

# Facilitators' Guide: Immunization Handbook for Medical Officers



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(Revised Edition 2010)

**Published by:** Department of Health and Family Welfare, Government of India  
Ministry of Health and Family Welfare, Government of India, 2010  
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# Introduction

## What is the Immunization Training for Medical Officers?

The Immunization Training for Medical Officers is a course that teaches the standard procedures for the management of the Universal Immunization Program (UIP) at the PHC/CHC level. The training contains two segments: a two-day classroom training followed by a one-day Field visit.

Table 1.1 Immunization Training of Medical Officers: An Overview	
Duration	3 days
Participants	Medical Officers who are responsible for the management of the Universal Immunization Program (UIP) at PHCs/CHCs and District Immunization Managers (e.g. DIOs, CMOs, etc)
Batch Size	Approximately 20 Medical Officers per batch
Facilitators	Trainers with expertise in both the Immunization Program as well as in training techniques.
Facilitators per batch	4 facilitators. Each facilitator facilitates a group of five participants throughout the course.
Venue	SIHFW, HFWTC/Regional Training Centre, Medical College or other training centers with appropriate facilities

## How can this Facilitator's Guide help you?

The Facilitator's Guide provides guidelines for conducting the training in a uniform manner. It will help you to communicate the material in the handbook to the participants. It also gives guidelines to conduct the Field Training at the PHC/CHC and the immunization session site.

## Program Schedule and Methodology for the Immunization Training of Medical Officers

Time	Sessions	Individual Exercise	Group Exercise	Brainstorming & Discussion	Role Play	Demonstration & Practice	Reading Handbook	Poster	Film/ Presentation
<b>DAY 1</b>									
09.00-09.30	Registration	Registration							
09.30-10.00	Pre testing	Pre-test						Test Scoring Chart	
10.00-10.30	Introduction of Participants		"Find the Match" Game						
10.30-11.30	Participants' Expectations & Training Overview	Expectations of Training	Responsibilities of Medical Officers in Immunization	Ground Rules of Training				Learning Objectives	
11.30-12.00	National Immunization Schedule & FAQs (Unit-2)		Crossword Puzzle				NIS & FAQs	Learning Objectives	
12.00-13.00	Planning Immunization services (Unit-3)		Preparation of Microplans					Learning Objectives	Steps in Micro-planning
14.00-14.10	Warm-up 1		"Clap" Game						
14.10-15.30	Cold chain & logistics management (Unit-4)	Emergency Plan for Vaccine Storage	Temperature Monitoring Chart			* Conditioning of Ice-Packs * Packing Vaccine Carriers * Reading Thermometers	* Preventive Maintenance * Logistics Formats	* Learning Objectives * Vaccine Sensitivities, * Correct Use of Cold Chain Equipment, * Min/Max Inventory Control System	
15.30-16.00	Safe injections & Waste disposal (Unit-5)			Unsafe Injections & Injection Safety Equipment		ADS syringes, Hub-cutter, red and black (waste disposal) bags	Design of Safety Pit/Tank	* Learning Objectives * CPCB Safe Disposal Guidelines	
16.00-17.00	Adverse Events Following Immunization (AEFIs) (Unit-6)		* AEFI Jigsaw * Common programmatic errors * AEFI Case Study	Definition of and experiences with AEFIs			Common Program Errors leading to AEFIs	Learning Objectives	
17.00-17.15	Evaluation of the Day		"Positive and Negative" Chairs						

Time	Sessions	Individual Exercise	Group Exercise	Brain-storming & Discussion	Role Play	Demonstration & Practice	Reading Handbook	Poster	Film/ Presentation
<b>DAY 2</b>									
09.00–09.15	Program of the Day								
09.15–10.15	Community Involvement & Communication (Unit-7 )			* Types of communities & Stakeholders * Channels of Communication	Reasons for left outs, dropouts and fully immunized		* Community's Role in Supporting Immunization * Communication Plan	* Learning Objectives * Steps in Community Involvement * 4 key messages	
10.15-12.00	Supportive supervision (Unit-8)		* Steps for Supportive Supervision * Supervision Checklists	Supportive Supervision versus Control Approach	Effective and Ineffective Supervision		Steps for Supportive Supervision	Learning Objectives	
12.00-13.00	Records, Reports & RIMS (Unit-9)		* Monthly UIP Reports * Coverage Monitoring Chart	Records and Reports	Recording and Reporting Formats	RI Card, Tracking Bag, MCH Register, Tally Sheet, UIP Reporting Formats	Recording and Reporting Formats	* Learning Objectives * Coverage Monitoring Chart	
14.00-14.10	Warm-up 2		"Post Office" Game						
14.10–15.30	Using data for action(Unit-9)		* Compilation and Analysis of Data * Action Plan for Increasing Immunization				Steps in Using Data for action	* Learning Objectives	
15.30-17.00	VPDs & Surveillance of VPDs (Unit-10 )	Card Game on Standard Case Definitions	Surveillance Data Analysis					* Learning Objectives * Steps for VPD * Surveillance & OR	VPDs
17.00-17.20	Film on Immunization								Immunization
17.20–17.30	Preparation for Field Visit & Evaluation of Day		"String Game"						
<b>DAY 3</b>									
08.00-14.30	Field visit – (Units-3,4,5,6,7,8,9 & 10)		Supervision Checklist						
14.30-15.00	Course Evaluation & Feedback	* Post Test * Feedback						Scoring Chart	
15.00–15.30	Distribution of Certificates & Conclusion	Certificates							

# Preparatory Timelines

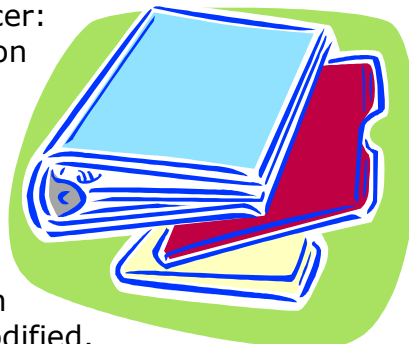
## Three months before

### □ Adapt the formats to reflect the state-specific program

The Handbook contains several useful formats and guidelines that are either in use or are suggested for introduction across the country. However, in certain states, the formats and guidelines may require adaptation based on specific program needs. In consultation with the SIO and the State Cold Chain Officer:

- Decide if any component should be adapted based on existing state program needs.
- Review all formats and guidelines in Handbook.
- Compare these with the ones currently used at the PHC/CHC level in your state.
- Make changes in the materials only if required

If a format or guideline will be used in the training that is not in the handbook, provide participants with an addendum. If a format or guideline will be modified, substitute the format or guideline in the appropriate places in the Handbook and refer to those changes in a corrigendum. Then, make the corresponding changes in the Facilitators' Guide.

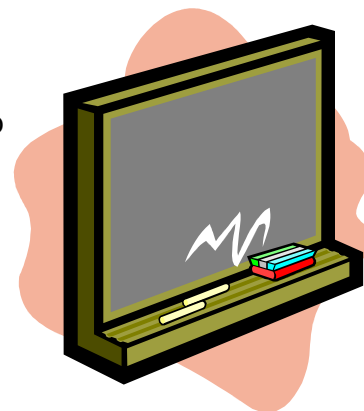


### □ Select a training venue

The training venue should preferably be a state-level training institute such as SIHFW. In case, this is not available or adequate for timely completion of training in the larger states, training can also be held in HFWTCs/RTCs, Medical Colleges or other training centers equipped with the following facilities:

#### 1. A **classroom** that is:

- available for the duration of the training
- large enough to accommodate 24 people
- uncluttered to allow arrangement of tables and chairs to accommodate four small groups (of 1 facilitator, 5 participants)<sup>1</sup>
- adequately ventilated and well-lit
- if the room has windows, blinds are needed to block outdoor light when using the overhead projector
- free from distractions such as traffic or noise
- supplied with electricity/power backup



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<sup>1</sup> or arrange additional adjoining rooms for group-work (one or two groups may stay in the plenary room)

2. **Lodging** that is:
  - available for the duration of the training (i.e. for at least four nights and four days lodging for participants)
  - located in (or within walking distance of) the training location
  - adequate for the facilitators and participants
  - able to provide meals for participants
- ☐ **Select State-level Training and Immunization Experts as Facilitators**
  - Seek the help of senior state health officials in identifying state-level personnel with a background in immunization or in-service training duties.
  - These personnel will be trained as facilitators in the national ToT.
  - The facilitators should be available during all the three days of the training as well as for preparatory work.
- ☐ **Prepare a training calendar**
  - Prepare the training calendar in consultation with Immunization program managers and SIHFW officials. The training calendar should take into consideration:
    - the training load
    - availability of training days
    - availability of training venues
    - availability of facilitators
    - other training courses for Medical Officers



## Two months before

- ☐ **Conduct advocacy meeting with senior state and district-level health officials**
  - Apprise senior state officials about the importance of the three-day training in building the capacities of Medical Officers to better manage the UIP.
  - Give a brief overview of the training course. Tell the proposed training dates, schedule and venue.
  - Seek official approval for the proposed training calendar and commitment for deputing Medical Officers to attend the training.
- ☐ **Select Medical Officers to be the participants.**
  - Seek the help of state and district officials to submit lists of Medical Officers that would attend the training course.
  - Compile a list of those who will attend the training. The list should include the names of the participants, names of their PHCs/CHCs and contact details.

☐ **Prepare and send a letter of invitation to each Chief Medical Officer**

The letter (see Annex 1) should be from the State's Health Department or the training institution and should:

- Briefly describe the need for strengthening the UIP, the purpose and organization of the Immunization training of Medical Officers, including the field visit.
- Specify the training venue, dates, desired arrival and departure times, travel arrangements and TA/DA.
- Stress the importance of participants attending the entire training course.

☐ **Make arrangements for facilitators' and participants' travel and TA/DA**

- Ensure that funds are available for conducting the training (See Annex 2).

☐ **Collect all training supplies.**

- Review the training supplies listed in Annex 3. Amounts listed are total amounts needed, based on 20 participants per training batch. Adjust the amounts as needed if your training course will have more or fewer people in attendance.
- Keep the supplies organized. Supplies should be easily accessible and organized in the order that they will be used during the training. Secure the supplies in a locking closet or cabinet. During the training, facilitators will further organize the training course supplies.



☐ **Prepare Training Course certificates**

- Prepare and print adequate participant certificates (see Annex 4)



## One Month before

☐ **Meet the facilitators to assign specific topics and other responsibilities**

- Decide which facilitator will do what.
- Confirm that the facilitators are prepared with the subject content and familiar with the training techniques involved.

☐ **Finalize the training agenda**

- Review the suggested training agenda
- Make minor adjustments to the schedules, if required.

### ☐ **Select four Field Visit Sites**

Suitable Field Visit Sites:

- Are PHCs/CHCs near the training location
- Have electrical cold chain equipment to store vaccines
- Have a system to safely dispose injection waste
- Have immunization records and reports
- Have staff willing to cooperate with the field trip activities.
- Preferably provide Immunization services in the facility itself. If this is not so, select a nearby immunization session site that should also be visited.
- Prepare a list of field visit sites, including address, phone and name of person in charge

### **One Week before**

☐ **Liaise with concerned officials to get their confirmation for the field visit**

☐ **Arrange for vehicles/ transport for the field visit**

☐ **Arrange for use during the sessions:**

- Microphone
- LCD/ OHP
- TV and VCD player
- Training course banner

☐ **Identify other support staff**

- Identify staff that will assist in the training particularly for tasks such as handling the microphone speaker, for photocopying and arranging the furniture.



### **One day before**

☐ **Prepare the classroom**

- Check that the classroom is prepared. Arrange the seating so participants can see and communicate easily with each other and with facilitators. Set up desks or tables in a U-shaped arrangement.
- Make arrangements to keep the room tidy
- Test that mike, LCD/OHP, generator are in good working order
- Put up the workshop banner in the classroom

☐ **Meet with training venue staff**

- Confirm lodging facilities and tea/meal service during the training based on the number of participants.

### ☐ **Make arrangements for the training course photograph**

The photograph of facilitators and participants should be taken on the first day, for distribution at the end of the training course.

- Establish a time and place for the group photograph.
- Confirm arrangements with the photographer.

### ☐ **Meet with facilitators and review plans for Day 1**

- Review the schedule for the first day, including the time and location of registration, the opening ceremony, and the scheduled training course sessions.
- Confirm that the facilitators are prepared and have what they need at all times.
- If facilitators are to conduct parts of sessions, review who will do what.

## **During the training**

### ☐ **Observe facilitators as they conduct the training course**

- Check whether facilitators follow the guidelines in the Facilitators' Guide. If information is omitted, point out the missing material to the facilitator who is not presently speaking. Ask her/him to include it before the lead facilitator continues with the next session.
- Observe each facilitator's technique of presenting material and leading the training course activities. Refer to monitoring checklist (Annex 5). Record techniques performed well and techniques that could be improved. You can discuss your observations with the facilitators in the evening facilitator meeting.
- Monitor the time spent on each session. Encourage facilitators to keep to the schedule.



## **Day 1**

### ☐ **Help register participants.**

### ☐ **Conduct the training course.**

- Before the end of the day, take the group photograph.

### ☐ **Conduct the Facilitator Meeting.**

- Give specific and constructive feedback to facilitators, as needed.
- Review sessions scheduled for Day 2.
- Check that facilitators prepare and organize the materials that they would need for Day 2

## Day 2

- ☐ **Distribute the list of facilitators and participants to everyone attending the training.**
- ☐ **Conduct the training course.**
- ☐ **Contact the field trip facilities.**
  - Confirm the scheduled field visit.
  - Reconfirm travel arrangements for all groups
- ☐ **Conduct the Facilitator Meeting**
  - Give specific and constructive feedback to facilitators, as needed.
  - Review sessions scheduled for Day 3.
  - Check that facilitators prepare and organize the materials that they would need for Day 3
- ☐ **Prepare training certificates.**
  - Write in the names of the participants who complete the training.

## Day 3

- ☐ **Conduct the field visit**
  - At the end of the visit, give a thank-you note (signed by all participants). to the person in charge of the PHC/CHC
- ☐ **Conduct the training course**
- ☐ **Take care of all remaining administrative work.**
  - Supervise the packing up of all training materials. Check that the training course location is left clean and in good condition.

## One week after

- ☐ **Write the report of training course (Annex 6).**

## Six months after

- ☐ **Conduct on-the-job performance evaluation of trainees (Annex 7)**

# **Detailed Session Plans**

# Registration

## Session Objectives

This session will enable you to:

- Prepare a list of training course participants and their contact details
- Distribute training materials to the participants.

## Time

30 minutes

## Session Overview

A. Registration

## Materials

- Participants' Registration Form (Annex 8)
- Folder/Bag for each participant containing:
  - Immunization Handbook for Medical Officers
  - Notepad
  - Pencils and pen
  - Name tag
  - TA/DA form



## A. Registration (30 minutes)

1. Ask the participants to fill in the Participants' Registration Form (Annex 8)
2. Distribute the folders containing the handbooks and other materials to the participants
3. Based on the completed registration form, type a new list containing:
  - Names of each of the four facilitators, title and address
  - Names of each participant, title and name of PHC/CHC and address
  - When the list is complete, make enough copies to distribute to everyone in the training course.

# Pre-Testing

## Session Objectives

This session will enable you to:

- test participants' knowledge prior to the training
- identify areas that require greater attention during the training

## Time

30 minutes

## Session Overview

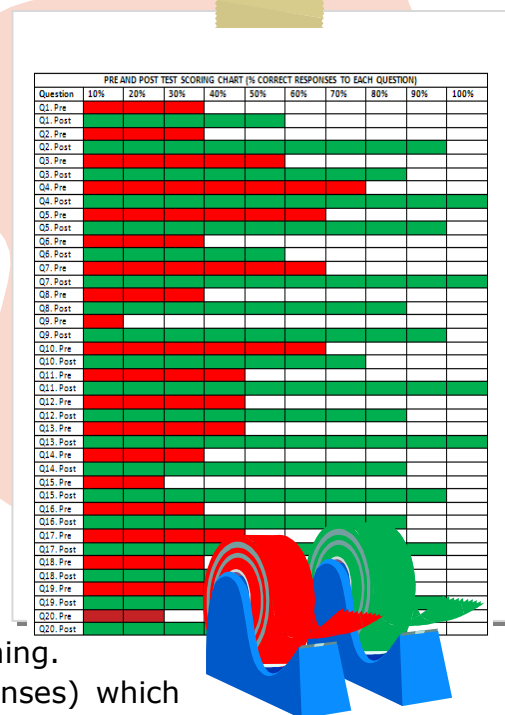
A. Pre-test questionnaire (15 minutes)

## Materials

- Pre-test questionnaire (Handout 1)
- Test Scoring chart (Poster 1)
- Tape to fix scoring chart in the classroom wall.
- Marker pens/ Colored tapes (two colors)

## A. Pré-test Questionnaire (15 minutes)

1. Distribute copies of the Pre-test questionnaire (Handout 1) to all participants. Tell participants that they have 15 minutes to fill in the answers. **Ensure that participants do not consult their handbooks.**
2. Collect all the filled-in tests at the end of the stipulated 15 minutes.
3. Assign a facilitator to correct the tests and calculate the percentage of correct answers to each question by the end of Day 1.
4. Plot (using colored tape or marker pens) the percentage of correct answers to each question on the Test Scoring Chart (Poster 1)
5. Display the scoring chart in the classroom. This will inform the participants about their scores before the training.
6. Identify weak areas (with less than 50% correct responses) which need to be emphasized during the training.



# Introduction of Participants

## Session Objectives

This session will enable you to:

- Introduce participants and facilitators to each other.
- Create a friendly and comfortable environment in the classroom.

## Time

30 minutes

## Session Overview

- A. "Find the Match" Game (5 minutes)
- B. Introduction of participants (25 minutes)

## Materials

- Matching Picture Postcards (Annex 11)

### A. "Find the Match" Game (5 minutes)

Make sure that the number of post-cards (Annex 11) equals that of the number of participants and facilitators. If the total number of the participants is an odd number, include one of the facilitator in the game.

1. Tell participants that now it is time for getting to know each other a little better.
2. Shuffle the pack of picture postcards and ask participants to pick one card each.
3. Display the rules on the pre-prepared Flipchart. Read it aloud.

### B. Introduction of participants (25 minutes)

1. Once participants find their partners, help seat them for the interaction in pairs. Ensure that the interaction ends in the 5 minutes.
2. Seat participants in a semi-circle and invite a pair to face the rest of the participants and introduce their partners. Remind participants that they have to introduce their partner in not more than one minute.



# Participants' Expectations and Training Overview

## Learning Objectives

At the end of the session, participants will be able to:

- describe the content and methodology of the training
- list the responsibilities of Medical Officers in Immunization (Unit 1)

## Time

60 minutes

## Session Overview

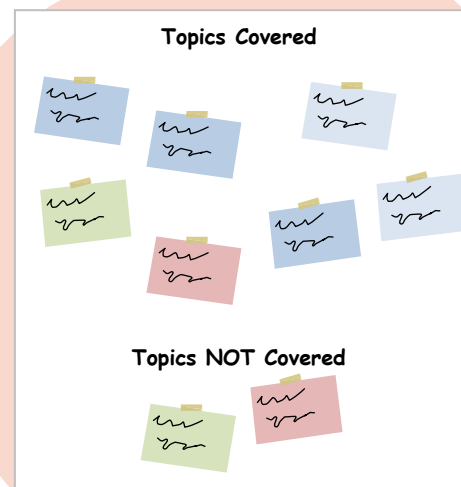
- A. Expectations of the training (20 minutes)
- B. Training Content and Methodology (10 minutes)
- C. Responsibilities of Medical Officers in the Immunization Program (30 minutes)

## Materials

- Learning Objectives (Poster 2)
- VIPP cards/ post-card sized chart papers cut into rectangles
- Agenda for Immunization Training of Medical Officers (Handout 2)
- Flipcharts and Marker pens

### A. Expectations of the Training (20 minutes)

1. Greet participants and read aloud the posted Learning Objectives (Poster 2).
2. Distribute two cards to each participant.
3. Ask participants to write (within 10 minutes) on each card, one topic that they expect to learn during this training.
4. Collect and read aloud the cards one by one. If the topic will be covered in the training, paste the card on a Flipchart under "Topics Covered". If not, paste it under "Topics NOT Covered" and explain why.



