast feeding, supplementary feeding and child growth</td>
</tr>
<tr>
<td>Family planning</td>
<td>• Dispense pills &amp; condoms</td>
</tr>
<tr>
<td></td>
<td>• Insertion &amp; removal of IUCD</td>
</tr>
<tr>
<td></td>
<td>• Counseling on alternate methods and permanent FP methods</td>
</tr>
<tr>
<td>Community health nursing</td>
<td>• Treatment for general illness &amp; communicable diseases</td>
</tr>
<tr>
<td></td>
<td>• First aid for common emergencies (such as wounds, fractures, bleeding and asphyxia)</td>
</tr>
<tr>
<td>Women reproductive health</td>
<td>• Dispense/prescribe IFA tablets for anemic cases and counsel regarding handling side effects</td>
</tr>
<tr>
<td></td>
<td>• Other reproductive health problems she is capable of treating with common drugs</td>
</tr>
<tr>
<td></td>
<td>• Counseling on hygiene</td>
</tr>
<tr>
<td></td>
<td>• Refer to appropriate institutions</td>
</tr>
</tbody>
</table>

Step 7: CMWs’ positioning in the market

The field situation in study areas have seen the following:
• Virtually non-existent health infrastructure in the villages
• The quality of health service providers in the villages are very poor
• Villagers face apathy at the PHCs and therefore, prefer to go to the private hospitals/clinic whenever they have to seek better medical facility outside the village
• There are virtually no health service providers trained to handle women reproductive health or child health
• Deliveries and abortions are carried out in unsafe conditions
• Visits from ANMs very irregular
• Villagers would not pay for a Government initiative... they expect it to come free of cost

• Hence, the CMWs should be projected as qualified, private, paid service providers.
• The CMW project should be perceived by the villagers as essential paid health services, hitherto unavailable to them, in the areas of women reproductive health, child health and community nursing health.
• At the same time they must not perceive the services to be too expensive or unaffordable.
• Therefore, the pricing should not be higher than what the villagers are currently paying for similar services.
Running the business

The marketing model has been created under certain constraints and therefore has limitations. Further, hidden behind the logic of the marketing model are certain assumptions. For successful implementation of the marketing model, the CMWs must understand these constraints, limitations and assumptions.

The constraints

Any business plan is created for an entrepreneur who will implement the plan for growth of her business. The entrepreneur knows her business well, has her own vision and thinking. Every aspect of the plan is worked out in consultation with the entrepreneur. Therefore, the plan is always closely aligned with the entrepreneur’s vision, thinking, strengths and weaknesses.

However, in this case, the marketing model for CMWs has been developed without any interactions with the CMWs. Therefore, the model assumes that the CMWs selected have certain behavioral competencies (defined under assumptions) and will be comfortable carrying out the recommended marketing activities.

This is probably the first time in India that such a business plan is being made for such a service and for people who may not be entrepreneurs and do not possess the entrepreneurial mindset... who have probably never even worked outside their homes.

Further, although the plan has been developed after a methodical and scientific research in the target villages, no trial marketing has been conducted to test the basic logics of the plan in the target villages.

Also, any activity which requires the CMWs to make an investment will not be viable as CMWs generally can’t make any investments.

Many services to be provided by the CMWs are incomplete. For example,

- In case of ANC check ups, CMWs cannot give free IFA tablets which are expensive and the villagers get it free of cost from the Government machinery.
- This might affect the demand for the CMW’s ANC check-up service as the villagers who go to the PHCs for the IFA tablets might as well get their check ups done in the PHCs.

Assumptions

Because there were no practicing CMWs when the plan was made, the researchers had to make the following assumptions:
- CMWs possess the competencies defined below which are required to make the CMW project successful
  - Action orientation
  - Customer orientation and a service mindset
  - Effective communication
  - Inter-personal skills
  - Customer handling skills
  - Medical and diagnostic skills required
- Any skill or competency gap will be covered through training program being conducted by SIFPSA
- CMWs come from families which are socially acceptable to a majority in the villages and her family sustenance is not entirely dependent on her income
- SIFPSA will provide the following initial support to the CMWs:
  - Help them set up their clinic by providing them the essential clinical equipment (see a detailed list in annexure)
  - Help them establish their service by sponsoring the launch activities with a lot of hoopla to create awareness among the villagers (activities recommended in the marketing plan)

**Limitations of the plan**
- Target villages should not be large town-like-villages where people have a lot of options ... the plan will not work in these villages
- Villagers must not take the CMW project as a government initiative, as then they will not be willing to pay for the CMWs services and will expect everything free
- CMW must be competent and must be trained in building interpersonal relationship, must possess the right competency (as defined under the above section: Assumptions) and should have a basic level of Emotional Quotient (EQ) ... these are integral to the plan
- Psychographic profiles of the CMWs should be mapped to identify gaps in emotional competencies and action should be taken to bridge these gaps... this is an absolute must as a basic level of EQ of the CMWs is integral to the plan
- There is a need to periodically audit the progress being made by the CMWs and provide them with necessary counseling at least for the first six months. This is a must as the CMWs do not come from working or business background. Therefore, the first six months, when the business is building up, will be very frustrating for them. Without periodic counseling they might have a tendency to give up.
The strategy

The biggest constraints for the CMWs will be the fact that they can not sustain very long without business and their possible inability to afford any business development activity which will require any investment. Hence, the marketing plan ensured two things:

- The activities do not require the CMWs to invest too much money
- The traffic should build up quickly so that the CMWs do not go without earning for more than one month

How to build client traffic for CMW’s services:

The basic logic of how traffic can be built up for the services provided by the CMWs is explained below:

- CMWs must create awareness in their community about the services they will offer.
- CMWs must price their services a little lower than what the villagers currently spend for similar services available within the village or outside the village
- She should run schemes/activities that will encourage villagers to try out her services
- The operational plan and the training of the CMWs should be strong enough to ensure that the experiences that the villagers go through, when they try out the CMWs services initially, go positively beyond their expectations
- This will ensure repeat visits to the CMWs as every time a client goes through a treatment beyond their expectations, a perception of value for money and quality will be created in their minds
- As this happens the community members will slowly become fans of the CMW and will start speaking positively about the CMWs services to others
- The villagers word of mouth publicity will result in the traffic building up for the CMWs services

Hence, the objectives of all the marketing activities recommended here in the plan are that CMWs:

- Create awareness about their services among the villagers
  - Availability of the service & service quality
  - Need for the services
  - Benefit from the services
- Build relationship with the villagers
- Encourage villagers to try out their services repeatedly
- Ensure that the experience for the villagers, whenever they avail of the CMWs services, is completely beyond their imagination and expectation
• This will help make the villagers repeat the action of visiting the CMWs clinics rather than going to other service providers in health care need situations.

Marketing activities

The following marketing activities are recommended to be carried out for building traffic for the CMW’s services:

Launch of the CMWs services

What project can do?

Launch activity: The CMW project in each village should be launched with a lot of fan fare. This activity will be a one time activity and will have to be sponsored and implemented by SIFPSA (Through PMUs) as the CMWs will neither be able to afford nor implement this on their own.

SIFPSA through their PMU staff will tie-up with the village opinion leaders who will be briefed about the CMWs and the services they will be offering in the village. The villagers should be gathered at a central place. The village opinion leaders will address the crowd and introduce the CMWs to the gathering. They will explain the services that the CMWs will offer and how these services are going to benefit the villagers. They will also make it clear that these are **paid private services** which are being made available to the villagers. To publicize the event, four persons could be hired who will take two rickshaws, or some other vehicle, and go around the village announcing the event and the venue. The CMW should let the PMU know if this does not happen.

