SAATHI BACHPAN KE

Promoting Diarrhea Management through the Private Sector in Urban North India

Foreword

India has made rapid strides in economic growth in the last decade. Today, India is recognized as a world leader in many areas including highly-skilled human capital, technology and innovations; at the same time India is still coping with vast public health challenges that stretch available preventative and curative health infrastructure. This unique status presents an opportunity - to leverage the vision, leadership, commitment and entrepreneurship of a vibrant and highly developed private sector in India to provide and promote appropriate health technologies to the millions of people who need them.

The private sector is not seen as a natural stakeholder in the health status of its population. However, by working in partnership with the private sector, health programs can overcome one of the fundamental problems in development assistance – that of sustainability. Working with the private sector also often brings innovation and the best expertise in addressing a health problem. In such a case, external development assistance is best deployed towards developing and commercializing technologies that can be further expanded as a core business by the private sector or by offering innovative programs for continuation through the public health system.

It is with this vision that United States Agency for International Development (USAID) and ICICI Bank came together more than a decade ago to work to address key reproductive health, child health and HIV/AIDS issues in India. Recognizing that addressing these health challenges at a large scale and in a sustainable manner requires substantive increases in access to appropriate, high quality health technologies as well a public desire to use them, USAID and ICICI Bank initiated the Program for the Advancement of Commercial Technology - Child and Reproductive Health (PACT-CRH) in partnership with the Government of India.

Implemented by ICICI Bank and funded by USAID, this program supported the introduction and commercialization of reproductive and child health and HIV/AIDS technologies. The program took a two-pronged approach: it helped the private sector develop the capabilities to supply relevant quality products and services; and created public demand for products and services through marketing and behavior change activities.

PACT-CRH supported three integrated communication and marketing campaigns in urban areas of North India characterized by poor maternal health, child health and family planning indicators. These include the Goli ke Hamjoli Campaign (The Friends of the Pill Campaign) to promote the use of low dose oral contraceptive pills, the Saathi Bachpan Ke (The Friends of Childhood Campaign) to promote use of oral rehydration salts and home diarrhea management and the Yahi Hai Sahi/Condom Bindaas Bol Campaign (This is the Right Choice / Just Say It Campaign) to neutralize the negative image of condoms.

These campaigns have demonstrated the power of the private sector in India and the potential for such partnerships to successfully achieve health goals hand-in-hand with market growth. This document shares the experience of the Saathi Bachpan Ke Campaign over the past seven years of the program in India and highlights the partnerships, the innovations, the results achieved and the lessons learnt.

We hope that this publication will be of value to your work and inspire further creative approaches with the private sector in the health field.

Mr. George Deikun
Mission Director
USAID India

Dr. Nachiket Mor
President
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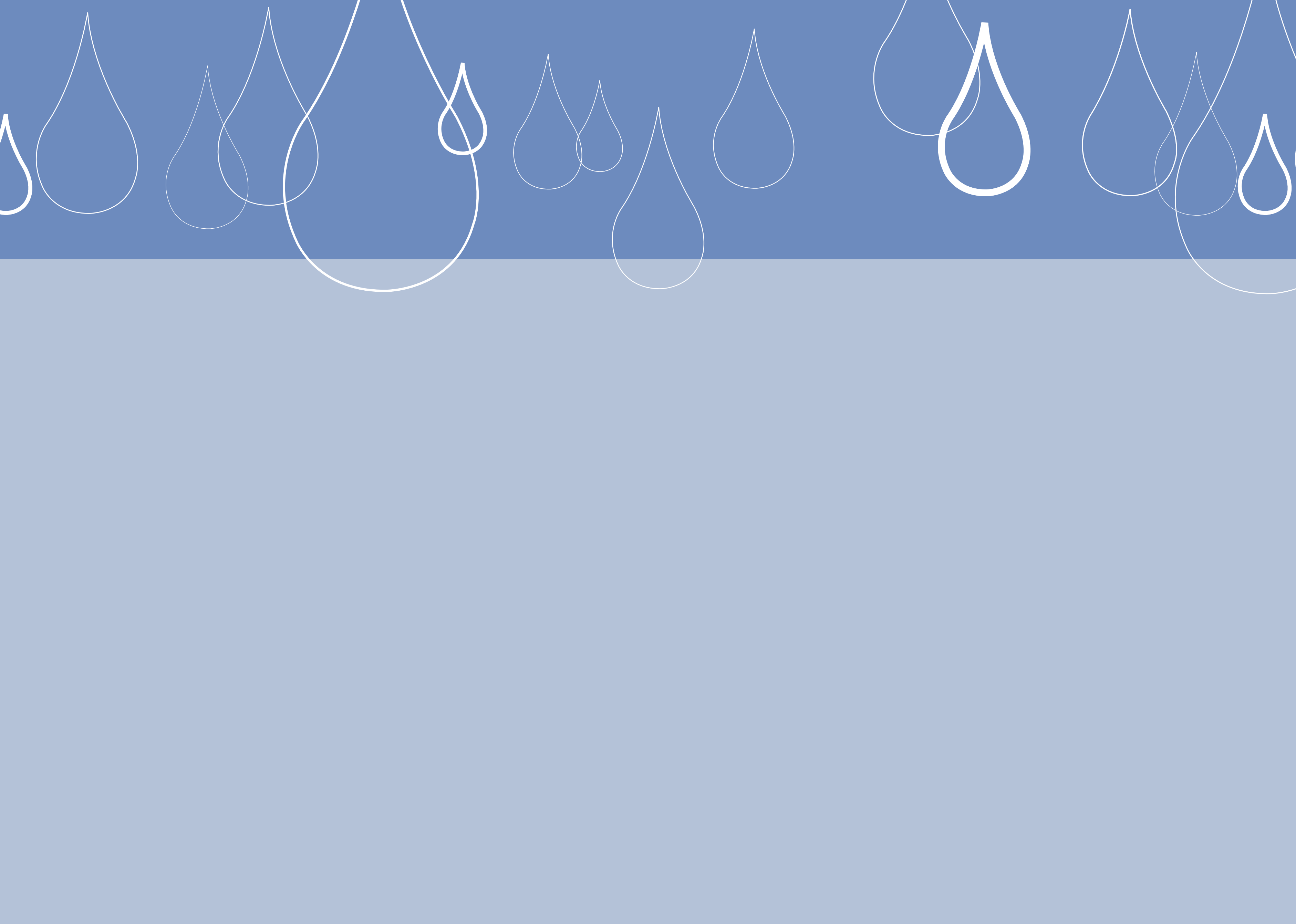


executive summary

Executive Summary / Background

Executive Summary

The diarrhea management campaign was initiated by ICICI Bank in 2002 under the bilateral Program for Advancement of Commercial Technology - Child and Reproductive Health (PACT-CRH) between the Government of India (GOI) and United States Agency for International Development (USAID). This campaign evolved significantly during its lifetime. Initially it focused on promoting the use of WHO formulation Oral Rehydration Solution (ORS). In 2005, after supporting policy advocacy for a shift to a new formulation, the program helped smoothly transition the market to the reduced osmolarity ORS. From 2006 the campaign expanded into the Saathi Bachpan ke (Friends of Childhood) Complete Home Diarrhea Management (CHDM) campaign, and finally in 2007 the program designed and piloted communication and promotion strategies and prototypes that could be adopted by Govt. of India and private sector partners and others, for the introduction of Zinc therapy.

Technical assistance for the diarrhea management campaign was provided by the Commercial Market Strategies (CMS) project until September 2004 and then by Private Sector Partnerships – One (PSP-One) till July 2007 when the PACT-CRH project came to an end. This report in two part summarizes the activities and results of this program, and traces the changes in the market and industry throughout those years. The first part deals with the evolution, implementation and results of the WHO ORS and Saathi Bachpan ke campaigns. The second part details the communication development and programs pilotted among providers and the community programs for Zinc therapy.

Background

Although Oral Rehydration Therapy (ORT) and specifically ORS were introduced in India in the 1980s, approximately 500,000 children still died each year from dehydration due to diarrhea. Most of these diarrhea-related deaths could be prevented with the use of ORT. A 2000 estimate suggests that nearly 16% of all under-five deaths could be prevented just by the use of ORS.

According to the National Family Health Survey 1998-99 (NFHS-2), although the awareness of ORS stood at 62 per cent nationally, usage was only 27 per cent. The situation in North India was even worse where diarrhea prevalence and childhood mortality rates were higher but ORS usage rates stood at just 20 per cent and almost 52 per cent used mostly inappropriate medicines.

	North India (Project Area)	All India
Diarrhea among children <3	22%	19%
Awareness of ORS among caregivers	52%	62%
Use of ORS	20%	27%
Use of homemade solution	2%	3%
Pill or syrup or injection used	52%	53%
No treatment	33%	27%

Source: NFHS-2, 1998-99

Approximately 63 per cent (NFHS, 98-99) of households where children had diarrhea sought treatment from private healthcare practitioners and that too mostly from less than fully qualified or traditional healthcare providers or Indigenous Systems of Medicine Practitioners (ISMPs).

Program Partners / Target Population

Prescription audit reports showed that a majority of healthcare providers prescribed anti-diarrheals and antibiotics very few prescribed ORS. Many healthcare providers had a strong preference for anti-diarrheal medicines as it quickly reduced the output and duration of diarrhea, something that the caregivers often demanded of their doctor. The problem was not one of availability or affordability. ORS was widely available from pharmacies and public health facilities in urban areas and was largely affordable in the price range of Rs.2 to Rs.8 for a one liter pack or at no cost from public health facilities.

Compounding the problem of low use of the ORS was the fact that only 21 per cent of all ORS sold in India complied with the WHO formulation that was recommended for children, and therefore the campaign objectives became not only to grow ORS use but more specifically to grow the market share of WHO formulation ORS.

Program Partners

The program was implemented through the combined resources of a large number of partners. ICICI Bank contracted McCann Healthcare, one of India's leading advertising agencies, and Corporate Voice Weber Shandwick (CVWS), a Public Relations firm, to provide communication, media relations, outreach and event management support for the campaign.

A Steering Committee comprising representatives from ICICI Bank, USAID/India, CMS/PSP-One and the communications agencies met on a regular basis to review progress and provided overall strategic direction for the campaign. CMS/PSP-One provided research and strategic planning inputs and day to day coordination and oversight of advertising and public relations agencies, built partnerships with commercial sector, and its Hamjoli field team supported provider training and detailing to 25,000 pharmacies and 20,000 doctors (General Practitioners /Non-MBBS) and on-ground consumer promotion activities.

Technical guidance to the campaign were provided by a technical advisory group comprising diarrhea management experts from All India Institute of Medical Sciences (AIIMS), Indian Academy of Pediatrics, World Health Organization, USAID and the Academy for Educational Development.

Six leading ORS manufacturers - CFL, FDC, Merck, Shreya Life Sciences, TTK Healthcare and Wallace Pharmaceuticals, initially joined hands with the campaign from inception to stimulate the growth of the market and to expand distribution and access of ORS. Population Services International, Dr Reddy's Laboratories and Pharmasynth Formulations subsequently joined the campaign in 2005 when they launched their own brand of reduced osmolarity ORS. These partners together accounted for almost 95 per cent of the ORS industry.

Target Population

The program focused its activities in the urban areas of Northern India covering Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Delhi, Jharkhand, Uttarakhand and Chattisgarh which are jointly characterized by poor health indicators including higher infant and child mortality rates and lower socio-economic development levels compared to the rest of India, and also represent over 42 per cent of the Indian ORS market. These states are culturally homogenous and most people in these eight states speak Hindi making it easier to implement a single campaign for the entire area which also covers the priority states of USAID India.

Target Population

The Caregivers - The primary target audience were caregivers or mothers and fathers and other family members of households with children below the age of five. Till 2005 the target audience was middle and upper income households in Socio-economic categories (SEC) A to D. This was based on analysis of consumer research that showed that ORS use was low across all SECs, and also the assumption that ORS would be purchased from the market mostly by middle and upper income households. In the later phase of the campaign the focus shifted to lower income households in SEC D and E, the most vulnerable segments who comprise 45 per cent of the target population and who have lower levels of knowledge about diarrhea management and poor practices .

The Providers – Analysis of prescription audit data showed that regardless of level of qualification, only 18 per cent of doctors prescribed ORS for childhood diarrhea, usually preferring other medicines like anti-diarrheals and antibiotics (ORG July 2000). Therefore, it was crucial to emphasize to all medical professionals the need to prescribe and recommend ORS to caregivers.

The same analysis showed that it was ISMPs who treated almost 43 per cent of all children under two years old suffering from diarrhea. Most caregivers, especially in middle and lower income households took their children to ISMPs and relied on their expertise to determine the prescription. Therefore among the health care provider groups of General Practitioners, Pediatricians and ISMPs, it would be most important to focus on the ISMPs.

The Pharmacies (Chemists) - This target group was an important link in the campaign as they needed to stock and display WHO formula ORS brands and could play the role of advisors by recommending WHO ORS and educating caregivers about the correct preparation and use. Moreover shop observations and studies had shown that in case of diarrhea many people would go directly to the pharmacist for advice on medication rather than approaching a doctor.

Campaign Progression and Objectives

Campaign Progression and Objectives

The diarrhea management program evolved over the years, from focusing on WHO formula ORS at inception, to covering all aspects of home based diarrhea management, and eventually in 2007 developed prototypes for introduction of Zinc therapy in the private sector in India. The program constantly upgraded objectives and strategies keeping in mind both public health needs and policy and technology shifts and was closely informed through intensive market research with consumers and providers at every step.

In the initial phase of the campaign the objectives were focused on growing the market for ORS:

- Increased use of ORS for childhood diarrhea
- Increased sales of all ORS and increased market share of WHO formula ORS brands
- Increased use of ORS as the first line of treatment in childhood diarrhea
- Promote correct mixing and dosage
- Policy advocacy for shift to a single WHO approved formula and garner industry and healthcare providers support for this shift

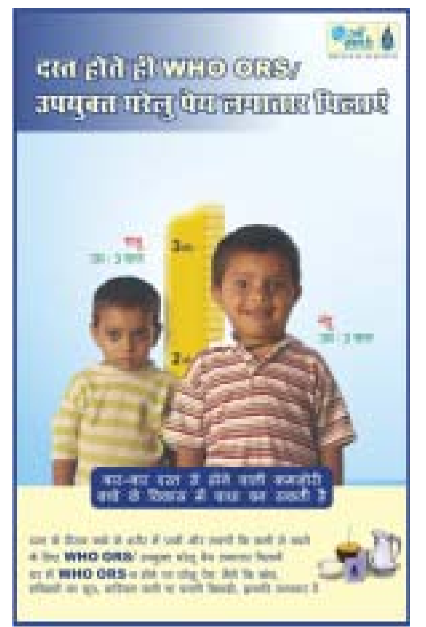
THE DIARRHEA MANAGEMENT PROGRAM HAS EVOLVED OVER THE YEARS, FROM PROMOTING ORS TO COMPLETE DIARRHEA MANAGEMENT TO ZINC THERAPY

Campaign Progression and Objectives

In the second phase the focus was on improving overall home diarrhea management practices with a specific focus on lower income households. This included improving correct knowledge and practices about ORT, feeding and breastfeeding practices, recognizing critical signs and hand-washing. The following table outlines the progression of the program and the rationale for each shift in strategy.