## B. Training Content and Methodology (10 minutes)

1. Distribute the agenda for the 3-day training (Handout 2) and ask participants to consult it for the topics to be covered.
2. Explain that the training has been designed to enable participants to learn by doing. Therefore, it involves a variety of participatory training methods such as:
  - Ice breakers and energizers
  - Group exercise/ discussion
  - Quiz/matching game
  - Brainstorming
  - Role plays
  - Demonstration and practice
  - Field visit
  - Films
3. Explain to participants that as facilitators throughout the course, you will:
  - Guide participants through course activities
  - Answer questions or find answers
  - Clarify confusing information
  - Lead group discussions, individual exercises and role-plays.
  - Give individual feedback on exercises
  - Solve logistical issues (stay, transport etc).
4. Ask participants, one by one, to suggest the ground rules for training. After the entire group agrees, write the rules on the flipchart.
5. Paste the flipchart on a wall for view during the entire 3 days of training.

### Ground Rules of Training

- Active participation and informality are encouraged
- All points of view are acceptable and respected
- Start on time and end on time
- Mobile phones in silent mode
- Respect the direction of the course coordinator
- No-one will monopolize the training
- No cross-talking between participants
- Do not interrupt others when they speak. Allow them to complete

## C. Responsibilities of Medical Officers in Immunization (30 minutes)

1. Divide the participants into four groups and ask the groups to list the responsibilities of Medical Officers in Immunization (Group 1: Planning; Group 2: Cold chain and logistics; Group 3: Supervision, Monitoring and Surveillance; Group 4: Community involvement and Communication)
2. Ask each group to write responses on a flip chart. Add the missing points from Page 17-18 of the handbook. (10 minutes). Select a representative to present to the plenary
3. Reassemble the groups, display the flipchart and ask the selected group representatives to present for 5 minutes each (20 minutes).

# National Immunization

## Schedule and FAQs (Unit 2)

### Learning Objectives

At the end of the session, participants will be able to:

- List vaccines, timings, dosage and routes in the National Immunization Schedule

### Time

30 minutes

### Session Overview

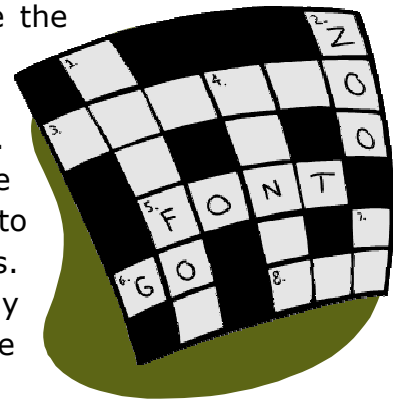
- A. Crossword puzzle on the National Immunization Schedule (20 minutes)
- B. NIS and Frequently Asked Questions (10 minutes)

### Materials

- Learning Objectives (Poster 3)
- Crossword Puzzle (Handout 3)

#### A. Crossword puzzle on the National Immunization Schedule (20 minutes)

1. Greet participants and read aloud the posted Learning Objectives. (Poster 3)
2. Divide the participants into four groups and distribute the crossword puzzles (Handout 3) to each participant.
3. Tell the participants that they will have to solve a crossword, within 10 minutes in their assigned group. The first group to answer correctly would present the results to the rest of the participants. Explain the rules to participants who are not familiar with crossword puzzles.
4. Ask a representative from the group that has correctly filled in the crossword to present the answers to all the participants. Discuss the answers for 10 minutes.



#### B. NIS and Frequently Asked Questions (10 minutes)

1. Ask participants in the group to read the NIS and FAQs in the Handbook and discuss.

# Planning Immunization Services (Unit 3)

## Learning Objectives

At the end of the session, participants will be able to:

- List the components of a microplan
- Develop a microplan at sub-centre and PHC levels

## Time

60 minutes

## Session Overview

- A. Steps in Micro-planning (15 minutes)
- B. Preparation of Microplans (45 minutes)

## Materials

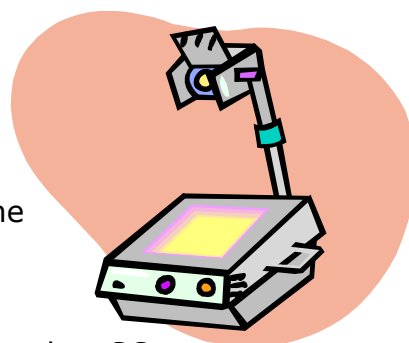
- Learning Objectives (Poster 4)
- Flipcharts and Marker pens
- OHP/LCD
- SC Microplan Template (Handout 4)

### A. Steps in Micro-planning (15 minutes)

1. Read aloud the posted Learning Objectives (Poster 4)
2. With the help of the presentation on microplanning list the components of a microplan and explain the steps in preparation of microplan.

### B. Preparation of Microplans (45 minutes)

1. Divide participants into 4 groups and distribute the SC Microplan Template (Handout 4) to all the participants.
2. Ask each group to prepare a map and fill in the template in the handout within 20 minutes. Then a representative from each group would present to the plenary for 5 minutes each.
3. Summarize the points discussed.



# Warm Up – 1 Clap!

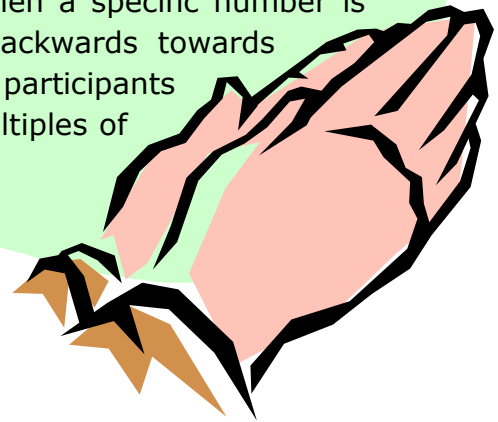
## Time

10 minutes

## Instructions

- Seat all participants in a circle. Tell the person on your right to say aloud “one”. The person to his or her right, then says the next number, .i.e “two”.
- In this manner all members count out loud around the circle. However, each person whose number is a multiple of 3 (3, 6, 9, 12, etc.) must **CLAP** instead of saying the number. The next person continues the normal sequence of numbers.
- Example:
  - The first person starts with saying “1”
  - The next one says “2”
  - The third person, instead CLAPS
  - The next person says “4”
- Anyone who fails to CLAP or who makes a mistake with the number that follows CLAP! is disqualified.
- The numbers must be said rapidly (5 seconds maximum); if a participant takes too long to say her/his number, s/he is disqualified.
- The last two participants left are the winners.

**Note:** To make this energizer more interesting, when a specific number is reached (e.g., 30) have the participants count backwards towards zero. Another variation of the game is to have participants DANCE or say “BOOM” instead of clapping during multiples of three.



# Cold Chain and Logistics Management (Unit 4)

## Learning Objectives

At the end of the session, participants will be able to:

- Describe the importance of keeping the vaccines in correct temperatures until they are administered
- List and demonstrate the correct use of the cold chain equipment and correct procedures for keeping the vaccines.
- Correctly interpret the temperature monitoring devices.
- Institute preventive maintenance measures for cold chain equipment and contingency plans in case of break-down of equipment
- Follow the steps for managing logistics of vaccines and other supplies

## Time

80 minutes

## Session Overview

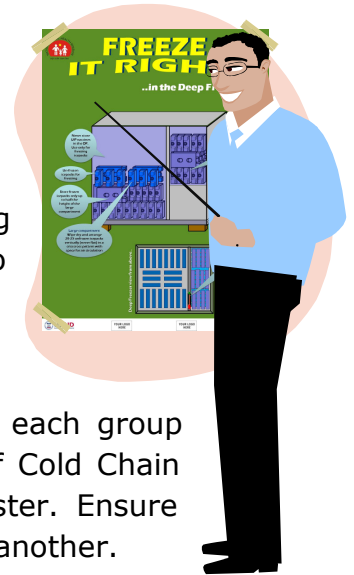
- A. Vaccine Sensitivities and Correct use of Cold chain equipment (15 minutes)
- B. Demonstration of Cold Chain Equipment (15 minutes)
- C. Temperature Monitoring (5 minutes)
- D. Preventive Maintenance and Repair (5 minutes)
- E. Planning for Emergencies (15 minutes)
- F. Logistics Management (25 minutes)

## Materials

- Learning Objectives (Poster 5)
- Vaccine Sensitivities (Poster 6)
- Correct Use of Cold Chain Equipment (Poster 7-9)
- Cold chain equipment, icepacks, vaccine vials for shake test and VVM
- Temperature monitoring chart (Handout 5)
- Emergency Plan for Vaccine Storage (Handout 6)
- Minimum/Maximum Inventory Control System (Poster 10)
- Flipcharts and Marker pens

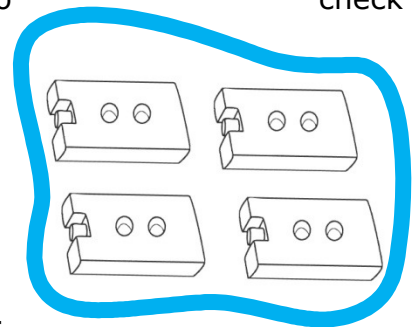
## A. Vaccine Sensitivities and Correct use of Cold chain Equipment (15 minutes)

1. Read aloud the posted Learning Objectives (Poster 5).
2. Emphasize that the aspects of cold chain covered during this session would be further explained during the field visit on the 3rd day.
3. Ask participants to define cold chain and its key elements
4. Explain vaccine sensitivities with the aid of the "Vaccine Sensitivities Poster."
5. At this point, in order to demonstrate the correct conditioning of ice-packs, place the 4 frozen ice-packs on the table. Draw participants' attention to what you are doing (conditioning ice-packs) and why you are doing it (so as to not damage freeze-sensitive vaccines in the vaccine carrier). These ice-packs would be conditioned during time taken in the next step and be ready for demonstration.
6. Divide participants into 4 groups. A facilitator accompanies each group and explains, one by one, the posters on the correct use of Cold Chain Equipment (Posters 7-9). Devote 2-3 minutes for each poster. Ensure that there is smooth movement of groups from one poster to another.



## B. Demonstration of Cold Chain Equipment (15 minutes)

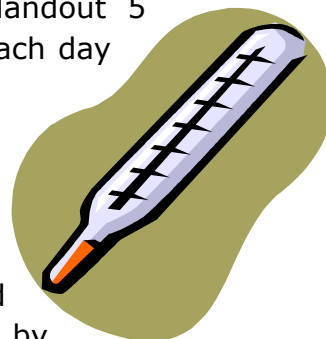
1. **Conditioning of Ice-Packs:** Ensure that participants are so seated that they can clearly see the facilitator. First, tell participants that the ice-packs have been put on the table for a while and it is now time to check whether or not they have been conditioned. Point out condensation (sweating) on the ice-packs. Pass on the ice-packs to the participants while keeping one for yourself. Keep the ice-pack close your ear and if you hear the sound of water on shaking, tell the class that the ice-pack appears to have been conditioned. Ensure that all participants have an opportunity to shake the ice-packs and hear for water.
2. **Packing Vaccine Carriers:** Tell the participants that it is now time to practice how to pack a vaccine carrier correctly. Again ensuring that all the participants can clearly observe what you are doing, demonstrate the correct procedure of packing vaccines in the carrier. Remember to explain each step as you demonstrate the procedure. Allow participants to practice the packing of the vaccine carrier.



- 3. Reading Thermometers:** Go around the groups of participants with a dial and stem thermometer and ask them to point out the markings for the acceptable temperature ranges in both types of thermometers. Also ask participants to read the current temperature.

### **C. Temperature Monitoring (5 minutes)**

1. Divide participants into 4 groups and distribute the Handout 5 depicting different temperature readings (2 pictures for each day for 10 days) and the blank temperature monitoring charts.
2. Ask the participants to read the temperatures shown and fill in the chart creating a 10 days temperature chart.
3. Ask for a volunteer group to show their graph and discuss the exercise with the group. Mention that twice daily monitoring of temperature (even on weekends and holidays) and periodic checks of temperature charts by Medical Officers is critical for cold chain maintenance.



### **D. Preventive Maintenance and Repair (5 minutes)**

1. In the plenary, ask participants to open their handbooks and read the section on Preventive Maintenance and Repair and on pages 54-56. Explain the definitions and guidelines for cold chain sickness rate, down time and response time

### **E. Planning for Emergencies (15 minutes)**

1. Tell participants that one of their responsibilities is also to prepare a plan for safely storing vaccines during equipment breakdown or long electricity outages. Ask each participant to consult Table 4.4 and 4.5 on page 57 and 58 in the Handbook and to prepare individually a Emergency Plan based on the the situation in his/her CHC/PHC. Distribute the blank Emergency Plan for Vaccine Storage (Handout 6) for preparing this plan.

### **F. Logistics Management (25 minutes)**

1. Explain within 15 minutes each step of Logistics management and explain Minimum/Maximum Inventory Control System, using (Poster 10). Use the data from the example cited in the handbook (page 62) to further elucidate the subject. Pose questions on the concepts and formulae and encourage participants to answer.
2. Ask participants to review the Logistics Formats in the Handbook (Appendices 4.2 to 4.5 on Pages 69-72). Explain each format and its advantages and clarify doubts regarding their use (10 minutes)

# Safe Injections and Waste Disposal (Unit 5)

## Learning Objectives

At the end of the session, participants will be able to:

- Describe the importance and advantages of safe injections and safe disposal of Immunization waste.
- List the steps to achieve safe injections and safe disposal of immunization waste according to existing GoI guidelines

## Time

30 minutes

## Session Overview

A. Unsafe Injection Practices (5 minutes)

B. Safe Injections and Safe Disposal of Immunization Waste (10 minutes)

## Materials

- Learning Objectives (Poster 11)
- Flipcharts and Marker Pens
- AD Syringes (20 in number), Hub cutters (4-5 in number)
- CPCB Waste Disposal Guidelines (Poster 12)

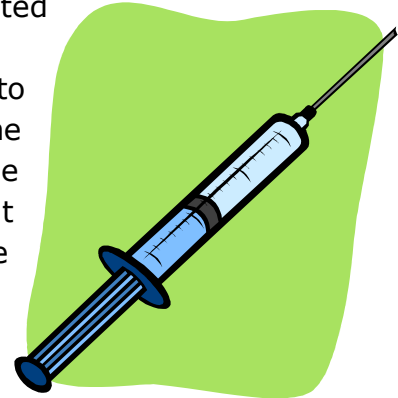
### A. Unsafe Injection Practices (5 minutes)

1. Read aloud the posted Learning Objectives (Poster 11).
2. Ask participants to list ways in which injections can be harmful (prompt for harm to provider, harm to recipient, harm to community, harm to health and to environment). Make sure they understand that every used needle may be contaminated with deadly viruses, such as HIV, Hepatitis B or Hepatitis C.
3. Ask participants what are the equipment and procedures for Injection Safety. (Prompt for ADS, Hub-cutters, Red and Black Bags, Bleaching Solution, Safety Pits, CPCB Guidelines, etc)
4. Write the responses on a flipchart



## B. Safe Injections and Safe Disposal of Immunization Waste (25 minutes)

1. Invite a participant to demonstrate how to use an AD syringe in front of all the participants. Explain each step as the participant demonstrates. Explain that AD syringes prevent dangerous re-use of contaminated sharps and help ensure that each syringe is sterile.
2. Show a syringe to the participants and ask them to point out the hub of the syringe. Emphasize that the hub-cutter is intended to cut the plastic hub of the syringe, rather than the needle. Show all the different parts of the hub-cutter (as outlined in Page 76 of the Handbook) to the participants.
3. Invite another participant to demonstrate how to use a hub-cutter. Explain each step as the participant demonstrates. Allow participants to practice cutting syringes using the hub-cutter.
4. Display the CPCB Waste Disposal Guidelines (Poster 12) and explain the disinfection and waste disposal procedures.
5. Ask participants to open Page 82 of the handbook to peruse the design guidelines for a safety pit.



# Adverse Events Following Immunization (Unit 6)

## Learning Objectives

At the end of the session, participants will be able to:

- Define and describe types of AEFIs
- Report, investigate and respond to AEFIs

## Time

60 minutes

## Session Overview

- A. AEFIs and their management (30 minutes)
- B. Reporting AEFIs (30 minutes)

## Materials

- Learning Objectives (Poster 13)
- Flipcharts and Marker pens
- AEFI Jigsaw Puzzle (Annex 9)
- AEFI Case Study (Handout 7)

### A. AEFIs and their management (30 minutes)

1. Read aloud the posted Learning Objectives (Poster 13).
2. Ask participants to define AEFIs and describe their experiences with AEFIs. List the responses on a flipchart. Discuss different types of AEFIs.
3. Tell participants that they will now be solving within their groups an AEFI Jigsaw Puzzle (Annex 9) within 5 minutes
4. Divide participants into groups and tell them that they have to sort the jumbled pieces of the jigsaw according to types and definitions of AEFIs.
5. Ask the groups to carefully read the table 6.3 (Common Program Errors leading to AEFIs) on page 88 of the handbook.
6. Ask groups to present to the rest of the participants as if they were health workers being sensitized on common programmatic errors, the resultant AEFIs and how to prevent them.

**Vaccine Reaction**

**Program Error**

An event caused or precipitated by the active component of the vaccine

- Group-1: Non-sterile injections
- Group-2: Reconstitution error/Wrong vaccine preparation
- Group-3: Injection at incorrect site/route
- Group-4: Incorrect Vaccine transportation/storage and contraindications ignored

### **B. Reporting AEFIs (30 minutes)**

1. Tell the participants to read pages 91-92 of the handbook on reporting AEFIs.
2. Explain the AEFI case study (Handout 7).
3. Ask participants to fill up the formats based on the case study.

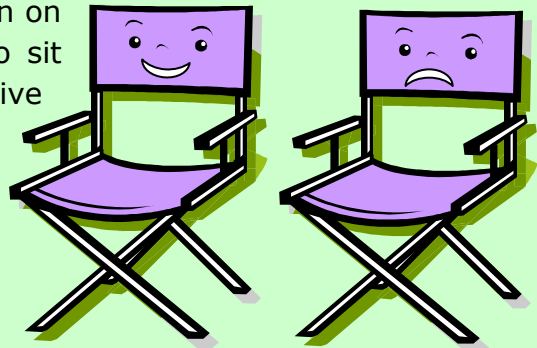
## **Evaluation of the Day**

### **Time**

15 minutes

### **Instructions**

- Ask participants to provide feedback about all the sessions conducted that day. This could be done using the following method.
- Make some chairs positive and some chairs negative (either by grouping the chairs together or by sticking a + or a – sign on them). Participants must choose a chair to sit on and then say either a positive or negative thing about the day depending on the sign on the chair they choose. They can also suggest which ways training could be improved
- Remember negative comments are useful. Evaluations are not to make trainers “feel better or feel good about themselves”. They are an opportunity to improve quality.