Step 9: Marketing of services of CMWs: What the CMWs should do

Creating awareness about CMWs services: What the CMWs should do

1. **Door to door visits**: CMWs will make door to door visits throughout the community twice a week for two to three hours each time. The objective of the door to door visits are:

   • Create awareness about the CMWs clinic and her services
   • Identify households where there are pregnant women who need her services or other women and children who require her services. These persons she can later invite for community interface activities
   • Get familiar with the household to the extent possible
   • During her door to door visit, if she encounters any medical problem requiring her service, she can attend to it and charge her normal fee.
The CMWs, during these visits, will distribute leaflets which give details of her clinic and services provided by her. She will explain to the household why she has been trained as a CMW, what paid services she will provide and also inform the household members about any community interface or any other event she is planning.

SIFPSA should print and give 2000 Hindi leaflets describing the role of the CMW to each CMW to be distributed during their door to door calls. This is a one time expense and will be borne by SIFPSA on actual.

2. Once a month community interface: During the first year, once every month, on a holiday, the CMW will organize a community interface at her home/clinic. The interface will have a specific theme such as:

- Concept of ANC check-up and its importance
  - ANC check up as preventive for delivery complications
  - Cost of ANC check ups viz. Cost of delivery complications
  - Impact of the health of the pregnant mother on the child
- Common pregnancy related problems & solutions
  - Need for IFA tablets
  - Need for TT doses
- Reproductive hygiene
- Concept of safe delivery and its importance
  - What is safe delivery
  - What are the practices for a safe delivery
  - Pitfalls and caution to be exercised by the family
  - What unsafe practices should not be done
- Family planning
- Child health
  - Feeding practices
  - Advantages of immunization
  - Common childhood illnesses such as diarrhea, ARI and when to bring to CMW

The total number of participants in the community interface activity should not be more than 8-10. It is recommended that the CMW uses her clinic (or whatever place she is operating from) as the venue for the community interface activity. The CMW may ask other providers and clients if she would like to visit her clinic or visit free check up camps. They may also visit nearby private hospitals or private nursing homes to see what services are given where at private hospitals. The CMWs should introduce themselves to indicate she may like to tie-up for referrals or could do follow-up of their patients and also ask about referral fees.
Relationship building exercises

1. Voluntary service help: Whenever there is any delivery complication or any other medical emergency in the village, the CMW should reach there voluntarily and do the following:
   - Stabilize the patient's condition
   - Treat the patient if it is within her capability to do so
   - If not refer the patient to an appropriate institution
   - The CMW should accompany the patient to the referral point and take charge of the patient till he/she has been handed over to a service provider in the referred institution

As this is a relationship building exercise, the CMW should not charge a fee for accompanying the patient to the referral point. However, she can allow the patient’s family members to bear her cost of traveling, if any, with the patient to the point of referral. If the CMW has a tie-up with the referral institution, she will get a commission from them. This will be her revenue. She may also charge for any other costs like supplies used.

2. Subsidized rate for those who can not afford: From those who are very poor and can not afford her fees, the CMW should provide her service on cost basis. This will ensure she does not incur any loss and at the same time will have a tremendous publicity value.

Activities to encourage women to visit CMWs clinic and try out her services repeatedly

1. Affordable fee structure: In order to make it easier for the women of the village to try out her services, the CMW should keep her fees slightly lower than what the target audience is currently spending. In cases where the margin is very slim, the fee can be equal to what the target audience is currently spending. In no case should the fee be more than what the target audience is currently spending.

2. To encourage those who are currently going outside village to try out the CMW's services: Those women and children who are currently going outside village for routine checkups and treatment, as they can afford to do so, will try out her services only if her reputation spreads. Hence, the CMWs actions should be so planned that they will go beyond the expectations of anyone who visits her clinic to try out her services. The operational model has been designed so that the patients who visit CMWs will go through experiences that they talk about to others. Besides the CMWs is trained to conduct herself in a manner which will be talked about by her patients.

3. Free check up camps (optional, if necessary): After CMW establishes her clinic in a village; she could hold free check up camps once a month if she
feels it is needed to encourage women to visit her clinic. She could do this camp on a fixed day every month:

- For not more than three months
- The free check up camp should be held at the CMWs clinic
- In the free check up camp, the services would be free. Any medicine, if given, will be charged at its actual cost to the CMW. The CMW should be careful to give free medicines if required.
- The CMW can also tie-up with a qualified, outside village service provider and have him/her available in the free check up camp
- Later she can refer complicated cases to this doctor and charge a commission from him/her

Other additional revenue generating activities

1. Strategic tie-ups: The CMWs should get into strategic tie-ups with following referral points outside her village where she would be referring cases that are too serious or complicated, or she can not deal with:

   - Good private clinics and nursing homes: she can refer those patients to these referral points whom she cannot deal with. She should get into a tie-up with these points and charge a commission for every case she sends here. Besides her patients who are referred to these clinics should get preferred treatment here.

   - The criteria for selecting a referral hospital could be:
     - Easy accessibility (not too far from your village or work area)
     - Availability of desired expertise (allopathic qualifications and infrastructural facilities) to deal with complications
     - Having networking with further higher level referral centers as required
     - Not very heavy user charges
     - Ready to give priority and respect to your referrals
     - Willingness to collaborate and pay commission to you

   - Pathological laboratories: The CMWs will send patients for pathological tests to these points. She should tie-up with these points so that she gets a commission for each patient she refers and also tries to negotiate a special rate for the patients she refers to these points.
How the relationship between CMWs and community will grow:

- When CMWs launch their service in the village, the villagers will be at level 1 (Prospective users) and they will be observing the CMWs with curiosity and very critically. At this stage the villagers will also be very judgmental and price sensitive.
- When they first go to the CMW, for some service, they immediately move up the ladder and move to level 2 and become trial users. At this level the villagers have lots of expectation from the CMWs. If the CMWs services meet their expectation, then they move up the ladder to level 3. However, if the services fall below their expectation, the villagers will stop coming to the CMWs.
- At level 3 (users), the villagers will start visiting the CMWs but will still be very price sensitive and judgmental. Any mistake on the part of the CMW will get blown up in their mind and they will start going down the ladder.
- However, at level 2 or 3, if the experiences of the villagers go beyond their expectations consistently, then the villagers will reach the level 4 (supporters).
At this stage the CMW can do no wrong as far as the villagers are concerned. Even when they face negative experiences, they would not blame the CMWs. Also at this level the villagers will not be price sensitive so long as the service is within their means.

- As the CMWs keep on going beyond the villagers expectations every time the villagers come to them for their services, the villagers slowly will start reaching level 5 (fan). At this level the villagers will start recommending CMWs services to others and bring more customers to CMWs.
- The strategy for CMWs will be to carry the villagers to level 5.

### Step 11: Setting up the services

The operation model, if implemented as recommended, will ensure that the CMWs service and actions go beyond the expectation or any prior experience of the patient. The operation model comprises of:

- **Making the clinic look appealing:** The first impact for any patient is the visual impact. The CMW’s clinic should have a look that will impress the patients. This section defines what should be a standard look for the CMWs clinic.
- **CMW actions that will please clients:** This is a simple guide to what the CMWs should do during those critical moments of truth when the patient will form an impression of the CMW. The actions here are designed to go beyond the patient’s expectations.
- **Patient history card:** The patient history card will carry the history of any patient who has ever visited the CMW. The patient history card will help the CMW remember the past history of the patient, her recommendations and referral status. It will also help the CMW to remind the patient of any service/follow-up/actions which are due. CMWs will store the cards in an easily accessible manner.
- **Stock card:** The stock register will help the CMW keep a track of all the medicines and other consumables that she keeps a stock of with her.
- **Prescription Pad:** CMWs will use prescription pad to write her diagnosis and prescription to each patient.