Table 2 Program Progression and Rationale

Year	Communication Objectives	Rationale
2002	WHO formula ORS is the best treatment for diarrhea and recommended by doctors	Baseline showed low awareness of WHO formula ORS and role in diarrhea
2003	Position WHO formula ORS as the first line of treatment for diarrhea and emphasize correct method of preparation	Tracking study showed increasing awareness of ORS but low knowledge about preparation and high levels of use of medicines as first line of treatment
2004	Stock WHO formula ORS at home and reinforce as the first line of treatment	Tracking study showed that a key reason for not using ORS was that if it was not available at home when diarrhea happened, caregivers would try alternate remedies
2005	The new reduced osmolarity ORS formula works faster and provides quicker relief from diarrhea	Industry shifted to low osmolarity ORS so need to ensure that caregivers and providers understood benefits of new formula
2006	Communicate the correct knowledge about home diarrhea management – curative and preventive steps	Tracking showed increased knowledge and use of ORS but low levels of knowledge and practice on other diarrhea management steps
2007	Pilot community interventions and development of communication prototypes for introduction of Zinc which focused on communicating benefits and role of Zinc and need to comply with a 14 day regimen	• Govt of India adopted policy based on Unicef and WHO recommendations • No awareness of Zinc and its role in diarrhea management • One of the likely barriers is the length of the therapy • Prototypes developed that can be used by subsequent campaigns/partners


दस्त होते ही WHO ORS/
उपयुक्त घरेलू पेय लगातार पिलाएँ

दस्त के दौरान बच्चे का
खाना-पीना ज़ारी रखें
बच्चे को कुपोषण और कमज़ोरी से बचायें
दस्त के दौरान बच्चे को पौष्टिक
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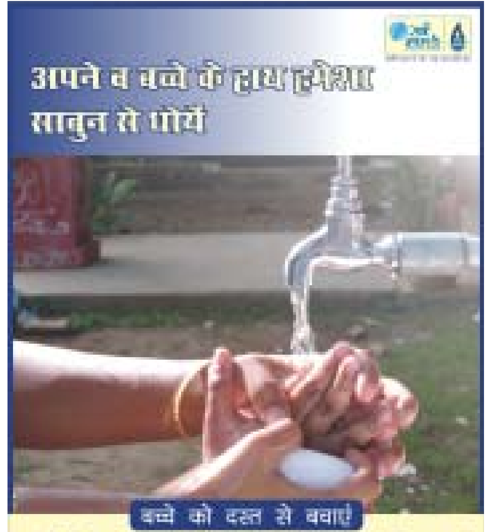
अपने व बच्चे के हाथ हमेशा
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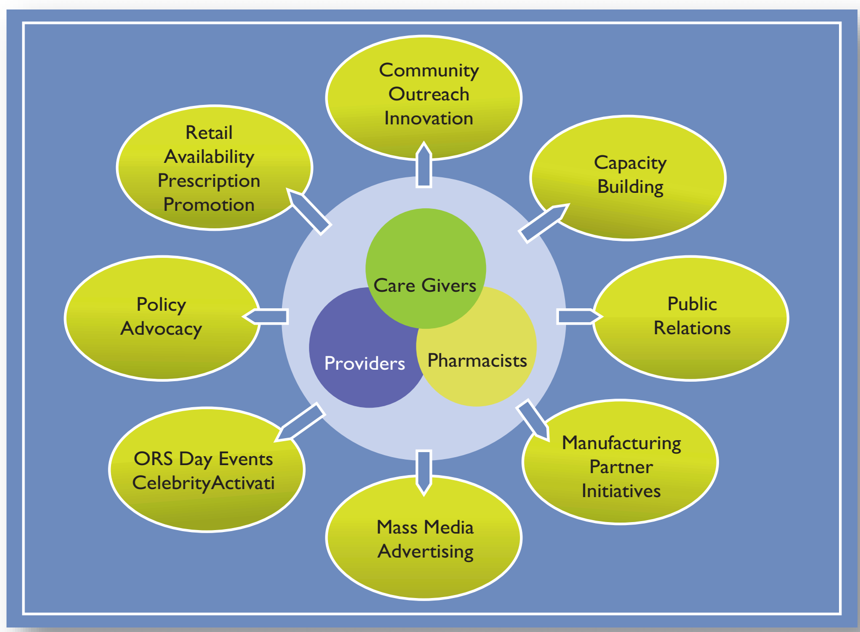
बच्चे को दस्त से बचाएं

Campaign Elements



Campaign Elements

The campaign applied an integrated marketing approach for promoting diarrhea management. It used a multi-pronged approach that included provider training, mass media advertising, consumer outreach activities, retail detailing and promotion, celebrity and partner activities and innovations and large scale mobilization around ORS day each year; a mix of media and activities used by most large scale consumer marketers. The program also played a significant role in collaboration with Indian Academy of Pediatrics in advocating for a single low osmolarity ORS formula with the Government of India.

THE PROGRAM PLAYED A SIGNIFICANT ROLE IN COLLABORATION WITH IAP IN ADVOCATING FOR A SINGLE LOW OSMOLARITY ORS FORMULA

Results

Results

Significant market growth and behavior change was achieved through this program. The program was tracked using three key information sources. The first was a baseline and endline survey from the period 2002 to 2005 that tracked ORS awareness and use in the middle and upper income target audience, the second were tracking studies in 2006 and 2007 that measured complete home diarrhea management indicators in the lower income target audience, and the third source was retail audit data on ORS sales.

In the first phase of the campaign that focused on growing the ORS market, tracking results showed that within the target audience ORS use increased significantly from 25 percent to 45 per cent among children who had diarrhea in the past two weeks and sales audit reports indicated that sales of ORS increased annually by 10 per cent against a target of growing the market by about 5 per cent annually.

The results of tracking the second phase of the campaign which focused on promoting a broader range of messages for home diarrhea management among lower income households showed significant increases in knowledge and practice between 2006 and 2007.

ORS Annual Sales Trend ('000 Liters)

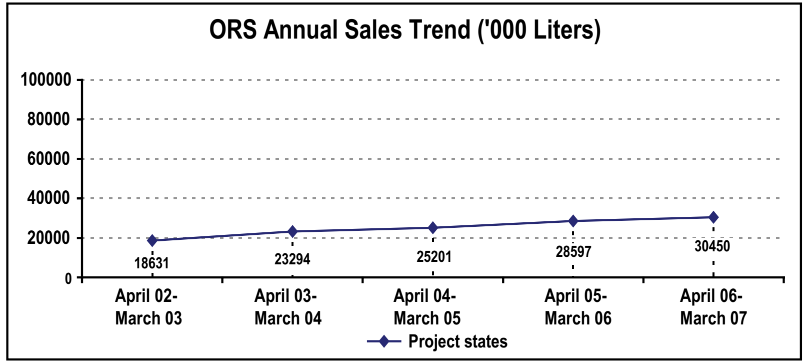


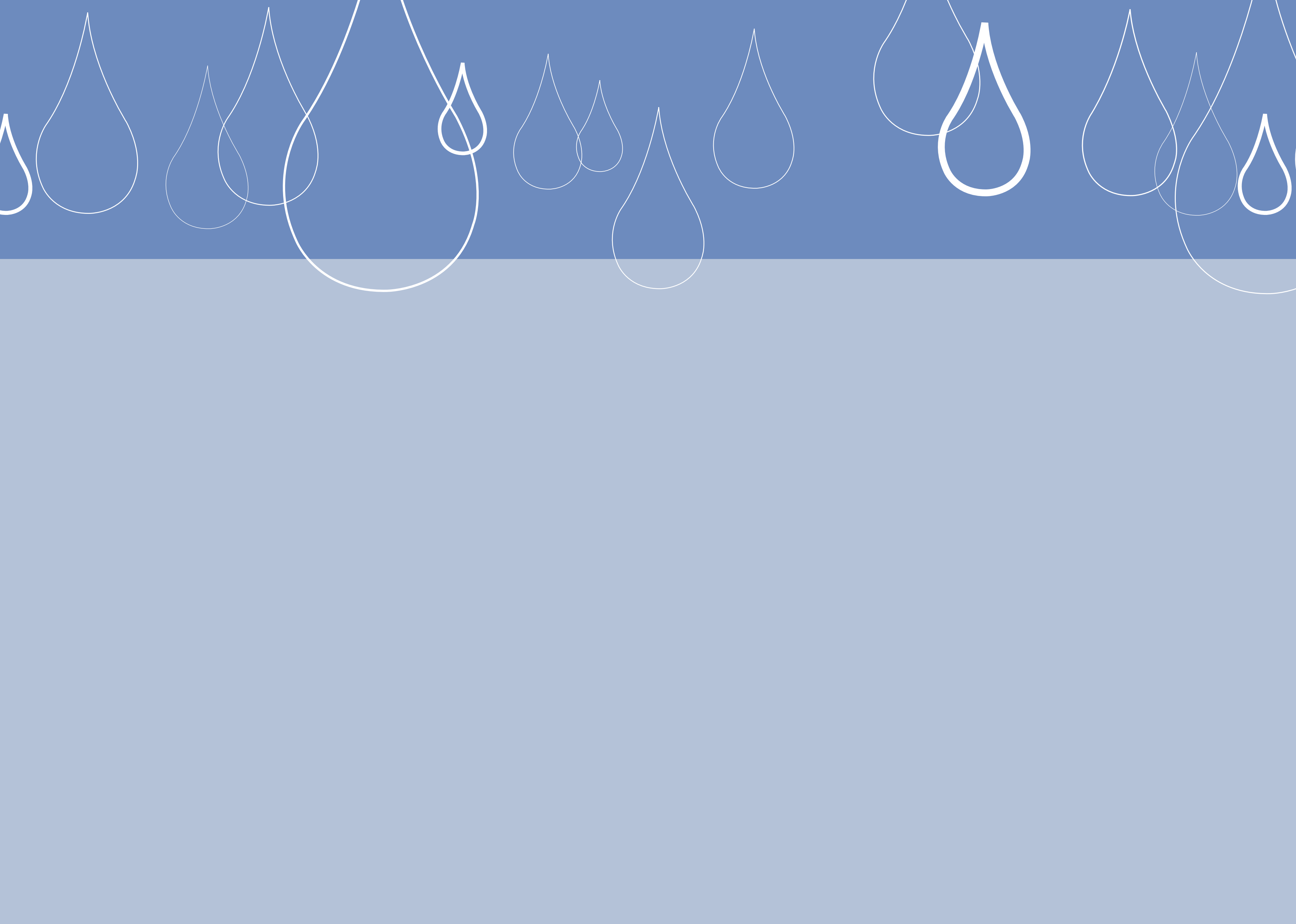
Figure 1 Annual ORS Sales Trends in Project Area (Source: ORG-IMS Retail Audit)

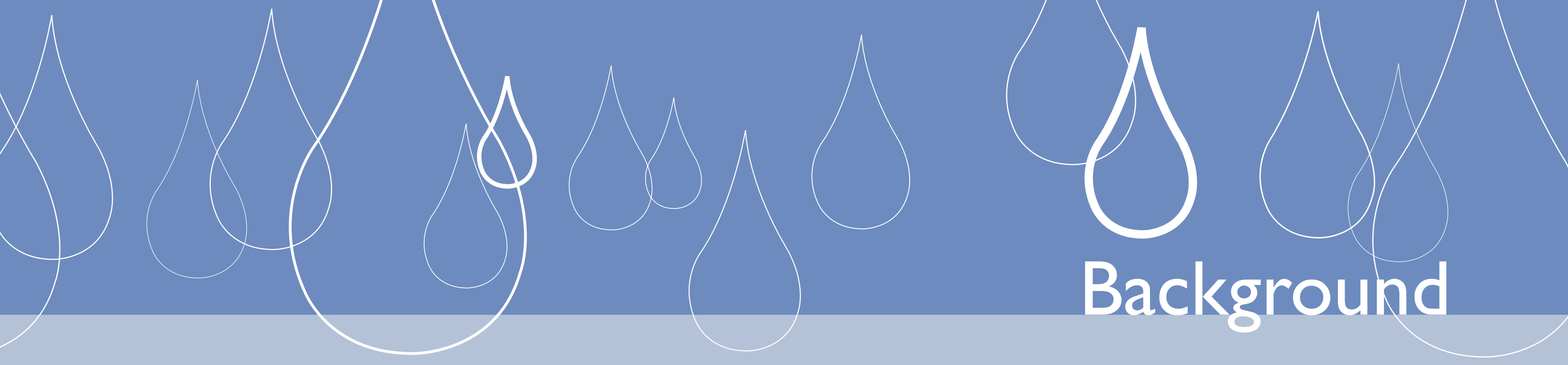
- Awareness of need to exclusively breastfeed child under six months age increased from 68 per cent to 73 per cent
- Awareness of need to increase nutrition intake after diarrhea increased from 51 per cent to 64 per cent
- Use of ORS among children who had diarrhea in the past two weeks increased from 28 per cent to 48 per cent
- Claimed use of soap for hand washing on at least two out of four critical occasions in last 24 hours remained at a high level of 93 per cent across both tracking studies

Other important macro level changes were:

- Drug Controller of India approved shift to a single low dose osmolarity formula
- Increased commercial sector investment in ORS promotion and launch of new brands
- Significant resource commitment from National Rural Health Mission to support ORS and diarrhea management communication efforts
- Institutionalization of National ORS Day which is now conducted annually across all regional chapters by Indian Academy of Pediatrics

SALES OF ORS INCREASED ANNUALLY BY 10 PER CENT AGAINST A TARGET OF GROWING THE MARKET BY 5 PER CENT ANNUALLY.





Background

Background

The Need for Oral Rehydration Therapy

Diarrhea is the second largest major cause of child deaths, especially in developing countries, and is responsible for one out of five deaths in children below the age of five. Diarrhea causes rapid depletion of water, sodium and potassium, which are necessary for all normal body function. Dehydration is especially dangerous for infants and children, as their water loss to body mass ratio is proportionally much higher as compared with adults, making children much more vulnerable to the dangers of dehydration in diarrhea.

Although ORT and specifically ORS were introduced in India in the 1980s, approximately 500,000 children still died each year from dehydration due to diarrhea. Most of these diarrhea-related deaths could be prevented with the use of ORT. A 2000 estimate from a study published in the Lancet suggested that nearly 16% of all under-five deaths could be prevented just by the use of ORS.

According to the NFHS-2, 98-99, there was a large gap between awareness and use and although the awareness of ORS stood at 62 per cent nationally, usage of ORS in cases of diarrhea in the past two weeks was only 27 per cent. The situation in North India was worse where diarrhea prevalence and childhood mortality rates were higher but ORS use rates stood at just 20 per cent while 52 per cent used mostly inappropriate medicines.

Approximately 63 per cent (NFHS-2, 98-99) of households where children had diarrhea sought treatment from private healthcare practitioners and that too mostly from ISMPs. Prescription audit reports showed that

	North India (Project Area)	All India
Diarrhea among children <3	22%	19%
Awareness of ORS among caregivers	52%	62%
Use of ORS	20%	27%
Use of Homemade solution	2%	3%
Pill or syrup or injection used	52%	53%
No treatment	33%	27%

Source: NFHS-2 1998-99

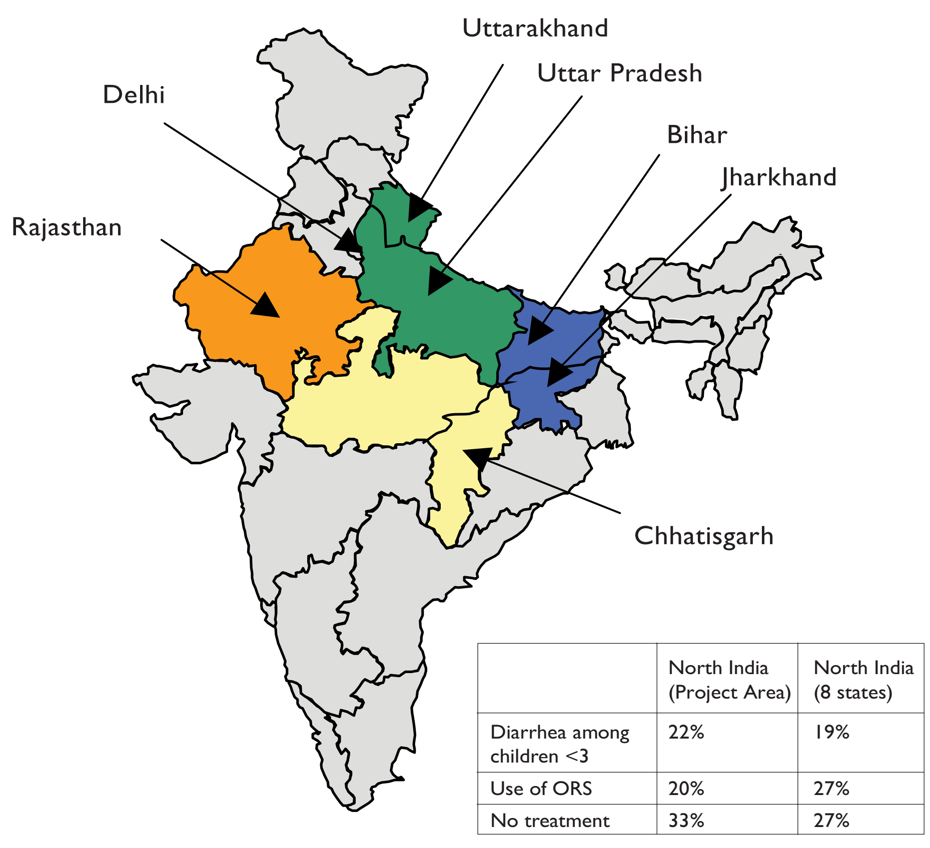
a majority of healthcare providers prescribed anti-diarrheals and antibiotics and very few prescribed ORS. Many healthcare providers had a strong preference for antidiarrheal medicines as it quickly reduced the output and duration of diarrhea, something that the caregivers often demanded of their doctor. The problem was not one of availability or affordability. ORS was widely available in pharmacies and public health facilities in urban areas and was largely affordable in the price range of Rs.2 to Rs.8 for a one liter pack or at no cost from public health facilities. The problem was of creating a better understanding of the dangers of diarrhea and the critical role of ORS.

