TRAINING CURRICULUM



Increasing Interpersonal Communication Skills for the Introduction of Inactivated Polio Vaccine (IPV)

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INTRODUCTION

About this manual

This manual has been designed for use in trainings to increase Interpersonal Communication skills (IPC) and knowledge related to IPV for social mobilizers and frontline health workers.

The training manual was developed to facilitate group health education with the help of visual aids such as flip charts, flash cards, and posters as well as through drama and group exercises. It is designed so that country offices can adapt the manual according to local cultural norms.

Training philosophy

The philosophy of this training module is participatory and includes learning-by-doing activities with a focus on adult learning methods that require participation through small and large group discussions, brainstorming, role-play, and practices in the classroom.

Layout/content of the manual

The manual is divided into individual sessions that contain notes for the trainer. The notes provide a guide to what will happen during each session and include:

- Objectives of the session
- Time required for the session
- Materials/preparation needed for the session
- Training methods
- Session content

Preparation for the training

To make the best of this manual and conduct effective training, trainers are required to:

1. Read the manual carefully prior to use.
2. Practice activities before conducting them.
3. Be prepared prior to the training with handouts (annexed) and training materials.
4. Always try to conduct training sessions with fewer than 30 participants.

Materials

This section lists all materials (training aids, handouts and checklists) that are needed for the particular session:

SESSION	ACTIVITIES	SUPPLIES
Session 1 60 minutes	Start-up Activities ▪ Registration ▪ Introduction ▪ Expectation of the participants ▪ Objectives of the training ▪ Condition of stay ▪ Ground rules	▪ Flip chart for writing expectations ▪ Flip charts with learning objectives ▪ Handout with training schedule
Session 2 45 minutes	Social Mobilization: The role of a social mobilizer	▪ Flip chart for writing expectations ▪ Flip charts with learning objectives
Session 3 45 minutes	Review and discussion	▪ Flip chart
Session 4 1 hour	Behaviour Change Communication	▪ Flip chart for writing expectations ▪ Flip charts with learning objectives
Session 5 1 hour	Developing IPC skills	▪ Flip chart for writing expectations ▪ Flip charts with learning objectives
Session 6 60 minutes	Polio and OPV	▪ Flip chart if needed
Session 7 60 minutes	Polio and IPV	▪ Flip chart if needed
Session 9 30 minutes	Evaluation	▪ Refer to the evaluation form in the manual
Session 10 30 minutes	Wrap-up of workshop	▪ Refer to the manual

SESSION 1 — START-UP ACTIVITIES

Session 1.1 — Welcome and Registration

Objective
By the end of the session, the participants will be registered, comfortably seated and at ease.

Time required
15 minutes

Method
Questions and answers

Materials
None needed

Activities (Instruction to Trainers)

- Arrive at the venue 30 minutes before the participants arrive in order to receive them.
- Ensure that the seating has been arranged for participatory work.
- Welcome participants and seat them as they come.
- Ensure that all the participants are seated comfortably and announce the coming session.

> **Annexed Tool**
>
> Refer to the annex for the pre-training checklist that can be used to assist your preparations.

Session 1.2 — Introduction of Participants and Expectations

Objective
By the end of the session, each participant will have introduced himself and stated his expectations.

Time required
30 minutes

Method
Speech

Materials

- Nametags
- Notebooks
- Pens

Activities (Instruction to Trainers)

- Greet and welcome the participants and introduce the facilitators.
- Announce the objectives of the session and make sure that they are clear for everyone.
- Ask an already notified person to give a welcome address and to officially open the workshop.
- Ask each participant to introduce herself and her expectations for the workshop. Limit each individual to one (1) minute each.
- Write the expectations of the participants on the flip chart, and at the end of the introduction, summarize the list orally.

Expectations of Participants

1. Start the session by stating the title of the workshop
2. Ask the participants what they understand from the title and what expectations they have from the workshop. Be prepared for expectations to vary. Some participants will seek information on the subject matter while others will be interested in skills improvement.
3. Each participant will write one objective as to what his/her expectation is from the workshop.

> **Review of Participants' Expectations**
>
> On the last day this can be reviewed again to see if participants feel their expectations have been met. If there are participants who cannot read or write the supervisors should record their responses for them.

Session 1.3 — Training and Programme Objectives

Objectives

Share the following objectives of the training programme:

1. Participants will have a better understanding of Polio, OPV, and IPV.
2. Participants will understand the concepts of interpersonal communication and their importance in all interactions with communities and partners.
3. Participants will have developed and practiced basic skills of interpersonal communication and gained an understanding of their importance in all interactions with communities and partners.
4. Participants will be aware of their roles and responsibilities as change agents who can trigger the process of behaviour development and change in individuals, families and communities.
5. Participants will be better able to carry out individual and group health education sessions in communities, with a focus on communication planning.

Time required

20 minutes

Method

Presentation on flip chart, question and answer session

Materials

- Blackboard or white paper/flip chart paper
- Markers
- Program card
- Objectives cards

Activities (Instruction to Trainers)

- Post the objectives (previously written on the flip chart) and ask a volunteer to read them out loud.
- Give the participants time to ask questions of clarification and reply to questions asked.
- Review the participants' expectations, identify those which cannot be met during the workshop and give the reasons why not (if they will be met later, explain when).
- Present the workshop program written on the flip chart, answer questions, and make any necessary modifications.

Session 1.4 — Condition of Stay

Objective

By the end of the session, participants are informed of the arrangements for meals and lodging.

Time required

10 minutes

Method

Presentation

Materials

None needed

Activities (Instruction to Trainers)

- Present the session's objective to the participant and ensure that it's clear for everybody
- Discuss logistical information (meals, lodging, transport costs, etc.)
- Give time for participants to have any questions clarified

Session 1.5 — Defining Ground Rules

Objective

By the end of the session the participants will have agreed upon and adopted the procedures.

