# A Trainers Manual for Front-line Workers:

## *Social Mobilization in a Polio Outbreak*

## *2012*

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**References**

# ACRONYMS

| | |
|---|---|
| **ASHA** | **Accredited Social Health activist** |
| **AWW** | **Anganwadi worker** |
| **BCC** | **Behaviour Change Communication** |
| **bOPV** | **bivalent Oral Polio Vaccine** |
| **CMC** | **Community Mobilisation Coordinator** |
| **DM** | **Diarrhoea management** |
| **EBF** | **Exclusive breastfeeding** |
| **FAQs** | **Frequently Asked Questions** |
| **IEAG** | **India Expert Advisory Group** |
| **IEC** | **Information Education & Communication materials** |
| **IPC** | **Inter-personal Communication** |
| **M&E** | **Monitoring & Evaluation** |
| **mOPV** | **monovalent Oral Polio Vaccine** |
| **NIDs** | **National Immunization Days** |
| **OPV** | **Oral Polio Vaccine** |
| **RI** | **Routine Immunization** |
| **SIA** | **Supplementary Immunization Activities** |
| **SNIDs** | **Sub-National Immunization Days** |
| **tOPV** | **Trivalent Oral Polio Vaccine** |
| **UIP** | **Universal Immunization Programme** |
| **UP** | **Uttar Pradesh** |
| **WPV** | **Wild Polio Virus** |

# Preface

**Dear Trainer,**

**There is no reason for any child, anywhere in the world, to suffer the life-long effects of polio paralysis.**

**We have safe and effective vaccines which, when given multiple times, protect children for life against this crippling virus.**

**We have a world-leading disease surveillance network which can quickly determine if an importation of the virus has occurred.**

**And importantly we have you: the trainers guiding India's respected Front-line Workers, Community Mobilization Coordinators, Social Mobilizers and Vaccinators who carry the life-saving power of vaccines house to house to tackle this disease.**

**If you are reading this, then you may be part of an emergency outbreak response to a wild poliovirus importation in India.**

**If that is the case, can I appeal to you to work your very hardest to ensure we stop this outbreak in its tracks before polio transmission can spread in India.**

**A polio-free India is a key building block towards a polio-free world.**

**Thank you for your efforts to protect India's children.**

**Kind regards,**

**Lieven Desomer**

**Chief, Polio Unit**

**UNICEF India**

# Introduction to the Manual:

**Background:**

In February 2012, India was officially declared to have stopped wild poliovirus transmission and was struck off the list of remaining polio-endemic countries. However, there is no room for complacency. India's large population and geographic location close to countries with continuing polio transmission means that it is essential that all Indian children continue to be protected against wild poliovirus.

The India Expert Advisory Group (IEAG) identified certain risks to the polio eradication programme in India. One of the major risks identified includes continued transmission of poliovirus within the mobile / migrant populations, resulting in re-introduction and spread of the virus in Uttar Pradesh (UP) and Bihar or in areas outside these historically endemic states that are at high risk of importation and further spread of polio. The IEAG highlighted the fact that as long as virus transmission continues in any part of India or elsewhere in the world, the possibility of virus importation to polio-free areas in India remains.

The Government of India has determined that the occurrence of a case of wild poliovirus in a previously polio free area should be considered a public health emergency that requires a rapid, high-quality mop-up immunization response to stop transmission of the virus and prevent its spread.

It is therefore critical to ensure adequate preparedness for immediate response in the event of an importation of wild poliovirus anywhere in the country. In order to ensure a high quality response, the team of vaccinators and mobilisers who play a significant role in implementing the NIDs/SNIDs should be equipped with accurate knowledge, the right skills and attitude through quality trainings.

UNICEF, as part of its role to support the programme with social mobilization, is happy to produce this training manual to equip Front-line Workers to meaningfully engage with the community in a polio outbreak situation. The end result of the successful social mobilisation through the Front-line Workers should lead to vaccinating every child up to 5yrs of age with OPV by increasing the booth coverage and reducing refusal to the OPV in a community.

# About the manual:

## Users of the manual:

This training manual is developed to provide guidance to the facilitator/trainers in conducting effective participatory training to the Front-line Workers (FLW). The FLWs could be Anganwadi Workers (AWW), Accredited Social Health Activist (ASHA) workers, field volunteers, social mobilisers engaged by the local NGOs, who are engaged as community mobilisers in Polio eradication programme and even the vaccinators.

## Objective:

Objective of the manual is to aid in training the FLW on polio & related issues and Interpersonal Communication skills. FLWs are to meaningfully engage with the care givers of children, family and community members through effective inter-personal communication (IPC) and in doing so convince them to accept and avail the Oral Polio Vaccine for their children up to 5 yrs of age.

## Effective training requires "Right Attitude":

This training manual aims to provide grounding on the subject of Polio and attempts to introduce the participants to some of the imperative values and skills required to engage with people through inter-personal communication. It is based on the premise that along with right knowledge and skills, the right "**Attitude"** is required to be effective.

## Design of the training manual

The training manual is designed for two- day training, comprises of short capsules, which are referred to as "sessions" on various important aspects necessary to equip the front line workers for a speedy start up.

The sessions provide the needed information on Polio, the Polio Eradication programme in India, polio and its linkage to other issues concerning health and welfare of children such as routine immunization, exclusive breast feeding, hygiene & sanitation and diarrhoea management. A session is built to clarify on the roles and responsibilities of the front line workers. There are sessions focusing on honing the communication skills of the front line workers, particularly on how to effectively engage with the community in the Polio programme using interpersonal communication skills.

**Format of each session:**

Each session is formatted giving details such as objectives of the session, duration, methodology, materials required, activities and process to be followed in conducting the session.

**Methodologies employed:**

The manual focuses on the training to be participatory in nature and creates space for demonstration and practice of certain values and skills that are required for the Front-line Workers, i.e. exercises on how to show respect, genuine concern through verbal and non-verbal communication and importance of effective listening, observation, exploring one's own perceptions, interpret the information, information giving, encouraging, addressing myths and misconception, etc.

It is necessary that the workshop is conducted in a friendly participatory manner, using adult -learning principles, encouraging the participants to draw upon their life experiences and contribute to the overall groups' learning.

Some of the methodologies employed are brainstorming, role plays, demonstration, case study, small group activities, large group discussion, presentations and others. The trainers need to be careful in ensuring that the key learning points emerge out of the activities and steer towards learning of all. It requires active participation of both participants and the facilitators.

**Making best use of the manual:**

To make best use of the manual and conduct effective training, a few pointers are given as below:

- Trainers/ facilitators are required to read the manual carefully
- Practice the activities before actually conducting them
- Specific notes to the facilitators are provided where required in the sessions, the trainers need to ensure they read and follow the notes
- Prior preparation of hand-outs, charts, power point slides and other training material should be carried out for the activities
- It is suggested that there are two or more facilitators conducting the training at all times as one can lead the activity and the co-facilitator provides support in the process (listing out points on the flipchart/board, distributing or collecting

materials from participants, keeping track of the learning points made by the participants) and contribute his/her own inputs in the activities

- Some useful reference materials are provided as annexures, which should be useful to the trainers as well as the participants

**Participants Kit:**

Trainers and facilitators should also prepare the workshop kit for the participants containing the following materials.

- Copy of the agenda ,
- Two copies of pre-test questionnaire preferably dated
- An evaluation form
- Hand out on Polio & booklet on FAQs
- Copy of RI schedule
- Copy of Germ cycle
- Flip book
- Green book
- Reporting formats/ field book, and
- A set of IEC materials if any (posters, banners etc)

We wish the training, the trainers/facilitators and the participants all the best!

# Training Agenda

**Two-day training workshop on Polio for the Front- line Workers (FLW)**

| Day one | | | |
|---|---|---|---|
| **Time** | **Session objectives** | **Methodologies** | **Tools / materials** |
| 9.00 – 10.00 am | **Session –I Introductory session** -Setting workshop environment<br>• Assess participants knowledge on Polio<br>• Introduction of one another<br>• Listing expectations<br>• Presenting objectives and agenda<br>• Listing ground rules for the workshop | Administering a questionnaire<br>Game/ exercise<br>Brainstorming and discussion<br>Presenting a slide or a flip chart | Questionnaire<br>Flipchart and marker pens |
| 10.00 – 11.00 am | **Session –II Basic information on Polio**<br>• Basic information on Polio (what is polio, types of virus, how does it spread, who does it affect, how can it be prevented,)<br>• Global perspective on Polio<br>• FAQ | Brainstorm, Presentation, discussion, quiz | Slides, Germ cycle<br>FAQs |
| **11.00 – 11.15** am **Tea break** | | | |
| 11.15 – 12.00 am | **Session –III Polio Eradication Programme in India and key challenges**<br>• Orientation to the Polio Eradication Programme in India, key challenges, partnership and their roles, etc<br>• Components of the polio campaign<br>• Orientation to Emergency response plan | Presentation/ discussion, game | Slides, chart paper |
| 12.00 – 1.00 pm | **Session – IV Roles and responsibilities of the Front-line Workers**<br>• Discuss the roles & responsibilities of Front-line Workers<br>• Understand the roles of other partners in vaccination | Group work, presentation, discussion, | Activity sheet, chart on roles and responsibilities, Ppt slides / chart on partnership |
| 1.00 – 2.00 pm **Lunch Break** | | | |
| 2.00 – 2.30 pm | **Quick recap and Q&A and an energiser** | Participants | |
| 2.30 – 3.30 pm | **Session – V Polio Eradication and its link to Convergence issues**<br>• Understand the link between Polio eradication and other child health, nutrition and sanitation issues<br>• Understand details of Routine Immunization (RI), Breast Feeding**,** Hand washing, diarrhoea management | Presentation, group activity, discussion, demonstration | Slides,<br>RI schedule,<br>GERM Cycle,<br>activity sheet on themes |
| **3.30 – 3.45** pm **Tea break** | | | |
| 3.45 – 5.00 | **Session –VI Communication skills** | Large group | Role play |

| | | | |
|---|---|---|---|
| pm | • Introduction to communication skills<br>• Understanding various IPC skills and their effective use in our work<br>• Learning and practising observation & interpretation, tone of voice & body language and effective listening<br>• Summary of learnings | discussion, small group work, role plays, enactment | situations on slips |
| | **Announcements, Distribution of materials/ hand outs and End of day one** | | |
| | ***Day two*** | | |
| **9.00 – 9.30** am | **Recap and sharing** | **Participants and facilitator** | |
| 9.30 – 12.15pm (tea break in between) | **Session – VI continuation**…<br>• Learning how to approach, give messages<br>• Qualities of a good mobiliser<br>• Summary and sharing by participants | Demonstration, discussion | Role play situations and checklist copies |
| **11.00 – 11.15** am | **Tea** | | |
| 12.15 – 1.15 pm | • Use of flipchart on polio and convergence<br>• Practise IPC skills | Demonstration, Observation , Role play, discussion Mock exercises | Flipchart Role play situations and checklist copies |
| 1.15 – 2.00 pm | **LUNCH BREAK** | | |
| 2.00 – 3.45 pm | **Session – VII Use of M&E formats**<br>• Understand tally sheets and other formats<br>• orientation on how to collect and fill data | Presentation, discussion Mock exercises | M&E formats |
| 3.45 – 4.00 pm | **Tea break** | | |
| 4.00 – 5.00 pm | **Session – VIII Summary and closing**<br>• Key learning points to be summarized<br>• Feedback from participants<br>• Remarks by the organisers<br>• Highlight the action points/ next steps<br>• Announcements and closing | Administering questionnaire Discussion Presentation of summary | Flipchart of summary point Evaluation formats Post-test questionnaire |
| | **Distribution of materials to the participants** | | |
| | **End of workshop** | | |

# Polio Scenario: a recap

| Year | Key Milestones | |
|---|---|---|
| 1952 | Dr. Jonas Salk developed the first vaccine against polio with inactivated virus delivered by injection | IPV |
| 1958 | Dr. Albert Sabin developed & tested the OPV, it provided opportunity for large scale immunization | OPV |
| 1988 | The World Health Assembly resolution to eradicate poliomyelitis globally by 2000 and Global Polio Eradication Initiative launched | |
| | Only four countries remain polio endemic (Pakistan, Afghanistan, India and Nigeria) | PAIN |
| Before 1995 | 35,000 children were paralysed due to Polio every year in India | |
| 1995 | Polio Eradication Initiative introduced in India, 87 million children are vaccinated | |
| 1995 | National Immunization Day introduced, first NID was organised, was called Polio Sundays (Polio Ravivar) by 2002 | |
| | Significant reduction in cases | |
| 1998 | House to house –strategic intervention was added | |
| 2002 | An outbreak in western UP occurred, 1600 Polio cases were reported in 159 districts | |
| | Spread into other states where polio wasn't there earlier | |
| | Number of SIA ( supplemental Immunization Activities) increased | |
| 2004 | Reduced number of cases to 134 in 44 districts | |
| April 2005 | mOPV introduced which was found to be effective | |
| 2005 | Further reduction in polio to 66 cases | |
| 2006 | India is faced with the challenge to eradicate polio virus | |
| 2009 | 741 cases reported | |
| 2010 | PEI strengthened and brought down the polio cases to only 42 | |
| 2011 | One case reported in Howrah, in January 2011 | West Bengal |
| 2012 | No case of Polio reported in the last one year. India is dropped from the list of polio endemic countries | |

# *Session – 1: Getting started and Setting workshop environment*

***Objectives of the session:***

- *Assess participants knowledge on Polio and programme*
- *Introduce each other*
- *Listing expectations*
- *Presenting objectives and agenda*
- *Listing ground rules for the workshop*

***Duration required:*** ***one hour***

***Methodology:*** *Administer a pre-test questionnaire, Game, brainstorming, presenting a slide or a flip chart on objectives, sharing the agenda*

***Materials required:*** *Copies of pre-test questionnaire, Flipchart & marker pens*

***Conducting Activity:***

**Pre-test Questionnaire:** At the registration table, have the pre- test questionnaire (given as part of the resource materials) distributed to the participants with an instruction that it needs to be filled out and handed over to the trainers.

- Trainers need to ensure that the participants do not refer to any materials while filling out the pre-test questionnaire (otherwise it does not serve its purpose). Instruct for the date to be filled out, name of the participants can be an option on the questionnaire. Give participants 8- 10 minutes for the activity and collect the forms. (Notes: The same questionnaire will be administered as post- test at the close of the workshop . the facilitators will need to analyse and compare the difference in learning of the participants and will provide a lot of input for the following round of trainings )

- **Icebreaking:**

  Pair up or group the participants, using birth day months or any logic. For example, ask participants to identify those whose birthdays fall in January Feb, March, etc. Instruct the pairs or the groups to interact with each other. Allow 3-5 minutes,

  The participants need to

  - Introduce themselves to the group/ paired partner
  - Talk about an interesting incident which made them happy and has happened to them in the last six months
  - Talk about one interesting aspect of their work, and why
  - Talk about one area they would like to change about themselves, or work.

After the allotted time is over, request the participants to assemble back in the larger group. Each pair or group of participants are invited and introduce each other or as a group, highlighting the interesting facts about the participants.

The exercise is simple and helps in icebreaking and interacting with each other. As a result, participants will get to know each other.

*Notes for the facilitators/trainers:*

*If there is only one participant who has his/her birthday in any month, the facilitator can become his/her partner or two months could be clubbed together, if there are very few participants. As a trainer, you can add comments as the participants are introduced; make peopl**e feel good and*** appreciative. Acknowledge the strengths of the individuals in the participants group. This should motivate the participants to feel that they are welcome here as part of the training.