Compounding the problem of low use of the ORS was the fact that only 21 per cent of all ORS sold in India complied with the WHO formulation that was recommended for children, and therefore the campaign objectives became not only to grow ORS use but more specifically to grow the market share or WHO formula ORS.

ONLY 21 PER CENT OF ALL ORS SOLD IN INDIA COMPLIED WITH THE WHO FORMULATION

(ORG Retail Audit, 2000)

Program Target Area



	North India (Project Area)	North India (8 states)
Diarrhea among children <3	22%	19%
Use of ORS	20%	27%
No treatment	33%	27%

Program Target Area

The project area for the program was identified as the urban areas of the eight North Indian states of Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Delhi, Jharkhand, Uttarakhand and Chattisgarh. This area was referred to as the Bimaru states or is currently referred to as the Empowered Action Group states. This area is treated as a homogenous planning unit for many large scale communication and marketing interventions as it is socio-culturally homogenous and most people in these eight states speak Hindi. The project areas accounts for almost 44 per cent of the total India population and has relatively poor health indicators including higher prevalence of childhood diarrhea and relatively lower treatment seeking and use of ORS. This area also covers the priority states for USAID India.

Project Target Audiences

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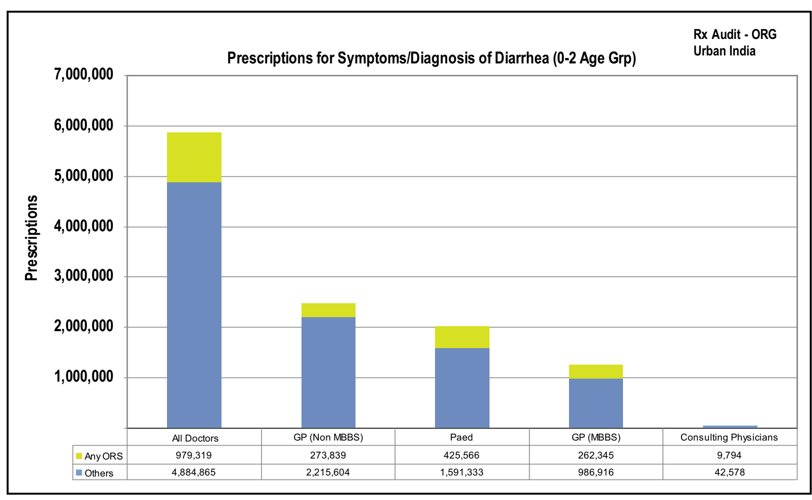
The Caregivers - The primary target audience were caregivers or mothers and fathers and other family members of households with children below the age of five. In most families it is the mother who is the chief caretaker of the child while in some it was other members of the family such as the mother-in-law and elder siblings who assumed the role of key influencers or at times even that of the caregiver. Formative research including household observation studies showed that the role of the father usually started only when the condition of the child had deteriorated at which point the father would lead the process of taking the child to the doctor.

Till 2005 the target audience was middle and upper income households in Socio-economic categories (SEC) A to D. This was based on analysis of consumer research that showed that ORS use was low across all SECs, and also the assumption that ORS would be purchased from the market mostly by middle and upper income households. In the later phase of the campaign the focus shifted to lower income households in SEC D and E, the most vulnerable segments who comprise 45 per cent of the target population and who have lower levels of knowledge about diarrhea management and poor practices..

The Providers – Qualitative research shows that there is a hierarchy of healthcare providers in the opinion of both the caregiver and the providers themselves. At the top are fully qualified specialist MBBS doctors who have a specialization in Pediatrics. This is followed by MBBS qualified General Practitioners with the less than fully qualified ISMPs at the bottom of the pyramid. The Pediatrician is usually the trend setter for most ISMPs who tend to learn from them, or closely follow the Pediatricians' prescriptions and recommendation practices. The ISMPs, although less qualified, are considered to be the most accessible providers in terms of time, place and affordability of services and are also often considered to be well experienced.

Analysis of prescription audit data however showed that almost all doctors, regardless of level of their qualification, limited their prescriptions to anti-diarrheals and antibiotics, and very few actively prescribed ORS. Only 18 per cent of doctors prescribed ORS for childhood diarrhea – preferring other medicines like antibiotics (ORG July 2000). Therefore, it was crucial to emphasize to all medical professionals the need to prescribe and recommend WHO formula ORS to caregivers.

The same analysis showed that it was ISMPs who treated almost 43 per cent of all children under two years old suffering from diarrhea as most caregivers, especially in middle and lower income settings take their children to ISMPs and rely on their expertise to determine the prescription. Therefore among the health care provider groups it would be most important to focus on the ISMPs.



	All Doctors	GP (Non MBBS)	Paed	GP (MBBS)	Consulting Physicians
Any ORS	979,319	273,839	425,566	262,345	9,794
Others	4,884,865	2,215,604	1,591,333	986,916	42,578

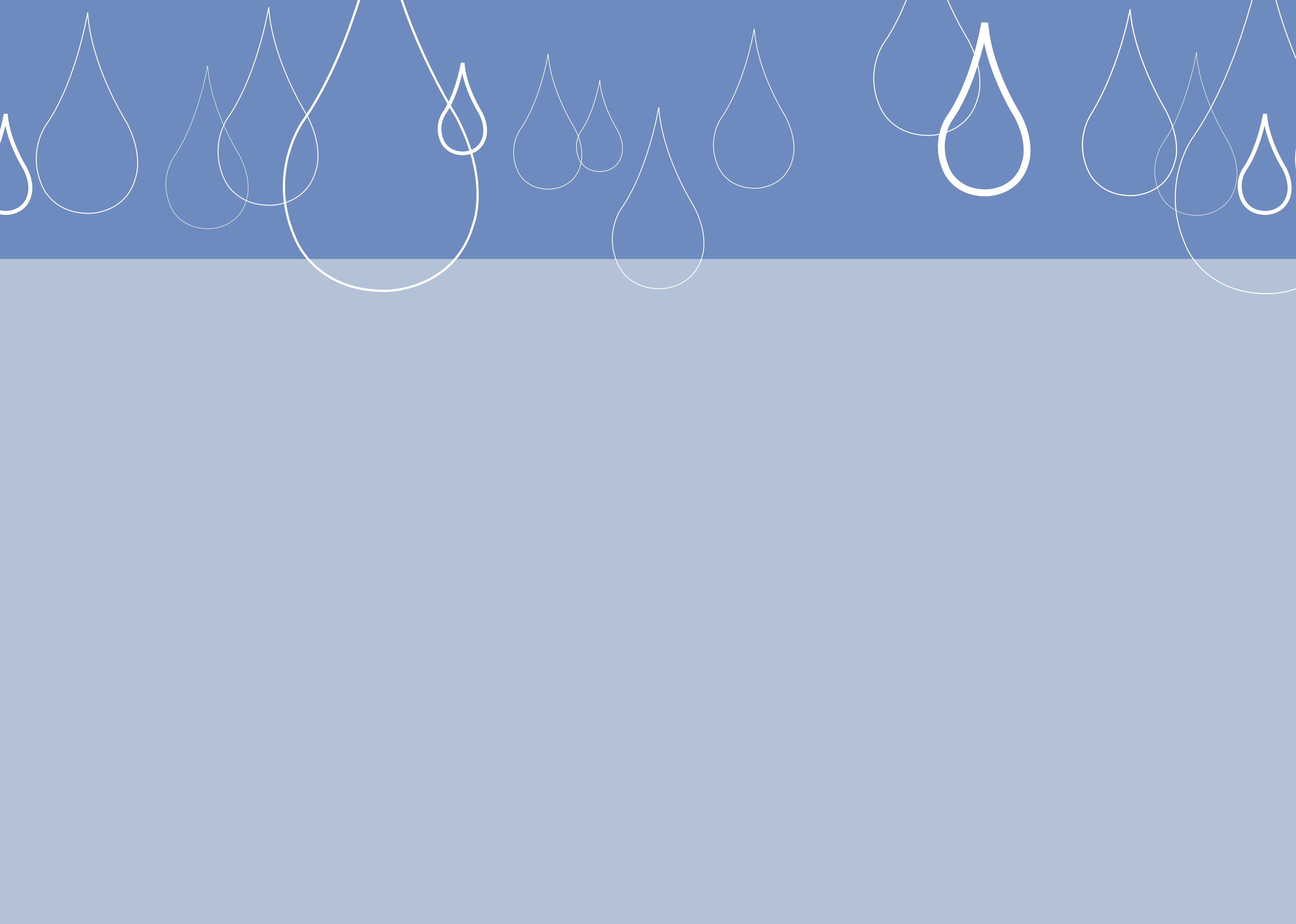
Target Areas and Audience

The Pharmacies (Chemists) - This target group was an important link in the campaign as they needed to stock and display WHO formula ORS brands and could play the role of advisors by recommending ORS and by educating caregivers about its correct preparation and use. Moreover, shop observations and studies had shown that in case of diarrhea many people would go directly to pharmacists for advice on medication.

Table 4 Target Group Attitudes towards ORS Prior to the Campaign

Target Groups	Initial Attitudes towards ORS
Mothers/ Mothers in Law	Low knowledge and use of ORS. Reliance on various home remedies or medicines as first line of treatment ORS not considered a serious line of treatment
Fathers	Not actively involved in diagnosis or home based treatment and step in at a later stage when the child has to be taken to a doctor
Doctors (MBBS)	Often depend on antibiotics and other medicines to provide quicker relief. ORS not seen as part of prescription as caregivers are more conserned about stopping diarrhea.
ISMPs (Non-MBBS)	High volume of clients but low knowledge levels High reliance on strong medication for fast effect Follows the lead of the MBBS doctors
Pharmacies	Stocks and pushes medicines/ brands that give them higher retail margins Poor knowledge of ORS and reason to use WHO formula ORS

TARGET GROUPS



Campaign Partners and Roles

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ICICI Bank and USAID initiated their campaign to promote diarrhea management practices in 2002 under the PACT-CRH a bilateral program between the Govt. Of India and USAID. Technical assistance for the diarrhea management campaign was provided by the CMS project till September 2004 and then by PSP-One till July 2007 when the PACT-CRH project came to an end.

The program was implemented through the combined resources of a large number of partners. ICICI Bank contracted McCann Healthcare, one of India's leading advertising agencies, and Corporate Voice Weber Shandwick (CVWS), a Public Relations firm, to provide communication, media relations, outreach and event management support for the campaign.

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Scientific and technical guidance on the campaign was provided by a technical advisory group established by PSP-One with experts on diarrhea management from AIIMS, Indian Academy of Pediatrics, WHO, USAID and the Academy for Educational Development.

ORS Manufacturing Partners

Six leading pharmaceutical ORS manufacturers - CFL, FDC, Merck, Shreya Life Sciences, TTK Healthcare and Wallace Pharmaceuticals, joined hands from the very inception of the campaign. Their readiness to partner with the category campaign was partially based on what they had already seen of the Goli ke Hamjoli Oral Contraceptive (OC) promotion program that was also implemented under the PACT-CRH program and the success that partner OC brands had seen from joining that initiative.

Population Services International (PSI), Dr Reddy's and Pharmasynth Formulations subsequently joined the campaign in 2005 when they launched their own brand of reduced osmolarity ORS. These nine partners together accounted for almost 95 per cent of the ORS industry.

Table 5 Manufacturing Companies and Partner ORS Brands

Company	Brand (Year of partnership)
CFL	Coslyte (2002)
Dr Reddys	Rebalanz (2005)
FDC	Punarjal, Ricetral in 2002 and Electral (2005)
Merck	Electrobion (2002)
Pharmasynth	Vitalyte (2006)
Shreya Life Sciences	Relyte (2002)
TTK	TTK ORS (2002)
Wallace	Walyte (2002)

Campaign Partners and Roles

Each of the partners signed an MoU which was a tripartite agreement between them, ICICI Bank and CMS/PSP-One. The MoU aimed to stimulate the growth of the ORS market and to expand distribution and access of ORS. The MoU also outlined that PSP-One was to provide assistance and technical oversight to the advertising and PR agency to develop and implement the consumer interpersonal and mass media communication program.

Manufacturers, on their part through this MoU, agreed to participate in the program activities and be responsible for the quality of their product, and to increase availability of their brands through retail channels throughout the program areas. They were also bound to participate in programs designed and implemented in collaboration with professional associations like Indian Academy of Pediatrics and Indian Medical Association aimed at improving management of childhood diarrhea.

One of the main lessons from working with manufacturing partners was that since they are all competitors they liked exclusivity and did not normally like to be a part of an activity where all competing brands are on the same platform. Keeping this important lesson in mind, the program tried to develop exclusive promotions and activities for active partners from time to time at their cost. Some of these activities were sponsoring production of Glow Boxes, printing and distribution of calendars and ISMP mailer for Electral and Punarjal (FDC), medicine pouches for Rebalanz (Dr. Reddy's) and Pharmacy Mystery Consumer Contest and point of sales materials for Neotral (PSI). Each of these individual initiatives by partners counted towards private sector support that fitted well with the category campaign.

> "There was a clear business benefit to being associated with USAID and our credibility with doctors increased," Consumers see promotion of WHO ORS as a social effort and not a market gimmick, thus giving it added credibility."
>
> *- Bela Shidore, Marketing Manager, FDC*

"Our association with USAID allowed us to be seen as a private company that is committed to child health. It put us on the same platform as the lead brands to champion the prevention of deaths from diarrhea."

P. K. Pathak, Senior Director, Dr. Reddy's Laboratories

"It is the only time we are in the same room as our competitors. But there was a business advantage and a chance to be part of an effort to prevent child deaths from diarrhea. It was a win-win for Merck and the industry."