Time required

15 minutes

Method

Brainstorming

Materials

- Flip chart
- Markers

Activities (Instruction to Trainers)

- Announce the objectives of the session and make sure that everyone understands
- Ask the participants to identify the behaviours and attitudes that one should adopt for the workshop to be successful
- Request that a volunteer note down the points on the flip chart, repeat the points one by one, and lead a group discussion of their importance
- Summarize the points and select a leader who will see to it that the procedures are observed

Responsibilities

RESPONSIBILITY	BEFORE TRAINING	DURING TRAINING	AFTER TRAINING
Trainer	▪ Know the audience (profile of the trainees) ▪ [Gender, language, age, social status, etc.] ▪ Review the content of the sessions, time allocated for each session, and adopt/ draft case studies accordingly ▪ Select practice activities, training methods, and materials ▪ Confirm the venue, time, and date of the training ▪ Ensure that all the participants are well informed and clear ground rules are set ▪ Think about needed resources	▪ Respect time ▪ Pitch your presentation to your audience ▪ Be prepared for barriers ▪ Foster trust and respect ▪ Use appropriate language ▪ Use many examples ▪ Create identical situations ▪ Use problem centred training ▪ Keep the momentum	▪ Mentor trainees ▪ Reinforce behaviours ▪ Plan practice activities ▪ Expect improvement ▪ Encourage experience sharing among trainees ▪ Be realistic ▪ Utilise resources
Trainee	▪ Know the purpose of training ▪ Be motivated to expect that training will help performance	▪ Respect time ▪ Be active ▪ Know role and responsibilities ▪ Provide feedback	▪ Know what to expect and how to maintain improved skills ▪ Put into practice the new skills acquired ▪ Be realistic ▪ Be creative ▪ Refer to the training materials and use them

Module Sections

	SECTION	TOPICS TO BE COVERED
1.0	Guidance	Process and methodology, participatory approach, cultural sensitivity, group exercises, role-play
2.0	Social Mobilization	The role of social mobilizers, health promotion
3.0	Training Tips	Review and discussion of training tips to help guide trainers
4.0	Introduction to Behaviour Change Communication	What is behaviour and Behaviour Change Communication
5.0	Developing IPC skills, utilizing target messages	Communication barriers, communicating effectively, listening effectively
6.0	Polio and OPV	Basic information on polio and the eradication initiative
7.0	Introduction to IPV	Key messages on IPV
8.0	Evaluation	Evaluation of the workshop
9.0	Closing	Wrap-up of training
10.0	Annex	

SESSION 2 — HEALTH PROMOTION

Session 2.1 — Role of a social mobilizer

Objectives
Share the following objectives of the session:

1. Participants will discuss the roles and expectations of a social mobilizer in the community and how their work can influence decision makers
2. Participants will discuss what information they seek from the workshop
3. Participants will be introduced to health promotion

Time required
45 minutes

Method
Presentation on flip chart, question and answer session

Materials

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)

- Identify one participant to write the responses on the flipchart paper
- Give the participants time to ask questions of clarification and reply to questions asked
- Review the participants' responses and allow them time to understand their roles

Discussion on Roles
Effective social mobilization is critical to ensure that parents and caregivers make an informed decision and accept immunization and other lifesaving interventions for their children. To do so, parents need to receive accurate and timely information about immunization days, the benefits of immunization, and what actions they need to take.

Ask the participants what they consider the role of a social mobilizer to be. Listen to their responses and write them on a flip chart. Encourage discussion.

After discussion, add any of the following that are missing:

1. Produce social maps identifying local influencers, partners, and families who do not support or participate in vaccination
2. Interaction with local influencers
3. House to house visits
4. Registration of eligible children for immunization (0-5 years)
5. Hold information meetings with local groups
6. Coordinate with immunization teams

7. Coordinate announcements in community centres such as mosques, schools, health centres, markets and tea shops
8. Dialogue with parents and caregivers who are reluctant to immunize
9. Collect data on key campaign indicators

Session 2.2 — Health promotion

Discussion on health promotion

Health promotion is about promoting healthy behaviours and good health. One goal of an effective health worker is to help educate and inform parents on effective health practices.

Ask and Discuss

What do you think is the meaning of health promotion?

Identify a participant to write the responses on a flip chart and discuss responses with the participants.

Communication is the day-to-day sharing of ideas, feelings, and information and creates a relationship between individuals that should be respectful of each other's ideas and beliefs.

Some tips on communicating effective health education information include:

1. Start from what participants already know.
2. Use appropriate words.
3. Be encouraging and pleasant.
4. Be aware of your non-verbal communication such as gestures and tone of voice. These can positively and negatively affect your audience.

Techniques

Ask the participants to think of techniques they use when they want to promote key messages in health promotion. This can be done through discussion, stories, activities, role-play and drama.

Go through the following techniques and take time asking questions on what needs to be considered in each technique. Encourage the participants to give input.

Health promotion through discussion

1. Brainstorm on social fora and opportunities to initiate group discussion.
2. Discuss how you can steer the conversation in the direction you want to lead it in.
3. Explore using good listening skills.
4. Discuss how best to problem solve.

- Ask the participants for examples they have experienced in their work.
- The participants can be given tips on all above points as a hand out.

Health promotion through stories

1. Stories develop communication and listening skills.
2. Stories are a good way to introduce health messages and promote discussion.
3. Stories create an interactive participatory environment and raise questions.

- Ask the participants for examples they have experienced in their work.

Health promotion through interactive activity

4. Using flip charts and visual aids helps promote practical skills including problem solving and critical thinking.
5. Images provoke thought and discussion.
6. Images convey messages.

- Ask the participants for examples they have experienced in their work.

Health Promotion through role-play

- Role-play helps one understand other people's feelings and how they act.
- Ask the participants for examples they have experienced in their work.

Health promotion through drama and demonstration

1. Drama is entertaining, educational, and good for large groups.
2. Demonstrations help transfer new skills such as hand washing with soap, breastfeeding, preparation of ORS, etc.