### Step 12: How to set up a good clinic

**CMW’s clinic**

The following are some of the attributes of a good clinic:

- In the first year or until the business is so big that more space is needed, it is recommended that the CMWs should set up their clinic at their homes only.
- **Adequate space:** Your clinic should be spacious enough to ensure privacy and confidentiality. A 2-room clinic is ideal, but if you do not have that much space to spare in your house, divide one room into 2 sections using a simple...
curtain. This will allow you to examine the clients while maintaining visual privacy. If you have a verandah, put out a couple of chairs and use it like a waiting area. The CMWs clinic should have a neat, clean and dust free look.

- Two chairs should be set on the visitor side of the table for the patient and any person accompanying her. There should be a patient examination stool next to the CMWs chair on the side of the table. The patient examination table should be neatly placed against a wall.

- Do not forget to display health education material in the waiting area and clinic. This will help clients to know facts about health issues and create a good atmosphere in your clinic space that may attract clients.

- Display a signboard outside your clinic with the CMW logo on it. Display your CMW certification paper on the wall near your desk/chair.

- You may also display a list of services and their costs you offer.
  - Your clinic space must be clean and neatly organized.
  - You should have a bench or a cot on which patients can rest, if required.
  - Get yourself a sturdy, functional examination table made of local materials such as wood. Your local carpenter may be able to put one together for you. It is not essential to have a very modern examination table such as the ones you have seen in hospitals. However, a wood table must be sealed by a good enamel paint that can be cleaned with disinfectant or always covered with a rubber sheet that may also be cleaned with a disinfectant after every client.

- Organize a comfortable sitting arrangement for waiting clients appropriate to your context.

- You must ensure that clients don’t have to wait too long for you.

- Your clinic must have good quality and adequate supplies such as dressings, bandages, Disposable Delivery Kits (DDKs), contraceptives and basic drugs.

- A list of essential clinic start up equipment that SIFPSA plans to give to each CMW who is certified is listed here. Your delivery kit, supplied by the project, should always be ready.

- Replenish consumable supplies in a timely fashion.

- Have equipment that helps you safely dispose of waste on a daily basis. In the clinic during the day keep needles and bandages in covered waste bins. At the end of the day burn these in a wire cage that prevents burning materials from blowing away in the process. Bury remains of the burning.

Who can help you to set up a good clinic?

- If you have enough space (1 or 2 rooms) in your current location or house, organize these as discussed above.

- There are many government schemes that provide loans/financial assistance at subsidized rates to educated unemployed persons to set up their business.
<table>
<thead>
<tr>
<th>Medical Supplies</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amboo bag</td>
<td></td>
</tr>
<tr>
<td>Artery forceps 6&quot; (2)</td>
<td></td>
</tr>
<tr>
<td>Baby tray 24&quot;x 12&quot;</td>
<td></td>
</tr>
<tr>
<td>BP instrument</td>
<td></td>
</tr>
<tr>
<td>Bottle for cheattle forceps (big wide mouthed)</td>
<td></td>
</tr>
<tr>
<td>Bowls for swabs and antiseptics 3&quot; diameter</td>
<td></td>
</tr>
<tr>
<td>Bowl for placenta 12&quot;</td>
<td></td>
</tr>
<tr>
<td>Bottles for thermometer-2</td>
<td></td>
</tr>
<tr>
<td>Containers for urine sample</td>
<td></td>
</tr>
<tr>
<td>Cusco's vaginal speculum-large, medium and small 3 each</td>
<td></td>
</tr>
<tr>
<td>Dissecting forceps 6&quot;</td>
<td></td>
</tr>
<tr>
<td>Fetoscope</td>
<td></td>
</tr>
<tr>
<td>HLD stainless steel tray with cover 12&quot;x8&quot;</td>
<td></td>
</tr>
<tr>
<td>Infection prevention equipment (SIFPSA provided)</td>
<td></td>
</tr>
<tr>
<td>IUCD kit 1 (SIFPSA provided)</td>
<td></td>
</tr>
<tr>
<td>IUCD kit 2 (Depending on the load of her services)</td>
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<tr>
<td>Kocher's tissue forceps 6&quot;</td>
<td></td>
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<tr>
<td>Light source-torch, lamp</td>
<td></td>
</tr>
<tr>
<td>Mucus extractor</td>
<td></td>
</tr>
<tr>
<td>Plain scissors 6&quot;</td>
<td></td>
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<tr>
<td>Plastic apron</td>
<td></td>
</tr>
<tr>
<td>Sahli's hemoglobinometer</td>
<td></td>
</tr>
<tr>
<td>Sponge holder-3</td>
<td></td>
</tr>
<tr>
<td>Stainless steel tray with lid for counseling 12&quot;X12&quot;</td>
<td></td>
</tr>
<tr>
<td>Stainless steel tray 6&quot;X6&quot;</td>
<td></td>
</tr>
<tr>
<td>Stethoscope</td>
<td></td>
</tr>
<tr>
<td>Thermometer</td>
<td></td>
</tr>
<tr>
<td>Torch</td>
<td></td>
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<tr>
<td>Umbo bag</td>
<td></td>
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<tr>
<td>Weighing scale Baby</td>
<td></td>
</tr>
<tr>
<td>Weighing machine (Infant)</td>
<td></td>
</tr>
<tr>
<td>Weighing machine (women)</td>
<td></td>
</tr>
<tr>
<td>Watch</td>
<td></td>
</tr>
<tr>
<td>Furniture</td>
<td></td>
</tr>
<tr>
<td>Almirah</td>
<td></td>
</tr>
<tr>
<td>Chairs</td>
<td></td>
</tr>
<tr>
<td>Bench</td>
<td></td>
</tr>
<tr>
<td>Examination table</td>
<td></td>
</tr>
<tr>
<td>Mirror 2fX2ft</td>
<td></td>
</tr>
<tr>
<td>Stool</td>
<td></td>
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<tr>
<td>Writing table</td>
<td></td>
</tr>
</tbody>
</table>
Step 13: Action guide for CMWs

What is action guide?
This is a simple guide to what the CMWs should do during those critical moments of truth when the patient will form an impression of the CMW. The actions here are designed to go beyond the patient’s expectations.

<table>
<thead>
<tr>
<th>Moments of truth</th>
<th>What patients expect</th>
<th>What will go beyond their expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>When a patient visits</td>
<td>▪ Serious Doctor</td>
<td>▪ Friendly CMW</td>
</tr>
<tr>
<td></td>
<td>▪ Doctor listens to problem</td>
<td>▪ CMW listens to problem</td>
</tr>
<tr>
<td></td>
<td>▪ Doctor gives mystery pills and charges money</td>
<td>▪ CMW probes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ CMW examines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ CMW takes notes and fills up the history card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ CMW explains the malady</td>
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<tr>
<td></td>
<td></td>
<td>▪ CMW writes the name of the pill and dosage in a prescription and gives the requisite number of pills along with the prescription</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ CMW charges her fee and gives a receipt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ CMW checks her well being within 24 hours by a visit to the patients’ home</td>
</tr>
<tr>
<td>When conducting physical examination</td>
<td>▪ Doctor checks without explaining the procedure</td>
<td>▪ Warms up hands by rubbing them together</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Follows hygienic practices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Explains each step to the patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Explains patiently the result of the examination to the patient</td>
</tr>
<tr>
<td>During ANC check ups</td>
<td>▪ Service providers conducts physical examination</td>
<td>▪ CMW will conduct the necessary tests</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Check use of IFA</td>
</tr>
<tr>
<td>Moments of truth</td>
<td>What patients expect</td>
<td>What will go beyond their expectations</td>
</tr>
<tr>
<td>------------------</td>
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<tr>
<td></td>
<td></td>
<td>tablets</td>
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<td></td>
<td></td>
<td>Carry our physical examination</td>
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<tr>
<td></td>
<td></td>
<td>Counsel patient and family on child birth and how to prepare for new arrival</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remind the patient about ANC check ups and TT doses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prescribe medicines, explain usage and dose</td>
</tr>
<tr>
<td>When conducting delivery</td>
<td></td>
<td>CMW will follow the norms for safety and hygiene</td>
</tr>
<tr>
<td></td>
<td>Service provider will know what to do</td>
<td>CMW will explain each step</td>
</tr>
<tr>
<td></td>
<td>Service provider will instruct her what to do</td>
<td>CMW will be friendly</td>
</tr>
<tr>
<td></td>
<td>Service provider will refer in case of emergency or complications</td>
<td>CMW will stabilize in case of emergency or complications and accompany to the referral point</td>
</tr>
</tbody>
</table>