R. R. Rao, formerly National Sales Manager, Merck Limited

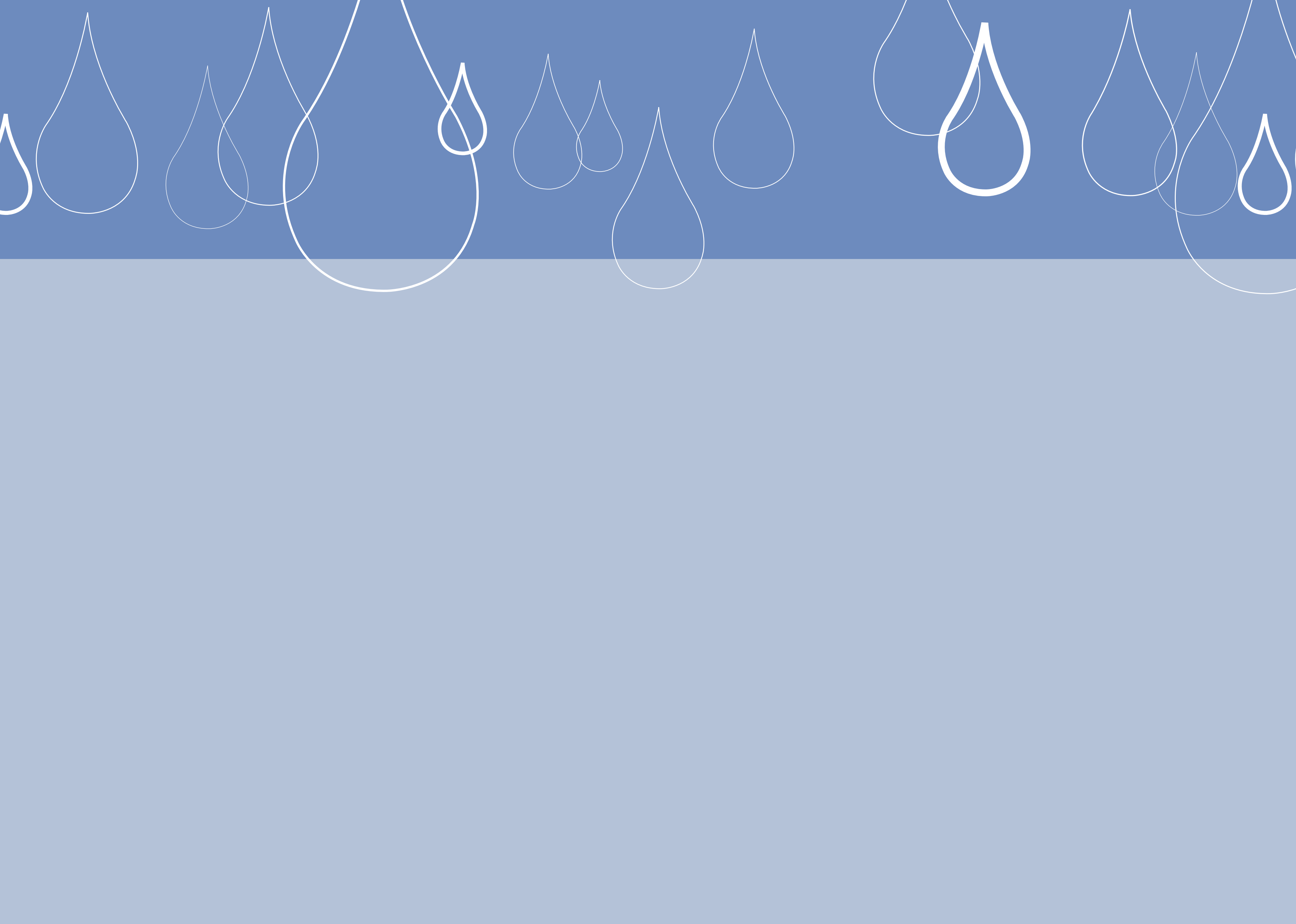
The Hamjoli Field

The Hamjoli Field team consisted of 115 people that operated in 25 towns and cities in the project states. They were hired, trained and managed by CMS in 1999-2000 and subsequently by PSP-One and they formed a formidable field-force for all the PACT-CRH market growth programs including the diarrhea management campaign. They supported the mass media campaign by interacting directly with providers and consumers. Through the long-term relationships they developed with ISMPs and pharmacies they executed training and detailing programs, ensuring product availability and coordinating partner activities.

Characteristics and Responsibilities of the Hamjoli Field Force

Who are they?	• 115 people based in 34 headquarter towns • Team consists of local people inclined to do "social work" (teachers, trainers, activists, sales, non-medical and non-typical NGO people)
What do they do?	• Maintain relationships with ISMPs and pharmacies (visit each 4-5 times a year). • Detail, train, follow-up with providers, place information and display materials • Execute new program activities, with fresh detailing scripts every two months • Ensure promotional materials are visible • Improve partner brand availability at outlets • Ensure local coordination with other campaign partners • Conduct periodic validation studies • Attend monthly field team meetings (5 regional meetings)
How are they organized?	• Each state has a State Manager • Each state is supported by Training Managers • Operate in teams of 3-4 of men and women and cover nearby satellite towns • Each Hamjoli Field Representative (HFR) has 700 providers to visit over a 45 day cylce. • HFRs are supported by Team Leaders (supervisors) • HFRs are trained by Quality Assurance Coordinators
What is their contribution to the diarrhea management campaign?	• Trained over 60,000 providers about ORS and Complete Home Diarrhea Management

THE HAMJOLI FIELD TEAM CONSISTED OF 115 PEOPLE THAT OPERATED IN 25 TOWNS AND CITIES



The Diarrhea Management Program

Campaign Progression and Objectives

Campaign Progression and Objectives

The diarrhea management program evolved over the years, from focusing on WHO formula ORS at inception, to covering all aspects of diarrhea management and eventually addressed introduction of Zinc therapy for diarrhea management in 2007. The program constantly upgraded objectives and strategies keeping in mind both public health needs and policy and technology shifts and was closely informed by intensive market research with consumers and providers at every step. The ORS campaign began in 2001 propagating the awareness and increased use of ORS. A policy shift in 2004 in favor of a new single low osmolarity ORS formulation led to the campaign focusing on promoting the benefits of the new product, and supporting commercial sector marketers and healthcare providers in promoting this new formula.

Saathi Bachpan ke - Complete Home Diarrhea Management: The shift from ORS to Complete Home Diarrhea Management and shift in SEC profile of the target audience happened in 2006 based on an intensive review of mid-term progress and public health needs. From this point the campaign widened its scope to include promoting use of home fluids, breast feeding, hand washing and complementary feeding to widen the scope of ideal practices in home diarrhea management.

The analysis of the campaign results till 2005 showed that although ORS use had increased significantly, there were still relatively lower ORS usage levels among children with diarrhea in SEC C and D, at 54 per cent and 50 per cent in comparison with the figures for SEC A and B which stood at 70 per cent and 65 per cent. So while the campaign had met its targets in increasing usage of ORS overall, the increase was mostly attributed to higher SEC households. Therefore, in 2006 the campaign focused on reaching out to the lower socio-economic groups, the most vulnerable segments in SEC D and E and incorporated broader diarrhea management messages to disseminate both curative as well as preventive aspects to the target audience based on the latest WHO/Unicef joint statement that said "two recent advances in managing diarrheal disease – newly formulated oral rehydration salts (ORS) containing lower concentration of glucose and salt, and success in using zinc supplementation – can drastically reduce the number of child deaths. The new methods, used in addition to prevention and treatment of dehydration with appropriate fluids, breastfeeding, continued feeding and selective use of antibiotics, will reduce the duration and severity of diarrheal episodes and lower their incidence."

For a greater focus on lower income households the program conducted a detailed mapping of the most highly populated urban slums in each of the 34 headquarter cities and towns in the project area and detailed data on profiles and resources were compiled. All on-ground activities were focused in these localities.

In addition a large scale formative research study was conducted with the newly defined target audience to understand their mindset and identify communication needs. What emerged was that though caregivers in the lower SECs claimed to be aware of the diarrhea management practices, the on ground realities were very different.

Also the target audience regarded diarrhea just a little more seriously than a common illness like a cough or a cold. They had low levels of knowledge and motivation for prevention and it was usually treated at home through a method of trial and error, and health care providers only came into the picture once the situation seemed to be completely out of their control.

Campaign Progression

There were also many differences between what caregivers claimed to do and actual sanitation practices. For instance, women asserted that they wash their hands with soap after making cow dung cakes. In practice, however, they held their hands under running water and wiped them on their clothes. This clearly suggested that there was a disconnect between knowledge and practice.

Caregivers rarely mentioned unclean living conditions or infection as possible causes of childhood diarrhea. Instead, they gave reasons such as catching a cold, the mother having eaten spicy food, the child eating "wrong" foods, teething, heat wave, overeating, or 'nazar lagna' (evil spirits).

Diarrheal episodes were typically divided into three categories: onset, medium and high intensity. In the onset stage when a mother discovers her child has diarrhea, she will usually wait to see if it subsides. If it does not, she will inform an older family member of the child's condition and use a home-based remedy such as a sugar and salt solution, lemon or lime water, and rice starch. Home remedies are often tried first as they are inexpensive and are the traditional treatments recommended by family members. If the situation worsens to the medium intensity level, the child may be taken to a local pharmacy or traditional doctor or continue to receive home remedies. When diarrhea does not subside and escalates to high intensity, the caregiver recognizes this as a life-threatening condition and a male family member will arrange for medical treatment, most likely with a doctor.

Caregivers named ORS as a possible treatment during a diarrheal episode and they could identify points of sale and explain that while ORS helps to replenish depleted water in the body, it does not control diarrhea. They could not correctly describe how to prepare ORS solution and never stored ORS at home.

Although caregivers reported altering the child's diet during diarrhea, they did not continue this after diarrhea stopped to help them regain lost nutrition. Mothers were aware of the short-term dangers of diarrhea, such as dehydration, but did not seem concerned about or were unaware of the possibility of its long-term effects of the child's development related to malnutrition. The concept of exclusive breastfeeding was almost nonexistent, and though they acknowledged the nutritional benefits of breast milk, they did not understand that it eliminates a child's need for water and the likelihood of acquiring a waterborne illness.

The Complete Home Diarrhea Management campaign therefore aimed to educate caregivers of the harmful impact of diarrhea on children and their long term development, how to give appropriate care during diarrhea episodes, and to inform caregivers of the preventive measures they can adopt. Therefore the program objectives were revised to take into account the preventive as well as curative aspects of diarrhea management encapsulated in the following five key messages:

1. Exclusive breastfeeding up to six months to prevent diarrhea
2. Continue feeding/breastfeeding during diarrhea and additional energy dense food during and after the diarrhea episode
3. Prevent dehydration through early and increased administration of suitable fluids available at home or ORS
4. Recognize critical signs of diarrhea and take the child to a doctor
5. Wash hands with soap (at the most critical times: after defecation, after washing babies' bottom, before eating/feeding, and before preparing/handling food)

Accordingly, the emphasis of the program shifted to below the line communications and direct contact and outreach activities as the SEC D and E target audience had limited access to mass media.

Campaign Progression

Zinc Introduction: Finally in 2007, once the Government of India had adopted the WHO/Unicef recommendations on Zinc therapy, the campaign worked on the development of marketing and communication prototypes that could be used for introduction of Zinc in the private sector.

The following table outlines the progression of the program and the rationale for each shift in strategy.

Table 6 Program Progression and Rationale

Year	Communication Objectives	Rationale
2002	WHO formula ORS is the best solution for diarrhea and recommended by doctors	Baseline showed low awareness of WHO formula ORS and its important role in diarrhea management
2003	Position WHO formula ORS as the first line of treatment for diarrhea and emphasize correct method of preparation	Tracking study showed increasing awareness of ORS but low knowledge on preparation
2004	Stock WHO ORS at home and reinforce as the first line of treatment	Tracking study showed that a key reason for not using ORS was that if was not available at home when diarrhea happened, caregivers would try alternate remedies
2005	The new reduced osmolarity ORS formula works faster and provides quicker relief from diarrhea	Industry shift to low osmolarity ORS so need to ensure that caregivers and providers understood benefits of new formula
2006	Communicate the correct knowledge about home diarrhea management – curative and preventive steps	Tracking showed increased knowledge and use of ORS but low levels of knowledge and practice on other diarrhea management steps
2007	Pilot community interventions and development of communication prototypes for introduction of Zinc which focused on communicating benefits and role of Zinc and need to comply with a 14 day regimen	• Govt of India adopted policy based on Unicef and WHO recommendations • No awareness of Zinc and its role in diarrhea management • One of the likely barriers is the length of the 10 to 14 therapy • Prototypes developed that can be used by subsequent campaigns/partners

Campaign Objectives

Two sets of campaigns objectives were established to track and evaluate the major implementation phases of the campaign.

At inception the objectives of the diarrhea management initiative were focused on increasing use of WHO ORS and growing the market which in turn would lead to enhance interest and investment in the category. This objective was quantified through a set of targets.

- Increased use of ORS for childhood diarrhea
- Increased sales of all ORS and increased market share of WHO formula ORS brands
- Increased use of ORS as the first line of treatment in childhood diarrhea
- Promote correct mixing and dosage
- Policy advocacy for shift to a single WHO approved formula and garner industry and healthcare providers support for this shift

In the Saathi Bachpan Ke Complete Home Diarrhea Management phase the focus was on improving overall home diarrhea management practices with a specific focus on lower income households. This included improving correct knowledge and practices about ORT, feeding and breastfeeding practices, recognizing critical signs and hand washing.

Desired Behavior Change	Indicator
Prevent dehydration by giving ORS or home available fluids immediately when diarrhea sets in and continue till diarrhea lasts	• Increase in percentage of caregivers spontaneously mentioning the use of ORS among the children who suffered from diarrhea in the last two weeks. • Increase in percentage of caregivers spontaneously mentioning the use of home-fluids among the children who suffered from diarrhea in the last two weeks.
Continue feeding including breast milk during diarrhea. Give additional energy dense food to a child above six months during diarrheal episodes and also for at least 2 weeks after recovery	• Increase in percentage of caregivers who agree with the statement "increasing the quantity of food after an incidence of diarrhea". • Increase in percentage of caregivers who agree with the statement "increasing the quantity of food during an incidence of diarrhea". • Increase in percentage of caregivers who agree to continue breast-feeding during diarrhea.
Recognize critical signs of diarrhea and take the child to a doctor	Increase in the percentage of caregivers who correctly identify at least two out of the four critical signs of illnesses when a child must be taken to a doctor. These are : • Child becomes sicker • Child not able to drink/breast-feed properly • Blood in child's stool • Child has fever
Exclusive breast feeding for the first six months	Increase in the percentage of caregivers, who have child less than six months, claim to exclusively breast feed their child
Increase awareness of correct behavior for prevention of diarrhea through hand washing.	Increase in the percentage of caregivers who claim to wash their hands, with soap, in the last 24 hours on the following two occasions: • Before feeding the child • Before cooking food

Category Campaign Branding

The Need for Oral Rehydration Therapy

To bring these campaign pieces together it was important to create a memorable and easy to understand category identity. The WHO ORS drop logo was the first step in this direction to capture the essence of 'amrit' or a drop of nectar that would fight dehydration. This logo was used by campaign partners as a means for association and allowed consumers to easily recognize the product and the campaign. The ORS partner manufacturers, who had joined the campaign, gradually incorporated the logo on their product packs and promotional materials. As the logo was successfully established by the campaign smaller brands which had complied with the WHO formula also adopted the logo on their ORS packs. This logo was used by the campaign while it focused on ORS promotion till 2005.

From 2006 when the program expanded to a cover all aspects of home diarrhea management, the category branding also needed to be expanded to convey that ORS was a critical part of the complete treatment. It was in this context that "Saathi Bachpan ke" (Friends of Childhood) which had initially been conceived as a branding for the ORS Day event in 2005 was adopted as the new overarching campaign logo from then on.