- Ask the participants for examples they have experienced in their work.

Discussion

Health Promotion requires effective communication. Introduce the following (NB: this will be covered in-depth in session 5.0)

Greet — Greet everyone according to local traditions whenever you visit a household. Be informal but respectful during discussion.

Ask and allow — Ask the mother or caregiver to talk. Wait until she opens up to give more specific answers.

Answer — Be prepared to answer potentially difficult questions and tackle fears.

Help facilitate and encourage — Help individuals overcome personal fears. Engage local leaders and elders to take an active role in convincing family members to change behaviour.

Explain — Use IEC materials (flip charts, cards) as well as local examples.

Repeat your visit — You can win trust with repeated visits, however this may not always work if the issues raised are not being resolved. Maintain records of what individuals say and feel.

Communication Skills

Ask the participants to list basic communication skills and write them on the flip chart.

- Start with a local greeting. Be friendly.
- Speak clearly – use the local language.
- Explain your role and reason for the visit.
- Be patient.
- Ask for any questions.
- Listen to the clients.

Have the participants act out a small role-play based on the discussion. Identify two participants to monitor and note down key points to present later.

SESSION 3 — TRAINING TIPS

Session 3.1 — Objectives

Objective
Share the following objective of the session: to review training tips that trainers will be able to use while conducting training sessions.

Time required
45 minutes

Method
Discussion and role-play

Materials
- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)
- Introduce training reminders/techniques
- Include a role-play exercise to help reinforce the reminders
- Give the participants time to ask questions for clarification and reply to questions asked
- Summarize the lesson

Session 3.2 — A six-step revision for effective facilitation

For effective facilitation, remember to engage the participants. Use the following six points to help with preparations: **Planning**, **Clarity**, **Engagement**, **Reinforcement**, **Assessment**, **Recap**. Remember to introduce them in a participatory manner; do not lecture.

Planning
- Know the training agenda, objectives, methodology, materials and time allocated for sessions and breaks. The methodology should be interactive.
- Know the target audience that you will be training. Is it homogenous or a mixed audience? Are there language barriers and/or cultural norms to observe? Be prepared to balance culture with IPC skills.
- Set aside adequate time to plan and seek assistance from co-trainers.

Clarity
- Be clear about the expected outcome of your training and how you will evaluate success.
- Know your subject, and present it to your audience in simple terms.
- Plan to have small, easily understood units of ideas. Use numbers and visual aids where possible. Keep presentations short and help participants clarify their contributions.

Engagement

- Listen to the voices of participants and collect their field experiences into a knowledge pool.
- Explore the use of tools such as role-play, demonstration, group work, exercises, energisers, field trips, and problem based learning (PBL).
- Respect every participant's opinions and emotions. If you notice that some participants look withdrawn, pull them into the discussion.
- Look out for those participants who do not talk, don't ask questions and are reluctant to interact. Involve them and give them a responsibility for example, to be the monitor of an activity. Let them present their notes. This will help break the barrier and make them more comfortable in the group.

Reinforcement

- Use different means to help participants retain the knowledge they gain (e.g. through sharing examples, experiences and PBL.)
- Explore ways to assess each participant's knowledge during the training. Distribute a VIPP card among all and let them write the key words/learning. This may differ from the final evaluation that should be administered at the end of the training to determine what worked and what did not.

Assessment

- Always recap what you have taught and evaluate what worked and what did not.

Recap

- Always recap what you have taught. However, let the participants give their views and then complete the discussion with your own conclusions. A simple numbered list should suffice.

Role-play

End the session with role-play as a warm up. Make sure to involve all participants.

Session 3.3 — GATHER approach

Remind the participants that the focus during trainings will be the principal six IPC skills. These skills will be explained more in depth in the IPC section of the manual.

GATHER:

Greet, Ask, Tell, Help in the decision-making, Explain, Return

Discuss the following sections on what would occur at the different stages of the Gather Approach. Ask for actions at each step and create a dialogue with the participants.

Greet

ACTION:

- When you visit a household, greet everyone according to local cultural traditions.
- Introduce yourself, what you do, and the purpose of your visit
- Your actions also convey messages; have a smile on your face!

Ask
ACTION:

- Allow the parents and caregivers to talk. After they have opened up, you can become specific about child health, vaccinations, and polio.
- Be patient and answer all their questions and concerns. You can come back with more information if required.
- Ask questions in the household i.e. children's general health, age, vaccination status. Listen to them, how they express themselves, and encourage them to talk.
- Keep your body language positive; sit on the same level as them.
- Keep eye contact.

Tell
ACTION:

- Frame your answers according to what they already know, what they want to know, and what misconceptions may exist.
- Do not pretend to know everything and if you do not know, tell them you will return with the correct information. Keep your word.

Explain
ACTION:

- Where possible, use IEC materials (flipbooks, visual cards, SMS platforms) for higher retention.
- Use local examples, language and stories. Use videos from your mobile phone if possible.

Return
ACTION:

- Repeated visits wins trust and are especially effective during campaigns

SESSION 4 — INTRODUCTION TO BEHAVIOUR CHANGE

Session 4.1 — Objectives

Objective
Share the following objective of the session: to understand the components of behaviour change and behaviour change communication.

1. Explain the steps of behaviour change.
2. What are the actions communicators follow to assist people to move from one step to the next?
3. How do you apply steps to behaviour change and the actions to address them in different situations?
4. Review basic health promotion techniques.

Time required
2 hours

Method
Presentation on flip chart, group work, discussions

Materials
- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)
- Introduce BCC methods and actions (through a question and answer session).
- Divide the room into small groups for group exercise.
- Give the participants time to ask questions of clarification and reply to questions asked.
- Allow each group to present their findings in a plenary discussion to include all participants.
- Summarize the lesson.

Session: 4.2 — Defining Behaviour Change Communication

Explain the following definitions of BCC to the participants.

Behaviour Change Communication (BCC)
Behaviour change communication is a process of an intervention between individuals or a community or society where one develops communication strategies to promote positive behaviours.