Step 14: How records can help you to establish, maintain and improve the business

Client record: Records are important in keeping up with your clients health developments. They allow you to see a fuller picture of the person and keep you from having to ask the same questions each time they visit. They also allow you to see a health pattern that might help you better identify what is wrong with the client. For example, if a client had a botched abortion and had come to you for help and then two years later came in with either an infection or a complaint of sterility, if you had the botched abortion on her record you may more wisely assume that the current problem may be related to the previous ordeal. Repeated bouts of diarrhea might suggest the client has worms or is not taking proper precautions with drinking water. So keeping on a single card for each client, his or her medical experience in your clinic can help make you a better health provider. Much of medicine is detective work and previous medical experiences are often important clues to current illnesses.
The records and registers recommended for a CMW are as follows:

Patient register

CMWs will maintain a simple register containing basic client information of name and address, date of visit, description of illness and diagnosis, and treatment provided. The CMW can also record the next appointment on the date column. If a patient is referred to a next level, the CMW can record it in the treatment column.

The patient register system will allow CMWs to track appointments and other important dates for the patients (e.g. for TT doses for pregnant women, etc.) and issue reminders to the patients.

Stock register

A stock register will keep a track of the stock and stock level of medicine and chemicals. This register will contain daily information of stock in, stock out and balance. While this register will not be provided by SIFPSA, it could be very useful to the CMW who wants a well-run clinic.

Prescription Pad

200 letterheads should be printed by CMWs for use as prescriptions. A format for these pads may be developed by SIFPSA.

Step 15: How business makes money: Proposed costing of services and fees structure for various services

This section deals with how the business makes money to enable the CMWs to recover their investments make profits and generate resources for smooth operation and growth. Therefore, this part elaborates on:

- Cost structures for providing each service
- Recommended fee that the CMWs should charge for each service
- Calculation of traffic for each service
- Revenue and expense chart

Cost structures for providing each service

The cost structure identifies the various cost elements for each service and calculates the actual cost of the service to the CMW.
<table>
<thead>
<tr>
<th>SERVICES</th>
<th>COST ELEMENTS</th>
<th>COSTS (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TT dose</td>
<td>• TT dose</td>
<td>Rs. 5.40</td>
</tr>
<tr>
<td></td>
<td>• Syringe</td>
<td>Rs. 2.50</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Rs. 7.90</strong></td>
</tr>
<tr>
<td>Antenatal check-ups</td>
<td>• Gloves (reusable)</td>
<td>Rs. 1.00</td>
</tr>
<tr>
<td></td>
<td>• N/10 HCL</td>
<td>Rs. 5.00</td>
</tr>
<tr>
<td></td>
<td>• Uristix for checking sugar in urine</td>
<td>Rs. 5.00</td>
</tr>
<tr>
<td></td>
<td>• Stationery</td>
<td>Rs. 2.00</td>
</tr>
<tr>
<td></td>
<td>• IFA tablets (30 per check up)</td>
<td>Rs. 27.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Rs. 40.00</strong></td>
</tr>
<tr>
<td>Delivery</td>
<td>• Blades</td>
<td>Rs. 2.50</td>
</tr>
<tr>
<td></td>
<td>• Cord ligatures</td>
<td>Rs. 5.00</td>
</tr>
<tr>
<td></td>
<td>• Gloves (disposable)</td>
<td>Rs. 10.00</td>
</tr>
<tr>
<td></td>
<td>• Towels</td>
<td>Rs. 10.00</td>
</tr>
<tr>
<td></td>
<td>• Soap</td>
<td>Rs. 10.00</td>
</tr>
<tr>
<td></td>
<td>• Cotton &amp; gauge</td>
<td>Rs. 16.00</td>
</tr>
<tr>
<td></td>
<td>• Analgesic</td>
<td>Rs. 6.00</td>
</tr>
<tr>
<td></td>
<td>• Stationery</td>
<td>Rs. 2.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Rs. 61.50</strong></td>
</tr>
<tr>
<td>Child illness – diarrhea</td>
<td>• ORS Packet</td>
<td>Rs. 12.00</td>
</tr>
<tr>
<td>Child illness – cough, cold</td>
<td>• Paracetemol @ Rs. 0.70 X 7 tabs</td>
<td>Rs. 4.90</td>
</tr>
<tr>
<td>and fever</td>
<td>• Stationery</td>
<td>Rs. 2.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Rs. 6.90</strong></td>
</tr>
<tr>
<td>Family planning</td>
<td>• Pills (per course)</td>
<td>Rs. 2.50</td>
</tr>
<tr>
<td></td>
<td>• IUCD with consumables</td>
<td>Rs. 150.00</td>
</tr>
<tr>
<td></td>
<td>• Condoms</td>
<td>Rs. 4.00</td>
</tr>
<tr>
<td>Community nursing – general</td>
<td>• ORS packet</td>
<td>Rs. 12.00</td>
</tr>
<tr>
<td>illness - diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community nursing – general</td>
<td>• Paracetemol @ Rs. 0.70 X 7 tabs</td>
<td>Rs. 4.90</td>
</tr>
<tr>
<td>illness – cough, cold &amp; fever</td>
<td>• Stationery</td>
<td>Rs. 2.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Rs. 6.90</strong></td>
</tr>
<tr>
<td>Reproductive health care</td>
<td>• Paracetemol @ Rs. 0.70 X 7 tabs</td>
<td>Rs. 4.90</td>
</tr>
<tr>
<td>pain and discomfort during</td>
<td>• Stationery</td>
<td>Rs. 2.00</td>
</tr>
<tr>
<td>periods, etc.</td>
<td><strong>Total</strong></td>
<td><strong>Rs. 6.90</strong></td>
</tr>
</tbody>
</table>
Recommended fee structure for the CMWs

This part provides the consultant’s recommendation about what the CMWs should charge for each service from her customers. She should charge the fee only when medicines are given.

Table: Recommended fee structure for CMWs

<table>
<thead>
<tr>
<th>Services</th>
<th>Cost</th>
<th>Median*</th>
<th>Fee</th>
<th>Fee range**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Min.</td>
</tr>
<tr>
<td>TT dose</td>
<td>7.90</td>
<td>7.00</td>
<td>10.00</td>
<td>7.90</td>
</tr>
<tr>
<td>ANC checkups</td>
<td>40.00</td>
<td>55.00</td>
<td>42.00</td>
<td>40.00</td>
</tr>
<tr>
<td>Delivery</td>
<td>61.50</td>
<td>100.00</td>
<td>90.00</td>
<td>61.50</td>
</tr>
<tr>
<td>Family planning - pills (1 cycle)</td>
<td>2.50</td>
<td>-</td>
<td>3.50</td>
<td>2.50</td>
</tr>
<tr>
<td>Family planning - condoms (4 pieces)</td>
<td>4.00</td>
<td>-</td>
<td>5.00</td>
<td>4.00</td>
</tr>
<tr>
<td>Family planning - IUDs</td>
<td>150.00</td>
<td>-</td>
<td>250.00</td>
<td>150.00</td>
</tr>
<tr>
<td>Child health – general illness</td>
<td>6.90</td>
<td>30.00</td>
<td>25.00</td>
<td>6.90</td>
</tr>
<tr>
<td>Child health – general illness (with ORS)</td>
<td>18.90</td>
<td>-</td>
<td>40.00</td>
<td>18.90</td>
</tr>
<tr>
<td>Community nursing – general illness</td>
<td>6.90</td>
<td>55.00</td>
<td>35.00</td>
<td>6.90</td>
</tr>
<tr>
<td>Community nursing – general illness (with ORS)</td>
<td>18.90</td>
<td>-</td>
<td>40.00</td>
<td>18.90</td>
</tr>
</tbody>
</table>

*Median values are for spending on village doctor for child health and community nursing, for total spending for TT and ANC, and for spending on home deliveries

**The fee range of minimum and maximum is given for a CMW to choose a fee in between depending on the market fee rate and the paying capacity of patients in her village.