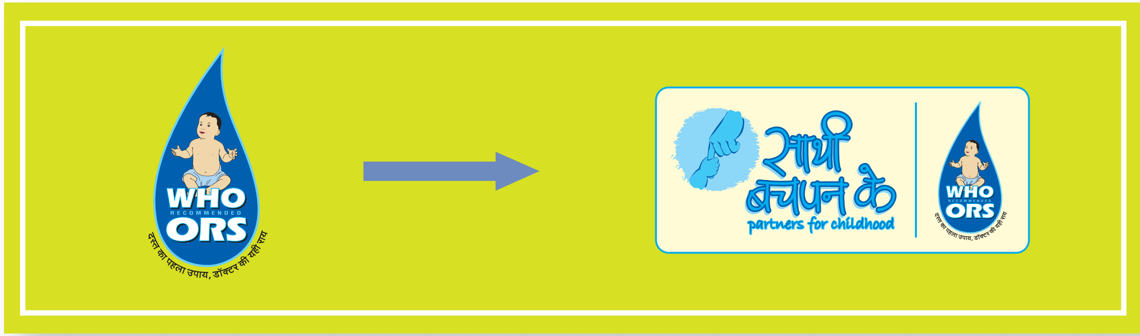
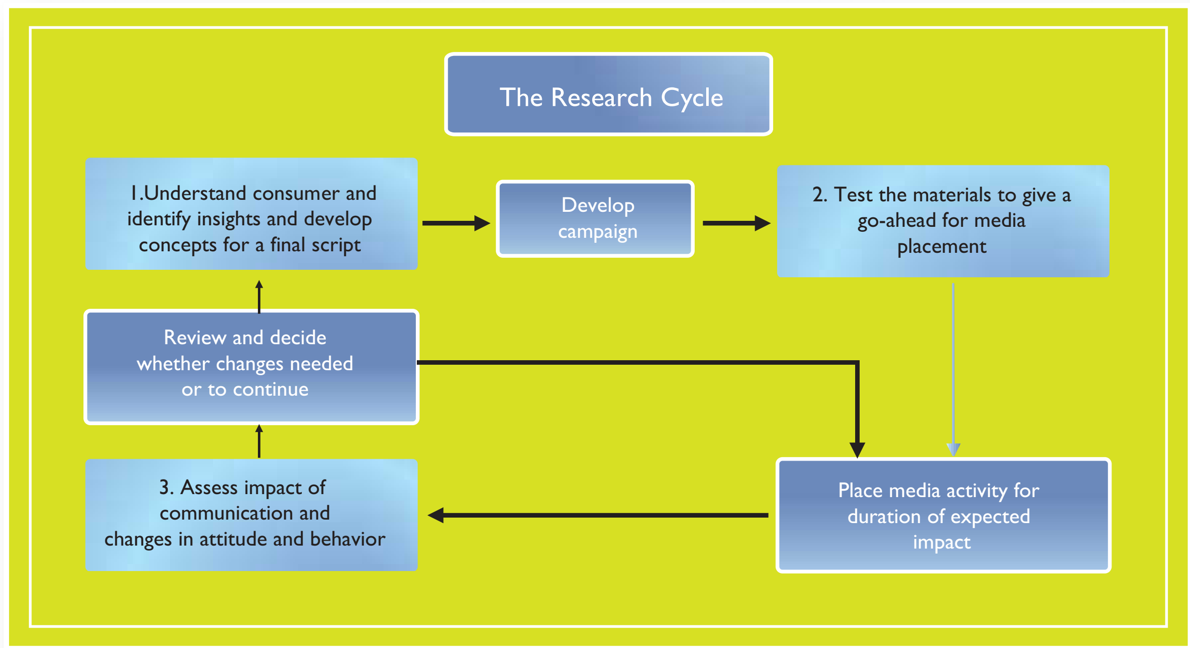


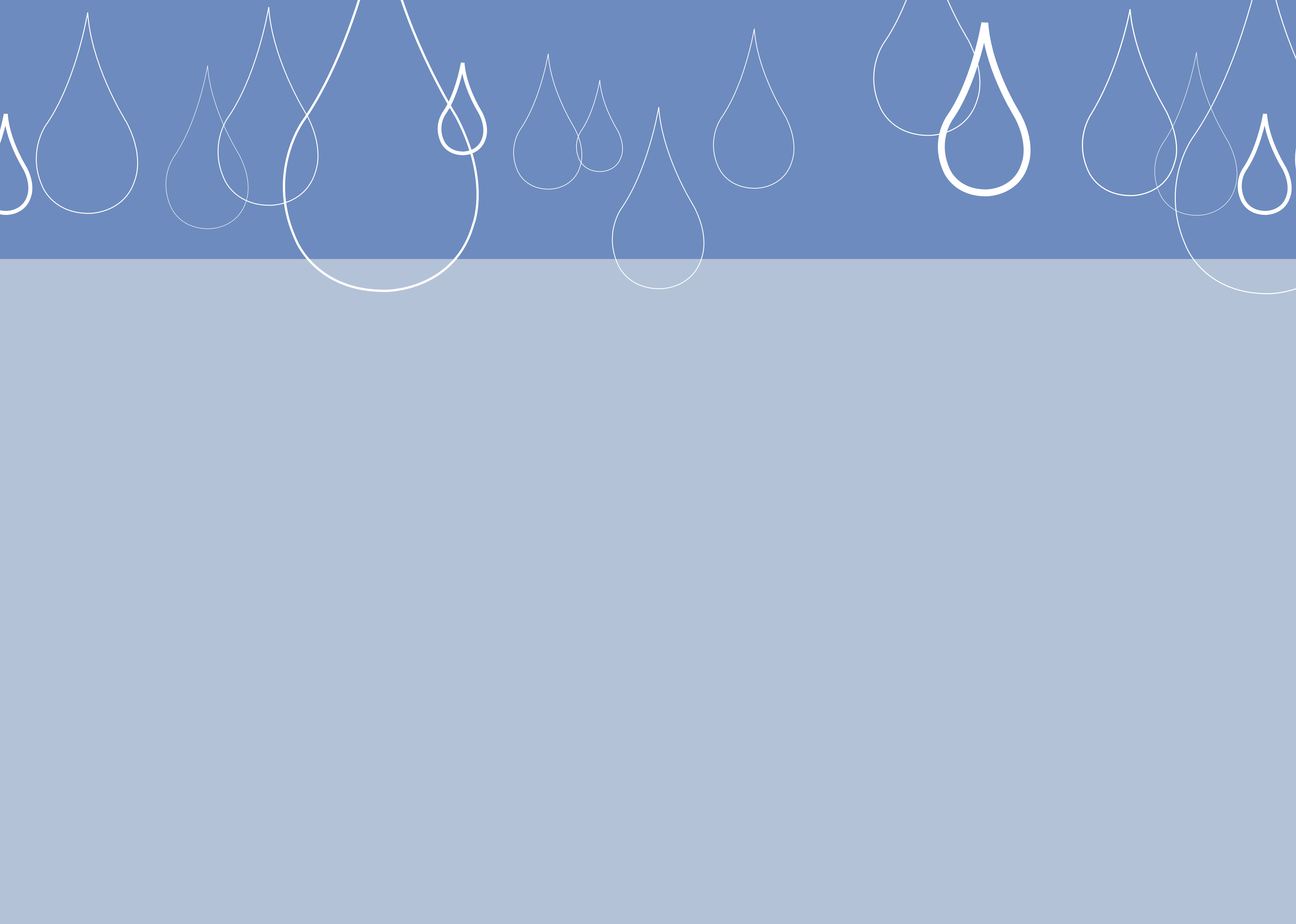
Figure: Branding evolution of the diarrhea management campaign

The Integral Role of Consumer Research in Campaign Planning

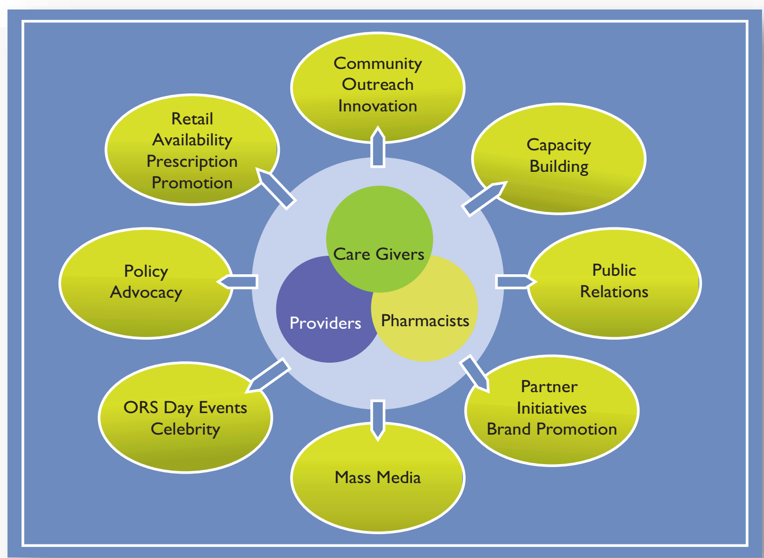
Consumer research played a critcal role in the development of every element of the campaign and was used in the design and testing and also to track progress of activities. It was used to develop, test and monitor all key interventions; all creative advertising items, merchandising, training, detailing and contact programs and to track knowledge and attitudes among providers, contraceptive use shifts, and tracking sales of ORS.

The planning process started with a review of the baseline research data that was established according to the program indicators. Key communication needs were identified, which were followed by the development of communication concepts by the advertising agency that were tested and refined through exploratory and formative research before being produced, pre-tested and aired or implemented. After each campaign a tracking study was conducted to assess advert recall, comprehension and appeal, consumer attitudes intention levels, behavior change, media habits and opportunities. In case of development of newer concepts (for example Zinc and Complete Home Diarhea Management) formative research was first undertaken to understand key knowledg, attitude and behaviour of the target audiences.





Campaign Implementation



The Diarrhea Management Program

The campaign applied an integrated marketing approach for promoting diarrhea management. It used a multi-pronged approach that included provider training, mass media advertising, consumer outreach activities, retail detailing and promotion, celebrity and partner activities and innovations and large scale mobilization around ORS day each year.

Mass Media

In terms of funding levels, mass media was the largest component of the WHO ORS and Saathi Bachpan ke Complete Home Diarrhea Management campaigns. The media plan as well as the media buying and placement were handled by the media planning department of McCann who used highly sophisticated media planning tools and data to identify the channels that were most viewed by the target audience. Programs with high Television Rating Points (TRPs) were identified and viewership data was analyzed to see if the target audience was watching these programs. As a result, appropriate channels, time slots and programs were identified and the TV adverts were placed to achieve the highest visibility at the lowest costs. Plan deliveries were carefully analyzed and maximized before finalization of the media plan. Channels such as Doordarshan (DD) National Network along with local stations of Doordarshan (such as DD Lucknow, DD Patna, DD Bhopal, DD Delhi) were selected based on their reach into lower SECs. This was reinforced with a few popular cable and satellite channels such as Sahara Samay, Sony Entertainment Television, Set Max, Star Gold, Star Utsav, Zee TV, and Sony and also a few regional cable and satellite channels with regional strength such as Sahara Samay UP, Raj Xclusive and Bhaskar in Jaipur. Thus the media plan was largely a mix of DD for reach and a few top cable, satellite and regional channels for added impact.

Mass Media

Extensive negotiations with media channels were also held to ensure that free air time was provided for the campaign adverts. Over the life of the program the campaign achieved a visibility to spend ratio of almost 200 per cent, meaning that for every paid spot, media channels aired one free spot. This was significant considering that the cost of media accounted for more than 60 per cent of the annual campaign budget.

Reach and frequency of the campaign was also maximized by ensuring that each advert had edits of shorter duration. For example in 2005 the TV campaign put forth shorter 20 second and 10 second edits of the main 40 second advert. These edits served as important 'force multipliers' as their use made the media plan more efficient as the shorter edits increased the OTS (Opportunity To See) and GRPs (Gross Rating Points) and thus the overall media plan deliveries.

Year	Advert	Insight and content
01-02	Hungama (Chaos)	- WHO ORS is the best solution for managing diarrhea and is recommended by doctors
02-03	Puja (Prayer)	- WHO ORS as first line of treatment for diarrhea, Correct method and preparation of WHO ORS was emphasized
03-04	Sapna (Dream) & Doll	- Be prepared to manage diarrhea by stocking WHO ORS at home. Protect child from the dangers of dehydration
04-05	Teacherji	- The new reduced osmolarity WHO ORS formula works faster and provides quicker relief from diarrhea and has added benefits.
05-06	Raju & Nandu (CHDM)	- Communicate the correct knowledge about home diarrhea management – curative and preventive steps, Link diarrhea to its long term effects , link between diarrhea and malnutrition.

In-Serial Promotions

One of the communication innovations that was successfully pioneered by the campaign was in-serial promotions. This involved working closely with the script writers and producers of various program that were viewed by the target audience to weave in messages about diarrhea management and ORS into the storyline. This type of promotion not only increased visibility of the messages, but because these messages were carried by leading television stars, credibility and recall levels were higher as compared to regular television commercials. Working closely with media partners to inform them about the social and generic nature of the campaign helped to leverage significant benefits in terms of pro bono media coverage and also in terms of in-program messages that boosted exposure.

Some of the notable in-serial promotions were:

A two-minute capsule was incorporated into one of India's most popular TV series among women "Kyonki Saas Bhi Kabhi Bahu Thi" on Star Plus. In this particular episode the lead characters, Tulsi (played by Ms. Smriti Irani who portrays the image of an ideal daughter-in-law) and Baa, appear in a scene at a clinic and view the correct preparation of WHO ORS demonstrated by a doctor.

- Kaun Banega Crorepati or India's version of 'Who wants to be a Millionaire" in its Diwali special in 2005 had an interview with Ms.Smriti Irani, the WHO-ORS campaign ambassador and Amitabh Bachchan (the host of the show) about her role in the ORS campaign and about the importance of ORS for children.
- Star Plus' Kahani Ghar Ghar Ki carried an exclusive in-serial piece on Complete Home Diarrhea Management.
- Sanjeevani a leading serial about a group of doctors also carried a story about a child who was suffering from diarrhea and whose parents were told about how to manage it at home.
- An exclusive Complete Home Diarrhea Management episode was initiated on the program - 'Tanderusti Hazaar Nemat' with ETV Urdu, a highly watched channel in the belts of Uttar Pradesh and Bihar amongst SEC D and E.

Direct Contact

Direct Contact

The direct contact program was the primary means of reaching audiences that were not covered by mass media and for whom more in-depth interpersonal communication was likely to be effective in bringing about behavior change. This component was implemented by teams of trained promoters who each year called door-to-door and each year reached 200,000 caregivers with children less then five years of age. The promoters explained the campaign messages and gave a step-by-step demonstration on how to prepare WHO formula ORS and left behind a sample pack of one of the campaign partners' ORS sachets and a leaflet about diarrhea management.

Street Theatre: Another major element of the direct contact interventions included Nukkad Natak (street theatre). This allowed for an interface between consumers and those delivering the Complete Home Diarrhea Management messages by depicting a real-life situation. Such activities fostered learning and understanding with the aim of motivating adoption of a positive behavior. This theatre based communication reached the media dark areas, crossed the barrier of illiteracy, addressed local factors/myths and involved all stakeholders.

The Nukkad Nataks were performed in 27 towns and within each town 20 clusters were identified with one performance per cluster. Each of the 540 Nukkad Natak shows communicated the five key curative and preventive messages of on Complete Home Diarrhea Management.

An evaluation study was conducted among 2,160 caregivers under five years representing both intervention groups and control groups in urban slums of Uttarakhand, Uttar Pradesh, Jharkhand, Bihar and Rajasthan in January 2007 (3-4 months after the intervention).

The key objective of the study was to assess if the Nukkad Natak initiative was effective in terms of:

- Reaching a significant proportion of the slum clusters (at least 10-15%)
- Communicating the five key messages to the target group
- Changing knowledge and behavior pertaining to home diarrhea management

Results showed that over a third of the target audience in the slums were reached by the Nukkad Natak. Across almost all indicators, there were signifcantly higher awareness and knowledge levels about correct steps for diarrhea management among those exposed to the Nukkad Natak.