For this, individuals need to have a supportive environment where they can sustain behavioural outcomes.

Behaviour change targets are specific and will vary from group to group. However, just providing information to a target audience does not typically lead to behaviour change.

However, if we create a supportive environment and teach through information and communication, then we can be successful with the targeted group.

BCC helps to deal with community and group related problems and is an effective strategy for community mobilization to achieve sustainable development.

Session 4.3 — Discussion

Work in plenary form and have the participants give examples on the following:

- QUESTION: Give examples of what you understand is the meaning of behaviour
- QUESTION: What are the steps that can help change behaviour?
- Lead the conversation and write the examples on a flip chart.

Guidance

Behaviour can be defined as the way one acts or conducts oneself. Many behaviours determine health outcomes.

Change in behaviour may involve the following steps: (Discuss this with the group)

STEPS	EXAMPLES
KNOWLEDGE (Heard about it)	▪ Can recall specific messages ▪ Can understand what the messages mean ▪ Can name products, methods, or other practices
APPROVAL (Thinking about it)	▪ Respond favourably to messages ▪ Discusses messages or issues among personal network (family, friends)
INTENTION (Trying it out)	▪ Recognize that health practices can meet personal needs ▪ Consult with health care providers ▪ Have the intention to practice the behaviour at some time
PRACTICE (Continue to do and maintain the behaviour)	▪ Go to a health care provider for information and services ▪ Choose a method, practice or begin it ▪ Continue use
ADVOCATE	▪ They experience and acknowledge the benefits of the practice ▪ They advocate the practice to others ▪ They support programmes in the community

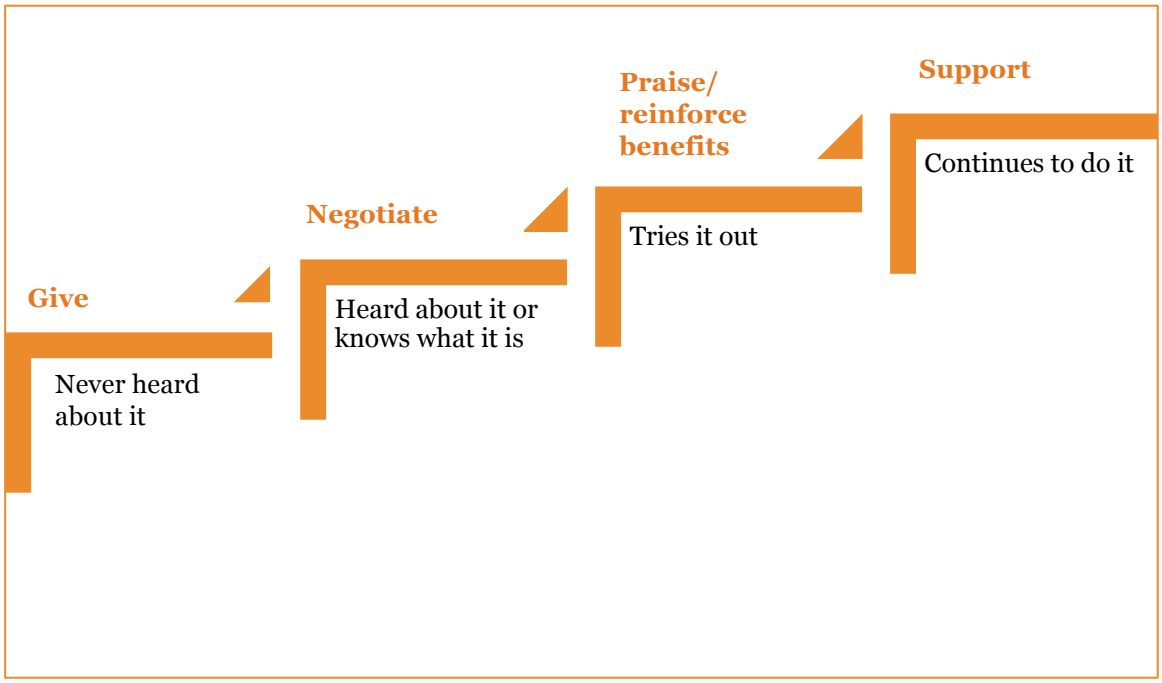
Session 4.4 — Group Work

THOUGHT PROCESS	ACTIONS
Think of a behaviour that you have changed or are in the process of changing Thank about what made you change this behaviour. Was it difficult or easy?	Form small groups (3-5) and discuss the behaviours you were thinking of changing Explain the behaviours you discussed and what factors made you change (be sure to include how long it took). *** Point out examples to show how slowly or rapidly the change occurred.*

POSITIVE BEHAVIOUR CHANGE	OUTCOMES
Vaccination of babies/children Stop smoking Visit a health clinic during pregnancy *** Have the group come up with examples*	i.e. Healthy children, disease reduction, etc.

Behaviour change Steps

Discuss the following steps with the participants. Draw them out on a flipchart and ask for examples of what you would do at each stage.



Note

It is important to note that BCC requires communication not just for knowledge. BCC is listening, understanding, and then negotiating and addressing barriers in order to affect long-term positive health behaviours.

SESSION 5 — INTERPERSONAL BEHAVIOUR

Session 5.1 — Skills for interpersonal communication

Objectives
Share the following objectives of the session:

1. Participants will be able to define the concepts and process of IPC.
2. Participants will discuss approaches to IPC.
3. Participants will be able to demonstrate skills in IPC and identify opportunities in IPC.
4. Participants will know the three main components of IPC processes that should be used when working with people in the community.

Time required
Two hours

Method
Presentation on flip chart, question and answer session

Materials

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)

- Discussion and group work using key messages and available IEC tools
- Give the participants time to ask questions of clarification and reply to questions asked
- Review the participants' responses and allow them time to understand their roles

Session 5.2 — Communication

Define: What is communication?
Write the responses from the participants on a flip chart. Encourage input.