# Community Involvement and Communication (Unit 7)

## Learning Objectives

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

- Identify the types of communities and stakeholders and how they can be involved in Immunization
- List the reasons for left outs, dropouts and fully immunized.
- List steps for involving the community and prepare a communication plan
- Describe the various communication channels

## Time

- 60 minutes

## Session Overview

- A. Types of Communities and Stakeholders and the Community's Role in Immunization (15 minutes)
- B. Reasons for left outs, dropouts and fully immunized (20 minutes)
- C. Steps for involving the community and Communication Plans (15 minutes)
- D. Channels of Communication (10 minutes)

## Materials

- Learning Objectives (Poster 14)
- Flipcharts and Marker pens
- Steps for involving the community and Communication Plan (Poster 15)
- 4 key messages (Poster 16)

### A. Types of Communities and Stakeholders and the Community's Role in Immunization (15 minutes)

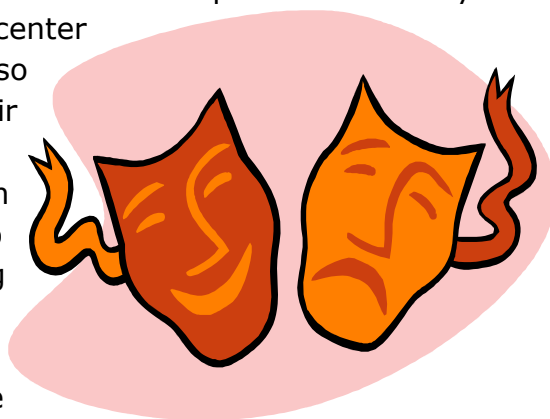
1. Read aloud the posted Learning Objectives
2. Ask participants what are the different types of communities and various stakeholders in the community. List these on a flipchart.



3. Now ask participants to open the Handbook Pages 107-108 (community's roles in supporting immunization). A facilitator reads aloud the section and another facilitator notes the key points on a flipchart.

## **B. Reasons for left outs, dropouts and fully immunized (20 minutes)**

1. On the black/whiteboard, explain the concepts of left-outs and dropouts.
2. Divide the participants into four groups.
3. Ask **Group 1** to move to the far corner of the room to represent that they are living in a remote hamlet without any sub-center in their village. Outreach sessions are also rarely held in their village. Explain that their children are examples of one type of "left-out", i.e. they are hard to reach geographically and have difficult access to services. Request that they remain standing and ask them to briefly state some of the reasons why their children do not get vaccinated. Also ask them to suggest some possible solutions (e.g. have more regular outreach sessions, support the mobility of the health worker, etc.) and write their responses on a flip chart.
4. Now turn to **Group 2** and explain that theirs is a large village which is easy to reach, but that they have many children that have never begun vaccination. They therefore represent a second kind of "left-out." Ask them to state some of the reasons why their children do not go for vaccination (e.g., social inaccessibility as scheduled castes or tribes, un-empowered poor, migrants, border populations, mistrust of immunization by minority populations, etc.). Ask them to suggest some possible solutions (e.g. counseling by ASHAs/link workers, involvement of community leaders, better tracking, etc.) and write their responses on a flip chart.
5. Now explain to **Group 3** that their children started the vaccination schedule but have not completed it and no longer go to the session. Explain that their children are "drop-outs." Ask them to state the reasons why their children dropped out (e.g. lack of information on the vaccination schedule, vaccines not available on the day they go to the session, unkind treatment by the health worker, etc.) Ask them for some possible solutions (e.g. counseling by ASHAs/link workers, better tracking, capacity building of health worker etc) and write their responses on a flip chart.



6. Explain to **Group 4** that children in their village are fully immunized. Ask them why their children started and continue to go for vaccination. Write their responses on a flip chart. Possible factors for fully immunized children could be:

- Well informed about the value of immunization and schedule
- Husbands, mothers-in-law, other influentials are supportive
- No significant geographical or convenience barriers
- Have time available when services are offered
- Have child care for other children
- Available services are reliable and friendly
- Community leaders visit and encourage immunization
- Heard about many child deaths before the immunization program started
- Have not had or heard about bad experiences with immunization
- Health worker tracks all children

**Do not ask the groups to reassemble.**

### **C. Steps for involving the community and Communication Plans (15 minutes)**

1. Reassemble the groups. With the aid of the Steps for involving the community (Poster 15), detail out the steps in involving the community. (5 minutes)
2. Explain in detail, the components of a Communication Plan. Ask participants to consult Table 7.3: Sample Communication Plan in the Handbook. Discuss the usefulness of such a plan in the work places of the participants

### **D. Channels of Communication (10 minutes)**

1. Ask participants to brainstorm on the different channels of communication. Consult table 7.4 to explain the details. Discuss "Community Self Monitoring Tool - My Village is my Home" by opening page 118 of the Handbook.
2. Initiate a discussion on the relative effectiveness of the various communication channels that have been listed. Emphasize on the effectiveness of inter-personal communication and draw the attention of participants to the 4 key messages (Poster 16).



# Supportive Supervision (Unit 8)

## Learning Objectives

At the end of the session, participants will be able to:

- Compare between approaches to supervision
- List key steps for effective supportive supervision
- Conduct an effective meeting

## Time

105 minutes

## Session Overview

A. Approaches to Supervision (5 minutes)

B. Steps for Conducting Supportive Supervision and effective meetings (100 minutes)

## Materials

- Learning Objectives (Poster 17)
- Flipcharts and Marker pens
- Props as required
- Supervision Checklist (Handout 8)

### A. Approaches to Supervision (5 minutes)

1. Read aloud the posted Learning Objectives (Poster 17).
2. Ask participants what they understand by Supportive Supervision and how it is different from the traditional control approach to supervision. List their responses on a flipchart. Prompt for responses covered in Table 8.1 in the Handbook, if missed.

### B. Steps for Conducting Supportive Supervision and Effective Meetings (100 minutes)

1. Divide participants into 4 groups and ask them to read from the handbook (Pages 121-129). Ask them to list the key points on flipchart/note-pad and select a representative to present to the plenary. Each group would get 15 minutes to read and 5 minutes each to present to the plenary.
  - Group 1: Step 1 (Set up a Supportive Supervision System)
  - Group 2: Step 2 (Plan Regular Supervisory Visits)
  - Group 3: Step 3 (Conduct Supportive Supervision Visits)
  - Group 4: Step 4 (Follow Up) and Conducting Effective Meetings

2. Assign the participants to the same groups as in the previous step, distribute the Supervision Checklist (Handout 8) to each participant and give them the task of reading it in detail within 20 minutes. Ask participants within the group, one by one, to read aloud each point in the checklist. Discuss each point in some detail and ensure that participants have a similar understanding of each point.
3. Assign groups the task of preparing a role play based on the Supervision Checklist (Handout 8) within 10 minutes. Each role play would last 10 minutes.
  - Group 1: Example of Ineffective Supervision in a PHC/CHC
  - Group 2: Example of Effective Supervision in a PHC/CHC
  - Group 3: Example of Ineffective Supervision in a Session Site
  - Group 4: Example of Effective Supervision in a Session Site
4. Suggest that participants could enact the roles of a Health Worker providing immunization services, a Medical Officer conducting a supervisory visit to the session, the mother of an infant beneficiary and an ASHA/AWW. The other scenario could be that of a Medical Officer supervising the Cold Chain Handlers, LHVs etc. Arrange the necessary props like vaccine carrier, tally sheet, Immunization cards, Immunization register, Vaccines, AD Syringes etc. beforehand. The ANM and mothers should create a scenario where they do several things wrong. The job of the supervisor will be to find all the mistakes. The difference between the effective and ineffective supervisors is in how the feedback is provided.
5. At the end of each role play, thank the groups and invite participants to summarize what they have observed and learnt from the role plays.
  - Did the supervisor find everything that was done wrong? What was correct or incorrect with the style of supervision?
  - Ask the persons playing the role of the ANM in both styles of supervision to describe how they felt when being supervised during the role play.



# Records and Reports (Unit 9)

## Learning Objectives

At the end of the session, participants will be able to:

- List recording and reporting formats and describe their use.
- Analyze the immunization data from monthly UIP reports
- Use the coverage monitoring chart for plotting drop outs

## Time

60 minutes

## Session Overview

A. Recording and Reporting Formats (20 minutes)

B. Monthly UIP Reports (10 minutes)

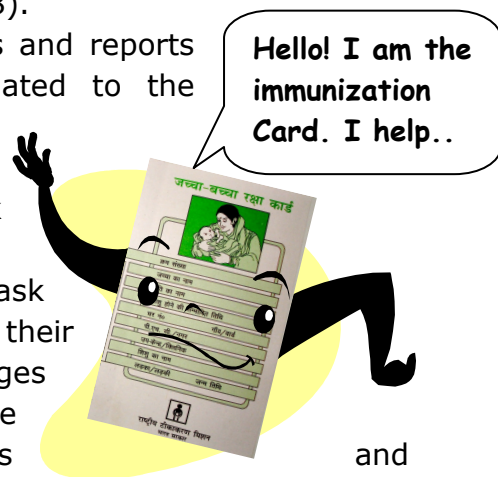
C. Coverage Monitoring Chart (30 minutes)

## Materials

- Learning Objectives (Poster 18)
- Flipcharts and Marker pens
- UIP Reports (Handout 9)
- Coverage Monitoring Chart (Poster 19),
- Coverage Monitoring Chart (Handout 10)

### A. Recording and Reporting Formats (20 minutes)

1. Read aloud the posted Learning Objectives (Poster 18).
2. Ask participants what is difference between records and reports and to list the various records and reports related to the immunization program. Write their responses on the blackboard/flipchart. Also ask them to refer to the flowchart for records and reports in the handbook (Page 134)
3. Divide participants into 4 groups and give them the task of reading in detail (within 5 minutes) about their assigned record or report from the handbook (Pages 135-141). They would then have to present to the plenary the data collected, uses, common problems solutions associated with their assigned record or report. Tell participants that the selected speaker for the group would enact the role of the

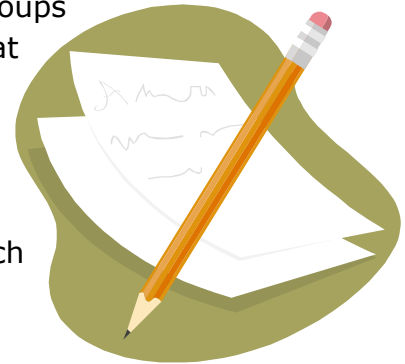


assigned record or report. For instance, the person who is to speak about the Immunization Card could say "Hello. I am the Immunization Card. I am given to every child or pregnant woman that receives a vaccine. I contain all kinds of useful data such as ...."

- Group 1: Immunization Card
  - Group 2: Tracking Bag
  - Group 3: MCH/Immunization register
  - Group 4: Tally Sheet
4. Ensure that during the presentations, participants demonstrate how to use the specific record or report.
  5. In the end show the linkage between the Immunization card, Tracking bag, MCH register and Tally sheet by inviting all the speakers to stand together in the plenary.

### **B. Monthly UIP Reports (10 minutes)**

1. Distribute the UIP Reports (Handout 9) to the groups formed in the previous activity. Tell the groups that these formats are based on real-life reports received from the field and that they contain commonly encountered errors. Assign the groups with the task of detecting these errors within the next 10 minutes.
2. Discuss the issues with the participants within each group.



### **C. Coverage Monitoring Chart (30 minutes)**

1. With the assistance of the Coverage Monitoring Chart (Poster 19), demonstrate the use of the coverage monitoring chart (10 minutes)
2. Distribute the handouts with the blank coverage monitoring chart and the coverage data to the same groups formed in the previous activity. Give them the task of plotting the data on the Coverage Monitoring Chart (Handout 10). Tell them that they have 20 minutes to complete this activity.

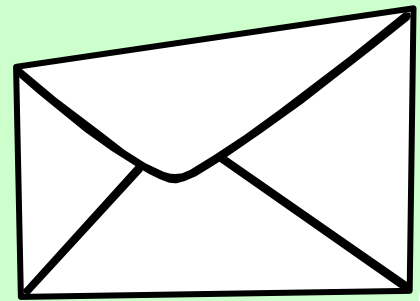
# Warm Up – 2 Post Office

## Time

10 minutes

## Instructions

- Seat participants in chairs placed in a circle. Select one chair, asks the participant to stand up and take his/her chair away.
- The participant left standing moves to the center of the circle and make a statement. *For instance, s/he could say, "I bring a letter for all of my colleagues who are wearing spectacles."*
- As soon as this is said, all participants who have the characteristic stated (e.g., wearing spectacles) get up (along with the person in the center of the circle) and quickly change places. Whoever ends up without a chair to sit on, now stands in the center of the circle and makes another statement: that s/he is bringing a letter, but for people with a different characteristic, such as: *"I bring a letter for all of my colleagues who are wearing black shoes." Or "I bring a letter for all of my colleagues who are not wearing a watch."*
- The activity can continue as long as the group is interested and enthusiastic, but no longer than 5 minutes.



# Using Data for Action (Unit 9)

## Learning Objectives

At the end of the session, participants will be able to:

- Analyze routine data to identify problems of Access and Utilization of Immunization services.
- Develop an appropriate action plan for the SC and PHC/UHC levels.

## Time

80 minutes

## Session Overview

A. Steps in Using Data for action (80 minutes)

## Materials

- Learning Objectives (Poster 20)
- Flipcharts and Marker pens
- Compilation and Analysis of Data (Handout 11)
- Action Plan for Increasing Immunization Coverage (Handout 12)

## A. Steps in Using Data for action (80 minutes)

1. Read aloud the posted Learning Objectives (Poster 20).
2. Divide the participants into 4 groups.
3. Ask the participants to open the handbook pages 151-158. Explain the Steps in Using Data for action in each group by reading from the handbook (20 minutes).
4. Distribute the Compilation and Analysis of Data (Handout 11) for calculating immunization coverage, analyzing data to identify problems of access and utilization and prioritizing areas. Also distribute the Action Plan for Increasing Immunization Coverage (Handout 12) and ask groups to prepare an action plan (20 minutes).
5. Ask representatives from each group to present within 10 minutes each and discuss the issues with the participants.



# Vaccine Preventable Diseases & Surveillance of VPDs (Unit 10)

## Learning Objectives

At the end of the session, participants will be able to:

- List the various VPDs and their standard case definitions.
- Define surveillance and list its uses.
- Explain the steps in conducting VPD surveillance and outbreak investigation

## Time

90 minutes

## Session Overview

- A. Card game on Standard Case Definitions of VPDs (20 minutes)
- B. Film on VPDs (10 minutes)
- C. Steps for VPD surveillance and outbreak response (60 minutes)

## Materials

- Learning Objectives (Poster 21)
- Standard Case Definition Cards (Annex 10) and Paper Bag
- VPD Film
- Steps in VPD surveillance and Outbreak Response (Poster 22)
- Surveillance Data Analysis (Handout 13)

### A. Card game on Standard Case Definitions of VPDs (20 minutes)

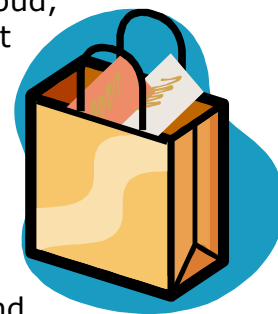
1. Read aloud the posted Learning Objectives (Poster 21).
2. Ask the participants to pick from a bag, the Standard Case Definition Cards (Annex 10), either suspect, probable or confirmed. Then, read aloud, one by one, the cards with name of VPDs and ask the participant with the match to get up and read. Paste the cards on a flipchart.

### B. Film on VPDs (10 minutes)

1. Show the film on VPDs.

### C. Steps for VPD surveillance and outbreak Response (60 minutes)

1. Ask participants the definition and uses of surveillance (5 minutes).
2. Discuss the different steps for conducting VPD surveillance and outbreak response with the help of Poster 22 and Handbook (25 minutes)
3. Divide participants in to four groups and ask each group to complete the exercise on Surveillance Data Analysis (Handout 13) (30 minutes).



# Film on Immunization

## Time

20 minutes

## Session Overview

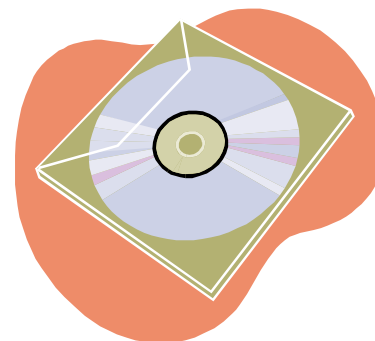
A. Film on Immunization (20 minutes)

## Materials

- Film on immunization
- VCD Player
- LCD Projector/TV

## A. Film on Immunization (20 minutes)

1. Provide an overview of the film, that is on how to plan, conduct, monitor and report a quality immunization session. Ask participants to note specific points such as conducting the session, IPC, tracking and inter-sectoral coordination.
2. Show the film

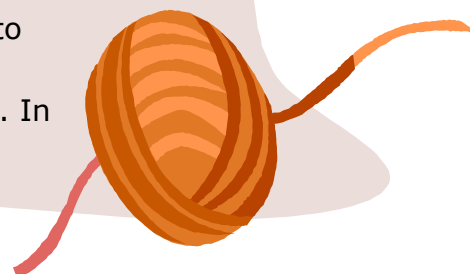


# Preparation for the Field Visit

1. Divide the participants into 4 groups and provide each participant with a checklist.
2. Brief the participants about the objective of field visit and the checklist. Tell the participants that each group will be expected to visit a specific PHC/CHC and a session site, during which they would:
  - Observe closely all immunization activities and fill in the checklists.
  - Return to class and discuss.
3. Provide each group with details about the meeting time and place before departure to the specific PHC/CHC.

# Evaluation of the Day

Two facilitators hold the two ends of a 3 metre-long string. Tell the participants that one end represents 100% effective and the other 0% effective. Call out the first topic covered during that day and invite all participants to stand on the point along the string that represents their perception about the training effectiveness for that topic. In this manner, complete all the topics.



# Field visit

## Learning Objectives

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

- Explain the cold chain equipment & its maintenance at various levels in the district
- Describe the micro-plan, steps for conducting immunization session and the procedures followed for injection safety and waste disposal
- List the positive practices observed and the weaknesses identified for improvement

## Time

180 minutes

## Session Overview

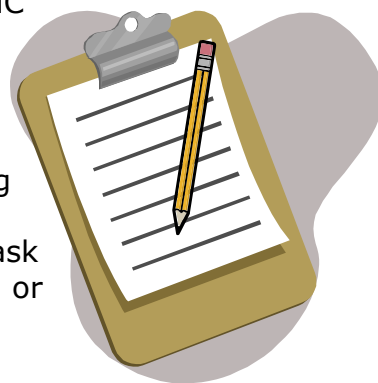
- A. Visit PHC/CHC (60 minutes) and the immunization session site (60 minutes)
- B. Discussion on observations of the field visit (60 minutes)

## Materials

- Supervision checklist (Handout 8)
- Flipcharts and Marker Pens

### A. Visit PHC/CHC and the immunization session site (120 minutes)

1. Ask the participants to observe, interact with staff and make observations based on the Supervision Checklist (Handout 8) for the PHC/CHC (60 minutes) and the Session site (60 minutes).
2. Ask participants to keep their comments to a minimum. Remind them that they are not there to fix anything, but to learn and observe. Ask them to be respectful of staff as they do their jobs and to thank the staff for letting them watch.
3. Meet with the person in charge of the PHC/CHC and ask participants to give him the thank-you card. Mention one or two good practices observed by the group.