***Drawing out expectations, objectives and agenda:***

*After the icebreaking exercise, there will be a lot of energy generated in the workshop, request the participants to settle down, Pose this question as to*

***What do they want to learn from this training workshop?*** *As participants respond, capture those on a flipchart and encourage every participant to respond. When the list has expectations captured, introduce the objectives of the workshop and match their expectations with the session plan in the agenda. If there are any expectations which may not be addressed in this workshop, segregate some for the refresher training, if some are out of the scope of the programme mandate and agenda, do clarify them clearly that those expectations will not be addressed.*

***Setting ground rules:***

To have an effective and enjoyable training, it is imperative that trainers/ facilitators and the participants cooperate and collaborate. For this there should be some ground rules laid down.

Ask the participants to list the ground rules of the workshop on the flipchart, either one person can volunteer to write them down on the flipchart or participant who provides a point will write on the flipchart. The flipchart should be stuck on the wall for it to be visible to all.

The ground rules would generally look at keeping the mobiles phones switched off or in a silent mode, being on time for the sessions, respecting one another, giving space for each participant to speak and express their opinion even if it differs from any individuals or groups' opinion, participating actively and other such points.

***As a trainer/ facilitator, ensure that the whole group follows the ground rules during the workshop.***

***Now we are all set for the learning!!!***

# Session – 2: Basics on Polio

***Objectives of the session:***

- Basic information on Polio (what is polio, types of virus, how does it spread, who does it affect, how can it be prevented, some myths, misinformation,)
- Frequently asked questions (FAQs) on polio

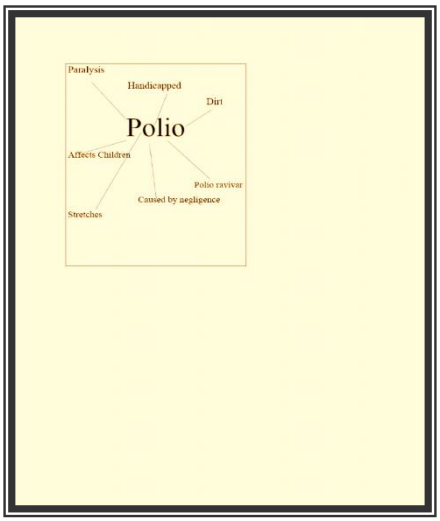
**Duration:** one hour

**Methodologies:** brainstorming, presentation, exercise (work sheet) and discussion

**Materials required:** flip chart, marker pens, germ cycle, copies of work sheets, and copies of hand outs on polio information

## Activity:

- Write POLIO on the flipchart, seek responses from the participants on what immediately comes to their mind when they see or hear the word 'Polio'. Write down all the responses received on the flipchart (the responses would provide the facilitator an understanding on what the participants know about polio, myths and misinformation that are existing, and initiate information dissemination on polio)




- Facilitate the session by presenting 8-10 key concepts on Polio using the power point presentation provided in the resource materials. The concepts to be covered include:
  - What is polio
  - Information about the Wild Polio Virus and how does it affect the children
  - How does the Wild Polio Virus transmit
  - Who are at risk of Polio infection
  - What are the symptoms
  - What are the effects of Polio infections

- What is the prevention
- Why are we concerned about the Polio myelitis
- Global perspective on Polio

- Then, distribute an activity sheet, which need to be completed (if faced with time constraint, do this as a small group activity) Allocate 10 minutes for the activity.
- Read out the right answers for the activity and let the group compare their worksheet. Make note of the difficulties faced by participants in any particular concept.
- Wrap up the information session reinforcing the key points.
- Hand the participants a copy of the information sheet on Polio

***Key points to be remembered on polio by participants:***

1. ***Polio is caused by Wild Polio Virus***
2. ***Polio is Incurable, but preventable***
3. ***Two drops of Oral Polio Vaccine (OPV) is the only way***
4. ***It spreads through faecal oral route***
5. ***Children up to 5yrs are most susceptible to the infection***
6. ***Polio paralyses for life or even kills***
7. ***Every child up to 5yrs of age should be given OPV every time it is offered***

# Session- 3: Polio Eradication Programme and emergency response in India

***Objectives of the session:***

*Enable participants to understand the*

- *Components of the Polio Eradication programme*
- *Key difficulties, and challenges in implementation*
- *Emergency response in their state/ district and role of partners*

**Duration:** one hour

**Methodologies:** Discussion, presentation of slides/ flipchart, Game

**Materials:** Presentation on polio programme annexed as resource materials

## Activity:

- Connecting to the previous session on the basic information on Polio, ask the participants

  "When the prevention is so easy with administering two drops of OPV, why is it difficult to cover all children, every time and eradicate the virus? Why does the WPV outbreak happen?

- Open discussion with participants, note down the points mentioned, introduce the Polio Programme to the participants with following points (written on a chart paper or a slide):

  - *Transmission of polio is restricted to only 2 continents around the world – Asia and Africa.*
  - *More than 200 countries including our neighbours like Bangladesh, Sri Lanka, Indonesia, Iran, Iraq and Nepal have eliminated polio.*
  - *1600 cases of polio occurred in India in 2002. This reduced to 225 cases in 2003 and 136 in 2004.*
  - *2004 had the lowest ever number of polio cases in the country due to the efforts put in by the vaccinators and their supervisors.*

- *Polio transmission is now limited to the identified high-risk areas of western UP, Bihar, and Mumbai / Thane area.*
- *Give the progress made by the country in terms of polio eradication over the last one year, highlight there has been no polio case for one whole year since January 2011 till whatever date (if and when) the case is reported.*

- Use the reference materials and prepare the flip chart or a few slides (annexed in resource materials) providing information on the beginning of the Polio programme, reduction in number of polio cases in India over the last 10-15 yrs, key strategies that are employed by the polio eradication initiative (PEI) (SIA -NIDs, SNIDs, Mop Up), introduce the Booth day and House to house activity, key challenges, partners and structure of the programme at the community level. Make it simple for the participants to grasp the details and understand the need for quality campaigns.
- Allow a few minutes for the participants to absorb what is presented, provide answers to any questions raised or clarifications sought.
- Highlight the role of various partners in the Polio programme
- Highlight the key challenges with a slide and bring in the importance of social mobilization and the significant role being played by the Front-line Workers in encouraging the community to participate in the polio campaigns. The need for effective communication skills for the Front-line Workers.

## Breaking the chain:

***Game: demonstrates how the WPV targets the weak links and the strength of the polio campaign remains in covering every child and every time.***

- Request 4-5 volunteers to step out of the room, informing them that they will be invited inside the room after a few minutes.
- While these volunteers are outside, the remaining participants are instructed to hold hands tightly and form a human chain and not allow the chain to be broken, when any external factors try to separate them. The group could discuss the ways to keep their chain strong and durable to efforts from the volunteers.

- When the group is ready, the facilitator calls the volunteers in, The volunteers are instructed that when they hear the whistle blow (or any other sign for the group to follow) they need to strive and separate/break the chain, within a given time span.
- Participants wrestle with each other, allow for about one minute and stop.
- Take notes of the dynamics and outcome ( if co-facilitator is available, he/she should do it)
- Repeat the same for two or more times depending on the energy and the time that is available. You could change some of the rules of the game, let some of the group members just stand in the circle and not hold hands to depict the unvaccinated children.
- Then stop the game, ask the participants to come back to their seats and settle down.
- Now it is time for reflection!

**Use the following questions for reflection:**

1. Did the chain break? Did volunteers succeed in breaking the chain?
2. How and what were the strategies employed by both the group and the volunteers?
3. What were the weak links and strong holds?
4. Was the group strong? If yes-why, If no why-not?
5. Were the volunteers effective? If yes-why, If no why-not?
6. Does it have any lessons for us in the polio campaign?
7. Does this game highlight the need for consistent effort, every individual's effort to keep the volunteers away?
8. If any one of the group member was bit complacent or non-cooperative and did not join the group, the volunteers could over power and break the chain, although the group was a strong one.

## Concluding:

- This exercise would bring out many insights which can be related to the way Polio can affect the weak and vulnerable and thus making the pulse polio an important programme.
- Relate the reflections from the game to the key factors which will cause re infections, poor RI coverage, poor hygiene sanitation, poor immunity among children, repeated diarrhoeal diseases, poor coverage in NIDs, and other aspects
- Present details about the outbreak in their district/state such as where is the importation from, when and where have cases been reported, how many cases have been reported, what are the efforts taken by the state/ district administration, what is the Plan of Action?

**Wrap up with highlighting the key learning points:**

- It is important to conduct quality NIDs/SNIDs, which means high coverage at the booth day and covering through house to house activity
- It is important to update the micro plans with new born and pregnant mothers and all children up to 5yrs of age in the community.
- Children up to 5yrs are the focus for the polio programme
- It is important to reach every child up to 5yrs of age in every round to keep the immunity of communities high and eradicate the Polio
- Community needs to be mobilised for the Polio campaign
- There are challenges in implementing the Polio rounds; we need to consider those challenges in the social mobilisation.
- Identifying various influencers at the community level facilitates the work of Front-line Workers.
- Our top priority during NIDs/SNIDs is to reach every child up to 5 yrs. of age with OPV.
- Polio eradication programme is led by the Ministry of Health and Family welfare in partnership with WHO-NPSP, UNICEF, Rotary international and is a good example of partnership programme at all levels.

***Trainers/ facilitators should be prepared well to present the key concepts about the government programme and as well as to conduct the quick group exercise and generate learning points out of it.***

# Session – 4: Roles and responsibilities of a front line workers

***Objectives of the session***

- *Appreciating the important role of front line workers in Polio eradication*
- *Understand the key responsibilities of Front-line Workers*
- *Understand the roles of other partners in vaccination*

**Duration***: 50- 60 minutes*

**Methodologies***: 10 minutes discussion on the roles and responsibilities with the help of chart, 10 minutes small group exercise: mapping, mother meeting, booth day, house to house, 20 minutes for presentation from each group and discussion*

**Materials required***: chart on structure of functionaries, chart on role and responsibilities, copies of the group work situations, checklist for the feedback (refer to the materials provide as resource materials*

**Activity:**

*With the help of a chart on structure of the functionaries (a prototype is provided in the resource materials, that needs to be adapted to the specific structure and the titles of functionaries at the state/ district level)*

*Explain the tasks of various functionaries in the polio programme and describe the important role of front line workers at the community level.*

*They are the first contact person in a village or a community to the people.*

*Someone from the local community*

*Usually well-known member of the community who could influence the families*

*Who can promote health education, and play an important role in the welfare of children.*

Then discuss the main responsibilities of the FLWs at the community level, with the help of the points presented in the text box and referring to the materials provided under resource materials. The list is not exhaustive; more points could be included as per the discussions generated with the participants.

After discussing for about 10 minutes on the structure and roles and broad responsibilities, conduct the group exercise.

It is an exercise on how do go about preparing for the tasks of FLW.The primary objective of this activity is to facilitate the participants to think through and list all sub activities that needs to be done by them.

Divide the participants into four groups.

**Task:**

The participants to get into small groups. Tell them that they will be given a specific task; Hand them the activity sheet related to their task. They need to complete the task in 10 minutes and be ready to present

*Group 1: How do you go about preparing for the BOOTH day?*

*Group 2: Preparation and conducting the house to house visits*

*Group 3: Prepare and conduct mothers meeting*

*Group 4: What information do you collect while mapping and updating the field book?*

***Community Mobiliser's main goal is to prevent and control polio virus in his/her community.***

- ***Should know about the community in which he/she works***
- ***Have good relationship with the community***
- ***Educate the community about Polio***
- ***Motivate the mothers and other family members for the Polio vaccination***
- ***Conduct mothers/ women's meetings***
- ***Connect the community with the health services***
- ***Ensure all children below 5 yrs are vaccinated***
- ***Keep record of X families, particularly the XR households***

**Instruct:**

Each small group will identify a facilitator- who can guide the group in achieving the task; one note taker- who can note down the important points that come out during discussion in their groups; one presenter – who will represent their group and present their work to the larger group. The smaller groups could choose to enact a play with the situation that is provided. The groups should bring out the key elements of the task that is provided to them and answer questions on whys, from the audience and provide learning points.

Instruct the larger group that they have to pay attention to the presentations and take notes and provide feedback.

***Notes to the facilitators****: Trainers' role is very crucial for this session, as each component of the Front-line Workers role and responsibilities are to be derived through the group work, trainers need to be clear about the outcome of this session, clarity in conducting the small group. The reference materials on each of the activities provided can be used by trainers in helping the participants in their group work. While the group retains the fun element of the work, the learning points need to emerge out of the activity.*

*Highlight that the performance of Front-line Workers/community mobilisers will be measured against the percentage of parents aware of the campaign before the arrival of the vaccination teams, percentage increase in the booth coverage. Wrap the session highlighting the key roles, tasks of the Front-line Workers.*

## Session -5: Polio eradication and its relation to other issues:

**Objectives:**

Enable the participants to understand the interconnection of Polio with Routine Immunization (RI), early and exclusive breast feeding (EBF), Hygiene and sanitation and Diarrhoea Management

**Methodologies**: Presentation, discussion, Group work, demonstration

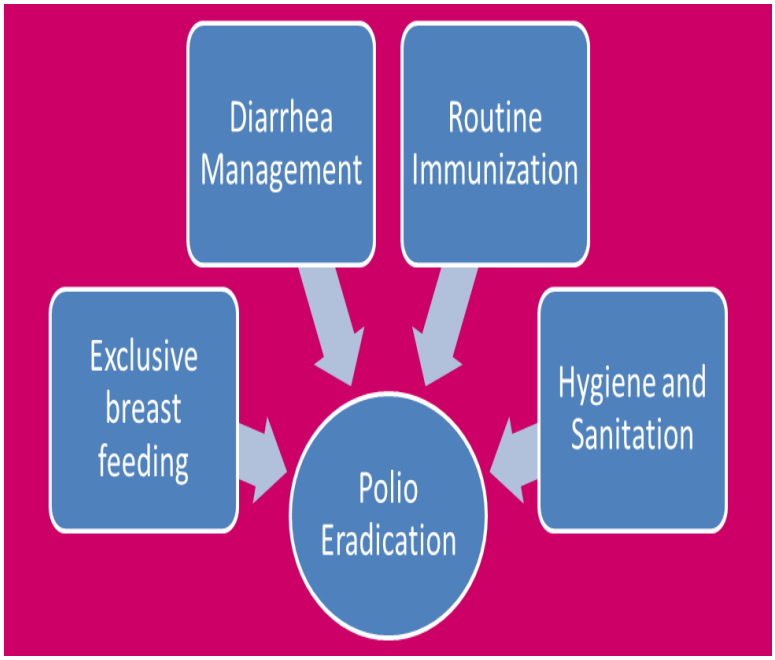
**Time**: 45 – 60 minutes

**Materials required**: Presentation, activity and information sheet on themes, RI schedule, Germ cycle, ORS kit, Zinc Tabs, water and soap

**Introduction to the session:**

Initiate the session with a brief introduction to the convergence:

Polio eradication programme can be strengthened if certain issues related to child health; nutrition and sanitation are looked at from an inclusive point of view. This would have mutually complimenting effects on the programme. The specific issues that have impact on the Polio eradication are Routine Immunization, early and exclusive breast feeding, Hand washing at four critical times and diarrhoea management.




Because, Polio spreads through faecal–oral route, children with less immunity are more vulnerable; polio vaccine is part of the RI so promotion of RI will ensure that children receive four doses of OPV in the first four months of birth thus increasing the child's immunity against Polio virus and children suffering from diarrhoea excrete the intake of polio vaccine dose even before it can build immunity in their gut. Higher the number of diarrhoea cases among children, greater will be the inefficacy of OPV and hence more will be the number of polio cases

**Activity:**

- Make a brief presentation on each of the components of the convergence issues, establishing a link with polio eradication, using the slides that are annexed in the resource materials.
- Divide the large group into four small groups
- Give each of them one theme (early and exclusive breast feeding, Routine immunization, hand washing, diarrhoea management)
- Distribute the activity sheet to each group on the specific theme.
- Instruct that they will be given about 15 minutes time to do the activity and assemble back to the main group and each group will be given additional five minutes for presentation
- Instruct the groups to identify a facilitator, who would coordinate the group work and lead the discussion on the questions that are provided and come up with answers which are to be presented as key points.