Communication is an exchange of views and ideas. Communication can be verbal and non-verbal such as body language, eye contact, and sign language.

ASK: Where and why is communication necessary?
Encourage discussion. Let the participants give their personal examples.

Communication is necessary in every step of life. It helps express: needs, reactions, and expectations.

In health, communication helps record a patient's history, understand the problem, and helps patients understand the problem while also helping caregivers understand patients' perspectives.

Communication provides educational information, gives feedback, and helps in negotiating solutions.

Types of Communication

ASK: Have a discussion with the participants on the different ways a person can communicate a message. Write the responses on the flipchart.

1. Verbal communication
2. Non-verbal communication
   - Body movement, posture, gesture
   - Touch – cultural, age, relationship
   - How you say something – moan, yawn, can be verbal or non-verbal
   - Hearing impaired
   - Preconceived ideas, wandering thoughts
   - Misunderstandings
   - Smell

ASK: For verbal communication, what are things to be considered to be an effective communicator in health promotion?

In health, communication is a two-way process – a health counsellor has to be a good sender and a good receiver.

AS A SENDER, YOU NEED TO:	AS A RECEIVER, YOU NEED TO:
▪ Have full attention ▪ Speak loud and clear ▪ Make sure the message is easily understood ▪ Explain technical terms	▪ Encourage the client to speak openly ▪ Give full attention ▪ Listen carefully ▪ Make sure the message is understood ▪ Take all questions seriously and answer as well as you can

ASK: What are examples of non-verbal communication using body language and why is it important to think about it culturally?

RECOGNIZING CULTURAL DIFFERENCES	EXAMPLES *(NB: This is a discussion session. Have the group give examples of each category)*
Appearance and dress	Note the way they dress – separation male and females, is it a status symbol, religious, age?
Body movement	Attitudes towards people. Do they face and lean towards each other; do they tap fingers, or cross arms?
Posture	Bowing and slouching. Do they sit with their legs crossed, or show you the soles of their feet?
Facial expressions	Smiling, crying, showing anger. Is the expression exaggerated?
Eye contact	Direct eye-to-eye contact? Avoid eye contact?
Touch	Some cultures touch, some don't, dependent too on gender

Session 5.3 — Defining Interpersonal Communication (IPC)

Ask the following questions to the participants. Create dialogue and encourage them to answer.

What is Interpersonal Communication?
Face to face communication, speaking one on one.

What is one-way communication?
Only one person speaks and does not allow the other person to talk. (Not an effective type of communication).

What is two-way communication?
Where two or more people discuss an issue, create dialogue and exchange ideas. You should use your listening skills and ask questions that are open-ended in order to make the parents and caregivers of children want to talk more.

Importance of IPC
IPC provides a two-way opportunity for exchange of information. One individual can get clarification or additional information about an innovation from another individual.

IPC is more persuasive for addressing a strongly held practice, attitude or belief.

IPC provides an opportunity to model a recommended practice or behaviour in a realistic setting such as an individual's home or community, showing people like them engaging in desired activities.

Discussion: Three components of IPC

Explain
The following are the three main components of interpersonal communication that should be used when working with people in the community:

Write the following on the white board or flip chart:

1. Building rapport and creating a caring environment.
2. Gathering information: questioning and listening.
3. Counseling and sharing information.

Explain: the three parts are inter-related and skills are used to build on each other.

1. *Building rapport*: It is important to remember to greet and be friendly, speak clearly, explain why you are visiting, be patient, ask questions, and listen (remember body language).
2. *Gathering information*: Is important because it helps the health workers assess the situation and decide what the problem is.
3. *Counselling and sharing information*: Helps parents learn about what they need to do to take care of the child and how to provide good health care.

Annexed Tool

Refer to the annex for the Interpersonal Communication Skills Checklist that can be used to assist you with your work.

Session 5.4 — The GATHER approach (in detail)

Six IPC Skills: (Greet, Ask, Tell, Help in the decision-making, Explain, Return)

Discuss the following sections on what would occur at the different stages of the GATHER approach. Ask for actions at each step and create dialogue with the participants.

Greet

ACTION:

- When you visit a household, greet everyone according to the cultural traditions.
- Introduce yourself, what you do, and the purpose of your visit.

Ask

ACTION:

- Allow the parents and caregivers to talk. After they have opened up, you can become specific about child health, vaccinations, and polio.
- Ask questions in the household i.e. children's general health, age, vaccination status, number of children in the house from birth – 15 years of age.
- Listen to them, how they express themselves, encourage them to talk.
- Keep your body language positive; sit on the same level as them.
- Keep eye contact.
- Give time, do not hurry.
- Ask open-ended questions which will allow people to share more information in detail. Use the what, why, how, where, when, and how question starters.
- Respect all opinions at all times. Stay patient.

Tell

ACTION:

- Frame your answers according to what they already know, what they want to know, and what misconceptions may exist.
- Do not pretend to know everything and if you do not know, tell them you will return with the correct information.

Help in the decision-making

ACTION:

In order to change behaviour, parents and caregivers need support and encouragement besides information. Help them to:

- Overcome personal fear or beliefs
- Overcome religious or social beliefs

Explain

ACTION:

- Where possible, use IEC materials (flipbooks, visual cards, SMS platforms) for higher retention.
- Use local examples, language and stories.

Return

ACTION:

- Repeated visits wins trust and are especially effective during campaigns.

Session 5.5 — How to ask questions

The following small exercise will be used to help health workers develop questioning skills and to know how and when to use them appropriately. The exercise will help probe questions.

Discussion

ASK: listen to the following two questions:

1. How old is your son?
2. Can you tell me how much your son eats in a day?

ASK: Can you tell me the difference between the two questions?

- Listen and encourage answers.

The first question has a specific answer. It is a number that does not require much detail. This is a closed question with very specific information. This is called a closed question. This type of question can have only a limited (usually yes or no) answer.