Step 16: Calculating traffic for various services

Calculation of traffic for each service

This part describes how the traffic for each of the CMW’s services has been calculated.

1. Incidence of pregnancy

This part describes how the incidence of pregnancy in the target village has been calculated.
CBR in U.P. = 33 per 1000 population
10% go waste = 33 + 3.3 = 36.3 per 1000 population
36.3 x 9/12 = 27 pregnant women at any time per 1000 population

Average population size of CMW target village = 1750
Hence any time there will be 48 pregnant women per 1750 population

Further, there will be 58 deliveries per 1750 population in one year.

Research shows 76% of the deliveries are conducted at home by TBA/Dai, relatives & women of the village = 4 deliveries at home per month

2. Traffic for ANC check ups

This part describes how the traffic for ANC check up by CMW has been calculated.

Research shows 36% pregnant women go for ANC check up in our target villages; therefore, only 2 women every month go for ANC check up. In the qualitative research we have seen that there are no service providers in the village who can provide ANC. Therefore, those who are aware of the need for ANC go to private clinics outside village or wait to get ANC done by an ANM during one of her irregular visits to the village. Hence, it is reasonable to assume that once the CMW starts providing this service, and if she is good, at least 50% of the ANC traffic will come to her. This is the most likely case as indicated below:

- Month 1-2: None... awareness being created
- Month 3 onwards: 1 per month

The worst case scenario will be if the CMW takes time to establish her reputation and there is no traffic for ANC for six months. The traffic starts from the 7th month as indicated below:

- Month 1-6: No traffic
- Month 7-12: 1 per month

3. Traffic for delivery

This part describes how the traffic for delivery to be conducted by the CMWs has been calculated.

Research shows 76% deliveries conducted in the villages assisted by TBA/Dai, relatives and women of the villages. Therefore, number of deliveries conducted in the village = 4 deliveries per month

Traffic for conducting delivery by the CMW (most likely case) is:
• Month 1-4: None... awareness being created
• Month 5 - 8 onwards: 1 per month
• Month 9 onwards: 2 per month

And the **worst-case scenario** will be if there is no traffic in the first 8 months and then 1 per month from 9th to 12th month as indicated below:

• Month 1-8: None
• Month 9-12: 1 per month

4. **Traffic for family planning**

This part describes how the traffic for family planning services by CMW has been calculated.

• 1.17 eligible women per household in the age group of 15 to 49 years
• Therefore, number of eligible women per 100 population in the age group 15 to 49 years (considering one household containing 5 members.) = 1.17 x 20 = 23.4
• Of the population of 15-49 age group women, 69% is in the age group of 18-35 years = 16.1 eligible women per 100 population
• Total eligible women (18-35 yrs.) in 1750 population in our target village = 16.1 x 1750/100 = 282

Research shows

• Of the 282 eligible women, only 2.5% are currently using pills = 7 per month
• Of the 282 eligible women, only 7.5% are currently using condoms = 21 per month
• Of the 282 eligible women, only 0.2% are currently using IUCDs = 0.5 per annum

The *most likely case* for family planning traffic at CMW’s clinic would be:

• **For use of pills:** 7 women per month from the first month. This is possible as women would feel more comfortable sourcing the pills from another woman.
• **For use of condoms:** 5 women per month from the fourth month onwards as condom is generally bought by men from chemists and local shops.
• **For IUD insertion:** 1 per annum. This is the level of current use IUD in the target villages

The **worst-case scenario** would be when there is no traffic for family planning.

5. **Traffic for primary childhood immunization**
This part describes how the traffic for primary childhood immunization case coming to CMW has been calculated.

- Nil as immunization doses are not available in the market. They are being provided free of cost by government. If this changes in the future, the CMWs can buy doses from market and provide it. However, they must stock the vaccines at proper temperature level in order to ensure their efficacy.

6. **Traffic for child health – Diarrhea**

This part describes how the incidence of diarrhea among children below 5 years in the target village has been calculated and how the traffic for such cases to be treated by CMWs has been calculated.

- Estimated total population of children below 5 years in the village = 243 (13.9% of total population)
- Estimated total population of children below 2 years. = 98 (5.6% of total population)
- Incidence of diarrhea in children below 2 years age group @ 53.6% = 53
- Estimated total population of children between 2 to below 5 years = 145 (8.3% of the total population)
- Incidence of diarrhea in children from 2 to below 5 years age @ about 42% = 61
- Therefore, total incidence of diarrhea in each village in children below 5 years = 114
- Went to village service provider @ 40.3% = 46

Therefore, CMW’s traffic for diarrhea (@50%) = 23 (most likely case)
And CMW’s traffic for diarrhea @ 25% = 12 per month (worst case scenario)

7. **Traffic for child health – cold, cough and fever**

This part describes how the incidence of cold, cough and fever among children below 5 year in the target village has been calculated and how the traffic of such cases for CMWs has been calculated.

- Estimated total population of children below 5 years in the village = 243 (13.9% of total population)
- Incidence of fever @ 58.6% = 142
- Went to village service provider @ 42.2% = 60
- Therefore, CMW’s traffic for fever (@50%) = 30 (most likely case)
- And, CMW’s traffic for fever @ 25% = 15 (worst case scenario)
- Ill with cough and cold @ 57% = 131
- Went to village service provider @ 39.8% = 52
• Therefore, CMW’s traffic for cough & cold @ 50% = 26 (most likely case)
• And, CMW’s traffic for cough & cold @ 25% = 13 (worst case scenario)
• Therefore, total traffic for diarrhea, cough, cold and fever (child health general illness) will build up to = 23 + 30 + 26 = 79 per month in first year as indicated below: most likely case

Month 1 = Nil
Month 2 & 3 = 20 per month
Month 4 – 6 = 40 per month
Month 7 – 12 = 79 per month

• And, total traffic for diarrhea, cough, cold and fever (child health general illness) will build up to = 12 + 15 + 13 = 40 per month in the first year as indicated below: worst case scenario

Month 1 = Nil
Month 2 & 3 = 10 per month
Month 4 – 6 = 20 per month
Month 7 – 12 = 40 per month

8. Traffic for community nursing – general illness among adult women

This part describes how the traffic to CMWs for general illness among the adult women in the target villages has been calculated.

• Estimated total population of the village = 1750
• Estimated population of women to the total population = 858 (UP is 49%, NFHS-2)
• Estimated population of women above 18 years (UP-52%) = 446
• Fallen ill @ 73% per 3 months = 326/3 = 109 per month
• Went to service providers @ 79% = 87
• Went to village service provider @ 40% of above = 35
• Therefore, CMW’s traffic for general illness (@50%) = 17 (most likely case)

Month 1 = Nil
Month 2 = 5
Month 3 = 10
Month 4 = 15
Month 5 - 12 = 17 per month

• And, CMW’s traffic for general illness @ 25% = 9 (worst case scenario)

Month 1 = Nil
Month 2 = 5
Month 3 - 12 = 9 per month
Initial investment

The CMWs will have to make some initial investment in stocks of medicines and other consumables. The initial investment in terms of the stocks of medicines and other consumables to be stocked by the CMW is given below:

1. Uristix X 2 = Rs. 10.00
2. IFA tablets X 1 packet of 90 tablets = Rs. 100.00
3. Reusable gloves X 3 pairs = Rs. 66.00
4. N/10 HCL X 1 bottle = Rs. 75.00
5. ORS. packet (30gms) X 1 = Rs. 12.00
6. Cotrimoxazole (adult) X 10 tabs = Rs. 12.00
7. Cotrimoxazole (pediatric syrup) 50 ml = Rs. 10.00
8. Paracetemol tablets 500 mg X 20 tabs = Rs. 14.00
9. Mebendazole tablets 400 mg X 20 tabs = Rs. 14.00
10. TT doses X 1 = Rs. 5.40
11. Syringe & needle X 2 = Rs. 7.60
12. Cord ligatures = Rs. 5.00
13. Cotton & gauze = Rs. 16.00
14. Dettol X 1 small = Rs. 12.00

Total = Rs. 359.00

Revenue and expense chart

The revenue and expense chart for the most likely scenario and worst-case scenario are reproduced below under 7.4.5a and 7.4.5b respectively.