**Notes to the trainer:**

Facilitator need to assist the groups to start on the right track and move around to other groups. Be available to answer any of the queries from the groups.

# Session – 6: Communication Skills:

**Objectives of the session:**

- Understand what is communication, various Inter Personal Communication Skills and their application in the work of Front-line Workers
- Important elements of an effective Inter personal communication (IPC)
- Demonstrate and practice some of the Interpersonal communication skills

**Duration:** 2.30 hours

**Methodologies:** Group work, Role play, demonstration, feedback, discussion

**Exercises:** Introduction to Communication (15 minutes), communication used in Public health programmes - IPC ( 15 minutes), Observation exercise, Listening exercise, body language, tone of voice, ( 40 minutes), Approach role play (45 minutes) , information giving role play (30 minutes), wrap up and key learning points ( 20 minutes)

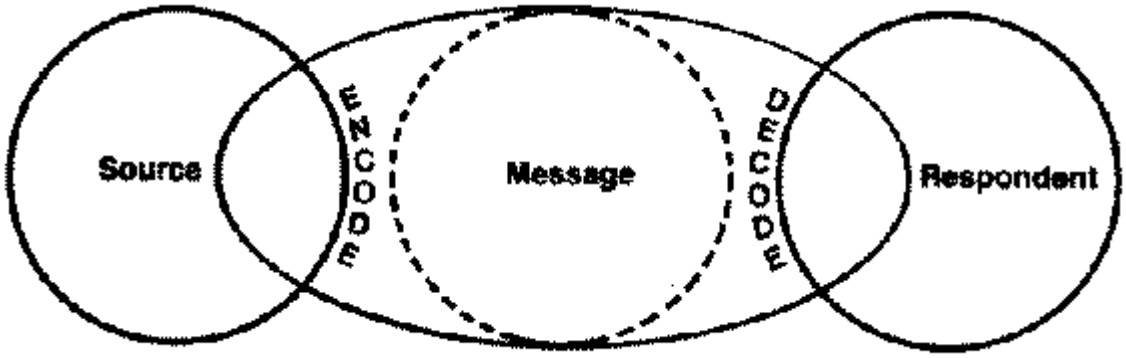
**Materials:** Role plays situations, IEC materials, flip charts,

**Exercise: 1 Introduction to Communication**

Methodology: Discussion and examples

Duration: 15 minutes

Process: Introduce the topic – Communication with the diagram made on a flipchart explaining each component, with responses from the participants.



Communication is a process of sharing, expressing thoughts, ideas and opinions to another person.

Further, discussion on communication can be done in simple terms answering the **"Wh"** questions, with responses from the participants.

- Who communicates? We all!!

- Why do we communicate?

  To send, share, exchange ideas, thoughts, messages, etc.

- How do we communicate?

  Verbal and non-verbal communication skills

- What skills do we need to communicate well?

  Several communication skills such as observation, listening, body language articulation and others.

**For the Front-line Workers in Polio programme, the key objectives to keep in mind are the ones below:**

1. **Increase booth coverage**
2. **Reduce the refusals to OPV in the community**
3. **Promote the Routine Immunization**
4. **Create and increase risk perception about Polio**

- What are the key factors that would make our communication effective?

  **Correct Knowledge, appropriate skills and right attitude**

Although we all communicate all the time, there are certain factors which if we focus on can make us better communicators.

Effective communication plays a major role in helping us to understand one another better. Any successful relationship and interaction between people depends a great deal on our ability to convey our thoughts, ideas and emotions. Active listening has tremendous potential to improve a person's communication skills, preparing him for any situation.

## Communication and its role in Polio Programme:

In the Polio programme, Communication plays an important role in informing, educating, encouraging and convincing people, families and communities to accept and avail the OPV for their children up to 5 yrs. of age.

**Types of communication used for Social Mobilization in the Polio Programme**

**Mass:** TV, Radio, Newspaper, Examples of advertisements by Amitabh Bachchan, as brand ambassador for Polio eradication on TV. Polio Ravivar, "Do Boond, Zindagi Ke", Polio messages on Radio, etc – prompt the participants to share if they have had an opportunity to see or listen to these messages through Mass media. .

**Traditional media**: Street theatre, folklore, examples using Banglanatak groups

**IEC:** Posters, banners, fliers, green book,

**Advocacy: T**hrough religious leaders, Panchayati Raj Institution members, other influencers.

**Inter-personal Communication:** through the Front-line Workers, influencers,

While all these mediums are useful in creating awareness and informing masses about polio, Interpersonal communication plays a key role in creating, increasing risk perception about Polio and bring about behavior change in the communities that can lead to become a social norm. For example, seeking services of routine immunization for children by the parents should be a normal practice in a community.

The key challenges to the Polio eradication programme that were discussed in the previous session, requires effective engagement with the communities to change the mindset and behaviors of people. This requires good communication skills at the individual level, which is termed **Inter Personal Communication (IPC).**

**The tasks of the Front-line Workers primarily involve**:

1. Giving information to the community on Polio, NIDs, RI
2. Educating community on the risks of Polio Infection to their children
3. Encourage/motivate care givers to immunize their children up to 5yrs of age with all six VPDs including Polio
4. Address misinformation, myths on Polio – safety of OPV

5. Mobilize the communities to receive the OPV

6. Answering the questions – why so many rounds, why children still get affected by polio even after vaccination

Link this to the exhaustive list of key responsibilities of the Front-line Workers in the previous session on the ***Role and responsibilities of the Front-line Workers.***

# Interpersonal Communication skills:

**Methodology:** Brainstorming, Group work, Role play, demonstration, feedback, discussion, experiential discussion

**Materials:** Role plays situations, IEC materials

**Process:**

Discussion on the Inter personal communication, in continuation to the previous session

**Inter Personal Communication, is direct, face to face communication between two people or small groups**.

**Activity: Experience sharing and Discussion (15 Minutes)**

Ask participants to think of someone who they can talk to and share their concerns, when they are troubled or need any help.

Request few volunteers to share about who is the person they thought of and the reasons for it.

Responses are likely to be … I selected this person as s/he is someone who:

- Is trustworthy
- listens
- empathizes
- is positive and reassuring
- ensures confidentiality
- is non-judgmental
- is knowledgeable and can provide right information
- is resourceful and provide solution

**Is there a formula for a good communication? Discussion points**

Can people's communication be successful all the time? Can good communicators also falter at times? Is there a formula for a good communication?

While emphasizing that there are no formula for a good communication, but a few points if kept in mind can help us in improving our communication skills.

What we communicate is not just the information but the attitude and feelings as well! This session aims to demonstrate some of the important aspects of IPC and its implementation in our work.

- IPC is influenced by attitudes, feelings, values, social norms and environment of the people involved.
- IPC is a two way communication, verbal and non-verbal interaction that includes the sharing of information and feelings between individuals and small groups that establishes trusting relationships.
- IPC complements, reinforces and elaborates messages presented through Mass media and other mediums.
- IPC is an influential means to promote health education and bring about change in people's behaviors.

**Application of IPC in health education:**

1. **Preparation before you begin**

   Prepare ahead of time for communicating, what you want to communicate, be clear with the objective, messages, and know your audience and carry relevant materials (handbills, posters, pamphlets, FAQs, green book, field book, micro plan, etc).

2. **Approach**

   **Respect to the person**, Rapport building, Gaining Trust, showing genuine concern Timing – should be appropriate, remembering names of people – it is good to address people by their names or relationships (as appropriate), approach when the person will be at ease, not very busy with daily chores, mobiliser needs to knock on the door before entering a house for vaccination are some of the important factors one needs to bear in mind while approaching.

3. **Understanding the need/ level of the person:**

   Effective observation, listening, asking the right questions, helps in understanding the people and the environment around that we work with.

4. **Addressing the need**

   This stage involves capturing the attention, use of simple language, avoiding jargons, clarity of messages, systematic flow of information, providing correct information, ensure two-way communication, involve the people, addressing the questions/ confusions. Here the use of a flipbook, or pictorial chart, any other material can be used to emphasize the messages.

5. **Wrap up and leave appropriately:**

   Highlight the key messages; remind about the dates for the upcoming events (SNID/NID/meetings, RI, etc), take feedback of what has been understood by audience and call for action. If you have any give-away materials like pamphlet or pictorial handbill, etc can be shared at this point of time and leave appropriately.

Facilitator can match these processes mentioned above to the **GATHER** approach (Greet, Ask, Tell, Help, Explain and Return**),** considering the points described above carefully.

Effective communication is a two –way method:

A good communicator plays both roles of sender and a receiver:

As a sender,

1. Catch the attention
2. Speak clearly
3. Keep it simple
4. Give correct message
5. Explain, clarify doubts
6. Be specific and brief

As a receiver.

- Encourage people to speak
- Give full attention to the person
- Listen carefully
- Show by non-verbal gestures
- Answer questions

## Activity: Brainstorming (4-5 minutes):

Let participants brainstorm and come up with a list of some of the verbal and non-verbal skills. Which are the body parts are useful in communication?

Prompt the group to add more, asking questions like do you only communicate with

| Some of the communication skills relevant in effective IPC |
| --- |

- Observation skills and how our own perception can colour the way we interpret the information
- Body language & Tone of voice
- Effective Listening
- Friendly approach
- Asking the right questions
- Giving clear messages
- Right use of IEC materials

## Observation and Interpretation:

Duration: 15 -20 minutes

Material: Picture Poster from the resource materials photocopied in an enlarged size

Methodology: exercise

**Activity:** This session will focus on observation skills we need to develop. Let's see how we can improve the quality of what you learn from observations.

Introduce the exercise:

The participants will be shown a few pictures on a poster to view it for about one minute. After the group has had an opportunity to see the picture, and make a few notes on what they saw, the participants need to describe what they saw in groups.

Explain:
Instruct participants to pull their chairs together in groups of five or six. Talk with each other about what they saw, and prepare a list on a flip chart and describe what was happening in the picture. They will be given 5 minutes to complete this task. After 5 minutes, have all flip charts brought to the front and posted. Have each group read quickly through their list and narrate the picture.

There will be definitely different views emerging from each group. Ask the groups, why there are different observations about the same picture.

***Essential points for observation***

- ✓ ***Give attention to small details***
- ✓ ***Be aware of how you observe and give meaning***
- ✓ ***Be aware of your own biases, perceptions***
- ✓ ***Try to understand the context***
- ✓ ***Verify what you observe***
- ✓ ***Observe how well your messages have been received***
- ✓ ***be alert and relate certain information as appropriate***

(Note down the reasons on a blank flip chart.)

The exercise highlights how our observations are colored, and how we should become aware of

**Conclude the exercise:**

1. It is important to observe keenly. It would provide us with a lot of useful information on our target audience
2. Our perceptions color the way we see things, so it is important to verify the information that we observe
3. These cues about our target audience provide us the context in which our IPC should be pitch in
4. Helps us in building rapport, fine tuning our approach, and the way we conduct the IPC with a particular group of people.

# Tone of voice and body language

Duration: 20 minutes

Methodology: Enactment

Activity: Invite 4-5 volunteers to enact the emotions without any words but use of the word "Ah"

Happy, angry, sadness, painful, anxious, tenderness

Invite another set of 4-5 volunteers to enact emotions using their body but no words

Fear, loneliness, enthusiasm, courage, upset, respect, thoughtful

*Ask participants to respond to the enactments and see if they could pick up the emotions that were enacted by both tone of voice and body language.*

***Key learning points:***

- *Reinforce that the emotions need no words for expression; they can be expressed through the body language, tone of voice, because the feelings are feel- able. So, we cannot fake our feelings.*
- *It is important to be sincere, and develop genuine concern for our target audience to gain trust.*
- *We can effectively use our tone of voice and body language to enhance our communication,*
- *Body language involves, use of facial expressions, hands, eye contact, posture, some of the reflexes.*
- *It is not always what is being said is important, how it is said is very important, particularly in our work. We need to be aware of how we use our body language to our advantage. Avoid rude gestures, passing comments, showing frustration or disappointment to the target group.*

Essentials of tone of voice and body language

- ✓ Be cheerful ,Be polite
- ✓ Demonstrate genuine concern
- ✓ Empathise, Show Respect
- ✓ Maintain appropriate eye contact
- ✓ Be enthusiastic in interactions.
- ✓ Avoid showing frustration or disappointment to your groups
- ✓ We communicate feelings and attitude as well.
- ✓ Maintain professional attitude keeping the objective of your work in mind.

***So what should be appropriate body language and tone of voice?***

*Let the group discuss and come up with the appropriate standards.*

***The broad guidelines are that which helps you in forming better relationships that which is not rude, based on the culture, & context.***

# Listening skills

Duration: 20 -30minutes

Materials required: no materials required

## Listening Exercise

Ask for four volunteers. Set of two each

### First turn of events:

1. *Ask one of the volunteers to think of some interesting event/ incidence and share it with a partner. Tell that the 'one most interesting event' in your life should be narrated to the other partner. After you have finished, your partner will summarize what you told her."*

2. *The second volunteer will be instructed to wait while the first one is getting briefed. And that "the other partner will begin to tell you about an interesting experience that he/she has had in his/her life. Your task is to ignore them as unobtrusively as possible, not listen to the narration of your partner. Your body language will involve sitting back, not meeting their eyes, twiddling with something in your hand like pen or a pencil and possibly drawing. You'll continue this 'non-listening' behavior until the trainer gives you a signal.*

3. *The third volunteer will be instructed to think of very interesting incidence in life and narrate it to the other partner.*

4. *Fourth volunteer should be given instruction that, the other partner will begin to tell you about an experience that he/she has had in his/her life. Your task is to be attentive, listen to what the partner says, meet the speakers' eyes, non-verbal skills, encourage the speaker to speak, ask questions, and then you summarize what's being told to you.*

*(This listening game will work well when you have a co-facilitator.) The co-facilitator steps out of the room with the volunteers who need to be briefed)*

1. Now call one set of volunteers to perform their scene.
2. The participants in the larger group should observe carefully make notes on what their inputs, lessons and experiences.

3. Call the second set of volunteers to perform their scene.

**Debrief of Listening game:**

First of all the listener in the first scene will not be able to narrate what was shared by the first volunteer. The talker might just continue to speak, in spite of the fact their partner is not listening. Or will stop talking on noticing that he/she is not being heard. The one who stops speaking, you'll notice will either look offended or will try and attract the attention of the listener/ facilitators. Other reaction of the speaker may be to just sit down and wait for the listener to look up and start listening. There's also a certain tension you'll sense because of the non-listening behaviour.

In the second scene, the both the partners are engaged in talking, and at the end the fourth volunteer is able to narrate what was shared by his/her partner.

**Ask:**

First set of volunteers to provide feedback on

What they felt during the exercise (both listener and talker) some responses would be from the talker.

- I felt worthless not being heard by my partner especially when I was sharing something so important and interesting
- I became angry and irritated at the attitude of the listener
- Didn't feel like continuing.. .'
- I have decided that I will never ignore people again.'

Call for the next set of volunteers to share their feedback and experience.

Contrary to the first one, the listener in the second scene will be able to narrate what was shared by his/her partner quite well and they would have enjoyed talking to each other.

Then ask the large group to respond with their input on both the experiences.

Some of the other learning's that you need to gently bring home to them

- It is not every time people have something remarkable to share. Yet whatever they do want to share is important to them and so worth listening to.
- It is also insensitive for speakers to go ahead and share whatever they want to even if the listener is not paying attention to

**Key learning points:**

- Listening is one of our most important communication skill
- Active listening requires concentration and mental participation
- Listening involves giving meaning to what we hear, our own perceptions color our understanding
- Asking open ended questions, seeking clarifications help us in assimilation what we hear
- Encouraging the talker with attentive gestures helps the person to open up and talk to us
- We assume certain things based on our past experience

them. It would be more fruitful if speakers listen to the body language of the listeners and deal with that first, sensitively of course. They need to take time to find out what's keeping the listener from listening.