The second question can vary and is longer. Today he drank milk, he ate some bread, a banana and rice. This answer is based on a parent's experience and provides more information. This is called an open-ended question. This question can be used to probe answers.

Discussion Exercise:

Discuss some answers regarding polio to better understand how open-ended and closed questions are used and when they can be used:

QUESTION	ANSWER	REASON TYPE OF QUESTION
Is your child under five years of age	Yes	Closed – it is a very specific answer (you cannot probe)
Is there a cure for polio?	No	Closed – is very specific (yes or no)
What do you know about polio?	___	Open ended
Why do you think vaccinations are important for your baby?	___	Open ended

Refer back to sessions 3.1 and 5.1 where Polio and IPV messages can be used to practice how to ask questions, probe, counsel, and share information.

Session 5.6 — Addressing Refusals

This session will be conducted via group exercise.

ASK: What are some core reasons for refusals?

- Write the answers on the board. Encourage the participants to give reasons.

Some examples of refusals can be:

- Religion
- Political refusals
- Misconceptions and myths
- Mistrust of health workers
- Too many campaigns in a short period of time

Discussion:
Have you wondered if you are the best person to address this family's concerns, and if so, whether you have the right profile? Discuss with the group examples used to profile such as language, cultural background, gender, and religion. If you determine you're not the best person to address the family's needs, think about who would be and how you can be involved.

Exercise:
Divide the room into small groups of 3-5 people, and have them pick an example of a refusal. Have the groups develop a short conversation on the refusal and how they will communicate with the caregiver to change the refusal.

Have the groups present their session in front of the class for discussion.

IPC EXERCISE
This exercise is developed to help give participants the opportunity to practice their IPC skills on polio and the introduction of IPV. Depending on the size of the class, divide the participants into groups of 5-8.

1. Have the groups role-play an exercise based on one of the topics below:
   - Refusal due to religion
   - Family does not know about the polio vaccine
   - Refusal due to too many campaigns
2. Have the groups role-play their exercise in front of the class. The rest of the teams should take notes on their IPC and communication skills (GATHER approach), and their use of open and closed questions. Every participant should have a chance to role-play.
3. At the end of each session, feedback should be given to the groups.

SESSION 6 — BASIC INFORMATION ON POLIO

Session 6.1 — Objectives

Objectives
Share the following objectives of the session:

1. Participants will discuss the basic information on polio
2. Participants will discuss frequently asked questions about polio

Time Required
60 minutes

Method
Question and answer session

Materials

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)

- Write the responses on the flipchart paper.
- Give the participants time to ask questions of clarification and reply to questions asked.
- Review the participants' responses and allow them time to ask questions.
- Involve a volunteer in this activity to help in writing.
- Write the word "POLIO" on the flipchart and seek responses from the participants on what immediately comes to their mind when they hear the word "POLIO."
- Write down the responses on the flipchart.

This will give the facilitator an understanding of what the participants know, which myths are prevalent, and any misconceptions that are forefront in participants' minds.

Session 6.2 — Discussion

Objectives

Facilitate discussion to cover the following FAQs on polio.

1. This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time on the questions; make sure the information is understood.
2. The question and answer sessions should be conducted in a dialogue manner.
3. Listen to the responses; encourage others to add in information. Promote dialogue.
4. Ask for examples of situations the participants may encounter with caregivers and how they responded.

5. Encourage the participants to identify misconceptions they have heard so they may be discussed as a group.
6. Identify participants who are quiet and encourage them to interact.
7. Remind the participants to be respectful of their peers' answers.

Polio FAQ

What is polio?

- Poliomyelitis (polio) is a highly infectious disease that is caused when a person is infected by the polio virus that invades the nervous system.
- Poliomyelitis can cause paralysis and even death.
- There are 3 types of the polio virus – type 1, type 2, and type 3. All types cause paralysis, which is incurable.

Who is most at risk of getting polio?

- The polio virus can affect anyone who has not been fully immunized, however, children under 5 years of age are particularly vulnerable.
- It can also affect adolescents and adults.

How is polio transmitted?

- The polio virus enters the body through the mouth when one eats food or drinks water that is contaminated with faecal matter from a person who carries the polio virus.
- The virus multiplies in the intestines and is passed through faeces.

What are the symptoms of polio?

- Fever, fatigue, headache, vomiting, stiffness in the neck, pain in the limbs, and weakness in the limbs.

What are the signs of polio?

- If a child, adolescent, or adult suddenly shows signs of a floppy or weak arm or leg, then community leaders and health authorities should be informed immediately.

Is there a cure for polio?

- No, there is no cure for polio.

Can polio be prevented?

- Yes, polio can be prevented by immunizing a child with a vaccine.

What is OPV?

- OPV is a polio vaccine that protects people against three types of the polio virus that can cause poliomyelitis.

Why are children given oral polio vaccines?

- Polio vaccine is the only protection against polio, a paralyzing disease for which there is no cure.
- It is essential that every child under five is immunized against polio.

Does the oral polio vaccine have any side effects?

- The oral polio vaccine is one of the safest vaccines ever developed. It is so safe it can be given to sick children and newborns.
- It has been used all over the world to protect children against polio, saving at least 5 million children from permanent paralysis by polio.

Is it safe to administer multiple doses of OPV to children?

- Yes, it is safe to administer multiple doses of polio vaccine to children. The vaccine is designed to be administered multiple times to ensure full protection.
- Each additional dose further strengthens a child's immunity level against polio.

How many doses of OPV does a child need before they are protected?

- OPV needs to be administered multiple times to be fully effective. The number of doses it takes to immunize a child depends entirely on the child's health and nutritional status. Until a child is fully immunized he/she is still at risk from polio.
- This just emphasizes the need to ensure that all children are immunized during every round of National Immunization Days. Every missed child is a place for the poliovirus to hide.

Is OPV safe for sick children and newborns?

- Yes. OPV is safe to be given to sick children. In fact it is particularly critical that sick children and newborn babies are immunized because their immunity levels are lower than other children.