### *Return to the course venue.*

### B. Discussion on observations of the field visit (60 minutes)

1. Discuss and list the positive as well as the negative observations on a flip chart.
2. After going back to the classroom, ask a representative from each group to present.

# Course Evaluation and Feedback

## Session Objectives

This session will enable you to:

- help evaluate the effectiveness of the training after the training has been completed.

## Time

30 minutes

## Session Overview

- A. Post-test questionnaire (15 minutes)
- B. Feedback (15 minutes)

## Materials

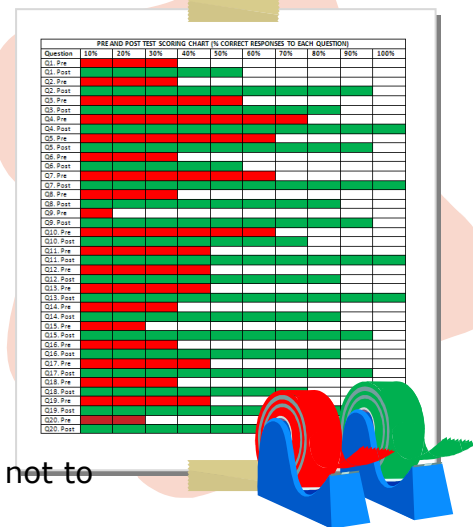
- Post-test questionnaire (Handout 1)
- Test Scoring chart (Poster 1)
- Participants' Feedback Form (Handout 14)
- Marker pens/ Colored tapes (two colors)

### A. Post-test questionnaire (15 minutes)

1. Distribute the Post-test questionnaire (Handout 1) to all participants. Tell participants that they have 15 minutes to fill in the answers. **Ensure that participants do not consult their handbooks during the post-test.**
2. Collect the filled-in handouts at the end of the stipulated 15 minutes.
3. Assign one of facilitators with the task of correcting the filled in tests and calculating the percentage of correct answers to each question.
4. Plot (with colored tape or marker pens) the percentage of correct answers to each question on the Scoring Chart (Poster 1), below the pre-test results for each question.
5. Display the Test Scoring Chart in the classroom. This will inform the participants about their scores before and after the training. Discuss results from the pre and post tests.
6. Discuss each question and tell participants the correct answers.

### B. Feedback (15 minutes)

1. Distribute the Participants' Feedback Form (Handout 14) and ask participants to complete it in 15 minutes. Explain, if required.
2. Tell participants that their responses are anonymous and not to write their names on the form.
3. Collect the forms and compile the information.



# Distribution of Certificates and Conclusion

## Session Objectives

This session will enable you to:

- Conclude the training course

## Time

30 minutes

## Session Overview

A. Distribution of Certificates (15 minutes)

B. Concluding Remarks (15 minutes)

## Materials

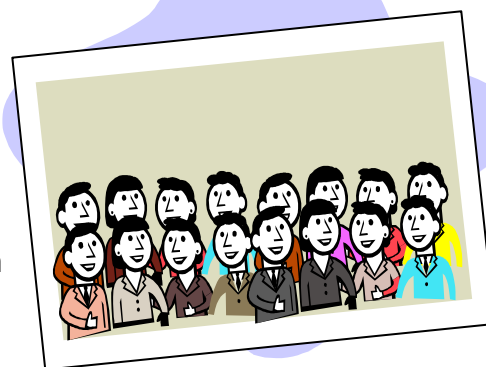
- Certificates (Annex 4)
- Group Photographs

### A. Distribution of Certificates (15 minutes)

1. Give a training certificate and a group photograph to each participant.

### B. Concluding Remarks (15 minutes)

1. Present a brief summary of the workshop.
2. Encourage participants to transfer the knowledge and skills to their jobs.
3. Thank facilitators, other support staff and participants for their cooperation, dedication and time.



# **Annexure**

## ***Annex 1: Letter of invitation to Chief Medical Officers***

**No:** \_\_/\_\_/\_\_  
**Dated** \_\_/\_\_/\_\_

The Chief Medical Officer

District \_\_\_\_\_

**Sub: Immunization Training for Medical Officers (Dates: \_\_ to \_\_)**

Dear Sir/Madam,

We are pleased to inform you that, based on the participants' list submitted by you, the following training schedule has been prepared for the 3-days Immunization Training for Medical Officers.

Dates	Name of Medical Officer	PHC/CHC	Dates	Name of Medical Officer	PHC/CHC
__ to __	1. 2. 3. 4. 5.		__to__	11. 12. 13. 14. 15.	
__ to __	6. 7. 8. 9. 10.		__to__	16. 17. 18. 19. 20	

The objective of the training is to provide Medical Officers with the knowledge and skills to manage the immunization program. The agenda is attached for your information.

The Training will be held at \_\_\_\_ (Training Venue). The participants are expected to report at the training venue the evening before the scheduled start of the training. This is a residential training course and the participants will be provided boarding and lodging facilities in the training venue. The TA/DA paid to the participants will be\_\_\_\_\_.

Do not hesitate to contact me if you have any questions; my phone number is \_\_\_\_\_. I look forward to your staff's participation in the upcoming Immunization Training for Medical Officers.

Yours sincerely,

\_\_\_\_\_  
(Training Coordinator)

**Annex 2: Budget per Training Course for Medical Officers**

<b>Items</b>	<b>Costs (as per Revised norms, from NRHM-PIP-Part-C funds)</b>
DA to Participants	Group A & B and equivalent = Rs. 700/- per day Group C & D and others = Rs.400/- per day
Honorarium to Trainers	Guest faculty for courses at state/regional/national level= Rs. 1000/-per day District and sub-district guest faculty = Rs 600/-per day
Working lunch	Rs. 150/-
Tea and Snacks	Rs. 50/-
Total	Rs. 200/-/per participant/per day
Institutional Overheads and for use of institutional facilities	@15% of total training expenses
Incidental expenditures, photocopying, job aids, flip charts, LCD etc.	Rs. 250/-/participant/day*
Venue Hiring	Rs. 8000/- to Rs. 10,000/-
TA	Actuals as per State Rules

\*Subject to keeping it minimum

## **FURNITURE**

- ☐ Large table (to hold training materials)
- ☐ 4 tables (large enough for 5 persons)
- ☐ 24 chairs
- ☐ Locking cupboard (for training materials)
- ☐ Wall Clock (for timing sessions)

## **EQUIPMENT**

- ☐ OHP/ LCD Projector
- ☐ White Screen
- ☐ TV and VCD Player
- ☐ Blackboard /white board
- ☐ Flipchart stand
- ☐ Photocopier
- ☐ Mike/Microphone

## **SUPPLIES**

- ☐ Blackboard Chalk (1 box)
- ☐ Whiteboard Markers (1 set, thick line)
- ☐ OHP Transparencies (20 sheets)
- ☐ Flipchart pad
- ☐ OHP Markers (1 set)
- ☐ Adhesive Tape
- ☐ Cloth (for wiping transparencies)
- ☐ Duster
- ☐ 100 VIPP Cards

## **FACILITATOR MATERIALS**

- ☐ Facilitators' Guide
- ☐ Posters (22 nos.)
- ☐ OHP Slide/PowerPoint presentation (1 no.)
- ☐ Immunization Film
- ☐ Film on VPDs
- ☐ Registration Form

## **PARTICIPANT MATERIALS**

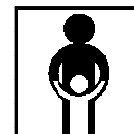
*(one for each participant)*

- ☐ Folder/Bag containing:
  - ☐ Immunization Handbook for MOs
  - ☐ Pencil
  - ☐ Pen
  - ☐ Notepad
  - ☐ Name tag
  - ☐ TA/DA form
- ☐ Handouts (15 nos.)
- ☐ Group photograph
- ☐ Certificate

## **TRAINING MATERIALS**

*(one for each of 4 groups)*

- ☐ Staplers
- ☐ Box of staples
- ☐ Calculators
- ☐ Erasers
- ☐ Thank-you cards and envelopes



## **CERTIFICATE**

*This is to certify that Dr. \_\_\_\_\_  
of \_\_\_\_\_ has successfully completed  
the Immunization Training for Medical Officers  
held at \_\_\_\_\_ on \_\_\_\_\_ 200\_\_.*

\_\_\_\_\_  
Training Coordinator

\_\_\_\_\_  
Director/ Principal Training Institute

## **Annex 5: Checklist for Monitoring the Quality of Immunization Training**

(Page 1 of 2)

<b>General Information</b>	
Name of Monitor	
Designation and Organization	
Dates of visit	
Place of visit	
Days visited:	Check all that apply Day1 <input type="checkbox"/> Day2 <input type="checkbox"/> Day3 <input type="checkbox"/>
<b>Training Arrangements</b>	
Training Calendar available	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of participants:	Less than 15 <input type="checkbox"/> 15-25 <input type="checkbox"/> More than 25 <input type="checkbox"/>
1 facilitator per 5-7 participants	Yes <input type="checkbox"/> No <input type="checkbox"/>
All facilitators TOT trained	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the training residential	Yes <input type="checkbox"/> No <input type="checkbox"/>
Training venue equipped with water	Yes <input type="checkbox"/> No <input type="checkbox"/>
Training venue equipped with electricity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Training venue equipped with mess	Yes <input type="checkbox"/> No <input type="checkbox"/>
Classrooms have seating facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flipcharts and Posters available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Presentation available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Film available	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equipment for demonstration	Yes <input type="checkbox"/> No <input type="checkbox"/>
All participants given Handbooks	Yes <input type="checkbox"/> No <input type="checkbox"/>
All participants given Handouts	Yes <input type="checkbox"/> No <input type="checkbox"/>
All participants given Certificates	Yes <input type="checkbox"/> No <input type="checkbox"/>
Field visit organized to DH/CHC/PHC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Field visit organized to RI Session Site	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Training Implementation</b>	
Pre/post test done	Yes <input type="checkbox"/> No <input type="checkbox"/>
Feedback taken from participants	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Rate the Training sessions (in terms of adherence to the Facilitators' Guide) ☑ Tick the appropriate box</i>	
Unit 1 Introduction and Overview of UIP	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Unit 2 Immunization Schedule and FAQs	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Unit 3 Planning Immunization	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Unit 4 Cold Chain and Logistics Management	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Unit 5 Safe Injections and Waste Disposal	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Unit 6 Adverse Events Following Immunization	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Unit 7 Community Involvement and Communication	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Unit 8 Supportive Supervision	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Unit 9 Records, Reports and Using Data for Action	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Unit 10 VPDs and VPD Surveillance	Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>

## Annex 5: Checklist for Monitoring the Quality of Immunization Training

(Page 2 of 2)

<b>Facilitation Techniques (of each facilitator)</b>					
<b>Training Skills</b>	<b>1</b> _____	<b>2</b> _____	<b>3</b> _____	<b>4</b> _____	<b>5</b> _____
Questions to promote discussion	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Encourages learners to ask questions	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Paraphrasing and summarizing	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Effective management of discussion	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Adequate and clear directions	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Effective non-verbal communication	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Learning Climate</b>					
Engages participants' interest	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Positive rapport with learners	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Honest and tactful feedback	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Safe environment	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Visual Aids</b>					
Legible writing on flipchart	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Appropriate use of flipchart	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Timing</b>					
Adherence to time limits	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Overall remarks and suggestions to improve the quality of training:</b>					

**Submit to the State Training Coordinator after every training course**

Name of Training Institution
Dates of Training course
Number of participants - Nominated
Number of participants - Attended
Field sites visited ( <i>tick all that apply</i> ) CHC <input type="checkbox"/> PHC <input type="checkbox"/> District Hospital <input type="checkbox"/> Immunization Session <input type="checkbox"/> Other <input type="checkbox"/>
Names of Facilitators and Designation 1. 2. 3. 4. 5.
Training and other materials given to all the participants? ( <i>tick all that apply</i> ) Immunization Handbook Handouts (from Facilitators' Guide) Certificates Other (specify) _____
Pre AND post-test evaluation done? ( <i>tick one</i> ) Yes No
Feedback from trainees sought? ( <i>tick one</i> ) Yes No Mention salient points:
Remarks on the training course indicating good experiences and problems/constraints faced (such as attendance of trainees, training material, release of funds, etc.)

Attach Registration Form (List of participants with designation, place of work and contact)

Submitted by \_\_\_\_\_

Date: \_\_\_\_\_

- **Evaluate only those Medical Officers who have attended the three-day Immunization Training for Medical Officers**
- **Evaluate at least six months after completion of training**

General Information			
State:		District:	
Block/PHC:		Date(s) of visit:	
Name of the evaluator:		Designation:	
Name of Medical Officer			
Dates of Training workshop attended:			
Name of the training center (where trained)			
Availability of equipment and supplies at the PHC/CHC			
Equipment and Supplies	Present (Y/N)	Functional (Y/N)	Remarks
Cold chain and logistics <ul style="list-style-type: none"> <li>• DFs</li> <li>• ILRs</li> <li>• Voltage Stabilizers</li> <li>• Cold Boxes</li> <li>• Vaccine Carriers</li> <li>• Icepacks</li> <li>• Thermometers</li> <li>• Temperature log books</li> <li>• Vaccine and Logistics indent forms, supply vouchers</li> <li>• stock register and</li> <li>• vaccine and logistic issue register</li> </ul>			
Injection safety equipment <ul style="list-style-type: none"> <li>• ADS</li> <li>• Hub cutters</li> <li>• Bleaching solution</li> <li>• Waste Disposal pit</li> </ul>			
Records reports and using data for action <ul style="list-style-type: none"> <li>• Immunization cards/ tracking bags</li> <li>• Immunization register</li> <li>• Stock register</li> <li>• Coverage monitoring charts</li> </ul>			
About the Training course			
Did you receive Certificate during training?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you receive copy of Imm Handbook during training?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was film on immunization shown during the training?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was field visit organized during training for supervision		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was Training handbook useful to you after training?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you feel now more competent in performing your work?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
concrete examples of measures taken to improve immunization after training			
Any suggestions for improving the contents of the handbook?			
Did you face any difficulties during training? If yes, mention them			
Give suggestions for improving future training			
Self assessment of competencies gained by MOs (max. score=5)			
Area covered	Pre-course score	Post course score	Net gain
Unit 1: Introduction and overview of UIP			
Unit 2: Immunization Schedule & FAQs			
Unit 3: Planning Immunization services			
Unit 4: Cold chain and logistics management			

## Annex 7: Checklist for On-the-Job Performance Evaluation of Medical Officers

(Page 2 of 2)

Unit 5: Safe injections and waste disposal Unit 6: AEFIs Unit 7: Community Involvement and Communication Unit 8: Supportive Supervision Unit 9: Records, Reports and Using data for action Unit 10: VPDs and VPD Surveillance			
<b>Facility's RI Microplan available with the components:</b>			
Map of Catchment area (indicating sub-centers and distances from vaccine storage point)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Estimation of beneficiaries and Logistics (village/ area wise) for current yr	Yes <input type="checkbox"/> No <input type="checkbox"/>		
ANM roster / Immunization Calendar	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Day-wise Plan for Supervisor field visits	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are reports of supervision available with filled checklists	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are reports of monitoring meetings with Health/ICDS/PRI available with agenda and points discussed	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any other reports (specify _____ )	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Cold chain and logistics management</b>			
Cabinet Temperature of ILRs between +2 to +8°C	Yes <input type="checkbox"/> No <input type="checkbox"/>		
All vaccine vials correctly arranged inside ILR	Yes <input type="checkbox"/> No <input type="checkbox"/>		
No RI vaccines stored inside DFs (except OPV at district level)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is emergency plan for vaccine storage available and displayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any stock-outs reported in last 3 months? (check records)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Disposal pit used for disposal of disinfected sharps (cut needles, broken vials & ampoules)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>		
<b>Records reports and using data for action</b>			
Give an example on how you started using routine immunization data for action?			
After the training, are you analyzing data from the routine reports for coverage, access, drop outs etc.	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, monthly, quarterly, other?		
Are updated Coverage Monitoring charts displayed at the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are tracking bags used by HWs for tracking drop-outs	Yes <input type="checkbox"/> No <input type="checkbox"/> Plan to <input type="checkbox"/>		
Has the number of sessions held vs planned increased? Check the records	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has completeness and Timeliness of routine reports improved?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any AEFI reported or Zero Report in last 3 calendar months	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any VPD reported or Zero Report in last 3 calendar months	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any activities conducted to improve community involvement and communication? Please specify			
Are any aspects of the organization's policies and practices discouraging you from using what you learnt during the training?	Yes <input type="checkbox"/> No <input type="checkbox"/> please specify: _		
Any issues related to financial management?			
What more could your supervisor do to support your efforts to improve your Performance?			
What additional training do you need to help you to improve proficiency in your work?			