- When you observe closely and listen to people, you learn quite a lot of information about people,

**How listening helps:**

As Front-line Workers, listening helps in collecting information about the target audience, their needs, and understands the community better, which is an important task. As an audience, I feel better to share my concerns with someone who understands and once I am able to share my problems with someone I feel lighter**.**

- Active listening activities train people to carefully and attentively listen to each other, without bias or distraction and empower them to fully understand what the other person is trying to say and what it really means. Active listening techniques include paying complete attention in order to distinguish between changes in voice intonations, looking for cues in facial expressions and body language to comprehend the other person's point of view sans prejudices. Paying complete attention to the speaker helps ensure that there is no error in interpretation. Active listening is an integral part of effective communication.

## Use questioning skill to gather information

The ability to ask open-ended questions is very important in many vocations, including education, counseling.

- An open-ended question is designed to encourage a full, meaningful answer using the subject's own knowledge and/or feelings. It is the opposite of a closed-ended question, which encourages a short or single-word answer. Open-ended questions also tend to be more objective and less leading than closed-ended questions (see next page).

- Open-ended questions typically begin with words such as "Why" and "How", or phrases such as "Tell me about...". Often they are not technically a question, but a statement which implicitly asks for a response.

- The most famous (or infamous) open-ended question is "How does this make you feel?" feelings and emotions are central to human behaviour. This is an effective standard question used by many.

# Examples

| Closed-Ended Question | Open-Ended Question |
|---|---|
| Did you follow what was told to you? | Can you tell me what you understood |
| Do you like to eat sweets? | What is your opinion about sweets |
| What colour shirt are you wearing? | That's an interesting coloured shirt you're wearing. |

## Approach and Messaging

**Time: 45 minutes**

**Methodology:** Role play and discussion (good approach and bad approach)

**Materials required**: copy of the role play situations and checklist for feedback

Key learning points that emerge from the role plays should be highlighted on the flip chart

- Professional approach, keeping the cultural context in mind
- Reason/ purpose should take precedence over emotions
- Build rapport, gain trust
- Greet and seek permission to enter the homes
- Timing: Approach at a time that is convenient to the audience
- Show respect & be polite/cool even when faced with noncooperation and unfriendliness from audience
- Understand the need
- Introduce the topics appropriately
- Be specific with key messages
- Use open ended questions mostly
- Use simple language
- Involve the person in the discussion
- Keep the session short
- Follow less is more concept

**Activity:** Role play

Notes to the facilitator/ trainers: The volunteers to be selected during the break and the situation needs to be explained. Particularly instruct the Front-line Workers, to act out different scenarios as bad and good.

**Role Play Situation: 1**

Bhanu has given birth to a baby a few weeks ago, she is tired of the community mobilisers coming and troubling her family members. When you knock at her door, she is very reluctant to open the door; she says she is resting with the baby. How would you approach her, and gain her trust.

A set of two volunteers to act as Bhanu and the frontline worker/community mobiliser.

**Role play situation: 2**

Ibrahim is a father of three children; all of them are under 5 yrs. He believes that OPV is a covert campaign to make Muslims impotent so as to control the Muslim population in India, so he doesn't want to give OPV to his children, asks the team to go away.

What key messages would you give to Ibrahim and how would you assure him of the safety of the OPV?

**Role play situation: 3**

Farukh has four children; one of them is bedridden and has developed some complications in early child hood. She has given birth to another baby a month ago. She fierce fully resists the polio vaccine when the mobilisers & vaccinators enter her home. She says even if her child has to get polio, it is as per Allah's will and so she accepts the situation, but will not allow OPV to her children. It is against her religious beliefs. How would you convince to her. How would you make her trust you? What could be various strategies?

**Role play situation: 4**

Sahira and Asin are co-sisters live in a joint family in a congested area, Sahira's elder child died when the baby was one and half year old. Now she has a son who is about one year old. She believes that administering polio drops will be risky to her baby, so she refuses to accept the polio drops. How will you address the situation? What key messages would you give her?

**Instruct**

The rest of the participants that role plays will be conducted by some participants, they are to observe and make notes on what went wrong, what went well and what are the learning points and fill out the checklist that is distributed.

After each role play, conduct the debriefing and write down the learning points on a flip chart and paste on the wall

## Conducting IPC sessions using the flip book on Convergence: A practice session

**Objective**: To demonstrate the use of flip book and enable the participants to use the flip book in IPC sessions

**Methodology:** demonstration, discussion and mock – combined in practise session

**Duration**: 1 hour 30 minutes

**Materials required**: Copies of flip book for each participant

**Activity:**

1. As a home work, the participants should have been given the story line and key messages of the flip book on the previous day so that you can focus more on building the usage skills.
2. Instruct them to observe as you narrate the story and use the flip book, and make notes
3. Get the participants into smaller group and instruct them to go through the flip book for ten minutes.
4. Give them four scenarios one each for the group and ask the groups to use flip book and conduct IPC. Move from group to group and observe their performance and provide input for improvement.
5. Divide the participants in small 3-4 groups, give them each a role play situation and ask them to prepare and present the role play. The rest of the group members will observe and provide learning feedback on the checklists provided while each group presents their role play.
6. This exercise will help in conducting the IPC sessions in a controlled environment and receive useful feedback.

# Session – 7: **Orientation to the M&E formats**

**Objective:**

To orient the participants to the M&E formats/field book and its use

**Duration:** 1hour and 45 minutes

**Materials:** copies of the tally sheets/ data collection formats,

**Methodology:** Discussion demonstration and mock session

**Process:**

Take a copy of the field book or formats and describe its use and demonstrate how the information is filled and used.

Later, request a participant to volunteer to demonstrate the steps in Field book usage.

Pair up the participants and instruct them to do mock data collection and entry in the formats

Clarify any doubts and answer any questions regarding the field book and other formats

## Session –8: Summary and closing

## Objectives:

| |
|---|
| To reinforce key learnings |
| To facilitate feedback of workshop |
| To make closing remarks, call for action |

**Methodology:**

**Large group discussion, administering of the questionnaire**

**Duration: 60 minutes**

**Process:**

Administer the post- test questionnaire and evaluation form for 12-15 minutes, collect the filled in questionnaire, and formats to analyse in next few days, compare the scores of pre and post-test and analyse the evaluation forms and take the key recommendations and follow up points.

Request 3-4 participants to provide feedback on the following points:

- Logistics
- Key learnings
- What was best about the workshop?
- What could be improved?
- What key actions will they are able to take when they are in field immediately.

Provide closing remarks highlighting the importance of the Front-line Workers, how the training investments should yield results, what are the expectations of the participants (realistic) and inform that we will call them over for the refresher training soon. Inform that the brief report of the workshop, with assessment of pre and post-test will be disseminated to them. Close monitoring will be done to see the high performers.

Address any last minute questions; respond to the feedback received if needed.

Thank the participants, facilitators, all who supported in making the workshop a success and close the workshop.

**(Provide a kit of all the materials and reporting formats if planned)**

# Resource &Reference materials for the sessions

Session -1

# Pre and post-test questionnaire

Tick the correct answers where applicable

1. What is polio?
    - A viral disease
    - Polio is a medicine
    - Polio is a viral disease that causes paralysis

2. How is polio spread? (tick all the right responses)
    - From person to person
    - Through the air
    - Through contaminated water/food
    - Unwashed dirty hands
    - By Gods' punishment
    - Through feces
    - Through sneezing

3. Who does polio affect mostly? (tick all the right responses)
    - New born babies
    - Children up to 5 yrs.
    - Pregnant women
    - Aged and elderly
    - Any body

4. Give full form of WPV and OPV

5. Which of the following options below explain the fecal-oral route of polio transmission

    a. Defecation – hand washing – eating –defecation – hand washing

    b. Open defecation – feces containing polio virus – feces contaminate water and dirt – contaminated water or dirt enter child's mouth – child infected with polio – child's feces containing virus – open defecation

6. Which of the following work is not done by the community mobilization workers?

- Administers OPV doses to children who visit booth
- Inaugurates the booth by the influencers
- mobilizes children from houses
- Creates a festive environment in the community

7. List two benefits of administering polio drops to children every time

8. What do these markings mean:

    a. P:

    b. XR:

    c. XL:

    d. PO:

    e. XV:

    f. XO:

9. What information do you have to collect about your community? (tick all the right responses

- New born, Children below – 5yrs
- Pregnant women
- Religions, people's beliefs, faith, etc.
- What are the widely celebrated festivals

- Occupation, Migration pattern
- Number of households
- Number of children in each household
- Schools, AWW centers,
- Who can be the influencers
- No. of theatres in the community
- PR leaders, Doctors, teachers, religious leaders

10. Write atleast two key messages you would give about the NID/SNIDs in your community.

11. Give two benefits of having mothers meetings.

12. Which vaccinations are provided soon after birth?

13. Which are the seven fatal but preventable diseases against which the immunization is given?

14. Which are four critical times to wash hands?

15. Who are the other partners in vaccination at the community level?

# Session – 2 Basics on Polio

**Presentation on basic information on Polio**

## Polio – a paralysing disease for life

## About the Poliovirus

- Poliomyelitis is an enterovirus, commonly referred as Wild Polio Virus (WPV)
- Three serotypes WPV-1, WPV-2, WPV -3. ( WPV-2 has been eradicated sine 1999) WPV -1 is the virulent of all, causes paralysis most frequently. WPV-3 is restricted to western UP in India.
- PVs are rapidly inactivated by heat, drying, formaldehyde, chlorine, ultraviolet light
- Causes Paralysis as a rare outcome (<1%) in lesser immune children
- highly contagious, seasonal viral disease

## Introduction to Polio: Overview

- Polio – the virus
- Poliomyelitis - symptoms
- Epidemiology – how does it transmit
- The two vaccines - prevention
- Eradication Strategies - introduction

## Polio Epidemiology

- Polio Virus exist only in human intestine
- Transmitted from person-to-person, primarily fecal-to-oral route
- Infectivity typically one week before paralysis and 4-6 weeks thereafter (peak first 2 weeks)
- Incubation period 7-21 days (range 3-35 days)
- Of those paralyzed, 5-10% can die, when paralysis strikes the respiratory muscles.

## "Poliomyelitis" – what's in the term?

- *Polios* = grey
- *Myelos* = marrow, spinal cord
- *Myelitis* = inflammation of spinal cord

To define briefly: Polio is a highly infectious disease caused by Wild Polio virus. It invades the nervous system, and can cause paralysis or even death in matter of hours.

## How does the Polio Virus spread?

- Eating food or drinking liquids that are contaminated with polio virus.
- Touching surfaces or objects that are contaminated with polio virus, and then placing hand in the mouth.
- Having direct contact with an infected person; for example, exposure to the virus while cleaning the baby after passing stools, not washing hands properly, and handling or preparing food.

## Who are vulnerable?

- Polio infection is highly contagious, seasonal viral disease caused by three poliovirus serotypes
- In the absence of vaccination, infects nearly all persons in a population
- Paralysis is a rare outcome (<1%)
- Peak transmission in young infants and pre-school children (tropical countries)0 – 5 yrs are most vulnerable.
- Children with lesser immunity are more susceptible to getting infected with polio virus

## Diagnosis:

- Cannot make definitive diagnosis through blood testing
- Gold standard test is viral culture from stool specimens

## Prevention: ORAL Polio Vaccine (OPV)

- mOPV - Monovalent oral Polio Vaccine (against either one of the virus)
- bOPV - Bivalent oral polio vaccine ( against p1 and p3)
- tOPV - trivalent oral Polio Vaccine ( against all three)

## What are the symptoms of polio infection?

- Approximately 95% of persons infected with polio will have no symptoms.
- About 4-8% of infected persons have minor symptoms, such as fever, fatigue, nausea, headache, flu-like symptoms, stiffness in the neck and back, muscle pain, and pain in the limbs.
- Less than 1% of polio cases result in permanent paralysis of the limbs (usually the legs).
- *Of those paralyzed, 5-10 die when the paralysis strikes the respiratory muscles.*

## Comparison of OPV over IPV?

| OPV | IPV |
|---|---|
| Dr. Albert sabin developed in 1958 | Dr. Jonas Salks developed the first Vaccine against Polio in 1952 |
| Administered orally | Inactivated virus delivered by injection |
| Logistically feasible to immunize the entire population, | Difficult to administer as a large scale immunization campaign |
| Easy to administer | Difficult to take it to large masses |

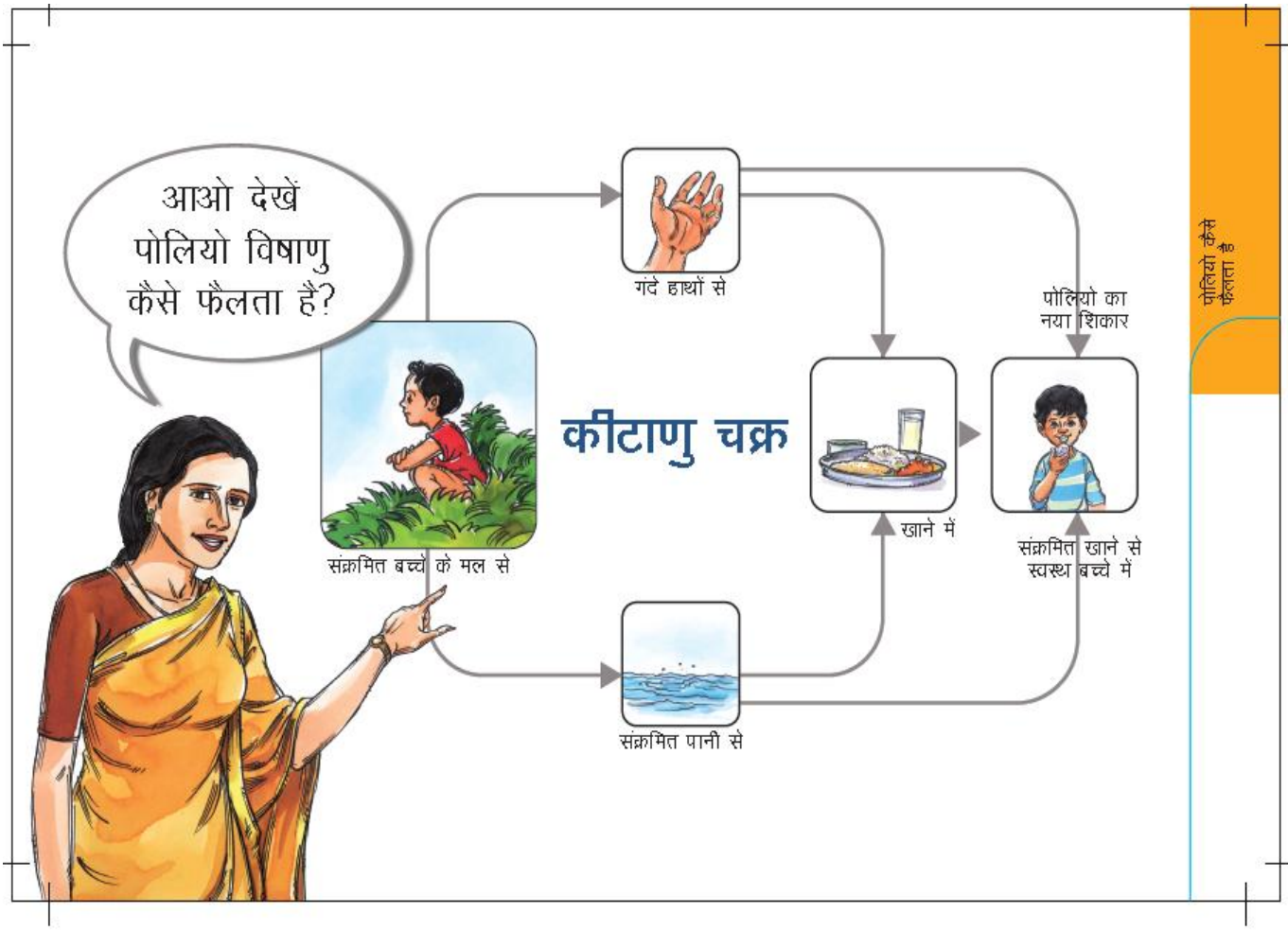
## How Polio virus (PV) causes paralysis

- Virus enters through the mouth
- Virus multiplies in tissues with poliovirus receptor (tonsils, intestinal cells, 'Peyer patches' / gut, and lymph nodes)
- Virus enters bloodstream, rarely from there into central nervous system / brain
- Virus has 'tropism' for nerve tissue - thought to spread back along nerves ('axons') to spinal cord
- Motor nerve cells (of spinal chord) are destroyed by virus attack and replication
- Paralysis extent depends on proportion of motor cells lost

## Oral Polio Vaccine (OPV)

There were evidence that administration of OPV via the natural route of infection not only protected the individual from paralysis but also stimulated an immune reaction in the gut that would limit the potential to spread the disease to others.