Table 5: Key Findings on Knowledge Based Indicators – Nukkad Natak Evaluation

Caregiver's knowledge levels	**Interventions slum**		**Caregivers from Control area**
	Caregivers exposed to Nukkad Natak	Caregivers not exposed to Nukkad Natak	
Base (All)	558	1062	540
Aware of ORS	**88%**	59%	52%
Need for continuous breast-feeding during diarrhea	**90%**	77%	77%
Continued breast-feeding after diarrhea.	98%	94%	93%
Not reducing the amount of fluids offered to a child during diarrhea	**74%**	52%	50%
Knowledge about at least two danger signs during diarrhea when the child should be taken to a doctor.	**80%**	71%	73%
Continued feeding during diarrhea	**85%**	74%	75%
Not reducing the quantity of food offered to a child during diarrhea.	**55%**	42%	39%
Importance of washing hands with soap	95%	93%	89%

Source: Baseline and Endline Nukkad Natak Assessment Survey,2007.

More importantly amongst caregivers who have reported that their (aged 5 or less) child had diarrhea in the past three months, significantly higher proportion of those who have been exposed to the Nukkad Natak, reported correct diarrhea management practices (use of ORT, continued feeding during diarrhea and additional feeding afterwards), as compared to those who were not been exposed to the intervention.

This strongly suggests that street theater should be a part of the media mix for reaching communities that have low literacy levels, low media access and who hold strong but incorrect traditional beliefs about health practices. If done well, it is not only cost effective in ensuring reach, but also persuasive in changing beliefs and practices.

Diarrhea management steps taken	Interventions slum		Care givers from Control slum
	Care givers exposed to Nukkad Natak	Care givers not exposed to Nukkad Natak	
Base (All with children who had diarrhea in last two weeks)	558	1062	540
Gave ORS or home made remedies at the onset of diarrhea	**88%**	59%	52%
Gave more or same amount of fluid to the child during diarrhea	**90%**	77%	77%
Gave additional quantity of food to a child after an episode of diarrhea	98%	94%	93%

Source: Baseline and Endline Nukkad Natak Assessment Survey,2007.

DIRECT CONTACT PROGRAMS

Activities with Healthcare Providers / Public Relations

Activities with Healthcare Providers

Apart from the on-going training and detailing of pharmacists and doctors by Hamjoli Field teams, a number of innovative provider activities were developed for the diarrhea management campaign

The 'Mystery Consumer Contest' was an innovative component developed for pharmacists, designed to increase availability and visibility, and ensure that pharmacists highlight the advantages of ORS and the need to use it during diarrhea. It involved Hamjoli Field teams informing the pharmacists about the contest and encouraging them to participate. Then externally hired field workers posing as customers contacted these pharmacists and checked on the three parameters. The pharmacists, who scored correctly on all three, won prizes. Based on the success of this initiative a number of partner pharmaceutical companies adopted similar interventions that were implemented through their field teams.

Local healthcare providers were also involved in health camps to motivate caretakers to increase awareness on Complete Home Diarrhea Management steps. These camps provided health cards for each child, detailing their general health information along with sample packs of ORS for the caregivers with ORS partners conducting demonstrations on correct usage.

Public Relations

There was continuous public relations support from the start of the campaign. The main objective for public relations activities were to build, sustain, and increase the media support and commitment to the campaign in terms of innovative tie-ups and coverage of events. The public relations team at Corporate Voice Weber Shandwick also provided support in bringing partners on board to help multiply the effect. These included media companies, celebrities, corporations with good public interface and doctors.

Media: A series of health articles were placed before and during the diarrhea season on tips to prevent and manage diarrhea. All articles were endorsed by leading doctors from across the country. The primary message in health articles focused on educating caregivers about how to correctly prepare WHO ORS. Local medical professionals were encouraged to give advice in local media and over a period of two years over 300 health articles were generated on diarrhea related topics in national and local English language and vernacular newspaper and magazines that had high readership and circulation amongst caregivers.

Health Care Providers: While training and detailing of ISMPs was done directly by the Hamjoli Field team, the public relations team focused on motivating General Practitioners and Pediatricians through the Indian Academy of Pediatrics to prescribe and recommend ORS for children. This was supported through a series of sem inars organized in state capitals namely: Ranchi, Lucknow, Jaipur, Patna and Bhopal. Through these seminars a strategic alliance was established with Indian Academy of Pediatrics who became partners in developing technical materials such as a Doctor's Handbook on Infant Diarrhea Management. These seminars also leveraged media support to communicate the benefits of WHO ORS with one-on-one interviews scheduled between leading Pediatricians with city publications, and health articles published in leading dailies.

Public Relations

A strategic association was facilitated between the The Diarrheal Diseases Research Group, Department of Pediatrics at All India Institute of Medical Sciences, New Delhi, to issue guidelines on the prevention and management of diarrhea during the summer season. Apart from this, key opinion leaders were identified and tie-ups were initiated with leading Pediatricians. These Pediatricians extended support by authoring and endorsing bylined articles, and most significantly an endorsement from the MoHFW in the form of an endorsement/acceptance letter from the then Union Health Minister, Dr. C. P. Thakur.

Institutional Partnerships: In order to reach the target audience in public spaces partnerships were developed with a number of organizations including the National Railways, Mother Dairy, Delhi Transport Corporation, Central Schools Association, National Cadet Corps and Department of Posts. Through partnership with these organizations the campaign was able to multiply visibility and reach of its messages using spaces such as railway stations and dairy outlets throughout the major cities.

PARTNERSHIPS WERE DEVELOPED WITH A NUMBER OF ORGANIZATIONS INCLUDING THE NATIONAL RAILWAYS, MOTHER DAIRY, DELHI TRANSPORT CORPORATION, CENTRAL SCHOOLS ASSOCIATION, NATIONAL CADET CORPS AND DEPARTMENT OF POSTS.

The National ORS Day

The National ORS Day

National ORS Day was established on July 29th, 2001 as a day to motivate doctors to commit to prescribing WHO ORS to treat diarrhea. This was chosen as an appropriate date as it is the peak of monsoon season in North India as well as the time when there is a sharp increase in the number of diarrhea cases. Throughout the years ORS Day has grown and gained prominence and recognition from the government, industry and from the medical community with numerous events organized by various partners and Hamjoli Field teams supported by local chapters of Indian Academy of Pediatrics. It is expected that the Indian Academy of Pediatrics and private sector manufacturers will continue to support this day even though the PACT-CRH WHO ORS campaign has ended.

Diverse partnerships were created during the various activities organized on ORS Day and ORS week with small scale donors such as bakeries and small business owners to participation by the government who provided the support of the army and police to assist with crowd control. The range of partnerships allowed the National ORS Day to be a success throughout the country and grow with each year.

In 2005, to observe the National ORS Day a pro bono association was worked out with Ms. Smriti Irani, a well loved TV actress as the 'Goodwill Ambassador' for the campaign. She committed to participate in the advertising campaign but more importantly to be actively involved in field activities in 34 cities and major press appearances resulting in pro bono celebrity endorsement worth approximately Rs.13,500,000 (USD 346,153). Smriti Irani received tremendous response from mothers and mothers-in-law during her field visits, During her visits through local promotional efforts caregivers were urged to stock WHO ORS at home as diarrhea can strike at any time and surprise gifts (campaign merchandise) were promised if Smriti found a pack of WHO ORS at their home during her visit. The activity also garnered sizable local media partner support who provided prominent coverage for the event.

Throughout the years National ORS Day has grown, received national recognition and expanded the activities to target a broader audience. In 2006 a health run branded as 'Udaan 2006' (Hindi for 'Taking to Wings') was organized across 33 cities spanning seven program states of North India. The run recorded massive participation and widespread media coverage with over 200,000 participants including involvement of healthcare providers and participation from ORS partners with extended partnerships from local traders, mobile phone service providers, civic bodies, schools, NGOs, Armed Forces and Police. All of these partners stepped forward to support the activities for ORS day resulting in leveraging to the tune of Rs. 3.50 million.

NATIONAL ORS DAY 2006

Policy Advocacy for a the New Low Osmolarity WHO ORS Formula

Using the linkages and partnerships formed through the WHO ORS campaign, a special Task Force of the Indian Academy of Pediatrics was convened in August 2003 to review the guidelines for management of diarrhea in children. The Task Force's recommendations, formally endorsed by Indian Academy of Pediatrics, was to use the recently developed low osmolarity WHO recommended ORS formula as the treatment of choice, and this was conveyed to the Ministry of Health and Family Welfare and the Drug Controller General of India. The campaign team also worked with ORS manufacturers to rally their support for a single formula. This was an important requirement, as the Drug Controller wanted to be sure that a policy shift would be supported by industry.

In 2004, the Government of India, impacted by the WHO ORS campaign and the recommendations of the Indian Academy of Pediatrics task force changed its policy of allowing two ORS formulations in the Indian Pharmacopeia (ORS-A and ORS-Citrate or WHO ORS) and mandated that only the new reduced osmolarity ORS would be allowed in India in both the private sector market and public sector supply. This policy change modified the objective of the campaign to work with manufacturers to swiftly introduce and promote this new formula.

The low osmolarity ORS formula was launched in 2005 but it took some time for the partner manufacturers to make it available in the market. Although the campaign worked closely with manufacturers to inform them in advance about the policy change and need to change product formulation and packaging , there were still problems in product availability at the start of the season as the new product took time to reach the retail point and the return of the old formulation stock led to negative sales

However the IMS Pharma Audit reported a growth of 9 per cent for low osmolarity ORS market, while leading partner brands like Electral, Punarjal and Neotral reported a growth of 9 per cent, 70 per cent and 35 per cent respectively on the basis of internal sales data. This is significant as Electral – the market leader in ORS category – has a market share of more than 50 per cent and non-WHO formulations accounted for almost 80 per cent of the ORS market.

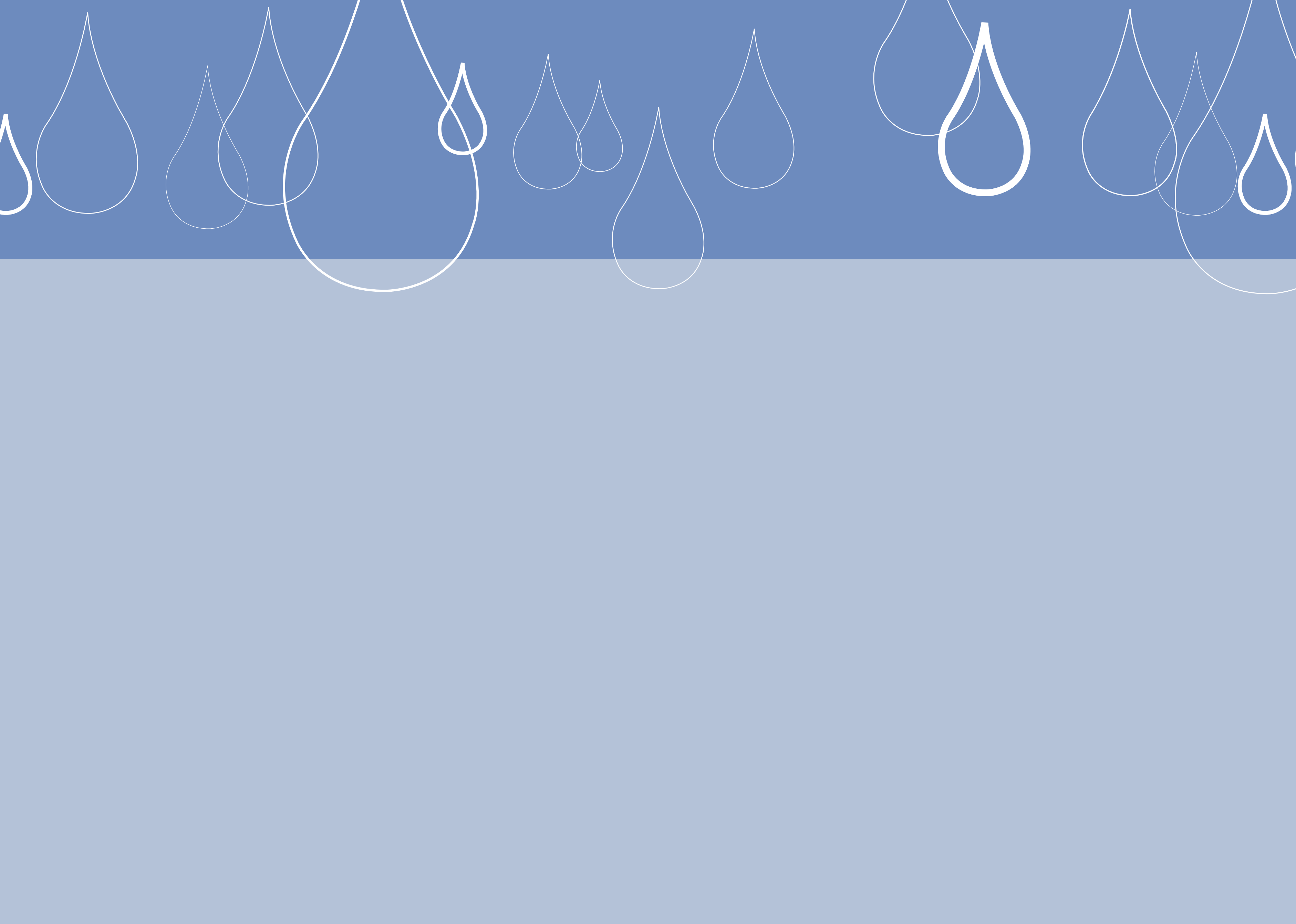
Government Adoption of the Campaign

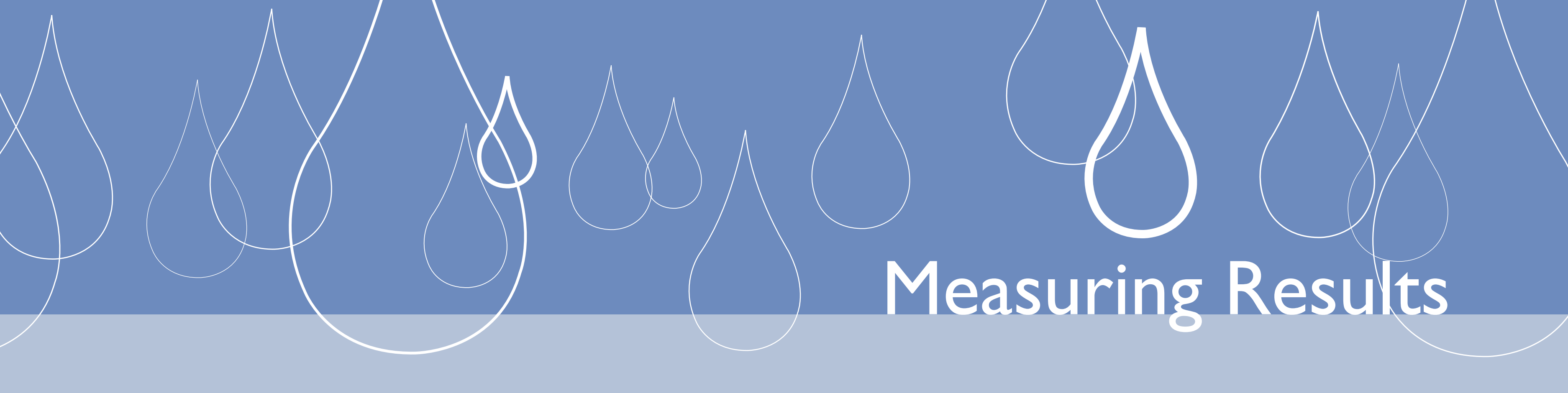
In an effort to gain media support for airing campaign materials, the campaign team approached the National Rural Health Mission (NRHM), Government of India to consider adopting the WHO ORS and Saathi Bachpan ke campaign as part of their national media campaign. The NRHM accepted the WHO ORS Teacherji advert in 2005 telecast it over all leading national channels with their own budgets. The new Complete Home Diarrhea Management advert (Raju Nandu) was also accepted by NRHM and aired. This relationship was further concretized and other program materials such as a radio spots, newspaper advertisements, posters were developed for use by NRHM, With this support from the NRHM the Saathi Bachpan ke campaign was able to provide increased budgets for on-ground activities and for production of more adverts and content.