Additional Comments:

Notes from the CMO/Supervisor interview:

(Noted any change in the performance of MO after training as compared to the previous performance)---No change/ change observed/ reason if no change observed

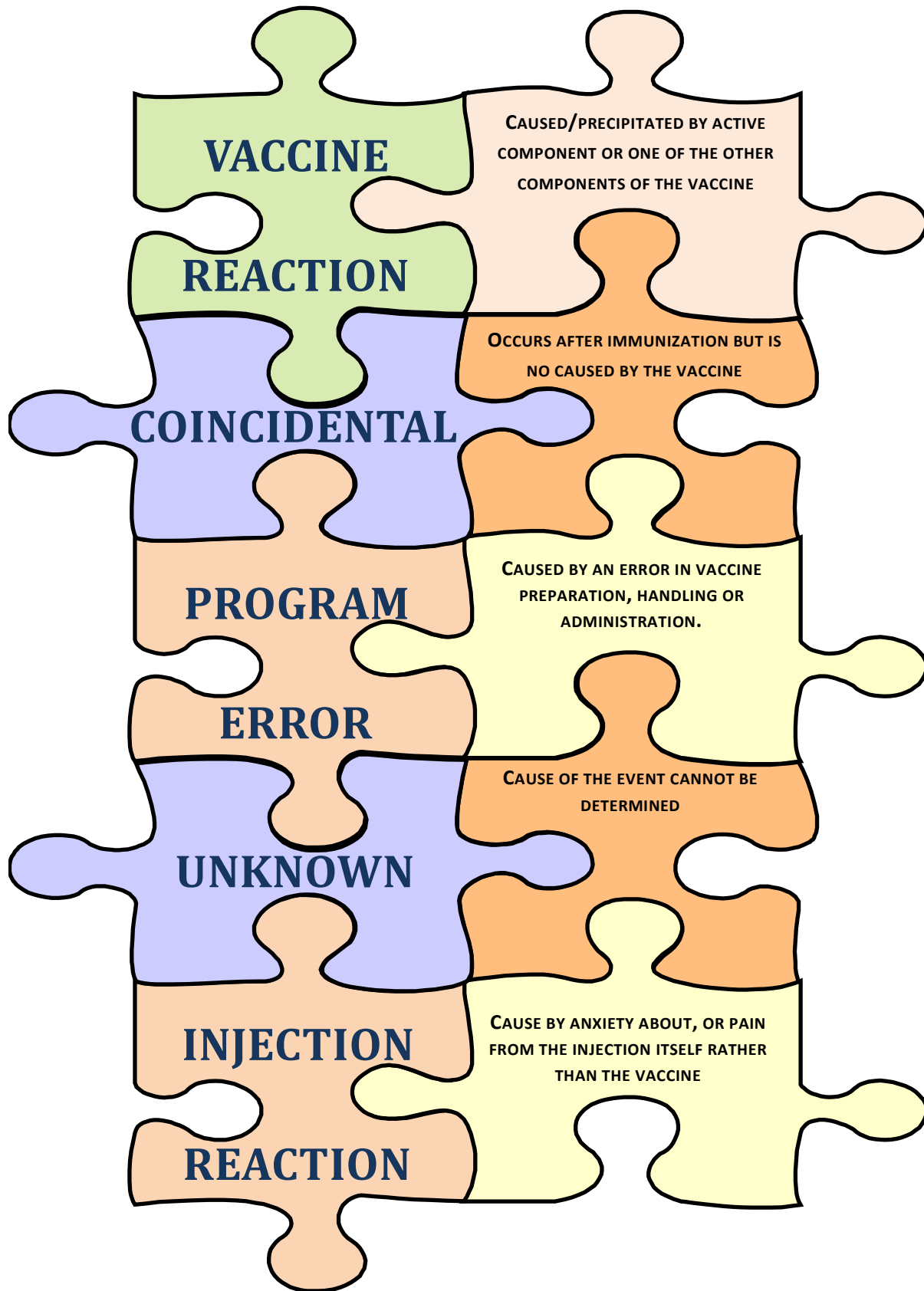
Notes from the block officials interviews:

Monitor's comments/conclusions:

**Annex 8: Participants' Registration Form**

Date: \_\_\_\_\_ Training Venue: \_\_\_\_\_ State: \_\_\_\_\_

<b>Name</b>	<b>Designation/ Place of Work</b>	<b>Phone No.</b>	<b>Email Id</b>	<b>Signature</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



## Annex 10: Standard Case Definitions

VPD	Suspect (based on history)	Probable (history and clinical examination)	Confirmed (laboratory tests)
Diphtheria	Sore throat, mild fever, grayish white membrane in throat Exposure to a suspect case of diphtheria in the previous one week or a diphtheria epidemic in the area	An illness characterized by laryngitis or pharyngitis or tonsillitis and an adherent membrane of the tonsils, pharynx and/or nose	Probable case that is lab-confirmed or linked epidemiologically to a lab-confirmed case i.e. isolation of the <i>Corynebacterium diphtheriae</i> from throat swab or four fold or greater rise in serum antibody titre (only if both serum samples are obtained before administration of diphtheria toxoid or antitoxin)
Pertussis	Cough persisting for 2 weeks or more Fits of coughing which may be followed by vomiting. Typical whoop in older infants and children Exposure to a suspect case in previous 2 weeks or epidemic of whooping cough in the area	A case diagnosed as Pertussis by a physician or A person with cough lasting at least 2 weeks with at least one of the following symptoms: Paroxysms (i.e. fits) of coughing Inspiratory whooping Post tussive vomiting (i.e. vomiting immediately after coughing) without other apparent cause	Isolation of <i>Bordetella pertussis</i> or detection of genomic sequences by means of the polymerase chain reaction (PCR) or Positive paired serology
Neonatal tetanus	Any neonatal death between 3 and 28 days of age in which the cause of death is unknown, or Any neonate reported as having suffered from neonatal tetanus between 3 and 28 days of age and not investigated.	Any neonate with normal ability to suck and cry during the first 2 days of life and Who, between 3 and 28 days of age, cannot suck normally and Becomes stiff or has spasms	The basis for case classification is entirely clinical and does not depend upon laboratory confirmation. NT cases reported by physicians are considered to be confirmed.
Polio	Sudden onset of weakness and floppiness in any part of the body in a child <15 yrs of age or paralysis in a person of any age in whom polio is suspected.	Epidemiologically linked to a case of poliomyelitis	Isolation of wild polio virus from stool.
Measles	Any case with fever and rash	Fever AND maculo popular rash (i.e. non-vesicular or without fluid) lasting for more than 3 days AND cough OR coryza (running nose) OR conjunctivitis (red eyes).	At least a fourfold increase in antibody titer, or isolation of measles virus, or presence of measles-specific IgM antibodies in blood. OR Case is linked epidemiologically to a lab confirmed case.
Tuberculosis (childhood)	A child with fever and / or cough for more than 2 weeks, with or without weight loss or no weight gain; and history of contact with a suspected or diagnosed case of active TB disease within the last 2 years	A combination of clinical presentation, sputum examination wherever possible, chest x-ray, Montoux test and history of contact	A patient with culture positive for the <i>Mycobacterium tuberculosis</i> or a patient with one sputum smear positive for acid-fast bacilli.
Hepatitis B	An acute illness typically including acute jaundice, dark urine, anorexia, malaise, extreme fatigue and right upper quadrant tenderness. Biological signs include increased urine urobilinogen and >2.5 times the upper limit of serum alanine aminotransferase.	Not applicable	Serum positive for IgM anti-HBc or, (less desirably) Hepatitis B surface antigen (HBsAg)
Japanese Encephalitis	A person of any age, at any time of the year with acute onset of fever and a change in mental status (including symptoms as confusion, disorientation, coma or inability to talk) AND/OR new onset of seizures (excluding simple febrile seizures). Other early clinical findings may include an increase in irritability, somnolence or abnormal behavior greater than seen with usual febrile illness.	A suspect case that occurs in close geographical and temporal relationship to a lab confirmed case of JE, in the context of an outbreak.	Presence of JE virus specific IgM antibodies in a sample of serum and/or cerebrospinal fluid (CSF) as detected by an IgM-capture ELISA.



# Handouts

## Handout 1: Pre and Post-Test Questionnaire

1	Each infant will need four injections in their first year of life to be fully immunized	True    False
2	How many minimum sessions per year do you need to organize to fully immunize all infants in a hard to reach village located 6 km away from a sub center with a population of less than 1000 ?	6    5    4
3	Which of the following statements regarding effective stock management is <u>NOT</u> correct? a. Freeze dried vaccines must be issued with the correct diluents in matching quantities. b. Expired vaccines may be kept in the cold chain with clear marking until disposal. c. Older stocks must be distributed first to ensure proper rotation of supplies. d. Cold Chain status should be recorded in stock records.	a b c d
4	Frozen icepacks should be conditioned (kept at room temperature) for exactly half an hour to prevent freezing during distribution.	True    False
5	Which of the following statements about vaccine storage conditions is <u>NOT</u> correct? a. Measles should be kept at -15°C at all levels. b. DPT-HepB should be kept at 2°C to 8°C c. Diluents must never be frozen. d. BCG vaccine can safely be kept at 2°C to 8°C	a b c d
6	Which of the following temperature reading require immediate action in an ILR? a. +2.5C                      b.+0.1C                      c. 8.0C                      d.7.0C	a    b    c    d
7	Wastage in unopened vials is usually due to cold chain and stock management problems	True    False
8	What do you do with T-series vaccines (DPT, DT, TT, Hep B) that are frozen? a. Warm them and use them as quickly as possible b. Keep them in the cold chain c. Discard and report	a b c
9	AD syringes should be stored in a container or bowl after injection and these can then be cut using the hub cutter at the end of an immunization session.	True    False
10	Which statement is correct? A high DTP1/DTP3 drop-out rate of 25% a. indicates a poor access to health services b. indicates a poor utilization of health services c. indicates a problem of denominator	a b c
11	An area with high coverage may still have a large number of unimmunized infants	True    False
12	Holding more sessions in areas with low coverage is the <u>ONLY</u> solution to the problem.	True    False
13	Morbidity from VPDs increases as vaccination coverage increases	True    False
14	A supervisory visit is not needed for health facilities with high coverage	True    False
15	Which of the following can be categorized as serious Adverse Events Following Immunization (AEFIs) a. Death                      b. Hospitalization                      c. Cluster                      d. All of the above	a    b    c all of above
16	Anaphylaxis after DPT vaccination is: a. Vaccine reaction                      b. Programmatic error                      c. Coincidental	a    b    c
17	Which of the following tool(s) can be used by the supervisor during a visit in a health unit to verify that the reported number of vaccinations is exaggerated? a. Monthly UIP Report b. Stock Register c. Vaccine and Logistics Issue Register	a b c all of above
18	Inaccurate head counts and population migrations both contribute to denominator problems in calculating the target group.	True    False
19	Monitoring of activities should be done only by the higher levels	True    False
20	In low literate settings, which is the most effective method to mobilize communities for RI? a. Radio and TV    b. Posters                      c. Miking                      d. Interpersonal Communication	a    b    c    d

## ***Handout 2: Agenda for Immunization Training of Medical Officers***

### ***Day-I***

09.00–09.30	Registration
09.30–10.00	Pre-testing
10.00–10.30	Introduction of Participants
10.30–11.30	Participants' Expectations and Training Overview <b>(Unit-1)</b>
11.30–12.00	Immunization Schedule and FAQs <b>(Unit-2)</b>
12.00–13.00	Planning Immunization services <b>(Unit-3)</b>
13.00–14.00	Lunch
14.00–14.10	Warm-up 1
14.10–15.30	Cold chain and logistics management <b>(Unit-4)</b>
15.30–16.00	Safe injections and Waste disposal <b>(Unit-5 )</b>
16.00–17.00	Adverse Events Following Immunization (AEFIs) <b>(Unit-6 )</b>
17.00–17.15	Evaluation of the day

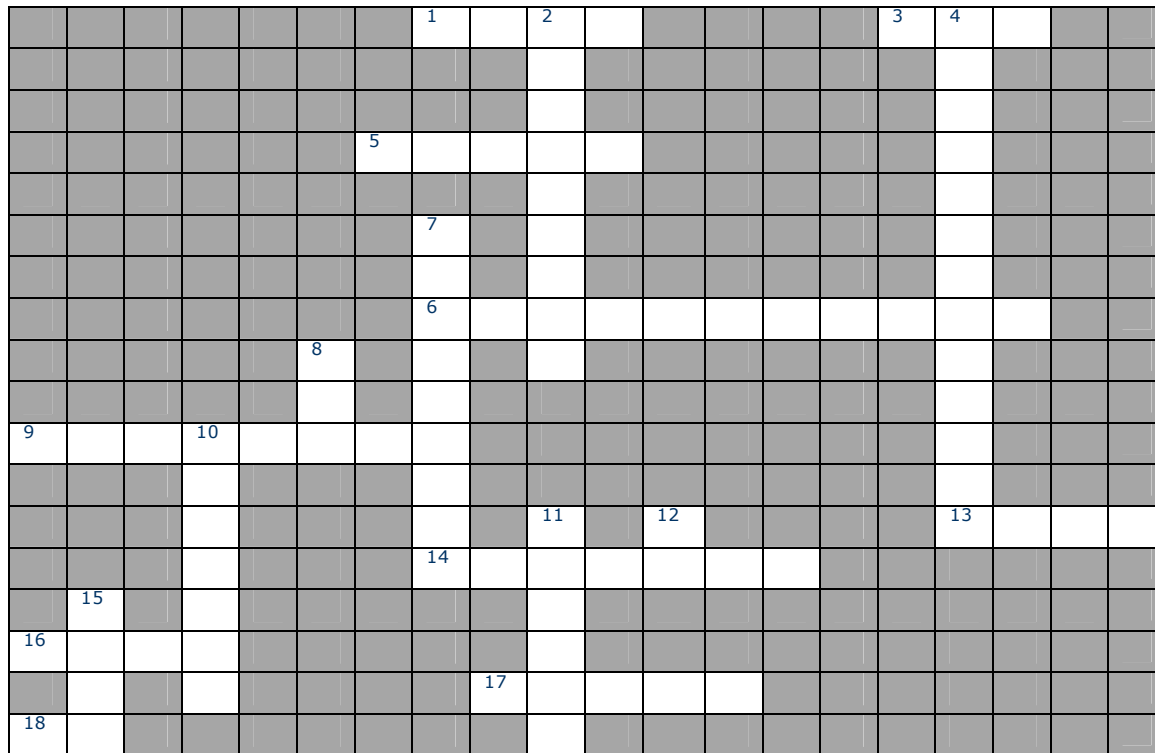
### ***Day-II***

09.00 – 09.15	Recap of previous day and Program of the day
9.15–10.15	Community Involvement and Communication <b>(Unit-7 )</b>
10.15–12.00	Supportive supervision <b>(Unit-8 )</b>
12.00–13.00	Records and Reports <b>(Unit-9)</b>
13.00–14.00	Lunch followed by warm up
14.00–14.10	Warm-up 2
14.10–15.30	Using data for action <b>(Unit-9)</b>
15.30–17.00	VPDs and Surveillance of VPDs <b>(Unit-10 )</b>
17.00–17.20	Film on Immunization
17.20–17.30	Preparation for the field visit and Evaluation of the day

### ***Day-III***

08.00- 13.00	Field visit to PHC/CHC & Session site <b>(Units 3,4,5,6,7,8,9 &amp; 10)</b>
13.00 – 14.00	Lunch
14.00 – 14.30	Discussion and presentations on field visit observations
14.30 –15.00	Course evaluation and feed back
15.00 – 15.30	Distribution of certificates and conclusion

**Instructions:** A crossword is a word puzzle in a grid of black and white squares. The goal is to fill the white squares with letters to form words or phrases. You do this by solving clues given below the crossword grid and writing the answers in the appropriate white squares. At the end of the clue the total number of letters in the answer is given in brackets. Squares in which the answers begin are numbered. The clues are then referred to by these numbers and a direction, for example, "4-Across" or "20- Down".



## CLUES

### Across

1. Vaccine that prevents liver cancer (4)
3. The vaccine used against poliomyelitis (3)
5. Dose of HepB given in the first 24 hours of life (5)
6. Infants that haven't received any immunization (11)
9. The "C" in BCG (8)
13. Usually appears after giving the BCG vaccine (4)
14. Injecting in the gluteal region damages this nerve (7)
16. Vaccines that are derived from weakened disease causing organisms. (4)
17. Common mild reactions to immunization are \_\_\_\_\_, rash, and local tenderness (5)
18. VPD spread by infected mosquitoes (2)

### Down

2. Another name for whooping cough (9)
4. VPD spread through the oral-fecal route (13)
7. Minimum gap between 2 doses of DPT, OPV and HepB (4,5)
8. Allergy to this vaccine is a contraindication for the subsequent dose. (3)
10. VPD causing highest infant mortality (7)
11. Also known as inactivated vaccine (6)
12. Boosters of this vaccine are also recommended at 10 and 16 years of age (2)
15. Total doses of Vitamin A given by 5 years of age (4)

**Based on the information provided for the SC, prepare a map and fill in the Template**

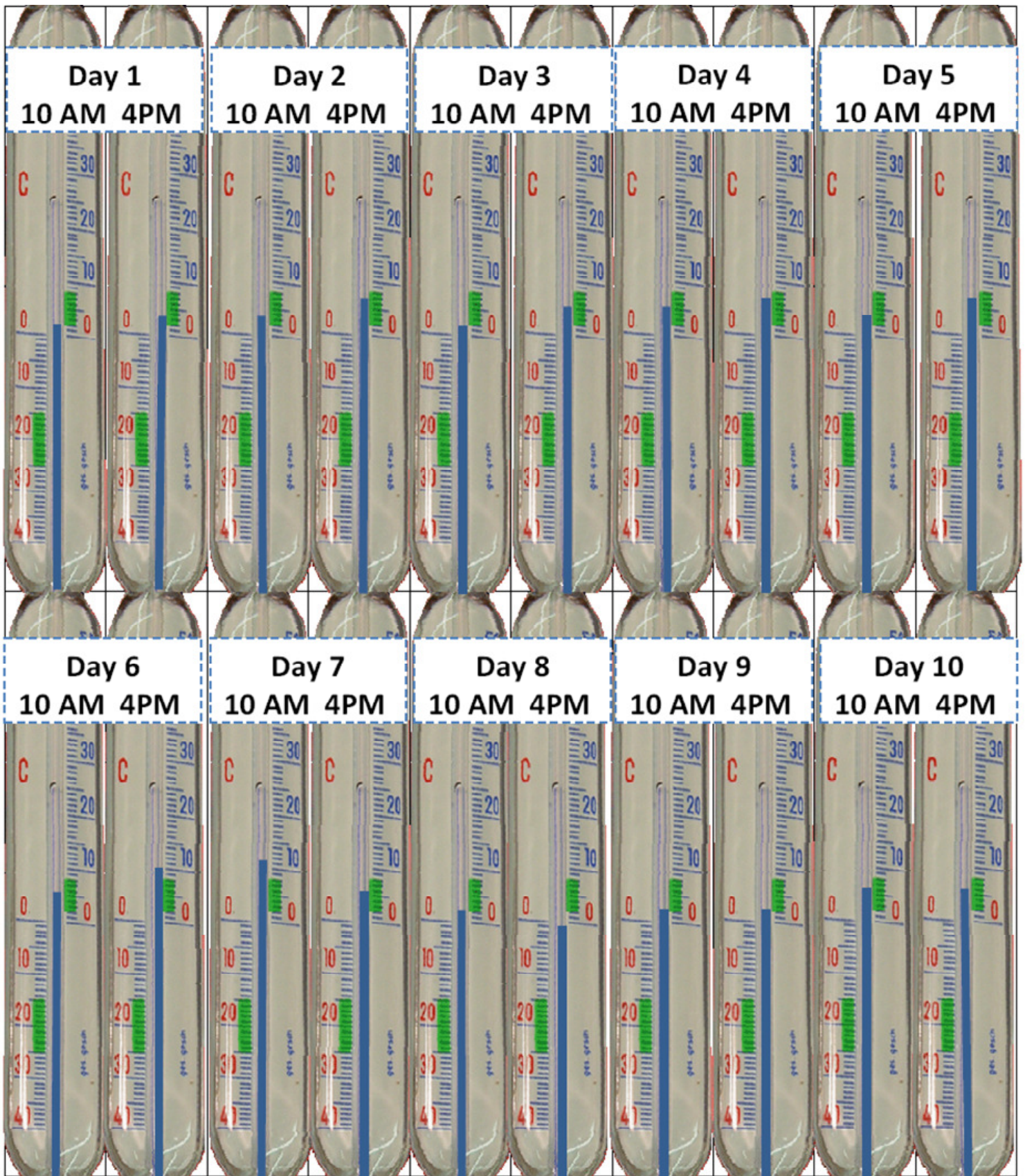
		Estimation of Beneficiaries												Estimation of Vaccines and Logistics									
Sl.No.	Village	Total Population	Annual Target		Monthly Target		Beneficiaries per month for each vaccine & Vitamin A							Vaccine vials & Vitamin A per month						Syringes per month			
			PW	Infants	PW	Infants	TT	BCG	DPT	OPV	Hepatitis B	Measles	Vitamin A	TT	BCG	DPT	OPV	Hepatitis B	Measles	Vitamin A (in ml)	ADS 0.1 ml	ADS 0.5 ml	Reconstitution
			a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u
Formula		Based on actual headcount	Based on actual headcount x 2	Based on actual headcount	Column a ÷ 12	Column b ÷ 12	Column c x 2	Column d x 1	Column d x 5	Column d x 4	Column d x 3	Column d x 1	Column d x 9	(Column e x 1.33) ÷ 10	(Column f x 1.33) ÷ 10	(Column g x 1.33) ÷ 10	(Column h x 1.33) ÷ 20	(Column i x 1.33) ÷ 10	(Column j x 1.33) ÷ 5	{(column d x 1 ml) + (column d x 8 x 2 ml)} x 1.11	Column f X 1.1	(Columns e + g + i + j) X 1.1	(Column m + q) X 1.1
1	Rampur (SC)	2000	66	60																			
2	Chandpur	1700	56	51																			
3	Ranapur	1400	46	42																			
4	Karothe	1800	60	54																			
5	Manaav	1000	34	30																			

ANM Work Plan/ Roster																											
Sl.No.	Village	Distance (kms) from	AWW	ASHA	Injections per month	Sessions required per month	Month 1				Month 2				Month 3												
							Wed				Sat				Wed				Sat								
							1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4					
1	Rampur (SC)	1																									
2	Chandpur	3.5																									
3	Ranapur	2																									
4	Karothe	3																									
5	Manaav	6																									

# Handout 5: Temperature Monitoring Chart

(Page 1 of 2)



# Handout 5: Temperature Monitoring Chart

(Page 2 of 2)

## UNIVERSAL IMMUNIZATION PROGRAMME

Daily Temperature Monitoring chart for ILR

Month/Year.....