Will OPV also protect against other diseases?

- Mothers and caretakers should remember that the Oral Polio Vaccine (OPV) is not a vaccination or treatment for other childhood illnesses.
- Parents should ensure their children are routinely immunized against all common childhood diseases.

Is _____ the only country with polio?

- No. Polio still exists in a few countries – but it almost gone from the world.
- In 1988, governments launched the Global Polio Eradication Initiative to banish polio to the history books. Immunization campaigns have reduced polio cases worldwide by over 99 per cent.
- Today there are only three countries that have never stopped local polio transmission: Nigeria, Pakistan and Afghanistan.
- Several other countries have eliminated poliovirus by immunizing all children many times. But because the poliovirus remains in Nigeria, Pakistan and Afghanistan, it has travelled and infected children in some of their neighbouring countries.

What is the Government doing to protect children against polio?

- The Government is working with UNICEF and the WHO is conducting National and sub-National Immunization Days (NIDs) to immunize ALL children under 5 years with oral polio vaccine and also through routine immunization.
- In addition to UNICEF, WHO, and several international and local agencies are helping the government to plan and run the immunization drives with an emphasis to

reach the poorest and most marginalized children. These children are the most vulnerable and least likely to be immunized.

- It is important that all children under five be vaccinated every time a campaign is held, and sometimes even older age groups may need to be vaccinated. Plus all children must take all routine vaccines including Polio vaccines.

ASK: In your area, where would you find the most underserved children?

Give the participants time to answer and guide them.

- It could be geographic – nomadic, peri-urban
- It could be due to economics – wealthy or poor
- It could be due to social and cultural issues – religion

What are National Immunization Days (NIDs)?

- National Immunization Days (NIDs) are days set aside all over the nation to immunize ALL children less than five years against polio, usually using the oral polio vaccine. Vaccinators will come to the community bringing polio vaccine for every child under five years of age.
- It is critical during NIDs that parents ensure EVERY child or person in targeted age groups receives the vaccine on those days.

Do sick children need to be vaccinated too during NIDs?

- Yes.

If a child received a polio vaccine does during an NID, do they still get a dose during an RI?

- Yes.

How long will we continue to have these campaigns?

- These campaigns will continue as long as polio is still a threat.

Should a child receive OPV during polio campaigns and routine immunization?

- Yes. Oral Polio Vaccine (OPV) is safe and effective and every extra dose means a child gets extra protection against polio.
- It takes multiple doses of OPV to achieve full immunity against polio.

Why should children be immunized again and again?

- If a child has received the vaccine before, then extra doses given during the National or Sub National Immunization Days (NIDs/SNIDs) will give valuable additional immunity against polio.

Session 6.3 — Exercise

1. Have the participants break off into groups of three. Have the participants use the messages to practice dialogue together taking turns asking questions and responding.
2. Walk around and observe the groups. Help facilitate the exercise.
3. At the end of the session, have the participants discuss any problem they may have encountered of where additional clarification is needed.

SESSION 7 — INACTIVATED POLIOVIRUS VACCINE (IPV)

Session 7.1 — Objectives

Share the following objectives of the session:

1. Participants will discuss the basic information on IPV
2. Participants will discuss frequently asked questions about IPV and practice IPC skills

Time Required
60 minutes

Method
Question and answer session (dialogue)

Materials

- Blackboard or white paper/flip chart paper
- Markers

Activities (Instruction to Trainers)

- Write the responses on the flipchart paper
- Give the participants time to ask questions of clarification and reply to questions
- Review the participants' responses and allow them time to ask questions

Session 7.2 — Discussion

Facilitate discussion to cover the following key messages for IPV. The discussion will begin with a review of polio and OPV, and will lead into IPV.

1. This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time on the questions and make sure the information is understood.
2. The question and answer sessions should be conducted in a dialogue manner.
3. Listen to the responses, encourage others to add in information. Promote dialogue.
4. Ask for examples of situations the participants may encounter with caregivers and how they responded.
5. Encourage the participants to identify misconceptions they have heard so they may be discussed as a group.
6. Identify participants who are quiet and encourage them to interact.
7. Remind the participants to be respectful of their peers' answers.

Inactivated Polio Vaccine (IPV)

These IPV supporting messages have been created to assist frontline health workers and social mobilizers in talking to parents and caregivers of children about the introduction of IPV. These supporting messages take into account the education and literacy level of the health worker, and therefore have been simplified to contain important messaging – without the complexity of explaining tOPV/bOPV and VDPVS, and VAPP.

What is polio?

- Poliomyelitis (polio) is a highly infectious disease that is caused when a person is infected by the polio virus that invades the nervous system.
- Poliomyelitis can cause paralysis and even death.
- There are 3 types of the polio virus – type 1, type 2, and type 3. All types cause paralysis, which is incurable.

Who is most at risk of getting polio?

- The polio virus can affect anyone who has not been fully immunized, however, children under 5 years of age are particularly vulnerable.
- It can also affect adolescents and adults.

How is polio transmitted?

- The polio virus enters the body through the mouth when one eats food or drinks water that is contaminated with faecal matter from a person who carries the polio virus.
- The virus multiplies in the intestines and is passed through faeces.

What are the symptoms of polio?

- Fever, fatigue, headache, vomiting, stiffness in the neck, pain in the limbs, and weakness in the limbs

What are the signs of polio?

- If a child, adolescent, or adult suddenly shows signs of a floppy or weak arm or leg, then community leaders and health authorities should be informed immediately.

Is there a cure for polio?

- No, there is no cure for polio.

Can polio be prevented?

- Yes, polio can be prevented by immunizing a child with vaccines. The two vaccinations that are used together are:
  - *Oral Polio Vaccine (OPV)* – that is taken orally as drops and can be easily administered. It does not require a trained health worker. OPV is still the main preventive measure against polio.
  - *Inactivated Polio Vaccine (IPV)* – that is given through an injection by a trained health worker. IPV does not replace the OPV vaccine, but is used with OPV to strengthen a child's immune system and protect them from polio.