## Germ Cycle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कैसे फैलता है?
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स्वस्थ बच्चे में
संक्रमित पानी से
पोलियो कैसे फैलता है

## Worksheet on Polio

Fill in the blanks

1. Polio attacks _____
2. WPV 3 is most dangerous of all WPV – True/ false
3. Polio is _____disease
4. -------- number of doses of OPV is given to children in their first year
5. Oral Polio drops cures Polio True/ false
6. Children with fever and diarrhea can also be given OPV - True / false
7. XS means ----------
8. XL means ----------
9. XO means ----------
10. XV means ----------
11. XR means ----------
12. P means ----------
13. Immunity, hygiene, are important factors in preventing polio and other childhood infections – True/false
14. Explain the fecal oral route of Polio infection.

Match the following

| Sl.no | A | | B |
|---|---|---|---|
| 1 | Finger marking | 4 | Has all details about the children up to five years of age and community |
| 2 | Booth day | 9 | Oral faecal route |
| 3 | House to house | 5 | Destroy that which is darker inside circle |
| 4 | Micro plan | 7 | There are three types of them |
| 5 | VVM | 10 | revisit |
| 6 | OPV | 8 | Nervous system |
| 7 | WPV | 2 | Create festive environment |
| 8 | WPV affects | 1 | indelible ink on the left little finger |
| 9 | Transmission mode | 3 | Cover every child in a community |
| 10 | Bi-phasing | 6 | Is safe |

# *Basic information on Polio*

1. **What is polio?**
   Poliomyelitis, commonly known as Polio, is a highly infectious, seasonal viral disease caused by 3 polio virus serotypes. It invades the nervous system, and can cause paralysis or even death in a matter of hours.

2. **Describe Polio virus?**
   It is an enterovirus, only affects humans, with three sero-types, Polio virus are rapidly inactivated by heat, drying, formaldehyde, chlorine, ultraviolet light.

3. ***How is polio transmitted?***

   Polio is spread from person-to-person via direct contact with virus shed from the gastrointestinal route. **Polio virus exists only in human intestine.**

Polio viruses are found in the stool of infected people. People can become infected by

- Eating food or drinking liquids that are contaminated with polio virus.
- Touching surfaces or objects that are contaminated with polio virus, and then placing their hand in their mouth.
- Having direct contact with an infected person; for example, exposure to the virus while cleaning the baby after passing stools, not washing hands properly, and handling or preparing food.

4. **What is Fecal – oral route?**
   The polio virus (scientifically known as the wild poliovirus - WPV) enters the body through the mouth, the water or food that has been contaminated with fecal material from an infected person. The virus multiplies in the intestine and is excreted by the infected person in feces, which can contaminate the water or food and the mud or environment. When children come in contact with the contaminated items, the virus can pass on to them.

5. ***What are the symptoms of polio?***
   - Approximately 95% of persons infected with polio will have no symptoms.
   - About 4-8% of infected persons have minor symptoms, such as fever, fatigue, nausea, headache, flu-like symptoms, stiffness in the neck and back, muscle pain, and pain in the limbs.
   - Less than 1% of polio cases result in permanent paralysis of the limbs (usually the legs).
   - Of those paralyzed, 5-10% die when the paralysis strikes the respiratory muscles. The death rate increases with increasing age.

6. **How to diagnose the virus?**
   Gold standard test is viral culture from stool specimens
   Cannot make definitive diagnosis through serological testing (blood)

7. **Who is at risk of catching polio?**
   Polio mainly affects children under 5 years of age.

8. **What are the complications of polio?**
   Paralysis that can lead to permanent disability and death.

   One child in every 200 children infected with polio leads to irreversible paralysis (usually in the legs).
   Among those paralyzed, 5%-10% die when their breathing muscles are immobilized by the virus.

9. **How does Polio virus cause paralysis?**
   - Virus enters through the mouth
   - Virus multiplies in tissues with polio virus receptors ( tonsils, intestinal cells, peyer patches/ gut, lymph nodes
   - Virus enters blood stream, rarely from there into central nervous system/ brain
   - Virus has tropism for nerve tissue – thought to spread back along nerves (axions) to spinal cord
   - Motor nerve cells are destroyed by virus attack and replication
   - Paralysis extent depends on proportion of motor cells lost.

10. **What are two types of Vaccine against Polio?**

There are two types of vaccine that can prevent polio: inactivated polio vaccine (IPV) and oral polio vaccine (OPV).

11. **Comparison of OPV over IPV?**

| OPV | IPV |
|---|---|
| Dr. Albert Sabin developed in 1958 | Dr. Jonas Salks developed the first Vaccine against Polio in 1952 |
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**12. How does the OPV help?**

Giving OPV via the natural route of infection not only protects the individual from paralysis but also stimulated an immune reaction in the gut that would limit the potential to spread the disease to others. It is essential that every child under five is immunized against polio during the current polio outbreak.

**13. Does the oral polio vaccine have any side effects?**

The oral polio vaccine is one of the safest vaccines ever developed. It is so safe it can be given to sick children and newborns. It has been used all over the world to protect children against polio, saving at least 5 million children from permanent paralysis by polio**. In India Children are more at risk of Polio than any side effects from the Polio Vaccine**.

**14. Is there a cure for polio?**

No there is no cure for polio. Polio can only be prevented by immunization. A safe and effective vaccine exists – the oral polio vaccine (OPV). OPV is essential protection for children against polio. Given multiple times, it protects a child for life.

**15. Is India the only country with polio?**

No. Polio still exists in a few countries – but it has almost gone from the world. In 1988, governments launched the Global Polio Eradication Initiative to banish polio to the history books. Since then, thanks to mass immunization campaigns, polio cases have fallen worldwide by over 99 per cent. As recently as 20 years ago, 1000 children EVERY SINGLE DAY were paralyzed by polio. In 2009, thanks to the Global Polio Eradication Initiative, just 1604 children were paralyzed.

**16. What is the government doing to protect children against polio?**

The Government of India is conducting National Immunization Days (NIDs) to immunize ALL children less than 5 years with oral polio vaccine. Several international and local agencies are helping the government to plan and run the immunization drives, including, UNICEF, WHO, USAID and Rotary International Great emphasis is to reach the poorest and most marginalized children. They are most vulnerable and least likely to be immunized.

**17. What are National Immunization Days (NIDs)?**

National Immunization Days (NIDs) are days set apart all over the nation to immunize ALL children less than five years against polio, using the oral polio vaccine. Vaccinators will come to the community bringing polio vaccine for every

child. It is critical during NIDs that parents ensure EVERY child receives the vaccine on those days.

**18. How long will we continue to have these campaigns?**

These campaigns will continue as long as polio is still a threat in India

**19. What will happen if these NIDs do not reach every child?**

If the NIDs do not reach every child before the rainy season starts, then polio will spread faster, infect and paralyze more children.

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

Yes. Oral Polio Vaccine (OPV) is safe and effective and every extra dose means a child gets extra protection against polio. It takes multiple doses of OPV to achieve full immunity against polio. If a child has received the vaccine before, then extra doses given during the National or Sub National Immunization Days (NIDs/SNIDs) will give valuable additional immunity against polio.

**21. Does the Acute Flaccid Paralysis Surveillance system help to detect polio?**

The Acute Flaccid Paralysis Surveillance system is a critical part of the protection available for families against polio. It is disease surveillance programme in every district across Indonesia and the world. If a child suddenly shows signs of a floppy or weak arm or leg, health authorities should be informed immediately so that a sample of the child's faeces can be taken for analysis and the child can get proper treatment. It is very important to act fast – polio is VERY infectious.

**22. Is it safe to administer multiple doses of OPV to children?**

Yes, it is safe to administer multiple doses of polio vaccine to children. The vaccine is designed to be administered multiple times to ensure full protection. In the tropical areas where the weather is hot, several doses of polio vaccine are required for a child to be fully protected – sometimes more than ten. This vaccine is safe for all children. Each additional dose further strengthens a child's immunity level against polio.

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

OPV needs to be administered multiple times to be fully effective. The number of doses it takes to immunize a child depends entirely on the child's health and nutritional status, and how many other viruses that child has been exposed to. Until a child is fully immunized, they are still at risk from Polio. This just emphasizes to ensure that all children are immunized during every round of national immunization days that all children are immunized at the same time. Every missed child is a place for the polio virus to hide.

**24. Is OPV safe for sick children and newborns?**

Yes. OPV is safe to be given to sick children. In fact it is particularly critical that sick children are immunized during the campaigns, and newborn babies, because their immunity levels are lower than other children. All sick children and newborns should be immunized during the coming campaigns to give them the protection against polio that they desperately need.

Mothers and caretakers should remember that Oral Polio Vaccine (OPV) is not treatment for other childhood illnesses a child may have prior to immunization. Therefore, a mother/caretaker whose child gets polio vaccines when the child had a preexisting illness, should take the child to the nearest health center for proper medical care.

**25. Is OPV safe and halal?**

OPV is safe and has been declared halal by Islamic leaders all over the world – the Grand Sheik Tantawi of Al-Azhar University, the Grand Mufti of Saudi Arabia and the Majelis Council of Ulemmas in Indonesia

**26. What is pulse polio?**

It is a strategy of immunizing all children up to 5 yrs on a large scale two times a year, to build the "**herd immunity"**. The model involved first interrupting transmission and then sustaining the interruption for three years before a country is certified polio-free.

**27.What is cold Chain?**

Oral Polio Vaccine is the most heat sensitive of all vaccines. Storage and transport have to comply with good cold chain practices. OPV retains satisfactory potency for atleast 48 hours at an ambient temperature of 37 degree Celsius.

**28.What is Vaccine Vial Monitor?**

Heat exposure to the vaccine vial can be monitored. A heat sensitive square within a circle changes colour under the combined influence o heat and time. If after exposure to heat for a certain amount of time, the square reaches the same colour, or becomes darker than the circle, the vial should be discarded.

# Session – 3: Polio Eradication Programme

Polio has been eradicated from most of the world using several key strategies. Each of the following strategies is important components in the National Polio Eradication Programme:

(**a) Routine immunization**: Sustaining high levels of coverage with 3 doses of oral polio vaccine in the 0-1 year age group.

**(b) Supplementary Immunization Activities (SIAs):** Simultaneous administration of oral polio vaccine to all children in the age group of 0-5 years, 4-6 weeks apart to interrupt wild poliovirus transmission and to increase immunity amongst children.

**SIAs include:**

- National Immunization Days (NIDs) when the entire country is covered.
- Sub National Immunization Days (SNIDs) when some states or parts of states are covered.
- Mop-ups are conducted, as soon as possible after identification of the virus as an end game strategy to interrupt transmission, when virus transmission is focalized and polio cases are found in specific areas.

The basic aim of conducting SIAs is to reach all under five children with potent vaccine in each round. The main strategy to achieve this is by offering:

(i) Immunization to all children at booths on the first day and

(ii) Follow up on missed children through house-to-house immunization teams and

(iii) Immunize children in transit through transit teams deployed throughout the duration of booth and house to house immunization activity.

**(C) Surveillance and investigation of cases of acute flaccid paralysis (AFP).**

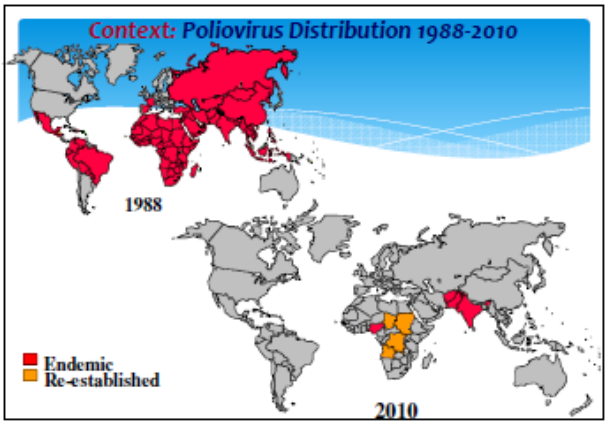
Surveillance data is used to identify areas of wild poliovirus transmission and to guide immunization activities. Polio can be eradicated if the recommended strategies are implemented effectively as has been accomplished in many countries of the world and in most states in India.

## Polio Eradication programme global and Indian scenario and Emergency response in India

## History

- Transmission of polio is restricted to only 2 continents around the world – Asia and Africa.
- More than 200 countries including our neighbours like Bangladesh, Sri Lanka, Indonesia, Iran, Iraq and Nepal have eliminated polio.
- 1600 cases of polio occurred in India in 2002. This reduced to 225 cases in 2003 and 136 in 2004.
- 2004 had the lowest ever number of polio cases in the country due to the efforts put in by the vaccinators and their supervisors.
- Polio transmission is now limited to the identified high-risk areas of western UP, Bihar, and Mumbai / Thane area.
- Give the progress made by the country in terms of polio eradication over the last one year, highlight there has been no polio case for one whole year since January 2011 till whatever date (if and when) the case is reported.

## Context: Poliovirus Distribution 1988-2010




## Role of Partner Agencies in Polio programme

**Government leads** the programme on polio and partners should participate in the Central and State Emergency Preparedness and Response Groups. The key role of the partners will be as follows:

**WHO -NPSP:** provide surveillance data, epidemiologic analysis and strategic planning and other technical support to the group as well as support monitoring of the preparedness and response at the district, State and National levels.

**UNICEF:** provide support to the communication/ social mobilization and media strategies and their implementation and monitor their impact

**Rotary International:** provide support to the advocacy at the state and district levels and to the communication strategy and social mobilization activities

## EPI – Expanded Programme on Immunization

- Success of smallpox helped to launch the EPI in 1974 globally and 1978 in India
  - EPI – aiming to prevent six VPD
  - targeting infants with six basic vaccines, including OPV
- 1988 – WHO estimated 350,000 paralytic polio cases /yr around 10% of it in India
- 1995 – Polio Eradication Initiative was introduced with NIDs – Polio Ravivar in India
- 2002 – outbreak in western UP 1600 cases of WPV- 3
- 2009 – 741 , 2010 – 42 cases
- 2011 – only one case reported in Howrah

## Polio Eradication Strategies

1. High routine immunization coverage
2. Supplementary Immunization Activities (SIA), (NID, SNIDs, & Mop Up) and
3. Acute Flaccid Paralysis (AFP) surveillance: data is used to identify areas of wild polio virus transmission and to guide immunization activities

## Supplementary Immunization Activities comprised of

- **NIDs**– National immunization Days – when the entire country is covered.
- **SNIDs** – sub national immunization days – when some states or parts of states are covered.
- **Mop-ups** are conducted, as soon as possible after identification of the virus as an end game strategy to interrupt transmission, when virus transmission is focalized and polio cases are found in specific areas.

## Example of a detailed map:

A team that is not equipped with a map of the area and an itinerary for covering the area is likely to miss children.