Facility Name:.....

RECORD TEMPERATURE DAILY AT 10.00 AM AND 04.00 PM

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
UNSAFE	12																														
	11																														
	10																														
	9																														
SAFE	8																														
	7																														
	6																														
	5																														
	4																														
	3																														
	2																														
	1																														
UNSAFE	0																														
	-1																														
	-2																														
	-3																														
	-4																														
Defrost Date																															
Power Breaks																															
Signature of MO																															

**Plot the temperature monitoring chart with readings from the thermometer**

**Based on the situation in your CHC/PHC, prepare a plan for safely storing vaccines during equipment breakdown or long electricity outages**

**EMERGENCY PLAN FOR VACCINE STORAGE**

**(Prepared on: \_\_\_\_\_)**

Name of PHC/CHC:

**When to act:**

- 
- 
- 
- 

**Who will act (Name and Designation):**

**What to do (Recommended Actions:**

Equipment	Action

**In case of ILR/DF breakdown, immediately inform:**

Designation	Name	Phone (O)	Phone (R)/Mobile

**Record details of breakdown in inventory register and UIP Monthly PHC Performance Report**

**Fill the FIR based on the following case study**

On 28 Nov 2007, 3:30pm ANM Sangeeta telephonically reported an AEFI to Dr Harish Kumar, MO in-Charge of PHC Dona Kala, Block Mamdot, District Ferozepur in Punjab. She reported that she had administered Measles and Vit A to an 11 month child named Guddi D/O Lakhan Pal Kewat R/O village Siyapur near Shiva Temple, Block Mamdot. The child was vaccinated in Govt Primary school Siyapur on 28 Nov 2007 at about 10:10 am.

Dr Harish Kumar rushed to reach village Siyapur at 5:00pm. On examination he found that the child was suffering from high grade fever with seizures. He provided basic symptomatic treatment and advised to immediately shift Guddi to the District hospital Ferozepur. He noted the details of the vaccine from ANM Sangeeta. The manufacturer of Measles vaccine as per the label on the vaccine is Cheeron Medical Institute Karnal Haryana with batch number M 3179 Mfg, date Jan 07 and expiry Dec 09. Vit A was manufactured by Lal syrups Ltd, batch number 202, mfg date Apr 07 and expiry Aug 09. The distilled water ampoule (diluent) used to reconstitute was within normal limits with batch number 1143, mfg Dec 06 and expiry Sept 09 manufactured by Cheeron associates for the National Government. The vaccine was administered using the AD syringe and Vit A was given with the plastic spoon provided with the Vit A syrup.

The symptoms started 5 hours after vaccination and the condition seemed to have worsened over time. Guddi was brought to the hospital at 7:30 pm. The child died an hour later after reaching the district hospital. The post mortem was performed the same evening at 10 pm. Dr Harish Kumar filled the FIR and sent a copy to the Dr GS Dhillon (DIO) and Dr S.S Walia (CMO). Dr GS Dhillon (DIO) forwarded the FIR to Assistant Commissioner (UIP) Govt of India, and the State Immunization officer. On receiving the information, Dr GS Dhillon immediately visited the district hospital to be updated on the sequence of events in this suspected AEFI. He interacted with Dr Harish Kumar, Sangeeta and Pediatrician Dr Arora.

Dr GS Dhillon called for a meeting of the district AEFI committee. He asked the Pediatrician Dr Arora, Dr Harish Kumar and Sangeeta to accompany him to visit the affected family in Siyapur village on 3 Dec 07. On reaching the village the team consoled the family and tried to gather other details. Suman, the mother of the child disclosed that the deceased Guddi had fallen off her lap on the 9 Nov 07, since 10 Nov 07 the child was suffering of fever which was sometimes moderate to high grade. Seizures started from the 14 Nov 07. Initially it was 1-2 episodes a day. By 19 Nov 07, however, the number of such episodes increased to 10-15 each day. There was history of loss of appetite. The mother produced some chemist's bills and prescription slips which were written by the local practitioner. This information was however not given to the ANM Sangeeta or the Medical Officer, Dr Harish Kumar. Dr GS Dhillon filled the PIR and forwarded it to Asst. Commissioner (UIP), Govt of India with a copy to State Immunization Officer.

<b>FIRST INFORMATION REPORT FORM (FIR)</b> For Serious Adverse Events Following Immunization: Report within 48 hours to Gol <i>(Fill in BLOCK letters only)</i>																																							
Contact information of MO filling report																																							
Medical Officer Name															Date										Contact Phone Number														
State															Case Id																								
															IND (AEFI) / State Code / District Code / Year / Serial No.																								
District																																							
Block																																							
Date of Notification										d	d	m	m	y	y	y	y	Date of Investigation										d	d	m	m	y	y	y	y				
Case Name																																							
Date of Birth										d	d	m	m	y	y	y	y	Age (in months)										Sex		Male		Female							
Mother's / Father's Name																																							
Complete Address of the Case with landmarks (Street name, house number, village, block, Tehsil etc.)																																							
Hospitalization										Yes		No		Date of Hospitalization										d	d	m	m	y	y	y	y								
Death										Yes		No		Date of Death										d	d	m	m	y	y	y	y	Time		..... am / pm					
Date of vaccination										d	d	m	m	y	y	y	y	Time of vaccination										..... am / pm											
Date of Onset of Symptoms										d	d	m	m	y	y	y	y	Time of Onset of symptoms										..... am / pm											
Complete Address of site of vaccination																																							
Detail of vaccine, diluent & Vitamin-A given																																							
Vaccine										BCG		BCG Diluent		DPT		OPV		Hep B		DT		TT		Measles		Measles Diluent		Vit-A		Other									
*Dose																																							
Manufacturer																																							
Batch Number																																							
Manufacture Date																																							
Expiry Date																																							
*Write the dose of the vaccine this child received on that day like 1st, 2nd, 3rd, booster and any other.																																							
Clinical History of Reaction										.....																													
										.....																													
Any other comment										.....																													
										.....																													
Contact Information of DIO/ District Nodal Officer Forwarding Report																																							
Name & Sign															Date										Contact Phone Number														
On completion, send form to Assistant commissioner (UIP), CH division of Govt. of India (Fax No. 011-23062728 or email aefiindia@gmail.com) and State Immunization Officer																																							

**CHECKLIST FOR FIELD VISIT TO PHC/CHC**

Name of Block/Planning Unit : _____		Name of CHC/PHC : _____	
Date of Visit : ____/____/____		Population covered : _____ Name of Supervisor: _____	
<b>PROGRAMME MANAGEMENT (Consult Facility in-charge and records)</b>			
1	Components of the Facility's RI Microplan available		
	a. Map of Catchment area (indicating sub-centers and distances from vaccine storage point)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Estimation of Beneficiaries (village/ area wise) for current year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Estimation of Logistics – Vaccines, Syringes, Immunization Cards etc. (village/area wise)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d. ANM roster / Immunization Calendar	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	e. Day-wise Plan for Supervisor field visits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	ANM Roster / Immunization Calendar displayed at the facility		
3	Coverage Monitoring Chart/Drop out Chart (BCG-Measles or DPT 1-3) displayed at the facility		
4	Meeting conducted with RI component with Health/ICDS/ PRI in last calendar month (verify minutes)		
5	Supervisory visits by District level Government Health officials in the last calendar month		
<b>COLD CHAIN (Observe in Cold Chain Room)</b>			
6	<b>ILRs and DFs</b>		
	a. Placed on wooden blocks and at least 10 cm away from walls and surrounding equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Each equipment is connected through functional Voltage Stabilizer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Functional thermometer placed inside every ILR and DF	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d. No frost OR frost less than 5mm on inside walls of every ILR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	<b>Temperature Log Books</b>		
	a. Twice daily monitoring of temperature in respective log books	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Record of power failures/cuts (if any) and Record of Defrosting ILRs & DFs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Periodic checks of Temperature Log Books by Facility in-charge (see evidence of signatures)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	<b>Ice Lined Refrigerator (ILRs)</b>		
	a. Cabinet Temperature between +2 to +8°C		
	b. All vaccine vials correctly arranged inside labeled cartons (expiry date, batch)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. No T-series or Hepatitis B vaccine vials placed in the bottom of ILR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d. Diluents placed in ILR, at least 24 hours before distribution (observe and/or consult)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	<b>Deep Freezer (DF)</b>		
	a. Cabinet Temperature of DFs between -15 to -25°C	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Correct placement of ice packs inside DF (in crisscross manner, while freezing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. No RI vaccines stored inside DFs (including reconstituted vaccines)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>SUPPLIES AND STOCKS (Physically count for 1 or 2 vaccines and consult stock register)</b>			
10	<b>Vaccines and Diluents</b>	<b>Actual count</b>	<b>Record</b>
	BCG/OPV/DPT/DT/TT/HepB/Measles vaccine (in vials)		BCG/Measles Diluent (ampoules)
11	Records of vaccines and diluents distributed (from vaccine issue register) correlates with Stock Register		Yes <input type="checkbox"/> No <input type="checkbox"/>
12	All sessions conducted in last calendar month issued at least one vial of each antigen		Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Records for ADS and Reconstitution syringes available and updated		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>IMMUNIZATION SESSIONS (Consult Microplan, Vaccine Issue Register and MPR)</b>			
14	Imm. Sessions (for last calendar month)	<b>Planned (P)</b>	<b>Conducted (C)</b>
			% conducted (C/P X 100)
			% sessions conducted more than 80% Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
15	Doses administered (Cumulative for last 3 months)	<b>DPT1 (D1)</b>	<b>DPT3 (D3)</b>
			% Dropout ((D1-D3)/D1 X 100)
			Dropout Rates less than 10% Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>REPORTS (Consult MPR in UIP Format)</b>			
16	Any AEFI reported or Zero Report in last 3 calendar months		
17	Any VPD reported or Zero Report in last 3 calendar months		
<b>INJECTION SAFETY (Observe)</b>			
18	Immunization waste chemically disinfected		
19	Disposal pit used for disposal of disinfected sharps (cut needles, broken vials & ampoules)		

**CHECKLIST FOR FIELD VISIT TO SESSION SITE**

Name of ANM: _____		Name of Subcentre : _____	
Name of CHC/PHC : _____		District: _____	
Date of Visit : ____/____/____		Time of visit: _____	
Name and designation of Supervisor: _____			
1.	Session Site	Sub Center <input type="checkbox"/> Anganwadi Center <input type="checkbox"/> Other <input type="checkbox"/>	
2.	Present at Site (tick all that apply) <b>If ANM is absent, do not fill this format</b>	<b>ANM</b> <input type="checkbox"/> AWW <input type="checkbox"/> ASHA/Link Worker <input type="checkbox"/> Mobilizer <input type="checkbox"/> Other <input type="checkbox"/>	
3.	Is the session site as per RI micro plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	What immunization-related IEC material is displayed at site?(tick all that apply)	Banner <input type="checkbox"/> Wall writing <input type="checkbox"/> Tinplate <input type="checkbox"/> Poster <input type="checkbox"/> Other <input type="checkbox"/>	
5.	Is a vaccine carrier with 4 ice packs available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.	What is the condition of icepacks in the vaccine carrier?	Hard Frozen <input type="checkbox"/> Semi Frozen <input type="checkbox"/> Fully Melted <input type="checkbox"/>	
7.	Are all vaccine vials & diluents placed in plastic zipper bag in vaccine carrier?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	Availability of vaccines and logistics (Tick)		
	BCG <input type="checkbox"/>	Measles <input type="checkbox"/>	DT <input type="checkbox"/> Functional hub cutter <input type="checkbox"/>
	BCG Diluent <input type="checkbox"/>	Measles Diluent <input type="checkbox"/>	Vitamin A <input type="checkbox"/> Tracking Bag <input type="checkbox"/>
	tOPV <input type="checkbox"/>	JE <input type="checkbox"/>	Blank Immunization Cards <input type="checkbox"/> 0.1 ml AD Syringes <input type="checkbox"/>
	DPT <input type="checkbox"/>	JE Diluent <input type="checkbox"/>	Red Disposal Bags <input type="checkbox"/> 0.5 ml AD Syringes <input type="checkbox"/>
	HepB <input type="checkbox"/>	TT <input type="checkbox"/>	Black Disposal Bags <input type="checkbox"/> Disposable Syringes <input type="checkbox"/>
9.	Is any expired vaccine found?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, which vaccine .....)	
10.	Is any vial of DPT, DT, TT and/or Hepatitis B found frozen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.	Is the VVM on tOPV in usable stage (Stage 1 or 2)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12.	Is the time of reconstitution mentioned on both BCG & Measles vial(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
13.	Does ANM/AWW/ASHA/Link Worker have a due list of beneficiaries for this day?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14.	Is the DPT vaccine administered on outer mid thigh (antero-lateral aspect)?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
15.	Is Vit A being given with a plastic spoon to beneficiaries receiving measles?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
16.	Are all AD and Disposable syringes cut with hub cutter immediately after use?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
17.	Are new immunization cards being filled and issued for all new beneficiaries?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
18.	Are updated counterfoils from previous sessions of this session site available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
19.	Is the ANM noting each vaccination correctly and completely in the tally sheet?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
20.	Is the ANM giving the 4 key messages to the mother/care-giver?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
21.	Is the vaccine carrier brought by....?(tick only one)	Hired Person <input type="checkbox"/> Supervisor <input type="checkbox"/> ANM <input type="checkbox"/> Other <input type="checkbox"/>	
22.	Is the vaccine carrier distributed from the PHC/Urban Planning Unit today?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
23.	What is the ANM sending back at end of session?(tick all that apply)	Vaccine vials <input type="checkbox"/> Used Syringes <input type="checkbox"/> Unused syringes <input type="checkbox"/> Report <input type="checkbox"/>	
24.	Has a Supervisor/MO visited sessions in ANM's area in last 1 month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
25.	What made the mother come here for immunization today?	Mother 1	ANM <input type="checkbox"/> AWW <input type="checkbox"/> ASHA/link worker <input type="checkbox"/> Other <input type="checkbox"/>
26.	(tick all that apply)	Mother 2	ANM <input type="checkbox"/> AWW <input type="checkbox"/> ASHA/link worker <input type="checkbox"/> Other <input type="checkbox"/>

## Handout 9: Monthly UIP Report

### UNIVERSAL IMMUNIZATION PROGRAMME

MONTHLY PHC PERFORMANCE REPORT

MONTH\_ March

2008

P.H.C. \_XXX

DISTRICT \_XXXX

Yearly Target : Infants \_7280

Pregnant women \_6131

Number of Sessions : (a) Planned \_180

Actually held \_177

Number of Sessions where vaccines received at site \_170

No. of Volunteers / ASHA engaged to mobilise children-151

Number of sessions held at Aanganwadi centre: \_37

Number of fully immunized infants \_580

Number of Sessions for which private vaccinators hired	ANM absent	Underserved areas	Urban slums	Total
	1	26	3	30

#### (A) IMMUNIZATION AND VIT. A.

PREGNANT WOMEN	TETANUS TOXOID (TT)			Doses	For the Month		Cumulative				
				1	397		4116				
				2	313		3801				
			B								
C H I L D R E N	Vaccines	Doses	During the month				Cumulative				
			Under 1 year		Over 1 Year		Under 1 year		Over 1 Year		
			Male	Female	Male	Female	Male	Female	Male	Female	
	BCG	1	352	238			2785	2211			
	OPV	0 dose	131	105			1104	819			
		1	327	256			2536	2057			
		2	323	275			2219	1958			
		3	348	237			2194	1791			
	DPT	1	327	256			2536	2057			
		2	323	275			2219	1958			
		3	348	237			2194	1791			
	Hepatitis B (Where introduced)	1									
		2									
		3									
	MEASLES	1	349	236			2310	1846			
	VITAMIN A	1	349	236			2310	1846			
	OPV BOOSTER					188	173			1340	1224
	DPT BOOSTER					188	173			1340	1224
	VITAMIN A	2				188	173			1340	1224
		3				122	114			1041	860
		4				95	63			631	524
		5				54	41			486	418
	DT (5 YEAR)	1				182	139			182	139
	TT (10 YEAR)	1				45	46			558	500
	TT (16 YEAR)	1					69				904

#### (B) VACCINE SUPPLY (IN DOSES)

Vaccine	Opening balance-vial	Received during the month	Consumed during the month	Unusable during the month	Balance at the end of the month
DPT	28	300x10	296x10		32
OPV	33x20	200x10	191x20		42x20
BCG	108	150	157x10		101
MEASLES	179	200x5	184x5		195
TT	57	100x10	129x10		28
DT		50x10	50x10		
VITAMIN A	110x100 ml		37x100 ml		73
HEPATITIS B					

#### (C) AD SYRINGES SUPPLY

AD Syringes	Opening balance	Received during the month	Consumed during the month	Closing Balance	Disposed as per CPCB norms
0.1 ml	427	800	627	600	
0.5 ml	3390	2400	3903	1887	yes
5 ml	82	300	318	64	yes

#### (D) SURVEILLANCE

Disease	For the month		Cumulative since April	
	Cases	Death	Cases	Death
Diphtheria				
Pertussis				
Tetanus Neonatorum				
Tetanus others				
Acute Flaccid Paralysis	1		4	
Measles				