- Each country has its own immunization schedules. Countries might have OPV or IPV alone or a combined schedule. By 2016, all countries will have introduced at least one dose of IPV. It is important to realize that in MANY countries, only OPV is being used and IPV won't be introduced or even used in any way before 2015.

What is OPV?

- OPV is a polio vaccine that protects people against three types of the polio virus that can cause poliomyelitis.

What is IPV?

- IPV is an effective vaccine used to help protect children from and ultimately eradicate polio. IPV is administered through an injection. IPV does not replace the OPV vaccine.

Why will a child need both OPV and IPV?

- IPV when used together with OPV provides additional protection to children from polio, and it helps strengthen a child's immune system.

What are the advantages of using IPV?

- IPV is safe and helps to increase a child's immunity thereby protecting them from polio.
- IPV is given as an injection rather than orally and provides an immunity boost, especially when used in combination with OPV.

What is the best age for a child to receive OPV and then IPV?

- Children are most vulnerable to disease at a young age, therefore, getting them vaccinated against polio before they reach 2 months, (even at birth), and every time OPV is offered will provide them with the most protection.
- IPV is the most effective when children are between 14 weeks and six months.

Is it safe for a child to have three vaccine injections at the same time and what are the advantages?

- Yes, many years of monitoring children in many countries that have received multiple injections in one visit have shown that it is safe to have multiple vaccination injections. The
- IPV vaccine is effective when taken alone or with other vaccinations and does not affect a child's immune system if taken with other vaccines.
- Spreading out vaccines leaves children unprotected for a longer time, whereas giving a child multiple vaccines during the same visit allows your child to be immunized as soon as possible. Also, getting two or more injections leads to fewer vaccination visits to the health facility.

Will the child experience discomfort and can there be bad effects from receiving IPV?

- The discomfort from the vaccine is very brief and sometimes children don't even notice the pain caused by subsequent vaccines.
- After the vaccine, there might be a little bit of redness, the skin may feel tender or the child may have a low-grade fever.

Session 7.3: Exercise

1. Have the participants break off into groups of three. Have the participants use the messages to practice dialogue together taking turns asking questions and responding.
2. Walk around and observe the groups. Designate three observers to help facilitate this activity. Help facilitate the exercise.
3. At the end of the session, have the participants discuss any problem they may have encountered of where additional clarification is needed.

SESSION 8 — EVALUATION

Session 8.1 — Facilitator's Evaluation Sheet

After the training session, the lead trainer should fill out the following evaluation form. How effective were the following sessions of the workshop?

SESSIONS	**VERY EFFECTIVE** *(Why?)*	**AVERAGE** *(Why?)*	**NOT EFFECTIVE** *(Why?)*
Health promotion			
Human rights			
Behaviour change			
IPC			
OPV/Polio			
IPV/Polio			

Was there a session you found too technical or that can be strengthened? *(Please explain)*

Is there a session that you thought required more time or less? *(Please explain)*

Do you feel that the number of facilitators was adequate for the workshop? *(Please explain)*

How effective were the facilitators for the assigned modules? *(Please explain)*

Where else do you see room for revisions in the training curriculum?

SESSION 9 — WRAP-UP

Objectives
Close out the training

Time Required
30 minutes

Activities (Instruction to Trainers)

Unfinished business
Take a moment to ask the participants if there is any unfinished business that needs to be cleared (housekeeping).

Discussion
Give the participants time to ask questions on clarification on the topics covered, and respond to questions asked.

Discussion: Return to Session 1.0

Did the participants feel their expectations for the training have been met?

What components of the workshop would they have preferred to have more time on?

ANNEX

Pre-Training Preparations Checklist

Nomination

Social mobilizers should be:

- Previously involved in Polio/routine EPI or any other health related social mobilization

Resident in the county they are representing

- Committed to actively participate in the training
- Possess some interpersonal communication skills
- Be aware that s/he will be fully responsible to implement social mobilization activities in the county

Number of participants per locality

- Determine the number of social mobilizers per area

Arrival/departure dates

- Participants from outside the training town should arrive one day before the training.
- All participants should keep time. Absence from any session of the training is strongly discouraged.
- Participants should not leave in the middle of the training or before it is ended.

Payments/accommodation arrangements

- Accommodation will be fully covered for those who are outside the town where the training is conducted.
- Transport refund can only be done at the end of the training.
- Payment is done per/attended days.
- Stationery and training materials are provided.

Venue

Please select venue with the following considerations:

- Quiet/less noisy (far from generator house/parking lot/bar/playground, etc.)
- Enough space for movement
- Enough light
- Enough ventilation
- Tidy
- Convenient group exercise
- Comfortable, quiet and if possible enough distance from the workplace and city centre

Interpersonal Communication Skills Checklist

Checklist Prior to Visit	**Yes**	**No**	**Comment**
Review key messages to be delivered			
Are any additional materials needed (flipbook, cards, etc.)?			
During the Visit	**Yes**	**No**	**Comment**
Creating a Caring Environment Skill: Building Rapport			
Greeting			
Keeps parents relaxed – use of body language: smile, eye contact			
Soft tone, explains, visits, shows empathy			
Gathering information Skill: Questions and listens			
Uses the appropriate questions and listens			
Encourages dialogue			
Makes eye contact, acknowledges			
Seeks more information (probes)			
Reflects feelings			
Counselling Effectively Skill: Counselling and Sharing Information			
Asks client's understanding of the vaccine/health topic			
Discusses and tries to correct any misconceptions or rumours			
Uses simple and understandable language			
Asks for any questions or concerns			
Uses visual aids where needed			
Asks the client to repeat what she needs to do			
Summarizes and repeats key information			
After the Visit			
Was the visit successful? If not, what strategies can be useful?			
Were the key messages delivered?			
What did you learn from the visit?			
Did you complete all the paperwork from the visit?			