Revenue and expense chart for the most likely scenario

The month wise revenue and expense chart for the most likely scenario is given below. The detailed calculation is given in Appendix 3A.

<table>
<thead>
<tr>
<th>Month</th>
<th>Expense (Rs)</th>
<th>Revenue (Rs)</th>
<th>Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>376.50</td>
<td>24.50</td>
<td>-352.00</td>
</tr>
<tr>
<td>2</td>
<td>376.50</td>
<td>699.50</td>
<td>323.00</td>
</tr>
<tr>
<td>3</td>
<td>376.50</td>
<td>916.50</td>
<td>539.00</td>
</tr>
<tr>
<td>4</td>
<td>376.50</td>
<td>1616.50</td>
<td>1239.00</td>
</tr>
<tr>
<td>5</td>
<td>376.50</td>
<td>1776.50</td>
<td>1400.00</td>
</tr>
<tr>
<td>6</td>
<td>376.50</td>
<td>1776.50</td>
<td>1400.00</td>
</tr>
<tr>
<td>7</td>
<td>376.50</td>
<td>2761.50</td>
<td>1985.00</td>
</tr>
<tr>
<td>8</td>
<td>376.50</td>
<td>2761.50</td>
<td>1985.00</td>
</tr>
<tr>
<td>9</td>
<td>376.50</td>
<td>2851.50</td>
<td>2075.00</td>
</tr>
<tr>
<td>10</td>
<td>376.50</td>
<td>2851.50</td>
<td>2075.00</td>
</tr>
<tr>
<td>11</td>
<td>376.50</td>
<td>2861.50</td>
<td>2082.00</td>
</tr>
<tr>
<td>12</td>
<td>1028.70</td>
<td>3111.50</td>
<td>2082.80</td>
</tr>
</tbody>
</table>
Revenue and expense chart for the worst-case scenario

The month wise revenue and expense chart for the worst-case scenario is given below. The detailed calculation is given in Appendix 3B.

Table: Revenue chart for the worst-case scenario

<table>
<thead>
<tr>
<th>Month</th>
<th>Expense (Rs)</th>
<th>Revenue (Rs)</th>
<th>Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>359.00</td>
<td>0.00</td>
<td>-359.00</td>
</tr>
<tr>
<td>2</td>
<td>103.50</td>
<td>425.00</td>
<td>321.50</td>
</tr>
<tr>
<td>3</td>
<td>131.10</td>
<td>565.00</td>
<td>433.90</td>
</tr>
<tr>
<td>4</td>
<td>200.10</td>
<td>815.00</td>
<td>614.90</td>
</tr>
<tr>
<td>5</td>
<td>200.10</td>
<td>815.00</td>
<td>614.90</td>
</tr>
<tr>
<td>6</td>
<td>200.10</td>
<td>815.00</td>
<td>614.90</td>
</tr>
<tr>
<td>7</td>
<td>378.10</td>
<td>1357.00</td>
<td>978.90</td>
</tr>
<tr>
<td>8</td>
<td>378.10</td>
<td>1357.00</td>
<td>978.90</td>
</tr>
<tr>
<td>9</td>
<td>439.60</td>
<td>1447.00</td>
<td>1007.40</td>
</tr>
<tr>
<td>10</td>
<td>439.60</td>
<td>1447.00</td>
<td>1007.40</td>
</tr>
<tr>
<td>11</td>
<td>447.50</td>
<td>1457.00</td>
<td>1009.50</td>
</tr>
<tr>
<td>12</td>
<td>447.50</td>
<td>1457.00</td>
<td>1009.50</td>
</tr>
</tbody>
</table>

Summary

As can be seen from the cost and revenue chart in the revenue model, the CMW's practice has potential to become an extremely viable business. Even under the worst case scenario, the CMW's practice will be a profitable one from the 2nd month. The loss in the first month will be not very high and primarily due to investment she has to make in stocks.

The CMW can augment her earnings by tying up with various referral points outside the village where she will refer cases and earn commissions. She can further augment her earnings by providing first aids in case or wounds, fractures and burns.

Once the CMWs have established their practice within the village, they can expand their practice further into other neighboring villages.

Recommendations of study

The profile of the CMW trainees is such that they have never had any experience of working or selling. Their mindset is more that of a housewife than that of a self employed person. They are bound to find it extremely difficult to sell their own services. In the initial stages they might find it all very frustrating. In order to
ensure that the CMWs do not lose motivation, SIFPSA might consider conducting:

- Once a quarter audit of the CMWs operations
- Identify areas of weaknesses in their services and help them overcome them
- Counsel them to keep them motivated

Points of caution

- Target villages should not be large town-like-villages where people have a lot of options
- Villagers must not take the CMW project as a government initiative, as then they will not be willing to pay
- CMW must be competent and must be trained in building interpersonal relationship, must possess the right competency and should have a basic level of EQ
- Psychographic profiles of the CMWs should be mapped to identify gaps in emotional competencies and action should be taken to bridge these gaps
- There is a need to periodically follow up the progress being made by the CMWs and provide them with necessary counseling

Step 17: How will you know whether you are in loss or profit?

As a CMW you are definitely doing community service, but in the process you also need to earn your livelihood and would in all probability wish to improve your business. Therefore, you need to keep track of your expenditures and earnings. This can be done by following a simple procedure and record keeping:

Take a simple register or copy. Use 2 facing pages as follows:

- On the left-hand side page note the expenses you made during the month date-wise as shown below.
- Use column 1 for dates.
- Use column 2 to record the item on which you invested money and record expenses for each item in column 3.
- Add the amount in column 3 i.e. expenses at the end of each month. This sum will be the investment you made that month to provide services to clients.
### EXPENSE REGISTER

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Expense in Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/2004</td>
<td>Cotton</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>Bandages</td>
<td>30.00</td>
</tr>
<tr>
<td></td>
<td>Medicines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ORS packets</td>
<td>30.00</td>
</tr>
<tr>
<td></td>
<td>- Metronidazole</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>- Cotrimoxazole</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>- Paracetamol</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td>- Chloroquine</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>- Antiseptic solution</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>- Uristix</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>- IFA tabs</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>- Vit a</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>- Mebendazole</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td>- Dicyclomine HCL</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>- Chloramphenicol eye ointment</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>- Ampicillin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bus fare for going to tehsil for getting medicine</td>
<td>30.00</td>
</tr>
<tr>
<td>4/2/2004</td>
<td>Repair of examination table</td>
<td>40.00</td>
</tr>
<tr>
<td></td>
<td>Bench for client waiting area</td>
<td>80.00</td>
</tr>
<tr>
<td>7/2/2004</td>
<td>Balloons for children visiting the clinic</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td><strong>Monthly total</strong></td>
<td><strong>355.00</strong></td>
</tr>
</tbody>
</table>

- Now divide the right hand pages in 4 columns as given below.