#### CHILDHOOD TUBERCULOSIS

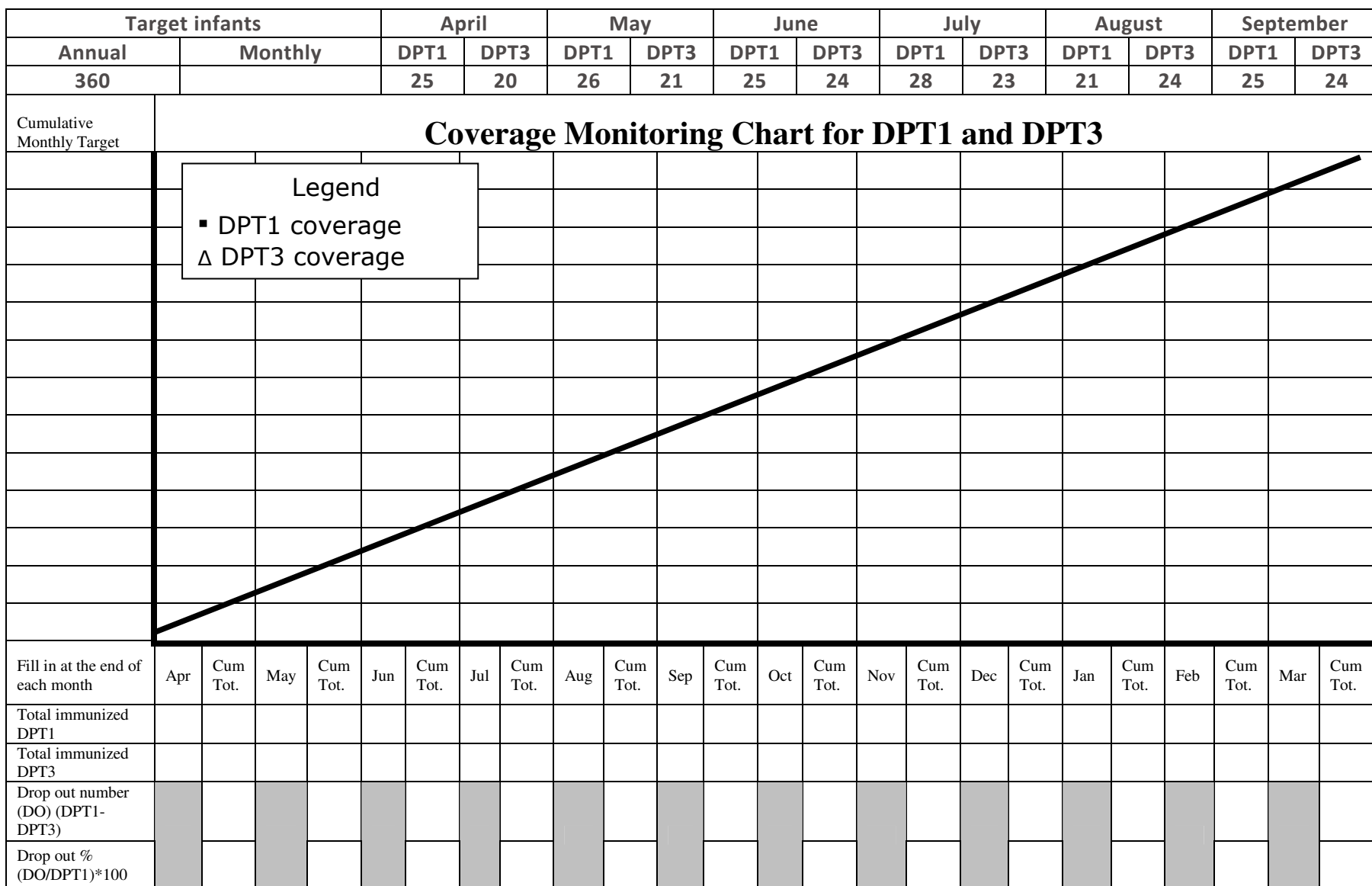
#### (E) STATUS OF PHC COLD CHAIN EQUIPMENT

Equipment make	Machine Number	Whether Working	If not, date of breakdown	Date of intimation	Date of Restoration	Remarks
ILR_1	A/MK 142, 4371359	yes				
ILR_2	NA	yes				
DF_1	MF 144, 91007624	yes				
DF_2	H-142, 2923187	yes				
DF_3	MF 144, 200544006	yes				

#### (F) UNTOWARD REACTIONS

	During the month	Cummulative since April
1	Reported deaths associated with Immunisation	
2	Number of abscesses	
3	Other Complications	

**Plot the following sub-center data on the Coverage Monitoring Chart**



**Calculate the immunization coverage of the SCs listed in the table, analyze data to identify problems of access and utilization and prioritize areas.**

SC Name	Infant popn.	DPT1 Doses	DPT3 Doses	DPT1 Coverage (%)	DPT3 Coverage (%)	Un-immunized with DPT3 (No.)	DPT1-DPT3 Dropout rates (%)*	Access (Good/Poor)	Utilization (Good/Poor)	Priority (1,2,3..)
Rampur	360	316	306							
Hazipur	294	173	76							
Buklana	335	324	230							
Wajidpur	317	274	86							
Shyampur	347	323	325							
Bihata	237	131	126							
Total	1870	1541	1149							



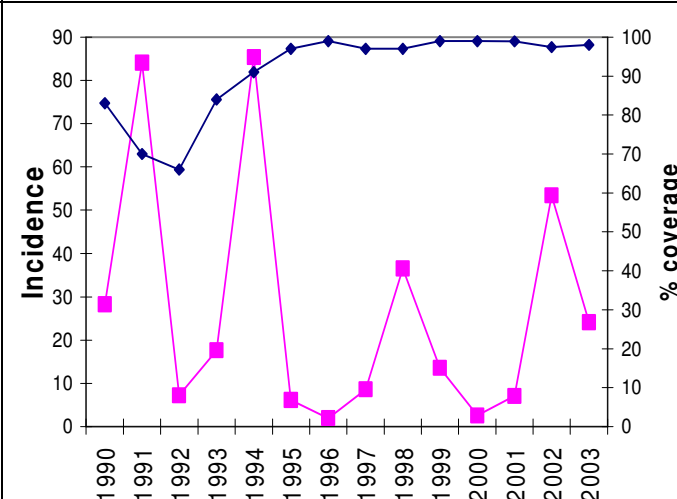
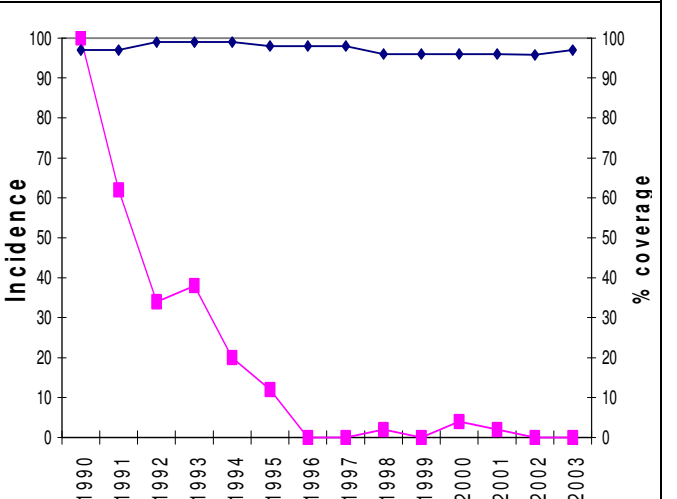
\*  $\frac{\text{DPT1-DPT3}}{\text{DPT1}} \times 100$

## ***Handout 12: Action Plan for Increasing Immunization Coverage***

***Based on identified problems, and priority areas (Handout 11), prepare the Action Plan.***

<b>Component</b>	<b>Causes of access and utilization problems</b>	<b>Solutions with existing resources</b>	<b>Solutions with extra resources</b>	<b>Person(s) responsible</b>	<b>Date for completion</b>	<b>Completed (Yes/No)</b>
<b>Supply Quality</b>						
<b>Supply Quantity</b>						
<b>Staffing Quality</b>						
<b>Staffing Quantity</b>						
<b>Service Quality and Demand</b>						
<b>Service Quantity and Demand</b>						

**Look at the graphs for Measles incidence and measles immunization coverage in two PHCs and answer the following questions**

	PHC 1	PHC 2
<p>  Measles incidence rate per 100,000   % vaccine coverage by 1 year of age         </p>		
1. What is the trend in the number of cases in the area from 1990 through 2003?	Upward trend <input type="checkbox"/> Downward trend <input type="checkbox"/> Plateau <input type="checkbox"/> Cyclical trend <input type="checkbox"/>	Upward trend <input type="checkbox"/> Downward trend <input type="checkbox"/> Plateau <input type="checkbox"/> Cyclical trend <input type="checkbox"/>
2. Are there any epidemic years?	Yes <input type="checkbox"/> (specify____) No <input type="checkbox"/>	Yes <input type="checkbox"/> (specify____) No <input type="checkbox"/>
3. Has the RI program been effective in reducing the number of cases?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Handout 14: Participants' Feedback Form**

Dates \_\_\_\_\_ Location \_\_\_\_\_ State \_\_\_\_\_

<b>Please rate the following aspects of the training course by putting the ✓ mark.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Training venue was adequate for this training				
Boarding and lodging facilities were comfortable				
Refreshment and meals were satisfactory				
Training content was helpful in carrying out routine tasks				
Training methodologies were suitable for the content				
There was opportunity for active participant involvement				
Handbook and other handouts were helpful				
Field visit provided practical information				
There was enough time to cover all material				
Objectives of the training were met				

<b>Please rate your knowledge in the following topics after this training course by putting the ✓ mark.</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Unit 1 Introduction and Overview of UIP				
Unit 2 Immunization Schedule and FAQs				
Unit 3 Planning Immunization Services				
Unit 4 Cold Chain and Logistics Management				
Unit 5 Safe Injections and Waste Disposal				
Unit 6 Adverse Events Following Immunization				
Unit 7 Community Involvement and Communication				
Unit 8 Supportive Supervision				
Unit 9 Records, Reports and Using Data for Action				
Unit 10 VPDs and VPD Surveillance				

Please provide suggestions for improving the content and methodology of training

Additional Comments

**Thank you for your time!**

# Answers

**Answers to Handout 1: Pre and Post-Test Questionnaire**  
**Handout 3: Crossword Puzzle**

**Handout 1: Pre and Post-Test Questionnaire**

- |          |                  |
|----------|------------------|
| 1. False | 11. True         |
| 2. 4     | 12. False        |
| 3. b     | 13. False        |
| 4. False | 14. False        |
| 5. a     | 15. d            |
| 6. b     | 16. a            |
| 7. True  | 17. All of above |
| 8. c     | 18. True         |
| 9. False | 19. False        |
| 10. b    | 20. d            |

**Handout 3: Crossword Puzzle**

							<sup>1</sup> H	E	<sup>2</sup> P	B						<sup>3</sup> O	<sup>4</sup> P	V		
									E								O			
									R								L			
						<sup>5</sup> B	I	R	T	H							I			
									U								O			
							<sup>7</sup> F		S								M			
							O		S								Y			
							<sup>6</sup> U	N	I	M	M	U	N	I	Z	E	D			
					<sup>8</sup> D		R		S								L			
					P		W										I			
<sup>9</sup> C	A	L	<sup>10</sup> M	E	T	T	E										T			
			E				E										I			
			A				K		<sup>11</sup> K		<sup>12</sup> T						<sup>13</sup> S	C	A	R
			S				<sup>14</sup> S	C	I	A	T	I	C							
	<sup>15</sup> N		L						L											
<sup>16</sup> L	I	V	E						L											
	N		S					<sup>17</sup> F	E	V	E	R								
<sup>18</sup> J	E								D											

		Estimation of Beneficiaries												Estimation of Vaccines and Logistics																
Sl.No.	Village	Total Population	Annual Target		Monthly Target		Beneficiaries per month for each vaccine & Vitamin A						Vaccine vials & Vitamin A per month						Syringes per month											
			PW	Infants	PW	Infants	TT	BCG	DPT	OPV	Hepatitis B	Measles	Vitamin A	TT	BCG	DPT	OPV	Hepatitis B	Measles	Vitamin A (in ml)	ADS 0.1 ml	ADS 0.5 ml	Reconstitutio							
			a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u							
Formula		Based on actual headcount	Based on actual headcount x 2	Based on actual headcount	Column a ÷12	Column b ÷ 12	Column c x 2	Column d x 1	Column d x 5	Column d x 4	Column d x 3	Column d x 1	Column d x 9	(Column e x 1.33) ÷ 10	(Column f x 1.33) ÷ 10	(Column g x 1.33) ÷10	(Column h x 1.33) ÷ 20	(Column i x 1.33) ÷ 10	(Column j x 1.33) ÷ 5	{{(column d x 1 ml) + (column d x 8) x 2 ml}} x 1.11	Column f X 1.1	(Columns e + g + i + j ) X 1.1	(Columns m + q) X 1.1							
1	Rampur (SC)	2000	66	60	6	5	12	5	25	20	15	5	45	2	1	4	2	2	2	100	6	63	4							
2	Chandpur	1700	56	51	5	5	10	5	25	20	15	5	45	2	1	4	2	2	2	100	6	61	4							
3	Ranapur	1400	46	42	4	4	8	4	20	16	12	4	36	2	1	3	2	2	2	75	5	49	4							
4	Karothi	1800	60	54	5	5	10	5	25	20	15	5	45	2	1	4	2	2	2	100	6	61	4							
5	Manaav	1000	34	30	3	3	6	3	15	12	9	3	27	1	1	2	1	2	1	56	4	37	3							
ANM Work Plan/ Roster																														
Sl.No.	Village	Distance (kms) from	AWW	ASHA	Injections per month	Sessions required per month	Month 1				Month 2				Month 3															
							Wed				Sat				Wed				Sat				Wed				Sat			
							1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Rampur (SC)	1			62	2	✓				✓																			
2	Chandpur	3.5			60	2		✓			✓																			
3	Ranapur	2			48	1				✓																				
4	Karothi	3			60	2			✓				✓																	
5	Manaav	6			36	1							✓																	

## Answers to Handout 5: Temperature Monitoring Chart

UNIVERSAL IMMUNIZATION PROGRAMME  
Daily Temperature Monitoring chart for ILR

Months/Year: ..... Facility Name: .....

RECORD TEMPERATURE DAILY AT 10.00 AM AND 04.00 PM

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
UNSAFE	12																														
	11																														
	10																														
	9																														
	8																														
SAFE	7																														
	6																														
	5																														
	4																														
	3																														
UNSAFE	2																														
	1																														
	0																														
	-1																														
	-2																														
UNSAFE	-3																														
Defrost Date																															
Power Breaks																															
Signature of MO																															

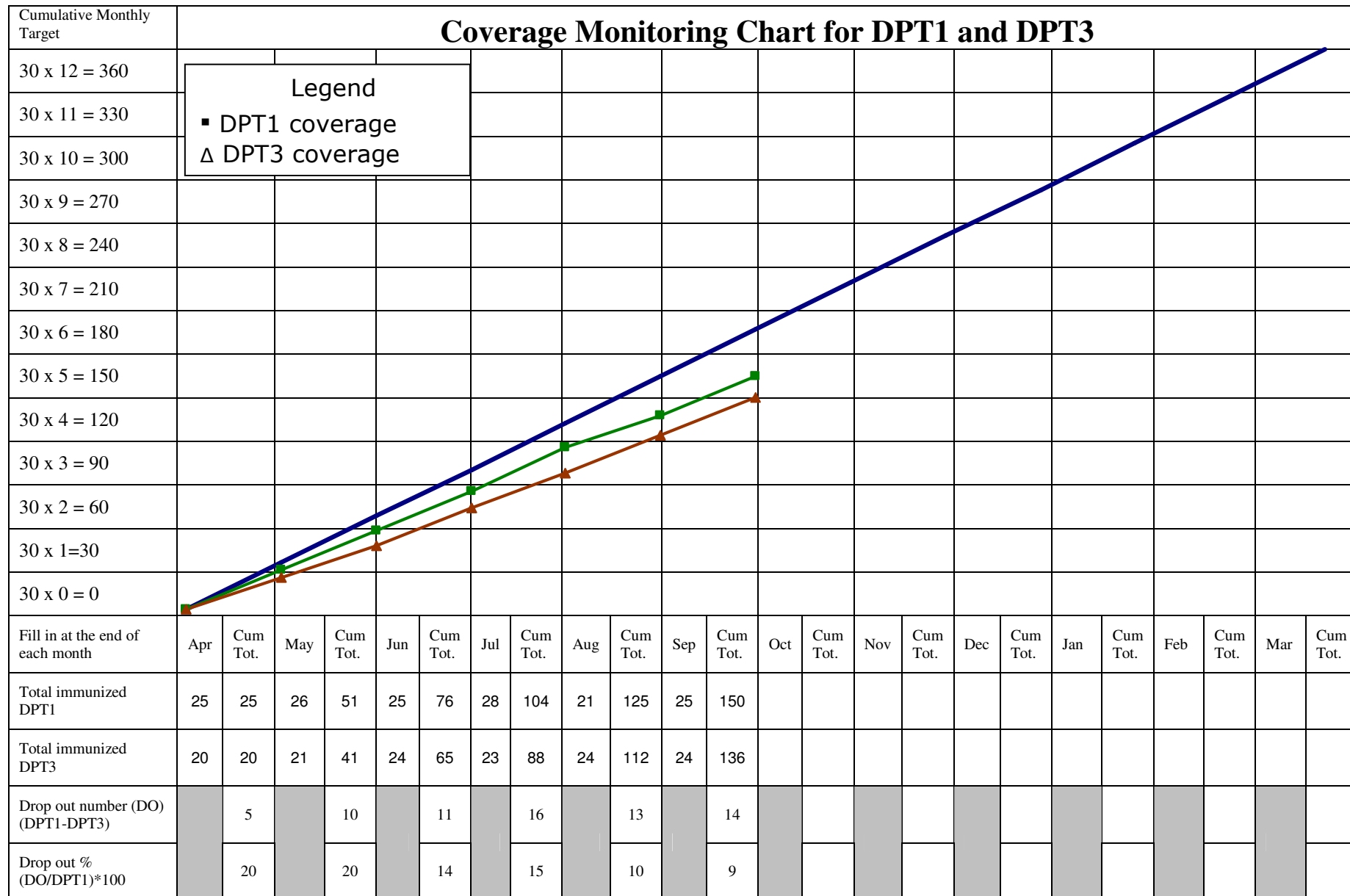
  

A. IS THE REFRIGERATOR	Y	N
1. Level ?		
2. Away from sunlight ?		
3. Locked ?		
4. Plugged permanently ?		
5. Frost less than 6mm thick?		

B. ARE THE VACCINES	Y	N
1. Stacked neatly ?		
2. In the basket in ILR?		
3. EEFO Policy followed ?		
4. NOT Frozen in ILR?		
5. Within expiry date ?		

C. IS CONTINGENCY PLAN	Y	N
1. Available?		
2. Displayed?		

## Answers to Handout 10: Coverage Monitoring Chart



### **Answers to Handout 11: Compilation and Analysis of Data**

SC Name	Infant popn.	DPT1 Doses	DPT3 Doses	DPT1 Coverage (%)	DPT3 Coverage (%)	Un-immunized with DPT3 (No.)	DPT1 – DPT3 Dropout rates (%)*	Access (Good/Poor)	Utilization (Good/Poor)	Priorit y (1,2,3 ..)
Rampur	360	316	306	87.8	85	54	3.1	Good	Good	
Hazipur	294	173	76	58.8	25.8	218	56	Poor	Poor	2
Buklana	335	324	230	96.7	68.6	105	29	Good	Poor	4
Wajidpur	317	274	86	86.4	27.1	231	68.6	Good	Poor	1
Shyampur	347	323	325	93	93.6	22	- 0.003	Good	Good	
Bihata	237	131	126	55.3	53.2	111	3.8	Poor	Good	3
Total	1870	1541	1149	82.4	61.4	721	25.4			

### **Answers to Handout 13: Surveillance Data Analysis**

	<b>PHC 1</b>	<b>PHC 2</b>
1. What is the trend in the number of cases in the area from 1990 through 2003?	Cyclical trend	Downward trend
2. Are there any epidemic years?	Yes (1991,1994,1998; 2002)	No
3. Has the RI program been effective in reducing the number of cases?	No	Yes

# **Training Tips**



**“What I hear, I forget;  
What I see, I remember;  
What I do, I understand.”**

**- Confucius 451 BC**

## **ADULT LEARNING PRINCIPLES**

- Learning is most productive when the participant is ready to learn.
- Learning is more effective when it builds on what the participant already knows
- Learning is more effective when participants know what they need to learn.
- Learning is made easier by using a variety of training methods and techniques.
- Opportunities for practicing skills are essential for skill acquisition and for development of skill competency.
- Repetition is necessary to become competent or proficient in a skill.
- The more realistic the learning situation, the more effective the learning.
- To be effective, feedback should be immediate, positive and nonjudgmental.