## Implementing the SIAs need meticulous planning

- Micro planning
- Booth activity on first day of the campaign
- House to house activity – happens for about a 2-5 days depending on the area and the need
- Transit sites activity
- Underserved areas – focus
- Activity among the migrant and mobile workers

## Why is house to house necessary?

Through house to house strategy, more children are reached because:

- No one may be available in the household to take the children to the vaccination post,
- There may be lack of interest or motivation to have children vaccinated,
- The parents may fear or mistrust vaccination,
- Children who need to be carried may not be brought to the vaccination site,
- Migrant populations may not be aware about the location of the booths or the need for vaccinating their
- children.
- Sick children may be missed.

Because of these advantages house to house immunization if the preferred strategy for polio eradication and outbreak control.

## Determining the mop up area

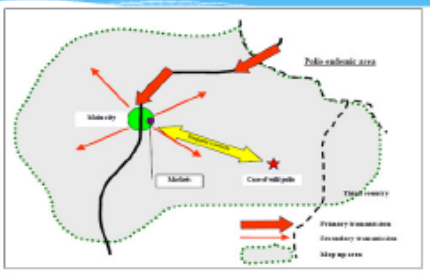



Figure 1: Example of the choice of a mop up area

## Some of the challenges for the Polio Programme

- Religious beliefs
- Doubts on the safety of vaccine ( OPV)
- Myth that OPV causes impotency - a covert sterilization campaign
- People not able to understand the rationale behind multiple doses
- Keeping people motivated – for rounds
- Poor health care system
- Rude attitude of the service providers

**Determining the target area for a mop up**

With high quality surveillance, a detected wild virus in an area that was free of polio for at least one year has a high likelihood to be an importation. This is critical for the choice of the target area.

Less than 1% of polio infections actually leads to paralysis. A single detected polio case implies, unless it has clear epidemiological links to a reservoir, that polio virus is circulating in the area and explains why mop ups have to be of a large size.

The target area cannot be a simple circle around the case, but must be based on:

- recent polio transmission
- inadequate surveillance
- limited access to health services (hard to reach, displaced, etc.)
- low routine/NID coverage as reported by official and unofficial sources
- likely transmission route of the importation: how did the virus get where it was detected and how can it spread (transport lines, population movements, pattern of contacts with existing reservoirs etc). At that point the genetic information is not indispensable to make the analysis.
- main urban areas, which are with a given or even higher coverage than rural areas more at risk of importing and becoming a reservoir because of the frequency of contact between individuals
- The case investigation can give additional information as to what areas to include in the mop up. Introductions do not happen randomly. They depend on contacts that take place in markets, slums and other places where people meet and sanitary conditions are low.
- Last but not least common sense. Circulation of wild polio virus implies low immunity in at least part of the population.

**The mop up area should be decided on basis of risks (low coverage, weak surveillance, and access), population mass, density and movements as well as common sense.**

**As per Government of India guidelines, the time line and critical steps in EPRP:**

The following table indicates the key events at country level that need to take place for a response campaign to happen within the required time constraint.

| **Country level** | | 1-2 |
|---|---|---|
| ICC meeting selects an emergency response team (ERT) which presents an initial response plan within 24 hours, including the coordination structure | MOH/partners | 2-3 |
| Information to all provinces urging them to enhance surveillance | ERT | 3 |
| Field visit and case investigation | MOH/partners | 2-6 |
| ERT presents response plan including a timeline, extend of the mop up, budget, communication/training strategy, logistics, work plan, monitoring plan, cross border activities | ERT | 4 |
| Implementation of communication activities for public | MOH/partners | From 6 onwards |
| Fine tuning of plan on bases of sequencing result | MOH/partners | 11 |
| Vaccine/equipment order and request for funding placed | MOH | 5 |
| Micro planning in the districts | MOH | 9-12 |
| Training and communication materials printed | MOH/partners | 6-14 |
| OPV and funds in country | WHO/UNICEF | 10 |
| Selection of volunteers | MOH district | 14-17 |
| OPV and funds in the district | MOH | 14 |
| All equipment /supplies as per plan arrived in district | MOH | 14 |
| Training of supervisors and vaccinators | MOH district | 19-21 |
| Start of campaign | | 23 |

# Micro Planning &Implementing NIDs/SNIDs

Successful implementation of SIAs requires meticulous micro planning.

Important components of micro plan are as under:

- Booth activity.
- House-to-house activity.
- Transit site activity.
- Activity in high risk and underserved areas
- Activity at Brick kilns, construction sites, congregation sites, urban areas.

## Booth activity:

The first day of the NID/SNID campaign will be the Booth day. Booths are fixed sites for administering polio drops to children below 5 yrs of age and setup at the community level. This provides easy access to the communities to bring their children for immunization.
The families, particularly mothers are motivated to bring their children including newborns through IEC/Social Mobilization efforts.

On this day OPV vaccine shall be provided to all children who are brought to the booth.

All departments of the government (e.g. education, social welfare, ICDS, panchayati raj institutions, civil defense, revenue etc.) as well as NGOs and the community participate to create a festive atmosphere at the booth.

For this reason it is essential that adequate social mobilization measures are undertaken prior to the NIDs/SNIDs so that parents are fully informed about the:

- Dates of immunization at the booth.
- The locations of the booths.
- The benefits of receiving OPV.

**At the booths the parents should be reminded about the need for continuation of routine immunization and the date of next mother meeting/ community event.**

**Essential steps for increasing booth coverage:**

The booth activity, to be successful in vaccinating maximum number of eligible children needs to be supported by:

- Excellent Information, Education and Communication (IEC) over the mass media.
- Well planned local miking/drum beating on slow moving vehicles and from fixed sites starting two days prior to the booth day and continuing on the booth day.

- Motivating mothers, families through quality Interpersonal communication sessions by the community mobilisers prior to the NID/SNID round.
- Community participation (elder children and youth can take rallies, help in transit booths, facilitate bringing children from homes if parents are unable to visit the booth.
- Decoration and organizing of the booth and vaccination, helping in managing the crowd at the booth,
- Increased mobilization of the community to the booths, at the local level by involving all sectors (Health, ICDS, Education, Panchayati raj institutions, local NGOs).

- Festive look at the booth with well-organized vaccination activity, pleasant atmosphere, and short queues.
- Launching of booth activity by local influencers or community leaders. Inviting the leaders/ influencers as chief guests.

**In the vast majority of cases where children were not brought for immunization, it was simply because their parents did not know they had to bring them**

**Marking of children:**

All children vaccinated at booths transit sites or h-t-h visit in NIDs/SNIDs should be marked with indelible ink marker pen on **the left little finger.**

- The mark should be large and cover the entire nail and adjoining skin.
- The mark should be allowed to dry for a few seconds to prevent it from being rubbed off by the child.
- Marker pen should be capped immediately and kept in horizontal position to prevent it from drying.

Example of finger marking

## House to House Immunization activity:

The aim of the NIDs/SNIDs is to vaccinate all children under 5 yrs of age. To reach every child, vaccinating teams must visit each household in their area on the NID/SNID. The duration of the house-to-house (h-t-h) immunization operation is usually about 5 days depending on the number of available vaccination teams in the area. Additional 1 to 2 days of h-t-h activity will be undertaken in special areas with lesser number of available teams e.g. in large urban areas.Each vaccination team (vaccine carrier, vaccinator, and recorder) should be accompanied by the Community mobiliser who is from the community to facilitate the vaccination to each child in the community. The entire team is directed by the micro plan of the area, so as not to miss out on any child. As they go about doing the immunization activity, the second member of the team should mark the tally sheet after every child is immunized and mark every visited house as **P/date or X/date with chalk or geru.**

***Before leaving the house, thank the family for their time and cooperation.***

**Area allocation and workload of teams:**

- Each team should be allocated clear-cut, well-demarcated areas clearly mentioning the starting and ending points, identifiable with landmarks; for each day of h-t-h activity.
- Each team should be given optimal workload in consultation with the vaccinators and supervisors working in the area taking into account the local geographical conditions and the time taken in travel and to revisit X houses. The number of houses to be covered each day should not be fixed by the district officials.
- However as a general guideline: In rural areas 80 – 100 houses per team per day may be planned. This number may be changed in view of local situation to allow optimal time for travel and revisits to X houses.
- In urban areas 110 - 125 houses per team per day may be planned.
- The number of houses per day may be less in sparse/scattered population. This number may vary from day to day depending upon the geographical situation of area planned to be covered by the team on a particular day. The no. of houses to be covered each day should be mentioned in the micro-plan.

**Re-visit to X houses**

The team should revisit X house in the late afternoon on the same day or later according to the probability of the children availability, to cover the children who were in the school, market, field, playground, traveling etc. In areas where acceptance of vaccine is an issue, these revisits should necessarily be made along with the local influencers/community leaders. After this revisit the team will submit the house-to-house tally sheet, which contains the list of remaining X houses, to the supervisor at the end of each day.

**Emphasize that vaccinators must revisit all X marked houses.**

**If parents are reluctant** to get their children immunized, try to convince them with the help of local influencers such as gram pradhans, community leaders, religious leaders, local practitioners, Gram Vikas Adhikari, Anganwadi workers, CMCs who area accompanying the teams. You can take the help of your Medical Officer as well.

**House marking and Tally Sheets**

**Tally Sheets.** Distribute copies of blank tally sheets among the participants. Briefly discuss the purpose of marking the tally sheets and the information that is to be recorded. Emphasize the importance of filling them properly and accurately. The tally sheet recording is useful in many ways. Some such advantages are:

- Tally sheet provides accurate information regarding houses visited, children immunized/not immunized.
- Helps in planning for follow up visits to the families where all children have not received OPV
- Supervisors can appreciate the quality of work done by the vaccinators
- Helps in refining micro plans

**House marking: (Use chalk or geru) briefly discuss** the importance of marking the houses correctly. Review what the marking means (team number, serial number of the house, the date of visit and the arrow indicates the direction of the team movement. difference between "X" and "P"). The participants have to be told as to where to put the mark and that it should be clear and legible. Now with the help of the exercise at the end of the module, assess the vaccinators' responses about different situations. Ask the participants as to how to mark each scenario on the tally sheet. Trainer should write the correct answer on the chalkboard or drawing sheet so that everyone can see it.

**Mark "P" when,**

- All under 5 years children (resident, visiting, relative's etc.) **have received OPV dose** in this round, as verified by finger marking on each child.
- All children in the house are above 5 years of age.
- There are no children in the house.

**The house marked as " P- House No"**
**Date** →

**Mark "X" when,**

All or some children < 5 years of age **have not received OPV dose**, may be due to:

- XO: Children not at home as they are in the field, school, have gone to the market, visiting friends or relatives, accompanying parents to place of work
- XS: if children at home and are sick, not able to administer the OPV dose
- XR: Children are at home but the parent is reluctant or refused to allow the vaccinator to vaccinate their children.
- XL: Locked house for any reason and for any period of time.
- XV: family with children has gone out of the village

**The house marked as " X- House No"**
**Date** →

All "X" marked houses should be listed on the X tally sheet by the vaccinator.

Finally ask participants if they have any clarifications on this house marking and tally sheet marking. The trainer should not move to the next topic unless he satisfies himself that every participant has understood tally sheets and house marking correctly.

# *Getting to know your community*

**Questions to ask to determine the number of children in a household:**

1. How many families are there?
2. How many pregnant women are there?
3. How many children up to 5 yrs are there?
4. How many children have received the Routine immunization card,
5. Number of children on the RI
6. Where is the nearest health center
7. Who are the ASHA workers, AWW, ANM from of your village, ward, etc
8. How many families (households) are staying in the house? Number of families is to be determined by the number of 'chullahs' (kitchens).
9. What is the number of children less than 5 years in each house hold?

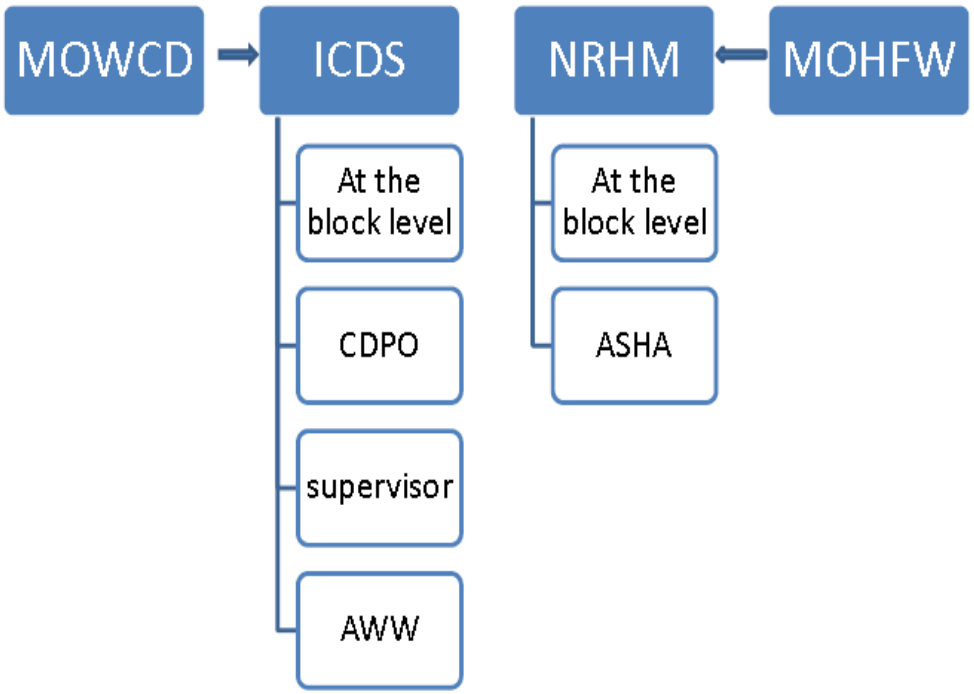
**On the day of the house to house activity**

10. Are all children present in the house? Determine information household wise.
11. How many children less than 5 years of age have been immunized at the booth? Examine the children immunized at the booth, for finger marking, if they are present at home.
12. Are any children less than 5 years of age (who normally live with the family) away from home for reasons like
    - Gone to school or fields or market place.
    - Playing outside the house.
    - Visiting friends /relatives within the village or in other villages / cities
    - Gone out with parents to their place of work.
13. Any child less than 5 years of age, of relatives or friends, visiting the house hold? (They should also receive OPV drops).
14. For determining correct number of less than 5 years old children, teams should physically examine children present in the house. Start with the youngest child and go on to the next elder and so on.
15. All unimmunized children less than 5 years of age present at home should be administered OPV drops.
16. One member of the team should immunize the children and mark every immunized child on left little finger with indelible ink marker pen, allowing the mark to dry for a few seconds.
17. Vaccinators should advise parents regarding continuing routine immunization and inform them about date of next NID/SNID round and nearby booth locations.
18. The second member of the team should mark the tally sheet after every child is immunized and mark every visited house as P/date or X/date with chalk or geru.
19. Before moving to the next house, team should thank the parents/caretakers for their cooperation and be doubly sure that all target children especially those less than two years of age have been immunized in the house, since polio affects children less than two years of age more commonly.
20. Details of unimmunized under five children of the visited house should be entered in the X Tally sheet.

***Every child less than 5 years of age in each household should receive OPV dose during each NID/SNID round***

## Session –4: *Role and Responsibilities of a front line workers*

Structure of frontline workers at the block level




**Role of AWW/ASHA/Mobiliser in the vaccination:**

**Vaccination team comprises of three members and the community mobiliser**

**On the booth day:**

1. One member of the vaccination team at the booth shall receive the parents with their children and immunize all eligible children 0-5 yrs of age.
2. Second team member shall record information on tally sheet, for each child immunized, immediately after the child has been immunized.
3. Third team member shall mark every child immunized on left little finger on the nail bed and adjoining skin, after child has been administered OPV drops with marker pen.