Lessons Learnt in Building Private Sector Partnerships

- Credibility is the greatest currency that a category campaign brings to the partnership. As the campaign did not have any commercial or brand sales oriented objectives, it was able to provide a sense of credibility as the objectives were to increase awareness and correct usage of the entire ORS category and no particular brand.
- The campaign was successful in advocacy and policy dialogue as it brought together all the key stakeholders including the ORS industry, healthcare providers and associations such as Indian Academy of Pediatrics and was able to offer a neutral and credible platform for initiating dialogue with policy makers. The campaign also often played the role of a market watchdog, informing healthcare providers and consumers about non-compliant or inappropriate products.
- One of the benefits to manufacturing partners was that the category campaign dedicated significant resources to conducting consumer and market research and analysis of the overall market. This was something very valuable for the manufacturing partners but something that they typically did not invest. Sharing market research insights also provided an entry point for discussions about campaign planning with partners who otherwise were reluctant to share these details.
- The campaign was also able to open new markets and include new providers for diarrhea management such as ISMPS who were not on the radar screens for most of the commercial sector players and pharmacists who were never adequately trained or supported in the their role as healthcare advisors for common ailments.
- There were several lessons in terms of how to negotiate with manufacturing partners. From the onset the tone of the relationship between a donor funded project and the commercial sector needs to be established so that there is no confusion about responsibilities and that manufacturers are clear that they will need to pull their own weight and contribute to the category campaign.
- Commercial entities are inherently competitive, and therefore each one needs individual attention from the category campaign managers. For successful partner initiatives the project proposals to these companies also needed to be broken down into small portions and steps that did not overwhelm the partner and were more easily accepted by senior management.

- It is critical to take note of the mindset that many companies come to the table with and to create a working dialogue using commercial sector language and clearly demonstrate the benefits that will arise as a result of their participation. The commercial sector places a great importance on cost benefit analysis and therefore whenever asking for their contribution they need to have an estimate of the likely returns.
- It is important that partners understand that the relationship is a viable business venture and emphasize that supporting public health is not always about Corporate Social Responsibility. For this what is asked from the commercial sector are quality products/services that are accessible and affordable to even the lowest SEC segments as well as being commercially viable. These companies should be willing to explore and invest in an uncharted market and newer potential user groups and be capable of latching on to the momentum created by the generic demand creation campaigns.
- Finally, one needs to have realistic expectations of commercial sector investment in category promotion or even in their own brand marketing campaigns. It is not always possible for them to dedicate equal resources as donors. For example in 2006 there was an increase in volumes sales of ORS of about 2.2 million liters. At an average cost of Rs.13 per liter and an estimated margin of 20 per cent the entire ORS industry would have an additional profit of Rs.5.7 million that year. In comparison to this in 2006 the campaign leveraged about Rs.5 million from ORS manufacturers. So while their contribution was in line with the market growth and the profits available to them, it was a fraction of the total campaign expenditure for 2006 which was in the range of Rs.30 million.





Measuring Results

Measuring Results

The assessment of the diarrhea management campaign is in two parts. The first part is vis-à-vis the objective of increasing ORS use and growing the ORS market and second is with reference to Complete Home Diarrhea Management.

Tracking results from target audience surveys at the baseline in 2002 and the end-line in 2005 show that there was a significant increase in use of ORS, a decline in use of medicines and the use of home fluids was constant. This last indicator was an important indicator since there were concerns that aggressive promotion of ORS could reduce overall use of appropriate home fluids.

Table 9 Key Indicators for ORS Market Growth

Indicators	ORS Baseline	ORS Endline
	2002	2005
Use of ORS among children who suffered from diarrhea in the last 2 weeks	25%	45%
Use of ORS as first line of treatment among children who suffered from diarrhea in the last 2 weeks	16%	33%
Use of pills or syrups and medicines as first line of treatment among children who suffered from diarrhea in the last 2 weeks	50%	35%
Proportion of caregivers spontaneously mentioning the use of home-fluids among the children who suffered from diarrhea in the last 6 months	31%	30%

(Source: Baseline and Endline Campaign Tracking Surveys, 2002 and 2005)

The independent retail store audit echoes these results. According to the audit reports ORS sales has steadily increased over the life of the project by about 10 per cent per year, versus a target of growing the ORS market by 5 per cent per year.

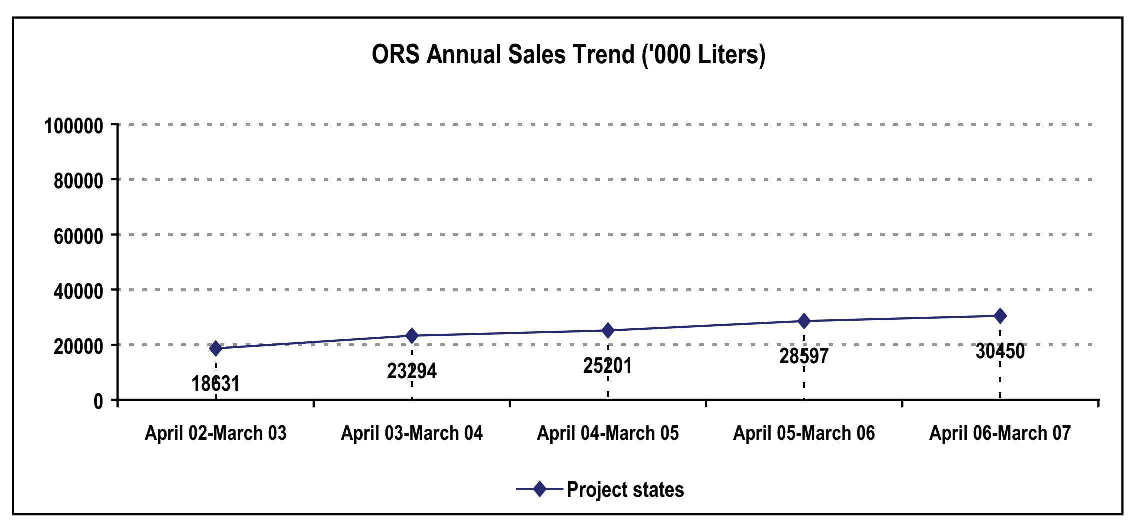
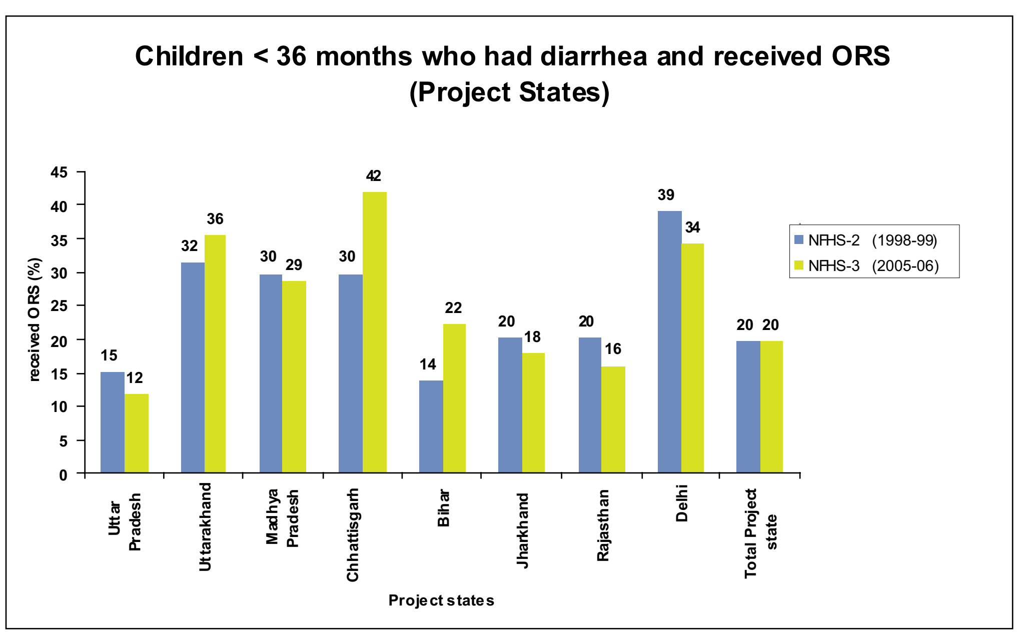


Figure 2 Annual ORS Sales Trends in Project Area (Source: ORG-IMS Retail Audit)

Measuring Results

Comparing results of NFHS-2, 98-99 with results of the recent NFHS-3, 05-06 however suggest that there been no increase in use of ORS and that in some states there has in fact been a decline in use of ORS. These are contrary to the results of the independent sales audit and the campaign tracking surveys and could be on account of several factors:

- The NFHS survey covers the lowest SEC and rural areas that were not covered in the campaign tracking surveys.
- Given that sales are increasing it appears that use from the market has been growing, however it is possible that the there were stock-outs of ORS in the public health facility leading to decline in use among lower SEC households. This is infact corroborated by the India Facility Survey and informal interviews with providers.

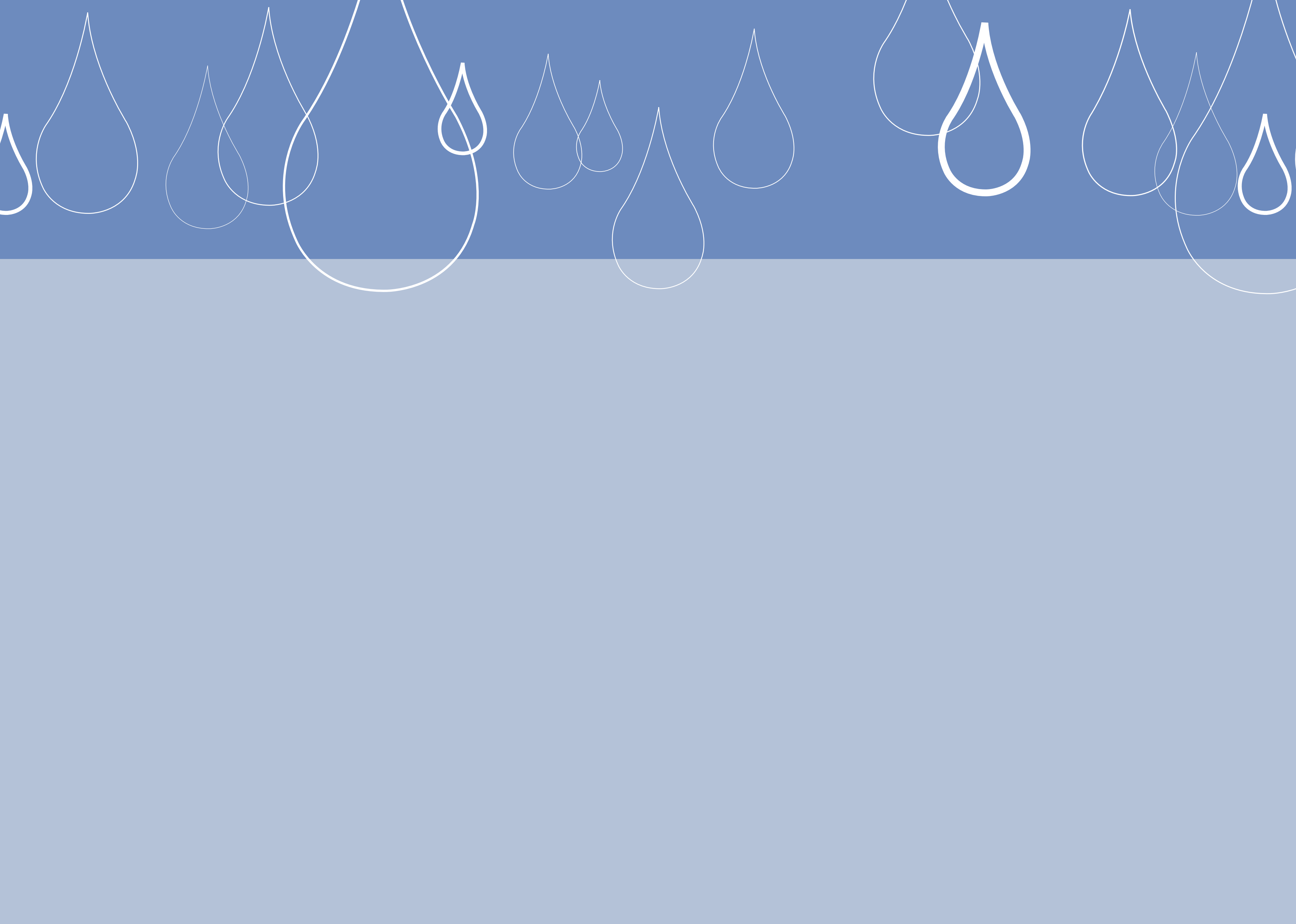


Saathi Bachpan Ke Results

Table 9 Key Indicators for ORS Market Growth

Per cent caregivers who:	Baseline performance (2006)	Target (2007)	End line performance (2007)
Spontaneously mentioning the use of ORS among the children who suffered from diarrhea in the last 2 weeks.	28%	An increase of 10% that is to 38%	• 48% Achieved
Spontaneously mentioning the use of home-fluids among the children who suffered from diarrhea in the last 2 weeks.	12%	An increase of 10% that is to 22%	• 22% Achieved
Agree with "increasing the quantity of food after an incidence of diarrhea".	51%	An increase of 10% that is 61%	• 64% Achieved
Agree with "increasing the quantity of food during an incidence of diarrhea".	22%	An increase of 10% that is to 32%	• 17% Achieved
Agree to continue breast-feeding during diarrhea.	79%	An increase of 10% that is to 89%	• 79% Not Achieved
Have child less than 6 months, claim to exclusively breast feed their child	68%	An increase of 5% that is to 73%	• 73% Achieved
Correctly identify at least two out of the four critical signs of illnesses when a child must be taken to a doctor • Child becomes sicker • Child not able to drink/breast-feed properly • Blood in child's stool • Child has fever	18%	An increase of 10% that is to 28%	• 16% Not Achieved
Claim to wash their hands, with soap, in the last 24 hours for the following two occasions: • Before feeding the child • Before cooking the food	• 46% • 47%	• An increase of 15% that is to 61% • An increase of 15% that is to 62%	• 57% Not Achieved • 49% Not Achieved

Tracking results for the Saathi Bachpan ke Complete Home Diarrhea Management campaign show that most of the indicators for the program were achieved. Indicators on knowledge and use of ORS were achieved as were indicators about exclusive breastfeeding, and although indicators on hand washing improved substantially, they fell short of the defined targets. Targets for recognizing critical signs of diarrhea and also for knowledge levels about feeding practices were unmet, Such mixed results may be due to an overload of messages in a single campaign over a short time span. Typically, a campaign like this would have targeted one or two messages in a year, whereas trying to communicate all Complete Home Diarrhea Management messages in a single campaign may have diluted some of them. Also in some cases the targets were too amibitous. These mixed results also mean that the campaign needs to be sustained over a longer term period to show impact as these are messages may take time to be absorbed and applied.



Developing a Program for Zinc Therapy in Diarrhea Management

Developing a Program for Zinc Therapy in Diarrhea Management

The logical extension to the WHO ORS campaign and then the Complete Home Diarrhea Management campaign was to support the introduction and promotion of Zinc therapy for diarrhea management. In 2004 WHO and Unicef had issued a joint declaration supporting the use of Zinc supplementation in diarrhea management. The declaration observed that "two recent advances in managing diarrheal disease – a newly formulated ORS containing lower concentration of glucose and salt, and success in using Zinc supplementation – can drastically reduce the number of child deaths."

The Ministry of Health & Family Welfare, Government of India reviewed this recommendation and subsequently, on November 2, 2007 announced its policy guidelines on the use of Zinc in the management of diarrhea for the children. The notification stated that "It has now been decided to administer Zinc in the national programme as an adjunct to ORS in the management of diarrhea in children older than three months. Introduction of Zinc in the Public Health System for diarrhea will go a long way in reducing the infant mortality rate".