- This page is meant for recording income earned by providing healthcare services as a CMW in that month.
## CLIENT PAYMENTS FOR SERVICES

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Service Provided</th>
<th>Amt in Cash</th>
<th>Amt Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2/04</td>
<td>M. Rajnath</td>
<td>Treated flu with paracetomol</td>
<td>10.00</td>
<td>5.00</td>
</tr>
<tr>
<td>3/2/04</td>
<td>S. Singh</td>
<td>Provide re-supply pills</td>
<td>-</td>
<td>10.00</td>
</tr>
<tr>
<td>3/2/04</td>
<td>R. Gupta</td>
<td>Conjunctivitis</td>
<td>15.00</td>
<td></td>
</tr>
<tr>
<td>4/2/04</td>
<td>S. Sinha</td>
<td>Ante natal TT/ Vit A/IFA</td>
<td>5.00</td>
<td>10.00</td>
</tr>
</tbody>
</table>

| Monthly TOTAL       | 30.00 | 25.00 |

- Column 1 is for recording the date on which you provided the service.
- In column 2, write the name of the client to whom you have provided the service.
- Column 3 briefly mentions the service provided.
- In column 4, enter the amount of money you received in cash from the client on that particular day.
- It may happen that a client may not be able to pay you immediately and may promise to pay on some other day. Enter such amounts in column 5 as pending.
- Column 6 is for client signature/thumb print. This is important particularly if the clients still owe.
- The sum of column 3 at the end of the month will be your cash earnings in that month and the sum of column 4 will tell you the amount pending with some clients so that you can follow-up with them later.
- When clients pay pending amounts move the amount from column 4 to column 3 and change the sum of each total.

If the sum of payments is more than the sum of expenditures, then your are earning a profit and if it is less, you are losing money.

If column 4 remains outstanding, you will loose. Payments should be made within a month if possible. You may decide to take grain or eggs or other form of payment. But then list the market price for these to clear the account and to indicate full earnings which can be both in cash and in kind.

If receipts (payments) are increasing over expenditures every month, your business is improving.
If it remains static, this means you need to make more positive efforts to improve your services and thereby your business by adopting simple measures mentioned earlier in this session.

(The trainees should review the case study in the appendix to ensure practice of cash register completion, doing simple calculations and calculating profit/losses.)

Step 18: Introduction to the concept of setting up income generation system through sale of health products

Setting up income generation system at the community level is a process of procurement and sale of products for earning profit. For CMWs, a source of helpful income generation will be a process of procurement and sale of socially beneficial contraceptive and other health products. The range of products will include socially and commercially marketed contraceptives (condoms and oral contraceptive pills) and other health care products like Iron Folic Acid tablets, safe delivery kits etc.

The basic principle of selling products to the clients rather than free distribution is that each client pays a small amount of his or her own money to get the products and no one is forced to buy any product. Therefore, this process is non-coercive. A person, who purchases a product by his or her own money, by definition, is engaging in voluntary transaction. Other methods of providing family planning, like free distribution have been occasionally subjected to abusive practices and therefore require extra care.

Improve your business and generate income through sale of family planning and other health products

In India there are a large number of contraceptive and other health products available in the market that you can purchase from your local wholesalers and then resell for a small profit to your customers. These products include both socially and commercially marketed brands. Socially Marketed products are subsidized and are sold through already-existing commercial market network, backed by mass media and advertising. Profit earned by retailers through the sale of socially marketed products is more than the commercially marketed products. Commercially marketed products, on the other hand are manufactured and sold in the market by private manufacturers and are not subsidized. Hence, commercially marketed products are generally priced higher than the socially marketed brands.
You can also plan to market packages of health services in your own community by handing out fliers, putting up notices in Haat Bazaars or making announcements in community meetings about special packages of services.

The products available under social and commercial marketing include:

**Contraceptives:**
- Condoms
- Oral Contraceptive Pills, and
- Injectable contraceptives

**Other health products:**
- Oral Rehydration Salts (ORS)
- Disposable Delivery Kits (DDKs)
- Iron-Folic acid (IFA) tablets
- Sanitary napkins
- Tetanus Toxoid (TT) vaccine
- Safe drinking water kits
- Multi-vitamins
- Soap and detergents

The services that you may decide to package for a single fee could include:
- Pregnancy package: 4 pre-natal visits where you check the pregnant woman, give her iron tablets and TT, normal delivery assistance and a post-natal visit to check the woman’s progress in recovering from the birth.
- Well-baby package: For first year after birth, 3 wellness visits where you counsel the mother on full breast feeding and after 6 months nutrition for the baby, monitor the child’s growth, and general health and perhaps 2 or 3 visits for treating health problems.
- Other packages according to the need of your potential clients could be designed for a set fee.

- You may choose to promote 2-3 or all the above products/services in your village depending on the situation, season and willingness of people to buy them.
- Keep contraceptive and other supplies always available.
- Sale of products such as contraceptives, TT, sanitary napkins and IFA tablets, DDK and water purifier is possible throughout the year.
- ORS will be needed in all seasons for dehydration due to any cause.
- Especially the rainy season might provide you an opportunity for social marketing of safe drinking water kits. If Disposable Delivery Kits are not available under social marketing or there is a shortage of supplies, you may prepare your own DDK by collecting the items in the kit. Ensure that all the items are clean and the blade is new.

- Keep close linkage with social/commercial marketing distributors/wholesalers in your area to overcome stock-out situations.

**Step 19: How will a CMW set up income generation system at community level?**

**Reaching market for procurement**

- Wholesale market for condoms and pills generally exists at the Block/Tehsil level. Kindly refer to appendix-II for the district-wise list of suppliers of contraceptive and other products such as ORS.

- Get in touch with one of the wholesalers and discuss the objective of the visit. It is important to explain to the wholesaler that CMW would be setting up sale counters at the community level on a sustainable basis and that she would require the supply of condoms and pills on a regular basis.

- Now, the CMW can discuss with wholesalers the total number of eligible couples willing to use condoms and pills in her community and therefore, projects the requirement of stock. ORS can also be procured from the wholesaler.

Generally, the following are the brands of condoms and pills available in the market:

<table>
<thead>
<tr>
<th>Condoms</th>
<th>Contraceptive Pills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Socially Marketed</strong></td>
<td></td>
</tr>
<tr>
<td>Nirodh Deluxe</td>
<td>Mala – D</td>
</tr>
<tr>
<td>Masti</td>
<td>Pearl</td>
</tr>
<tr>
<td>Choice</td>
<td>Apsara</td>
</tr>
<tr>
<td>Mithun</td>
<td>Saheli</td>
</tr>
<tr>
<td>Rakshak</td>
<td></td>
</tr>
<tr>
<td>Moods</td>
<td></td>
</tr>
<tr>
<td>Ustad</td>
<td></td>
</tr>
<tr>
<td><strong>Commercially Marketed</strong></td>
<td></td>
</tr>
<tr>
<td>Kamasutra</td>
<td>Ovral-L</td>
</tr>
<tr>
<td>Kohinoor</td>
<td>Novelon</td>
</tr>
</tbody>
</table>
Now, the CMW can discuss with the wholesaler possibility of profit on each brand of condoms and pills. For the purpose of selling, CMW should try to focus on low-priced products first for trying it out in the community in the preliminary stage of setting up the sale counter. Therefore, she should ask the wholesaler very specifically about how much profit would be earned by selling how many packets/pieces of condoms and pills.

After discussing all these, CMW goes in for the first round of procurement of condoms and pills.

CMWs should give their names and detailed address to the wholesalers for future reference. In some cases, the wholesalers reach products to small retailers directly as per the retailers' needs.

Benefits of selling contraceptive and other health products:

Monetary
- The CMWs selling contraceptive and other health products at their clinics would get monetary benefits. However, the earning in this process is directly proportionate to number of condoms, contraceptive pills and other products sold to eligible couples/clients in the community. Also if a CMW has higher number of regular clients for condoms and pills, more will be the monitory benefit to the CMW. Also by having these products in the community the client may save money by not having to travel out to purchase such items.