Mobilizer acts as a fourth team member and help in crowd control by designating entry and exit points to the booth, ensuring one way flow and helping parents to make a queue. Each parent should stand in line only once.

**During house to house activity:**

The team would play the following roles:

1. One member of the vaccination team immunizes all eligible children 0-5 yrs of age and mark the left little finger on the nail and adjoining skin.
2. Second team member shall record information on tally sheet, for each child immunized, immediately after the child has been immunized.
3. Third team member carries the vaccination box

| Anganwadi | ASHA | Community Mobiliser |
|---|---|---|
| **Anganwadi Worker** is from the Integrated Child Development Scheme ICDS | **ASHA is a** trained female community health worker in each village in the ratio of one per 1000 population, preferably literate till 8th class. | **Mobiliser who is from the village or community acts as a fourth team member and assists the vaccinator team to enter the households.** |
| Work as first or second team member in the vaccinator teams in Polio Campaign in both booth day and house to house activity, she assists in mapping of the community, follows the micro plan, vaccinates the child, monitors the vaccine vial, marks the left little finger with indelible ink, updates the tally sheets | Work as team member in the Vaccinator team in Polio Campaign. She plays the role of vaccinator, updates the tally sheets, carries the vaccine box and vaccinates the child, marks the finger with indelible ink | • Knocking the door of a house.<br>• Greet the parents politely so that they feel comfortable.<br>• Explain to the family why you are there.<br>• Enquire about the number of households in the house and the number of children in each household.<br>• Verify the age of the child by making the child touch his right ear with the left hand over his/her head |

**Vaccinator should carry the following items**

- One vaccine carrier with frozen ice packs (see the section on cold chain)
- Adequate OPV vials for the expected number of children ()
- VVM card /infokit
- Tally sheets in adequate numbers
- Pencil/pen to mark tally sheets
- Indelible ink marker pen to mark children immunized at the booth
- Small screwdriver/vial opener to remove aluminum seals of glass OPV vials
- Banner(s) and posters for the booth including the date(s) of the next round(s) to help the community identify it even from a distance and directional arrows at street corners pointing out way to the booth

**Activities in the Community: (workflow)**

- Provide information about the Supplementary immunization Activities (SIA) round to all families
- Child tracking (new born, new families / tenants), pregnant women tracking)
- Conduct IPC with all families with children below 5 years
- Focused IPC with families having new born, repetitive X families, previous round X families
- Mobilization & briefing of Influencers by CMC / BMC
- Organizing Mothers' Meetings
- Community Meetings
- Meeting of influencers with selected families (for example X families)
- Mosque élan / taqreer
- CMC Area poster pasting (2 days before the booth day)
- Polio class (2 days before the booth day)
- CMC area rally (1 day before the booth day)
- Mobilization on booth day
- Bulawa Toli
- House-to-house Visits

**Responsibilities of the Front-line Workers in immunization**

**Immunization Schedule**

✓ Should be well versed with the polio information and National immunization schedule.
✓ Mobilize all children for immunization.

**Planning for Immunization**

✓ Enumerate all mothers and children up to 5 yrs. (including newborn and pregnant mothers) in the village and make a resource map of the community

- ✓ Develop a resource map of the community with details of each house hold and the head of the family' name
- ✓ Visit the resistant families' at least three times before the round and address their concerns, fears and convince them
- ✓ Sensitize the Influencers and involve them in the campaign
- ✓ Events such as mothers meeting, mother in law and daughter in law meetings should be conducted where more women can participate
- ✓ Participate in village health committee meetings
- ✓ Mobilize the whole community for the booth day involving kids and organizing a rally
- ✓ In Muslim areas, meet the religious leaders and request for élan to be announced for the polio booth

**Routine immunization**

- ✓ Help identify hard to reach areas and underserved population.
- ✓ Conduct home visits to educate parents for immunization.
- ✓ Display posters and other IEC materials.
- ✓ Display immunization days /dates at the AWC/ Session site.
- ✓ Liaise with ANM to ensure that vaccines are available at AWC on immunization days.

**Conducting the immunization session**

- ✓ Ensure all dropouts from previous sessions are brought for immunization.
- ✓ Ensure all births occurring after the last session are identified and the newborns are brought to the session.
- ✓ Ensure all beneficiaries due for that session are mobilized.
- ✓ Assist in verifying age of the child.
- ✓ Arrange water for washing hands.
- ✓ Arrange space for immunization activity and waiting place for beneficiaries.
- ✓ Assist ANM in conducting the immunization session.
- ✓ Manage crowds.
- ✓ Counsel the women about protecting the child's health by ensuring immunization.

**Pulse Polio**

- ✓ Help prepare micro plan.
- ✓ Inform community for pulse polio day and ensure their presence at the booth.
- ✓ Assist ANM in coordination for booth establishment and display of IEC materials
- ✓ Help track new born and convince reluctant parents
- ✓ Update the micro plans and field book with new born babies and pregnant mothers

**Booth day: ensure the booth coverage is high**

- ✓ Inform community, families about the date and venue of the booth

- ✓ Encourage the caregivers to bring their children up to 5 yrs of age to the booth
- ✓ Mobilize the community, create a festive atmosphere, organize rallies in the community with children/ youth
- ✓ Invite the Influencers to the booth
- ✓ Mobilize the youth to help in bringing the babies from their homes if the caregivers are busy or sick and are unable to come to the booths.

**House to house activity:**

- ✓ Knock on the houses for entering
- ✓ Enter the houses ahead of the vaccinators
- ✓ Greet appropriately
- ✓ The families should know you as a mobiliser
- ✓ Facilitate administering of the OPV to the children in the house holds by the vaccinators.
- ✓ Check if the finger marking is done properly on children who received OPV
- ✓ Do not force any child or the families to vaccinate, you need to take the consent of the caregivers before vaccinating the children
- ✓ Assist in ensuring the age of a child from your resource map/ micro plans
- ✓ Keep track of X houses
- ✓ Make note of the XR houses and reasons

**Revisit to X houses:**

- ✓ Revisit the X houses in the afternoon on the same day to cover children who were away from their houses
- ✓ Ensure you take along an influencer to XR houses to convince the households to offer OPV to their children.

Getting organized for key tasks of Front-line Workers:

**Group - 1**
How do you go about preparing for the BOOTH day as a mobiliser?

Go through the listed things, arrange in order of its priority and when do you do it? Your responses could be, number of days before, during and after the booth day.

_____ Whistles
_____ Banners
_____ Posters
_____ Camera
_____ Élans
_____ Inauguration
_____ Informing influencers
_____ Rallies
_____ Bulawa tolis if applicable
_____ Sensitization of influencers
_____ Mothers meeting
_____ Visit to the place of the booth day
_____ organizing how the people will enter and exit out of the booth
_____ check the micro plans
_____ Check the register; update records of the new born
_____ dress up nicely/neatly
_____get the polio branding sun visors, caps, t shirt, coat, etc
_____talk to the religious leaders
_____meet up with vaccinators and other team of MOIC
_____ Courteous behavior

***Check list for three groups***

**Group *2*** ***Preparing for the house to house visits***

_____prepare yourself for the home visits
_____enter the houses
_____check for any child up to 5yrs of age
_____greet the parents or family members politely
_____always be cheerful
_____try and focus on the previous round X houses
_____follow the micro plan
_____revisit with team B
_____ taking the influencers to the X houses

**Group *3*** ***mothers meeting***

- Inform the mothers about the meeting a few days before the meeting
- Remind the mothers on the day of the meeting
- Have an objective for the meeting
- Organize for tea and biscuits
- Discuss on the theme that you thought was important
- Involve older children as volunteers to take care of the young children brought by their mothers.
- Create influencers/ peer educators among the women to support you in your efforts
- Conduct the meeting
- Take notes of important points
- Discuss on the next date of the meeting before dispersing
- Ask open ended questions and facilitate discussion

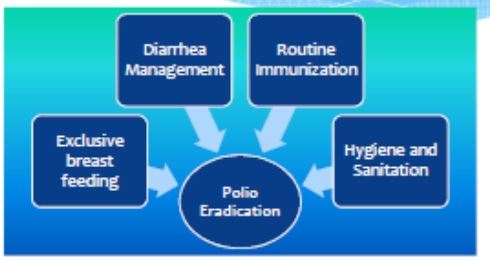
**Group – 4 Mapping and Field book**

Visit every house hold in the community, under your responsibility, collect information on

- Number of households
- Number of children up to the age of 5 yrs.
- Number of children below 1 yrs.
- Number of children on the routine immunization register
- Which are the doses taken, missed
- Number of pregnant women
- Mosque
- Religious leaders
- Who are the influencers in the community?
- Who could facilitate your work in the community?
- What are the major concerns/reasons of parents against RI and Polio programme?

# Session – 5: Polio and its link to other Convergence issues

## Polio plus: Convergence issues




## Routine Immunization - RI

- Immunization programmes aim to reduce death and sickness due to vaccine preventable diseases (VPDs) among infants.
- Six diseases were selected: Diphtheria, Pertussis, Tetanus, Poliomyelitis, Measles and childhood Tuberculosis.
- If high levels of RI coverage is sustained, children will be covered with three doses of OPV in the 0-1 year of age.

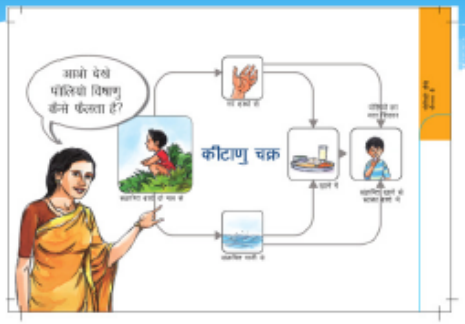
## Why Polio plus?

- Polio spreads through faecal–oral route, children with less immunity are more vulnerable;
- Exclusive breast feeding acts as a first "natural" immunization for newborns;
- polio vaccine is part of the RI so promotion of RI will ensure that children receive four doses of OPV in the first four months of birth thus increasing the child's immunity against Polio virus
- Children suffering from diarrhoea excrete the intake of polio vaccine dose even before it can build immunity in their body. Higher the number of diarrhoea cases among children, greater will be the inefficacy of OPV and hence more will be the number of polio cases, so managing diarrhoea becomes important.
- Improving Hygiene and sanitation can prevent the spread of infection

## Routine Immunization Schedule

| *Vaccination* | *At birth* | *6 weeks – 1&1/2 months* | *10 weeks 2 & ½ months* | *14 weeks 3&1/2 months* | *9 – 12 months* | *Booster dose* | *Protection against* |
|---|---|---|---|---|---|---|---|
| BCG | Within one month of birth | | | | | | *Tuberculosis* |
| Oral Polio Vaccine | Zero dose: Birth dose( 3-7 days | 1st dose | 2nd dose | 3rd dose | | OPV in every NIDs/SNID 16– 24 months | *Poliomyelitis* |
| DPT | | DPT -1 | DPT -2 | DPT -3 | | 16– 24 months DPT -4 | *Whooping cough, Diphtheria and Tetanus* |
| Measles | | | | | Dose - 1 | | *Measles* |
| TT | | | | | | 10 yrs& 16 yrs | *Tetanus* |
| Vitamin A | | | | | Dose -1 | 18, 24, 30 & 36 months | *Night blindness* |
| Hepatitis B* optional | | *Hep -1* | *Hep -2* | *Hep -3* | | | *Hepatitis B* |

## Germ cycle




## What are the key challenges in RI

- Short supply of vaccines
- Mothers unaware, un convinced
- Adverse event following immunization
- Negative media coverage
- Access to the CHC/PHC is limited
- Rude behavior of the health care workers
- Timing does not suit
- Missed children – left out children
- Drop out children
- Misconceptions

## Exclusive breast feeding

- Colostrum, the milk produced by the mother just after delivery during the first post-partum days, provides protective antibodies and essential nutrients, acting as a first "natural" immunization for newborns, strengthening their immune system and reducing the chances of death in the neonatal period.

## ORS & Zinc tablets


## Diarrhea Management

- Acute Diarrhea can cause deaths in children, this is preventable through exclusive breastfeeding, improved hygiene especially hand hygiene and sanitation, access to clean water and avoidance of the practice of open defecation, yet diarrhea is still one of the leading causes of death among children under five
- Children suffering from diarrhea excrete the intake of polio vaccine dose even before it can build immunity in their body. Higher the number of diarrhea cases among children, greater will be the inefficacy of OPV and hence more will be the number of polio cases.

## Hand washing

- Hand washing with soap, particularly after contact with excreta, can reduce diarrhoeal diseases by over 40 per cent and respiratory infections by 30 per cent. Diarrhoea and respiratory infections are the number one cause for child deaths in India.
- Hand washing with soap is among the most effective and inexpensive ways to prevent diarrhoeal diseases and pneumonia.
- Poor WASH causes diarrhoea, which is the second biggest cause of death in children under five years. Diarrhoea is an immediate cause of under nutrition

## Diarrhea management .....

- It has been recommended that the use of zinc tablet and oral rehydration salt solution (ORS) during diarrhea is a successful two-pronged approach to reduce the duration and severity of the episode and the risk of subsequent diarrhea in children
- If a baby is exclusively breast fed, the chances of baby getting infected with diarrhoea are very less, but if the baby under 2 months gets diarrhoea, baby should be given ORS and taken to the doctor or a health worker immediately.
- ½ a tablet to babies between 2-6 months
- 1 tablet of Zinc supplements for 14 day course to a child above 6months

## Hand washing and hygiene

- Wash hands with soap at four critical times: before preparing or serving food; before eating their food or feeding the child; after defecation; after disposal of baby's faeces.
- Use toilet for defecation, throw the faeces of the babies also in the toilet only
- Do not defecate in the open. If need arises, defecate and throw some mud on faeces after defecation far away from your home.
- Do not defecate near water bodies, or near kids play area
- Drink water from safe sources
- Take drinking water in a hygienic manner, close the water with lid

Group activity: Instructions for groups for the group work:

**Group -1: Routine Immunization (RI)**

Hand them the RI schedule, FAQs, the group is supposed to read the hand out provided, discuss and answer the following questions

What is RI?

Which are six diseases prevented by the vaccines?

What is the RI schedule?

What messages are to be given to community to promote Routine Immunization?

Who should we focus on for RI?

How is it linked to Polio eradication?

Where do you refer the community member for RI?

**RI pointers**

Routine Immunization Programme of Government of India is one of the largest programmes, in terms of number of vaccines used, coverage of beneficiaries, and the immunization sessions conducted.

Three doses of DPT, OPV and Hepatitis B

One dose each of measles vaccine, BCG, and,

In pregnant women, two primary doses or one booster dose of TT.

Under the immunization program, six vaccines are used to protect children and pregnant mothers against Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio, Measles and Hepatitis B.

**Focus of RI on drop out infants** – those infants who have been initiated on RI but could not complete the doses. **Left out** infants are those who haven't been given any vaccination

**Challenges: T**he rude attitude/ unpreparedness of the service provider

Unavailability of vaccines at the health centre (short supply)

Adverse event following immunization.

**Action points**:

Take active role in Village health and nutrition day

Active part in ASHA Nivas (meetings) every first Thursday

Routine Immunization should be encouraged, which also covers Polio vaccination
Keeping track of pregnant mothers, new born babies, children up to one year of age are important to track the RI coverage

**Group -2: Early and exclusive breast feeding**

What does early and exclusive breast feeding (EEBF) mean?

When should the baby be initiated on the Breast feeding?

What are the benefits of EEBF to babies and mothers?

What is the link between EEBF and Polio Eradication?

**Breast Feeding:**

Recap from previous session on the importance of developing immunity of a baby.

The natural way to increase the immunity of an infant (birth to 12 months) is to feed the baby as soon as possible and preferably within 30 minutes of the baby's birth.