## **KEY CHARACTERISTICS OF ADULT LEARNERS**

- Require learning to be relevant
- Are highly motivated if they believe learning is relevant
- Need participation and active involvement in the learning process
- Desire a variety of learning experiences (demonstrations, case-studies, role play; not just lectures)
- Desire positive feedback
- Have personal concerns and need an atmosphere of safety
- Need to be recognized as individuals with unique backgrounds, experiences and learning needs
- Must maintain their self-esteem
- Have high expectations for themselves and their trainer
- Have personal needs that must be taken into consideration

## TIPS FOR TRAINING

- Treat Participants as Individuals
  - Use participant names as often as possible
  - Involve all participants as often as possible
  - Treat participants with respect
  - Allow participants to share information with others
- Maintain participants' self-esteem
  - Reinforce those practices and beliefs embodied in the course content
  - Provide corrective feedback in an appropriate manner
  - Provide training that adds to their sense of competence
  - Recognize participants' own career accomplishments

## USING INTERACTIVE TRAINING TECHNIQUES

- Begin every training session with an **introduction** to capture participant interest and prepare the participant for learning.
  - **Relate the topic to previously covered content.** This ensures that participants see the "big picture" and continuity of the topics.
  - **Create an informal rapport with the learners.**
  - **Share a personal experience.** There are times when the trainer can share a personal experience to create interest, emphasize a point and add credibility to a topic. Participants enjoy hearing these stories as long as they relate to the topic and are used only when appropriate.
  - **Relate the topic to real-life experiences.** Many training topics can be related to situations most participants have experienced. This technique not only catches the participants' attention, but also facilitates learning because people learn best by anchoring new information to known material.
  - **Relate the topic to future work experiences.** Participants' interest in a topic will increase when they see a relationship between training and their work. The trainer can capitalize on this by relating objectives, content and activities of the course to real work situations.
- Deliver content using an **illustrated lecture, demonstration, or small group activity**, ensuring that **questioning** techniques are employed to encourage interaction and maintain participant interest.
- Provide positive feedback through
  - verbal praise either in front of other participants or in private
  - positive responses during questioning
  - recognition of appropriate skills

- informing participants about their progress toward achieving learning objectives
- Conclude the session with a **summary** of the key points or steps, to reinforce and provide a review of its main points. The summary should be **brief**, draw together the **main points** and **involve** the participants. Summary techniques that you could use are:
  - **Asking questions of the participants** which focus on major points of the presentation.
  - **Asking the participants for questions** gives participants an opportunity to clarify their understanding of the instructional content.

## USING QUESTIONING TECHNIQUES

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• It helps maintain learner interest and avoid a repetitive style</li> <li>• Those who wish to volunteer may do so</li> <li>• It helps ensure that all participants are involved.</li> <li>• The participant is aware that a question is coming, can concentrate on the question, and respond accordingly</li> </ul>	<ul style="list-style-type: none"> <li>• Some participants may dominate while others may not participate.</li> <li>• If a specific participant is targeted, other participants may not concentrate on the question.</li> </ul>
<b>Techniques</b>	
<ul style="list-style-type: none"> <li>• Ask a question to the <b>entire group</b>.</li> <li>• <b>Target the question</b> to a specific participant by using his/her name prior to asking the question</li> <li>• <b>Use participants' names</b> during questioning</li> <li>• <b>Repeat a participant's correct response</b> and provide positive reinforcement. This ensures that the rest of the group heard the response. Positive reinforcement may take the form of praise; displaying a participant's work; using a participant as an assistant; or positive facial expressions, nods or other nonverbal actions.</li> <li>• <b>When a participant's response is partially correct</b>, the trainer should reward the correct portion and then improve the incorrect portion or redirect a related question to that participant or to another participant.</li> <li>• <b>When a participant's response is incorrect</b>, the trainer should make a non-critical response and restate the question to lead the participant to the correct response.</li> <li>• <b>When a participant makes no attempt to respond</b>, the trainer may wish to follow the above procedure or redirect the question to another participant. Come</li> </ul>	

back to the first participant after receiving the desired response and involve him/her in the discussion

- **Plan your questions carefully** and make sure that you use questions that are relevant to the topic. Deal with only one point at a time.
- **Avoid questions with a simple "yes" or "no" answer.** They do not encourage participants to reflect on what they know or to learn more. Always ask for a reason or explanation.

## USING ANSWERING TECHNIQUES

<i>Techniques</i>
<ul style="list-style-type: none"> <li>• <b>When participants ask a pertinent question</b> and you do not know the answer, acknowledge the question, admit that you do not have an answer, conduct some research after the session and share the answer during the next session.</li> <li>• <b>When participants ask questions that will guide the discussion away</b> from the topic, you must decide whether answering the question and the ensuing discussion will be valuable. When participants will benefit, and time permits, you may wish to follow the new line of discussion. If not, you must move the discussion back to the topic.</li> </ul>

## USING POSTERS AND PRESENTATIONS

<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> <li>• It is effective for both fast and slow learners.</li> <li>• It helps deliver large amounts of information in a relatively short period of time.</li> <li>• The audience can be a larger group than is feasible for brainstorming, discussions and other small group activities.</li> <li>• The trainer controls the content and delivery (what is said and when it is said).</li> </ul>	<ul style="list-style-type: none"> <li>• The trainer and participants must be able to sustain concentration and attention for a longer time.</li> <li>• Participant involvement may be minimal</li> <li>• Since the trainer controls the pace it may be too rapid or too slow for the learner</li> <li>• There is a tendency to overload participants with too much information.</li> </ul>
<i>Techniques</i>	
<ul style="list-style-type: none"> <li>• <b>Arrange the room so that all participants can see</b></li> <li>• <b>Familiarize yourself with the use of the equipment.</b> Locate and check the operation of the on/off switch</li> </ul>	

- Display the posters/Set up and try the equipment well in advance of the session. If it does not run, arrange for a backup or alternative.
- **Communicate on a personal level** by using familiar words and expressions, explain new terms and attempt to relate to the participants during the training session.
- **Maintain eye contact** with participants to know how well participants understand the content.
- **Project your voice** so that those in the back of the room can hear clearly. Vary volume, voice pitch, tone and inflection to maintain participants' attention. Avoid using a monotone voice, which is guaranteed to put participants to sleep!
- **Face the participants**, not the screen/chart while talking
- **Exhibit enthusiasm** during the presentation by acting excited about the topic, smiling, moving with energy and interacting with participants.
- **Show one point at a time**
- **Allow adequate time** for the participants to read what is on the screen/chart
- Use a pointer or pencil focus attention
- **Move about the room** so that you are close to all participants at some time during the session and the participant is encouraged to interact.
- **Ask both simple and more challenging questions.**
- Provide **positive feedback** to participants
- **Use participant names** as often as possible
- Display a **positive use of humor**

### **OHP**

- Have an extra projector bulb
- Focus the projector and check the position of the image
- Turn the projector on after the transparency is placed on the glass
- Turn off the projector before removing the transparency
- Once the projector is on move away from the projector so participants can see

## FACILITATING SMALL GROUP ACTIVITIES

<b><i>Advantages</i></b>	<b><i>Disadvantages</i></b>
<ul style="list-style-type: none"> <li>• These provide participants an opportunity to learn from each other</li> <li>• They involve all participants</li> <li>• They create a sense of teamwork among members as they get to know each other</li> <li>• They provide a variety of viewpoints</li> </ul>	<ul style="list-style-type: none"> <li>• They require sufficient time.</li> <li>• They require an adequate number of skilled facilitators</li> </ul>
<b><i>Techniques</i></b>	
<ul style="list-style-type: none"> <li>• <b><i>Assign participants to groups</i></b> by asking participants to count off "one, two, three..." etc. and having all the "ones" meet together, all the "twos" meet together, etc.</li> <li>• Ensure that participants are <b><i>not in the same group every time</i></b>.</li> <li>• Remember to <b><i>provide instructions</i></b> to the groups in a handout/ flip chart/ transparency</li> <li>• <b><i>Set rules for group work</i></b>, for example, everyone has a right to contribute to the activities and to have their opinion respected.</li> <li>• Ask each group to <b><i>appoint someone to lead the discussion or activity</i></b>, a scribe to note down the group's main ideas and to report these back, and a third person to keep a check on the time.</li> <li>• Make sure that your <b><i>instructions for group activities are clear</i></b> and that everyone understands what must be done. Go from group to group to check understanding.</li> <li>• <b><i>Be friendly, supportive and attentive</i></b> to your participants</li> <li>• <b><i>Sit with your small group</i></b>. Watch participants as they work. Help any participant who seems to need help. Do not wait to be asked. Do not busy yourself with other work.</li> <li>• <b><i>Give participants time</i></b> to complete their work. Participants work better when they do not feel hurried.</li> <li>• <b><i>Check each participant's understanding</i></b> and give additional instruction, as needed.</li> <li>• <b><i>Praise your small group</i></b> participants for their good work.</li> <li>• Comment on the group's understanding of the procedure, ability to work together, and completion of the work.</li> </ul>	

## USING CASE STUDIES

<b><i>Advantages</i></b>	<b><i>Disadvantages</i></b>
<ul style="list-style-type: none"> <li>• Participants typically read, study and react to the case study in writing or orally during a group discussion. As a result it actively encourages participant interaction.</li> <li>• By using realistic scenarios that focus on a, participants react to specific issue, topic or problem that directly relate to the training course and often to their work environment.</li> <li>• Reactions often provide different perspectives and different solutions to problems presented in the case studies.</li> <li>• Reacting to a case study helps participants develop problem-solving skills</li> </ul>	<ul style="list-style-type: none"> <li>• They require sufficient time.</li> <li>• They require an adequate number of skilled facilitators</li> </ul>
<b><i>Techniques</i></b>	
<ul style="list-style-type: none"> <li>• <b><i>Explain each of the reactions</i></b> (Reports, Responses, Role plays or Recommendations) required from participants in handouts or post on the board/flipchart</li> <li>• Further <b><i>explain instructions in the group</i></b> and ask participants to repeat the instructions to ensure that these are correctly understood.</li> <li>• <b><i>Summarize the results of the case study activity</i></b> prior to moving on to the next topic.</li> </ul>	

## USING ROLE PLAYS

<b><i>Advantages</i></b>	<b><i>Disadvantages</i></b>
<ul style="list-style-type: none"> <li>• Role plays can create a highly motivational climate because participants are actively involved in a realistic situation.</li> <li>• Participants can experience a real life situation without having to take real life risks.</li> <li>• Role play gives participants an understanding of the other person's</li> </ul>	<ul style="list-style-type: none"> <li>• They require sufficient time.</li> <li>• They require an adequate number of skilled facilitators</li> <li>• Learners may be reluctant to participate</li> </ul>

situation, making the phrase “being in somebody else’s shoes” a reality.	
<b>Techniques</b>	
<ul style="list-style-type: none"> <li>• <b>Set the scene for the role-play.</b> Discuss the situation or problem to be acted out; discuss who is speaking to whom; why they are speaking; what they are speaking about; where they are, etc.</li> <li>• <b>Give participants a chance to discuss</b> and then practice the role-play before they present to the larger group.</li> <li>• After the role-play the group can give feedback or discuss issues that were raised and strategies they used.</li> <li>• <b>Summarize the session</b>, what was learned and how it applies to the skill or activity being learned</li> </ul>	

## USING BRAINSTORMING

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• Brainstorming stimulates thought and creativity</li> <li>• It helps generate a list of ideas, thoughts or alternative solutions which focus on a specific topic or problem.</li> <li>• This list may be used as the introduction to a topic or form the basis of a group discussion.</li> </ul>	<ul style="list-style-type: none"> <li>• Brainstorming requires that participants have some background related to the topic.</li> </ul>
<b>Techniques</b>	
<ul style="list-style-type: none"> <li>• <b>Establish ground rules for brainstorming</b> (e.g. “All ideas will be accepted and XXX will write them on the flip chart. Also, at no time will we discuss or criticize any idea.”)</li> <li>• <b>Announce the topic or problem.</b></li> <li>• <b>Maintain a written record of the ideas and suggestions</b> on a flip chart or writing board. This will prevent repetition and keep participants focused on the topic. In addition, this written record is useful when it is time to discuss each item.</li> <li>• <b>Involve the participants and provide positive feedback</b> in order to encourage more input.</li> <li>• <b>Review written ideas and suggestions periodically</b> to stimulate additional ideas.</li> <li>• <b>Conclude brainstorming by reviewing all the suggestions.</b></li> </ul>	

## USING GROUP DISCUSSION

<b><i>Advantages</i></b>	<b><i>Disadvantages</i></b>
<ul style="list-style-type: none"> <li>• The group discussion allows participants to develop most of the ideas, thoughts, questions, and answers.</li> <li>• It is useful at the conclusion of a training session, after viewing a film, a demonstration, reviewing a case study or a role play</li> <li>• The ensuing discussion is likely to arouse participant interest, stimulate thinking and encourage active participation.</li> </ul>	<ul style="list-style-type: none"> <li>• When participants have limited knowledge or experience of the topic, the discussion will result in little or no interaction and thus an ineffective discussion.</li> <li>• Discussions involving more than 15 to 20 participants may be difficult both to lead and to give each participant an opportunity to participate.</li> <li>• Discussion requires more time because of extensive interaction among the participants.</li> <li>• A poorly directed discussion may move off target and never reach the objectives established by the facilitator.</li> <li>• If control is not maintained, a few participants may dominate the discussion while others lose interest.</li> </ul>
<b><i>Techniques</i></b>	
<ul style="list-style-type: none"> <li>• <b><i>Arrange seating to encourage participant interaction.</i></b> (e.g., tables and chairs set up in a "U" shape or a square or circle so that participants face each other)</li> <li>• <b><i>State the topic</i></b> as part of the introduction.</li> <li>• Encourage all participants to get involved.</li> <li>• <b><i>Ensure that no one participant dominates the discussion.</i></b></li> <li>• <b><i>Guide the participants</i></b> as the discussion develops.</li> <li>• <b><i>Create a positive learning climate</i></b></li> <li>• <b><i>Shift the conversation from the facilitator to the participants.</i></b> ("e.g.: Dr Mohan, would you share your thoughts on ...?")</li> <li>• <b><i>Act as a referee</i></b> and intercede only when necessary and minimize arguments among participants.</li> <li>• <b><i>Summarize the key points</i></b> of the discussion periodically.</li> <li>• <b><i>Ensure that the discussion stays on the topic.</i></b></li> <li>• Use the contributions of each participant and <b><i>provide positive reinforcement.</i></b></li> <li>• <b><i>Conclude the discussion</i></b> with a summary of the main ideas and relate the summary to the objective presented during the introduction.</li> </ul>	

## USING THE BLACK/WHITE BOARD

<b><i>Advantages</i></b>	<b><i>Disadvantages</i></b>
<ul style="list-style-type: none"> <li>• The board is easily available</li> <li>• It does not require electricity</li> <li>• It is easy to use and inexpensive</li> <li>• It is suitable for use by both facilitators and participants</li> <li>• It is excellent for brainstorming, problem solving, making lists and other participatory activities</li> <li>• It helps add to a lecture, emphasizing important points</li> </ul>	<ul style="list-style-type: none"> <li>• The board cannot hold a large amount of material</li> <li>• Writing on the board is time-consuming</li> <li>• It is difficult to write on the board and talk to the participants</li> <li>• The board can get messy</li> <li>• There is no permanent record of information presented</li> </ul>
<b><i>Techniques</i></b>	
<ul style="list-style-type: none"> <li>• <b><i>Keep the board clean</i></b></li> <li>• Use chalk or pens that can be seen</li> <li>• <b><i>Make text and drawings</i></b> large enough to be seen by all. Write words in a straight line.</li> <li>• <b><i>Plan what you write on the board</i></b>. Prepare complex drawings/text in advance</li> <li>• <b><i>Underline headings</i></b> and important or unfamiliar words</li> <li>• <b><i>Always face your audience</i></b>. Do not talk while facing the board</li> <li>• <b><i>Do not block the participants' view</i></b></li> <li>• <b><i>Allow time for participants</i></b> to copy information from the board</li> <li>• <b><i>Always clean the board</i></b> with a damp cloth after each workshop session.</li> </ul>	

## USING THE FLIPCHART

<b><i>Advantages</i></b>	<b><i>Disadvantages</i></b>
<ul style="list-style-type: none"> <li>• It is easily available</li> <li>• It is easy to move from room to room</li> <li>• It does not require electricity</li> <li>• Several charts may be used simultaneously</li> <li>• It is easy to use and inexpensive</li> <li>• It is suitable for use by facilitators and participants</li> <li>• It is excellent for brainstorming, problem solving, making lists</li> </ul>	<ul style="list-style-type: none"> <li>• The chart cannot hold a large amount of material</li> <li>• Writing on the chart is time-consuming</li> <li>• It is difficult to write on the chart and talk to the participants</li> <li>• The chart can get messy</li> </ul>

<ul style="list-style-type: none"> <li>• Pages can be prepared in advance</li> <li>• Pages can be removed and taped on the walls</li> </ul>	
<b>Techniques</b>	
<ul style="list-style-type: none"> <li>• Use wide-tipped pens or markers</li> <li>• Make sure your writing is legible and big enough for others to read.</li> <li>• Use different colored pens</li> <li>• Use headings, boxes, cartoons and borders</li> <li>• Use bullets (•) to delineate items on the page</li> <li>• Leave plenty of white space</li> <li>• Avoid putting too much information on one page</li> <li>• When pages are prepared in advance, use every other page</li> <li>• Hang flipchart pages with tape</li> <li>• To hide a portion of the page, fold up the lower portion of the page and tape it</li> <li>• Face the participants, not the flipchart, while talking</li> </ul>	

## USING DEMONSTRATION

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• Demonstration familiarizes the participant with the skill being learnt through observation of a competent facilitator and through hands-on practice</li> <li>• It reinforces the standard way of performing the procedure</li> </ul>	<ul style="list-style-type: none"> <li>• It is time-consuming</li> <li>• It is difficult to implement with a large number of participants</li> </ul>
<b>Techniques</b>	
<ul style="list-style-type: none"> <li>• State the objectives of the demonstration and what the participants should do</li> <li>• Demonstrate all the steps and their sequence using the appropriate equipment according to guidelines</li> <li>• Make sure that everyone can see the steps involved</li> <li>• Never demonstrate the skill or activity incorrectly</li> <li>• Explain what is being done—especially any difficult or hard-to-see steps</li> <li>• Ask questions of participants</li> <li>• Encourage questions and suggestions</li> <li>• Take enough time so that each step can be observed and understood</li> </ul>	

# Acknowledgements

This Facilitators Guide for the immunization handbook for Medical Officers is the result of team work between a large number of partners including:

- World Health Organization -National Polio Surveillance Project (WHO-NPSP)
- US Agency for International Development (USAID)/ IMMUNIZATIONbasics
- United Nations Children’s Fund (UNICEF)

Other departments/organizations that have made contributions to the review of the handbook are:

- National Institute of Health and Family Welfare (NIHFW)
- Governments of Bihar, Delhi, Goa, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh
- Gajra Raja Med. College, Gwalior
- Maulana Azad Medical College, New Delhi
- Patna Medical College, Patna
- World Health Organization, Geneva
- CARE India
- Program for Appropriate Technology in Health (PATH) India
- USAID/IMMUNIZATIONbasics, Washington DC
- Centers for Disease Control and Prevention (CDC) Atlanta