- For earning more profits through the sale of contraceptives, commercially marketed condoms can be sold by the CMWs. Because, in the community there may be a few individuals who would like to buy good quality expensive condoms. The commercially marketed condoms are also available with the wholesalers at Block/Tehsil levels. Kamasutra and Kohinoor are the 2 such commercially marketed condoms and Novelon, Ovral L and Bandhan are 3 popularly available contraceptive pills in the market. If socially marketed condoms offer a margin of 25 percent for a condom, the commercially marketed condoms may earn the sellers a margin of 18-20 percent.

Other health care products
- It is important to mention here that when the CMW establishes contact with the market, she can explore the possibility of marketing other products and not just the contraceptives. Other products that can be socially marketed are Oral Dehydration Salt (ORS), Iron Folic Acid (IFA) tablets, Tetanus Toxoid (TT) injections, safe delivery kits, Dettol/Savlon, soap, syringes etc. To do this, CMWs may have to assess the needs of their respective communities and later check with the wholesale market for margin of profit for these products including contraceptives. Generally, the products as mentioned above carry more margin of profit than contraceptives. Therefore, it is suggested that the CMWs sell other products along with contraceptives.
Steps in demand forecasting

- Number of eligible couple
- Number of current users in the community
- Clients' brand preference for condoms and pills
- Popularity of brands
- Socio-economic status of potential clients
- Availability of brands

Step 20: Who will provide feedback to the CMW about her work

As a freestanding private provider, no one will be available to supervise you or provide feedback on your performance as a CMW. But the following are some ways of assessing your performance yourself and making the necessary improvements.

1. Self-supervision: You can assess your knowledge and skills by using the different checklists provided in the CMW reference manual. For this, you have to be very unbiased and objective in your assessment.

2. Client exit interviews: You can get very useful feedback on your performance from clients and their relatives to whom you provided services. Ask for and listen to their feedback carefully and make the necessary changes in your communication, clinic set up and services. Remember! Satisfied clients will bring you more clients.

3. CMW association/forum: You may want to meet CMW colleagues in your district to know what and how they are doing as private practitioners. So, organize your colleagues to form a forum or association. Discuss and plan meeting fellow CMWs to discuss your post-training experiences, stories of successes and failures and problems faced in establishing a private practice. Experience sharing on such a forum will provide you very important clues or solutions to your problems. If there are problems common to all the CMWs, you can resolve/fight them better as a group rather than as individuals. If a tehsil-wide organization of CMWs is not possible or feasible, you may choose to meet 3-4 CMWs who are in close proximity on a regular basis to discuss your experiences, problems and successes. This interaction with your colleagues may also help you refresh and sharpen your knowledge and skills.
Some useful tips:

Update your capabilities
Since the focus of your training was on midwifery, you may need to update or refresh your knowledge and skills from time to time. This can be achieved by reading the latest literature (books), discussion with the ANMs ANMTC tutors might also help you.

Who can help you keep your knowledge and skills up-to date?
As a CMW, you will be responsible for self-directed learning and self-assessment to identify your training needs. Therefore you should always have:

- Protocols for reference (provided in the trainee manual supplied during training)
- Current midwifery and reproductive health textbooks or other references.
- Information, education and communication materials for your clients.
- Carrying out client exit interviews to ensure client satisfaction. See appendix for a client satisfaction interview schedule.

REMEMBER!
Offering quality services is the key to success and sustainability. Adhere to the code of conduct and standards of private midwifery practice. Standards are midwifery or nursing practice statements which clearly describes the rules, responsibilities and accountability of private practitioners.

The CMW should be guided by the code of ethics and standards. Ethical behavior is paramount for provision of sustainable quality of care.

Providing timely, regular and quality services
Here are some tips for establishing yourself as a competent and caring provider:
- Maintain the quality of services. Use standard procedures you learned during training. Follow infection prevention practices religiously. While providing services, refer to job aids. Do not hesitate to refer to the manual provided to you during training instead of providing incomplete or incorrect services. Good doctors always do this and the patient may be pleased to see you have such sophisticated materials.

- The community may require your services at odd hours (deliveries in particular are common late at night). So have a definite plan for responding to such requests without compromising your safety. You may identify a person in your house or neighborhood to accompany you on such visits.

- Do not make people wait for you to get services. Be available and prompt. Reduce waiting time at the clinic as much as possible without compromising the quality of services.

- Provide regular and proper follow-up where necessary. Have a proper plan for follow-up of every client.

Good rapport with community members and families

Remember the guidance given in the communication session about your interpersonal skills playing an important role in enabling you to establish your practice and increasing your visibility in the community as a competent and caring provider.

Let us revise some useful tips for establishing good rapport with the community and families:

- Be a human being first and then a healthcare provider.
- Find opportunities to communicate with individuals of all ages, sex, caste and religion.
- Participate in family functions to which you are invited – birth, death, marriage ceremonies, prayer sessions, festival celebrations and the like.
- Be proactive in participating in public meetings for any cause.
- Avail every opportunity to provide health education on relevant health issues to individuals and groups.
- Be a member of women’s groups in your village.
- Participate proactively in health campaigns organized by the government and NGOs such as pulse polio, TT and health awareness campaigns. Ask the CMO to provide you with supplies for these campaigns that are approved for private providers and for which you can charge a small fee. If these are not available, offer to put up notices of the services or offer to allow the government workers to provide the services at your clinic. This will help advertise both that you are a private provider and thus charge for services but that you want good community health and so cooperate with the government workers in these campaigns. You may consider if asked by the CMO’s office to provide the service yourself, but often villagers get confused when you provide some services free and others for a fee and thus become reluctant to pay for other services. So it is sometimes best to have a policy that you will always charge for a service even if just a small amount.

**Some important tips**

Where can you get drugs and family planning commodities?

- Drugs and medicines may be obtained/purchased from wholesale pharmaceutical firms/shops.

- Family planning commodities may be obtained from the social/commercial marketing stockists and other health product supplies through other wholesalers(stockists).
• It is important for you to be able to sell drugs to your clients.

• A permit for procuring drugs and medicines could be refused if a CMW does not produce an up-to-date license for private practice.

• Be advised to obey the laws, rules and regulations laid down by the Uttar Pradesh State Nursing and Midwifery Council in relation to midwives and drugs. Failure to obey these laws will lead to prosecution.

• To provide high quality services, it is necessary for you to procure drugs and equipment from reputable suppliers.

• You can get your furniture (examination table, bench, chairs etc) made from local carpenters. Remember! Your furniture must have washable and disinfectable surface. You must put a clean plastic sheet on top of the table, which should be cleaned with soap and water and dried before re-use.

• Linen: Relevant materials may be purchased from retail outlets and sewn by tailors, to make dressing towels, and sheets.
Complete the evaluation exercise below:

**Evaluation Exercise**

**Q.1.** List 4 qualities that a CMW must have in order to be a credible provider?

**Q.2.** List 6 attributes of a good clinic?

**Q.3.** List the 3 records that a CMW should maintain?

**Q.4.** List the category of local health providers with whom the CMW should establish linkages?

**Q.6** State whether the statement written below is true or false:

- For CMW income generation is a process of procurement and sale of both socially and commercially marketed products for profit to the people in need
- For CMW income generation is a process of procurement and sale of only contraceptive products
- For CMW income generation is a process of procurement and sale of only subsidized products at low cost to the community
- For CMW income generation is a process of procurement and sale of only commercially marketed products at high cost to the community
Q.7. List 3 advantages of selling products at community level?

Q.8. List 5 products that can be sold from CMWs' sale counter at community level.

Q.9. List the steps involved in setting up income generation system at community level.

Q.10: Estimate the number of beneficiaries of antenatal care, delivery, diarrhea and ARI in a population of 2500.
Q 11: What are the key considerations while estimating the fee for any services?