The expertise, partnerships, resources and credibility developed in the WHO ORS and Saathi Bachpan ke Complete Home Diarrhea Management campaigns were therefore ideally suited to supporting introduction of Zinc in the private sector. However since the PACT-CRH project was coming to an end in mid 2007 and Zinc was only just starting to be manufactured and made available in mid 2006 it was decided that the program should focus on conducting formative research, support provider trainings, and develop and test communication modules and activities which could then be handed over to other projects and organizations for implementation.

To coordinate and ensure continuity of these efforts a Zinc Technical Advisory Group (TAG) was set up by USAID to provide overall guidance and direction to the Zinc therapy program for management of diarrhea among children. The TAG comprised of representatives and experts from Government of India, USAID, ICICI Bank, AED and PSP-One and a number of health experts.

The Zinc TAG set the following mandate for the PACT-CRH program:

- Conduct formative research among caregivers and healthcare providers to identify barriers and communication needs for integrating Zinc therapy with ORT and home diarrhea management.
- Undertake pilot interventions with communities and test training modules with healthcare providers in the three USAID priority states of Uttar Pradesh, Uttarakhand and Jharkhand.
- Develop, test, produce and hand over the communication films, blueprints of print materials, training manuals and other materials that could be used for Zinc therapy promotion.

POLICY ON USE OF ZINC IN THE NATIONAL PROGRAMME FOR MANAGEMENT FOR DIARRHEA

- Zinc (20mg/day for 14 days) is to be used in the national programme as an adjunct to ORS in the management of diarrhea in children older than three months.
- Zinc is a very safe drug.
- A stable formulation (stable at room temperature for three years) is available.
- It is well accepted by children and mothers.
- Apart from reducing duration and severity of the treated episode of acute diarrhea, Zinc treatment in programmatic condition has the potential to decrease hospital admission rates by 15-20%, decrease child mortality by 3-5% and decrease the incidence of subsequent episodes of diarrhea and pneumonia over ensuing three months.
- Zinc addition to ORS for treatment of diarrhea has been shown to substantially reduce use of unwarranted drugs during acute diarrhea. This is likely to help reduce use of unwarranted drugs during acute diarrhea. This is likely to help reduce emergence of drug resistant entero bacteria, a major public health problem.
- The critical issues that enable Zinc to be effective are that it must be freely available and accessible round the year in every village and all health personnel, including private practitioners and anganwadi workers, must be included in the network of Zinc distribution. Hence inter sectoral co-ordination with MWCD is essential.
- Communication strategy for creating awareness about Zinc must be in place.

(Source: MoHFW letter No.Z28020/06/2005-CH dated 2 Nov 2007)

Formative Research among Caregivers and Healthcare Providers

Formative Research among Caregivers and Healthcare Providers

Two qualitative studies in rural and urban areas of Uttar Pradesh, Uttarakhand, and Jharkhand were conducted, one among caregivers and one among healthcare providers, to assess their understanding, expectations and possible barriers to the provision or adoption of Zinc therapy.

Among Caregivers: The study among caregivers was conducted in low-income communities and the methodology comprised of in-depth interviews and focus groups, along with observations of living conditions and actual behavior to better understand their perceptions and practices in treatment of diarrhea, medical care seeking behavior, and perceptions and reaction to of Zinc therapy.

Most caregivers in the survey had not heard of Zinc therapy, and those who had heard of it mostly associated it with fertilizers. The idea of Zinc therapy in diarrhea management was a new one to them. Once they were exposed to a short introduction to the role of Zinc therapy (reduced stool output and duration, and reduced chances of future occurrences), they were open to using this. However, many felt that they would use the treatment only for three to four days (rather than the recommended 14 days) and would discontinue the medicine once their child had recovered and resumed normal activity.

Among Healthcare Providers: The study among healthcare providers consisted of in-depth interviews with a cross section of different providers including qualified public and private sector allopaths, private AYUSH providers, RMPs, pharmacists, auxiliary nurses midwives (ANMs), and Aanganwadi workers, the objective being to gain an understanding of their current treatment recommendations, current knowledge and use of Zinc formulations, as well as barriers and triggers to recommending Zinc therapy.

Doctors identified Zinc as a treatment for general weakness and improving the body's overall immune system. However, almost none of them mentioned it as having a role in management of diarrhea. ANMs and Anganwadi workers were almost completely unaware of any Zinc based medicines, with only a handful connecting it to fertilizers. Once providers were informed of its role in diarrhea management there was a willingness to prescribe it, however many of them said that recommendation for the therapy would be greater if this were endorsed by WHO or Indian Academy of Pediatrics and guidelines from the government.

Healthcare providers had concerns about the 14 day course of treatment. Some felt that if they were able to explain and convince parents about its effectiveness then they would give the 14 day full course. Others however felt that even if they recommended it many parents would not give the full course because it may be expensive or simply because they will stop medicines once they feel that their child has recovered.

Providers' preference was to make Zinc available in syrup form and that it should be promoted as an effective medicine so that caregivers take the treatment seriously. However they felt that it would not replace antibiotics or anti-diarrheals as it may not be as effective and fast in stopping diarrhea.

The study suggests that there is a need to generate basic awareness of the role and benefits of Zinc across all cadres of healthcare providers and to position it as a replacement for other medicines. The product also needs to be strongly and widely endorsed by respected bodies such as WHO or IAP, and in its early phase, healthcare providers will have a crucial role in the successful introduction and adoption of Zinc therapy in diarrhea management.

IN ITS EARLY PHASE, HEALTHCARE PROVIDERS WILL HAVE A CRUCIAL ROLE IN THE SUCCESSFUL INTRODUCTION AND ADOPTION OF ZINC THERAPY IN DIARRHEA MANAGEMENT.

Pilot Interventions among Healthcare Providers and in Communities

Both the WHO/Unicef recommendations and the National policy on Zinc emphasize that it is critical to create awareness amongst caregivers, healthcare providers, health workers and the community at large. Keeping this objective in mind the program tested a number of training modules for healthcare providers and outreach and community interventions for caregivers from lower income households.

The Provider Training Model:

A two pronged approach of orienting providers about Zinc was implemented under the program across 33 towns in the project areas. The first was a multi-level doctor training model. This approach comprised the following steps:

- The program organized and supported IAP master-trainers in conducting training programs for Pediatricians using the IAP's Zinc and rational diarrhea management training module
- After each program a few GPs or Pediatricians who were trained in these sessions were identified as local trainers
- Each of them was further oriented on the Home Diarrhea Management Module and the Zinc Module and appointed as 'Zinc Champions'
- These Zinc Champions in-turn trained local ISMPs

The second was supporting this training through follow-up and reminder detailing visits by the Hamjoli field team a few weeks after the initial training had happened, and then subsequent visits on a 30 day cycle. In each visit the Hamjoli field member would detail and remind the provider about different issues and topics that had been covered in their initial training program.

In consultation with IAP a mailer for doctors was also developed with three published papers on diarrhea management and Zinc therapy which was mailed to over 8,000 IAP and IMA doctors and was delivered to 12,000 RMPs and ISMPs. The mailer endorsed by the IAP President provided technical and scientific evidence and support for the role of Zinc in infant and child diarrhea.

Multi-level doctor training & detailing

IAP Master Trainers
IAP's Rational Diarrhea Management Module
LEVEL 1
GP's / Peds
Zinc Champions
CHDM + Zinc Module developed with WHO (India)
LEVEL 2
ISMP Doctors
Detailing by Hamjoli field team

The Community Outreach Model:

In order to increase awareness and acceptance of Zinc therapy for diarrhea management among caregivers in low income areas a number of pilot programs were conducted in four cities across the three target states. These were the cities of Varanasi, Lucknow, Ranchi and Dehra Dun. These pilot initiatives engaged key community stakeholders such as local Pediatricians and GP's, ISMPs, pharmacists, community health workers, religious and political groups and self-help groups.

The objective was to use existing community based voluntary networks to increase awareness of Zinc in diarrhea management and focus on demand generation. In each city two urban slums each (one large and one small) were identified and mapped, locally available media and messengers were used to spread awareness about Zinc.

An important implementing partner in the community campaign was the Preventive and Social Medicine Departments of the medical colleges of the four selected cities. The Heads of the PSM Department along with their team of professors and research scholars worked along with the PSP-One program team and the field team in designing and implementing the community campaign.

A Community Coordinator (CoCo) and two field workers were selected and appointed for each of the two slums and worked at the community level. A Participatory Learning and Action workshop was organized at KGMU, Lucknow where the CoCo's were trained in mapping the slums and key resources and also on drawing up micro-plans for their areas.

The CoCo's regularly met with all caregivers of young children in the community and also undertook a series of activities to create awareness about Zinc. Activities such as 'mahila ghosties' (meetings of mothers) and healthy baby shows were conducted at community centers such as tailoring centers. Posters and other POS including leaflets were put up or made available at pharmacies, doctor's clinics and at other high traffic and high visibility points in the slums, and ground events such as Nukkad Nataks (street theatre) and community film shows with interspersed messages were used extensively to increase awareness.

CoCo's also identified Key Opinion Leaders in each slum and they were trained on the key messages and they in turn partnered with the program to speak with caregivers and also help in organizing community events. This was further supported by the Hamjoli field team who rigorously detailed local healthcare providers with a detailer on Zinc and diarrhea management that was developed and field tested for this purpose.

Communication Development Research

Communication Development Research

The final task of the program was to develop, test and produce communication materials and prototypes that could be used by future programs. This process started with qualitative communication development research with caregivers of young children in low income urban and per-urban areas in Uttar Pradesh and Jharkhand. The communication challenges that emerged in this process were the need to communicate that:

- Zinc is considered an integral part of the diarrhea management protocol along with ORT
- Zinc is not a replacement for ORS/ORT but an adjunct, but at the same time ensure that Zinc is noticed against the high saliency of ORS
- Zinc has important 'long-term' benefits as caregivers do not consider diarrhea to be a serious disease and look for immediate symptomatic relief
- Zinc has a preventive role also and that a child who does not have frequent episodes of diarrhea would have better all round development
- For the full benefits it is important to give Zinc for 14 days, even after the child recovers from diarrhea

Doctors recommend Zinc but at the same time ensure that healthcare providers support is not withdrawn as often happens for OTC or products that are considered to be non-prescription

Based on the iterative research process, over twelve concepts were tested and finally one overarching theme was selected that conveyed that Zinc keeps a child safe from diarrhea and this will mean she will always stay two steps ahead in life. A number of communication items were then produced under this theme.

Mass Media

- Babli Do Kadam Agey (Babli, two steps ahead) adverts – 60 seconds master and 40 seconds edit
- Raju-Nandu advert – 60 seconds master and 30 seconds edit
- 14 day compliance advert – 40 seconds
- Five celebrity adverts – (Arshad Warsi, Mandira Bedi, Rajshri Thakur, Shabana Azmi, Shekhar Suman)
- Babli Radio spot – 40 seconds and 30 seconds
- 14 day compliance radio spot - 40 seconds and 30 seconds
- Raju-Nandu radio spot - 40 seconds

POS and Merchandise Materials:

- Doctor poster - for in-clinic display
- Mother giving Zinc to infant poster - for in-clinic and other
- Babli with trophy poster - for general use
- Babli bunting – for retail display
- Babli shop dangler – for retail display
- Doctor's prescription pads
- Designs for a set of six wall paintings
- The above materials are available with PSP-One and have been made available to NRHM, Unicef and all Zinc manufacturers.

Annexure 1. Leveraging Media and Marketing Partnerships 2004-2007

Activities	July '04 - June '05 (in US$) *(43.50 INR= US$1)*	July '05 - June '06 (in US$) *(45.89 INR= US$1)*	July '06 - June '07 (in US$) *(40.00 INR= US$1)*	July '07 - Sep'07 (in US$) *(40.00 INR= US$1)*	Total
Media and celebrity time	$68,966	$603,835	$106,834	$87,500	$867,135
Support for outreach activities	–	$153,083	$168,514	–	$321,597
Free samples from ORS manufacturing partners and donation of samples for Mumbai floods	$73,563	$153,083	$168,514	–	$197,933
POS Materials			$38,453		$38,453
Total leveraged annually	$142,529	$875,681	$350,824	$87,500	$1,456,534

ORS के साथ जिंक (ZINC) करें
दस्त का पूर्ण इलाज
दस्त में 14 दिन तक
जिंक (ZINC) देकर अपने बच्चे की
अंदरूनी शक्ति बढ़ायें

ZINC THERAPY PROMOTIONS

Abbreviations and Acronyms

AIIMS - All India Insititute of Medical Science
ANM – Auxiliary Nurse Midwife
AWW – Anganwadi worker
AYUSH – Ayurveda, Unani, Siddha, Homeopathy
CHDM - Complete Home Diarrhea Managament
CMS - Commercial Market Strategies Project
CVWS - Corporate Voice Weber Shandwick
DD - Doordarshan
IAP - Indian Academy of Pediatrics
ISMP - Indian Systems of Medicine Practitioner
KGMU - King George Medial College
MBBS - Bachelor of Medicine and Surgery
MoU - Memorandum of Understanding
NFHS - National Family Health Survey
NRHM - National Rural Health Mission
OCP - Oral Contraceptive Pill
ORS - Oral Rehydration Salts
ORT - Oral Reydration Therapy
OTS - Opportunity to See
PACT-CRH - Program for Advancement of Commercial Technology - Child and Reproductive Health
POS - Point of Sale
PSI - Population Services International
PSP-One - Private Sector Partnerships-One Project
QAC - Quality Assurance Coordinator
RMP – Registered Medical Practitioner
SEC - Socio Economic Category
TG - Target Group
TVC - Television Commercials
USAID - United States Agency for International Development
WHO - World Health Organization

Credits

The Saathi Bachpan Ke Program would not have been successful without the valuable contributions and support of the following organizations and people. The Program would especially like to thank:

USAID
Robert Clay
Meri Sinnett
Sheena Chhabra
Jyoti Shankar Tewari
Randy Kolstad
Moni Sinha Sagar
Massee Bateman
Rajiv Tandon

ICICI Bank
Anand Kusre
Ajay Choudhry
Anil Malhotra
Joachim Colaco

Government of India
Prasanna Hota
Dr. Sangeeta Saxena

FDC Ltd.
Bela Shidore
Bhupesh Tiwari
Aseem Rustogi

Pharmasynth Ltd.
A. K. Gupta

McCann Healthcare
Rana Bawa
S Krishnan
Amar Urhekar
Asha Kapoor
Alvin Saldhana
Rohit Sahgal
Atin Roy
Milan Agnihotri
Dr. Ankita Batla
Amit Shankar
Rajesh Minocha
Aman Kishore
Piush Ahluwalia
Surender Singh Bhatia
Kshipra Shastri

Corporate Voice Weber Shandwick
Dilip Yadav
Aparna Thomas
Leena Goswami
Atipriya Sarawat
Shreya Sabharwal
Sumana Bhattacharya
Kannupriya Sarna

Shreya Lifesciences Ltd.
M. P. Sharma

Merck Ltd.
Shishir Ranjan Mishra
R. R. Rao
Akshaye Mahapatra
Sachin M. Lohar
Prativa Pradhan

Dr. Reddy's Ltd.
P.K. Pathak
Shashi Ranjan Kumar
Sandeep Pawar

Wallace Pharmaceuticals Ltd.
Ramakrisnan Iyer
K. Venkatesh
Meenu Bansal
Kapil Bhat
Jwala Naik

Shreya Lifesciences Ltd.
M. P. Sharma

Hindustan Unilever
Shiva Krishnamurthy
Sachin Narang

AMS
A. K. Dwivedi

PSI
Bhaskar Pandya
Munish Mehrotra

TTK
D.J. Parthasarthy

Indian Academy of Pediatrics
Dr. Naveen Thacker
Dr. Deepak Ugra
Dr. Panna Choudhury
Dr. S. K. Yachha
Dr. Seema Alam
Dr. Vineet Saxena

Academy of Educational Development
S. K. Mattoo
Deepak Saksena

IMRB
Chhavi Bhargava
A.V. Surya
Sharmila Das
Sarbani Sen

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PSP-One