Mothers' milk has inherent anti-infective properties which no other milk has. This protective function of mothers' milk is particularly important where children are more prone to infections including polio. The milk secreted after the child birth for the first few days is called Colostrum. It is yellowish in colour and sticky. Feeding colostrum to the baby helps in building stores of nutrients and anti-infective substances in the baby's body. The anti-infective substances protect the baby from infectious diseases such as diarrhoea. Colostrum is basically the first immunization a child receives from the mother. Exclusive breastfeeding should be given to babies during the first six months

**Group – 3: Hand washing**

Can you think of ways in which hygiene and sanitation can have impact on polio transmission?

What are the benefits of practising hand washing behaviour?

Which crucial times one has to wash hands? Refer to the Germ cycle?

How should we wash our hands?

What are the important points for hand washing?

What key messages can be given to the communities on hygiene?

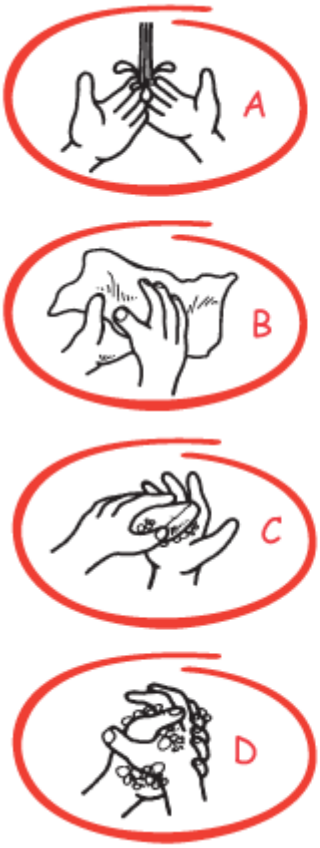
Break down each key behaviours into action points
For example, for "Wash hands with soap at critical times," the sub behaviors might be, at key times:
• Obtain water and soap or other cleansing agent
• Establish a convenient and appropriate place for family hand washing
• Wash hands at critical times using soap or another cleansing agent as well as water
• Rub hands, especially fingers, at least three times
• Rinse hands

- Air dry hands or wipe hands with clean cloth

## Wash your hands!

### Steps for WASHING HANDS

Put these steps in the correct order.

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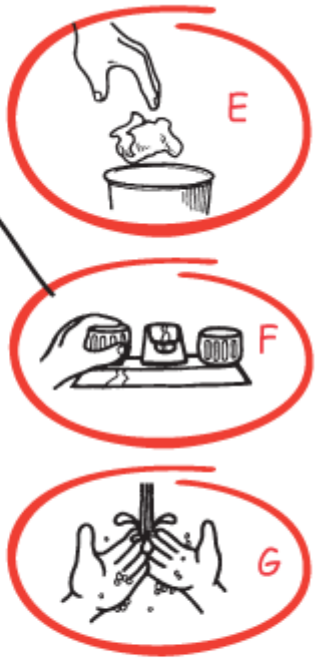
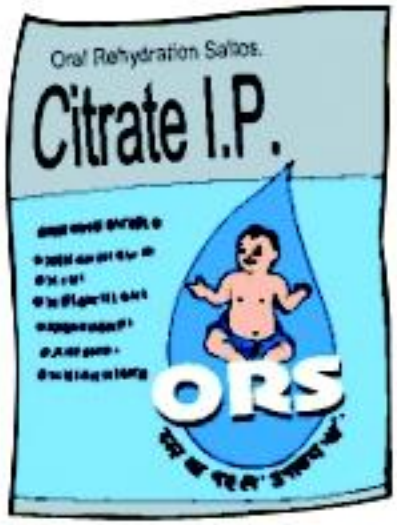


**Group -4 Diarrhoea Management**

Discuss and answer the questions and the group should demonstrate the mixing of ORS




How do babies/ children get diarrhoea?

What are the symptoms of Diarrhoea?

What are the important steps we can take at home?

How should the ORS be mixed and administered?

Where can someone get the ORS and Zinc?

What are the benefits of ORS and Zinc supplements?

How does Diarrhoea Management help in preventing children from Polio infection?

ASHA kit should have ORS packs and Zinc tablets

ASHA /AWW should be aware of the dose of zinc

If a baby is exclusively breast fed, the chances of baby getting infected with diarrhoea are very less, but if the baby under 2 months gets diarrhoea, baby should be given ORS and taken to the doctor or a health worker immediately.

1 tablet of Zinc supplements for 14 day course to a child above 6months

½ a tablet to babies between 2-6 months

Effect of Polio vaccine gets reduced in the presence of diarrhoea. So managing diarrhoea before Polio vaccination is a good option.

Children under five years: Poor WASH causes diarrhoea, which is the second biggest cause of death in children under five years. Diarrhoea is an immediate cause of under nutrition

Mothers and Caregivers: Hand washing with soap at critical times is important for protecting the health of the whole family. By being a role model, mothers and caregivers can also help instil in their children the good hygiene practices which will serve them for life.

What is Diarrhea?
Diarrhea is passage of loose, watery stools, usually more than 3 times a day.
However, recent change in consistency is more important than the number of stools.

**Two serious consequences of diarrhea are Dehydration** and **Malnutrition**.
While dehydration can lead to death very quickly unless adequately treated, malnutrition has a long term impact on health status of child.

**Signs & Symptoms**

- ✓ Increased thirst *
- ✓ Restlessness, irritability *
- ✓ Decreased skin turgor *
- ✓ Dry mouth and tongue
- ✓ Tears absent, Sunken eyes.

For patients with signs of dehydration, the urgent requirement is-

- ✓ Correction of deficit as early as possible.
- ✓ Replacement of ongoing losses.
- ✓ Provision of normal fluid requirement.

**ORS** is the best available solution for fluid and electrolyte replacement.

Age- wise approximate amount of **ORS** required to be given in the first 4 hours.

| Age | ORS |
|---|---|
| 0-6 mths | 1/4 lit. |
| 6mths - l yr - | 1/2 lit |
| 1-2 yr | 3/4 lit. |
| 2-5 yr | 1 lit. |

**HOW TO PREPARE ORS SOLUTION**

**ORS exist in two different dosages:**

• Packet to be diluted in 1 litre of filtered water;
• packet to be diluted in half-1itre of filtered water.

**IMPORTANT: Check carefully the quantity of water needed to dilute your packet of ORS.**

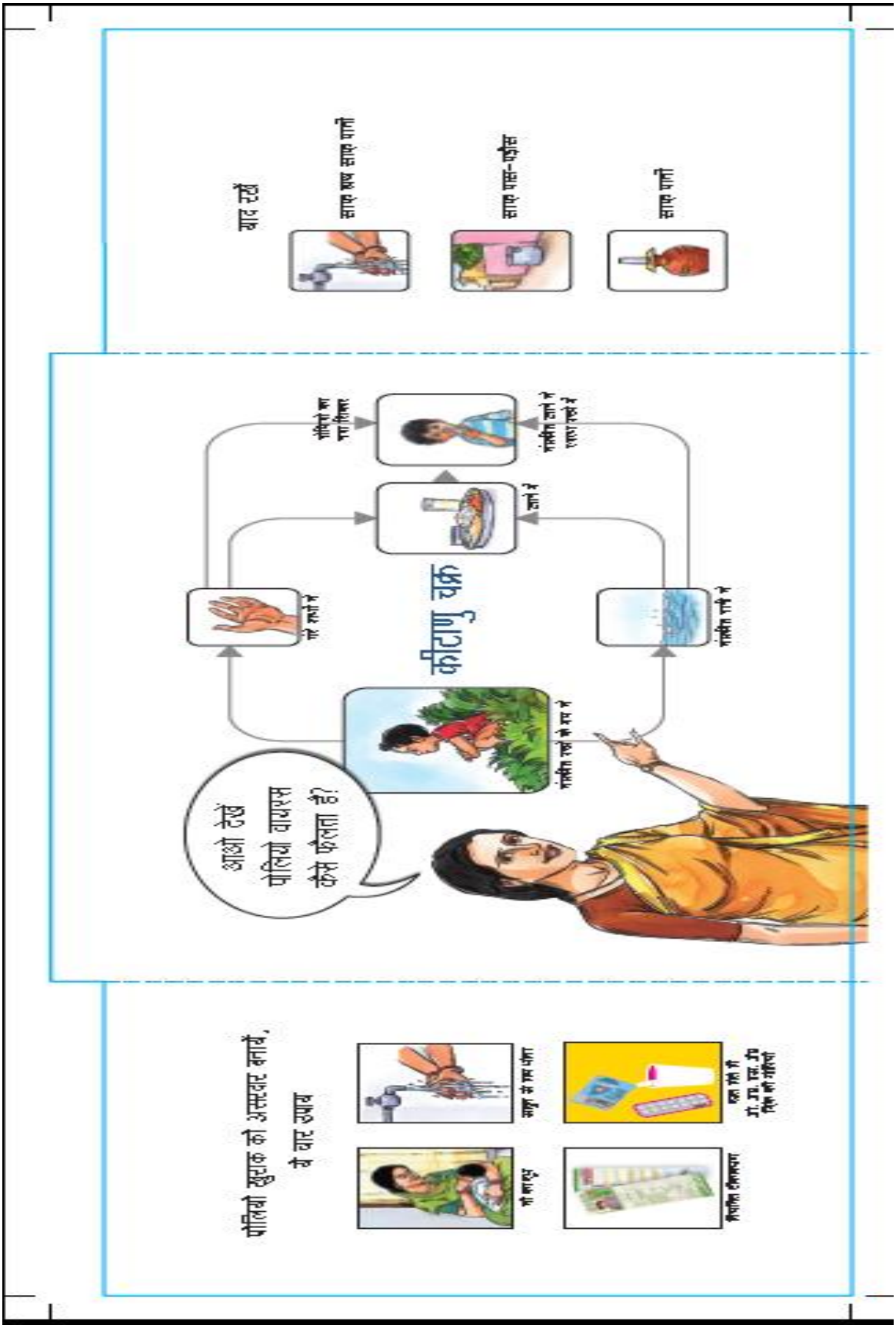
**1**. Teach and show the care giver how to mix and give ORS.
2. Prepare the first litre of ORS in the house.
3. Ask the mother to give ORS while you watch.

• Wash your hands with soap and water.

• Pour all the powder from one packet into a clean container. , Use any available container, such as a jar, bowl or bottle. • Use FILTERED water, if it is not possible to boil and cool the water. • Pour filtered water into the container with the ORS powder. Then mix well until the powder is completely dissolved. Taste the solution to be sure that is not too salty.

• Explain to the care giver that she should mix fresh ORS solution each day in a clean container, keep the container covered, and throw away any solution remaining from the day before. • Give the care giver 2 ORS packet to continue treating the child when the first one is finished. Give frequent small sips of ORS by spoon. • If the child vomits, wait for a while and then give the fluids again, but more slowly. • Continue giving extra fluids until the diarrhea stops.

## *Germ cycle and link with other convergent issues*



# *Routine immunization schedule in India*

| ***Vaccination*** | ***At birth*** | ***6 weeks – 1&1/2 months*** | ***10 weeks 2 & ½ months*** | ***14 weeks 3&1/2 months*** | ***9 – 12 months*** | ***Booster dose*** | ***Protection against*** |
|---|---|---|---|---|---|---|---|
| BCG | Within one month of birth | | | | | | ***Tuberculosis*** |
| Oral Polio Vaccine | Zero dose Birth dose( 3-7 days | 1st dose | 2nd dose | 3rd dose | | OPV in every NID/SNID 16 – 24 months | ***Poliomyelitis*** |
| DPT | | DPT -1 | DPT -2 | DPT -3 | | 16 – 24 months DPT -4 | ***Whooping cough, Diphtheria and tetanus*** |
| Measles | | | | | Dose - 1 | | ***Measles*** |
| Hepatitis B | | *Hep -1* | *Hep -2* | *Hep -3* | | | ***Hepatitis B*** |
| TT | | | | | | 10 yrs& 16 yrs | ***Tetanus*** |
| Vitamin A | | | | | Dose -1 | 18, 24, 30 & 36 months | ***Night blindness*** |
| | | | | | | | |

# Frequently Asked Questions on the Routine Immunization Schedule

## BCG vaccine

### Why give BCG vaccine only on the left upper arm?

BCG is given on the left upper arm to maintain uniformity and for helping surveyors in verifying the receipt of the vaccine.

### Why is BCG given only up to one year of age?

Most children acquire natural tuberculosis infection by the age of one year. This protects against severe forms of childhood tuberculosis e.g. TB meningitis and miliary disease.

### If no scar appears after administering BCG, should one re-vaccinate the child?

There is no need to revaccinate the child even if there is no scar.

## OPV

### Till what age can a child be given OPV?

OPV should be given to children up to 5 years of age.

### Can an infant be breastfed immediately after OPV?

Yes.

## DPT VACCINE

### If a child could not receive DPT1, 2, 3 and OPV 1, 2, 3 according to the schedule, till what age can the vaccine be given?

The DPT vaccine can be given until 7 years of age and OPV can be given up to 5 years of age. If a child has received previous doses but not completed the schedule, do not restart the schedule and instead administer the remaining doses needed to complete the series.

### Why should there be a minimum gap of 4 weeks between two doses of DPT?

This is because decreasing the interval between two doses may not obtain optimal antibody production for protection.

### Why give the DPT vaccine in the antero-lateral mid-thigh and not the gluteal region (buttocks)?

DPT is given in the antero-lateral mid-thigh and not the gluteal region to prevent damage to the sciatic nerve. Moreover, the vaccine deposited in the fat of gluteal region does not invoke the appropriate immune response.

### What should one do if the child develops encephalopathy after DPT?

A child who is allergic to DPT or develops encephalopathy after DPT should be given the DTaP / DT vaccine instead of DPT for the remaining doses, as it is usually the P (whole cell Pertussis) component of the vaccine which causes the allergy/encephalopathy. It may be purchased with locally available resources by the medical staff.

## TT VACCINE

**If a girl received all doses of DPT and TT as per the NIS till 16 years of age and she gets pregnant at 20 years, should she get one dose of TT during pregnancy?**
Give two doses of TT during the pregnancy as per the schedule.

**Is TT at 10 years and 16 years is meant only for girls?**
No, it is to be given to both boys and girls.

**Can TT be given in the first trimester of pregnancy?**
Yes, it should be given as soon as pregnancy is confirmed.

**Until what age can Hepatitis B vaccine be given?**
According to the National Immunization Schedule, Hepatitis B vaccine should be given with the first, second and third doses of DPT till one year of age.

**Why give the birth dose of Hepatitis B vaccine only within 24 hours of birth?**
The birth dose of Hepatitis B vaccine is effective in preventing peri-natal transmission of Hepatitis B if given within the first 24 hours.

## MEASLES VACCINE

**Why give the Measles vaccine only on the right upper arm?**
The Measles vaccine is given on the right upper arm to maintain uniformity and to help surveyors in verifying the receipt of the vaccine.

**If a child has received the Measles vaccine before 9 months of age, is it necessary to repeat the vaccine later?**
Yes, the Measles vaccine needs to be administered, according to the National Immunization Schedule i.e. after the completion of 9 months until 12 months of age and at 16-24 months. If not administered in the ideal age for Measles vaccine, it can be administered until 5 years of age.

**Why 2nd dose of Measles vaccine is introduced in the National Immunization Program?**
Measles is highly infectious disease causing illness and death due to complications as diarrhea, pneumonia or brain infection. One dose of measles vaccine at 9 months of

age protects 85% of infants. With 2nd dose we aim to protect all the children who remain unprotected after first dose.

### If a child comes late for the first dose, then can the child get the second dose?

All efforts should be made to immunize the children at the right age i.e. first dose completed at 9 months to 12 months and second dose at 16 -24 months. However if a child comes late then give two doses of Measles vaccine at one month interval until 5 years of age.

### If a child received one dose of Measles vaccine during an SIA campaign, should it receive the routine dose of Measles vaccine?

Yes, the child should receive routine doses of Measles vaccine according to the Immunization schedule irrespective of the measles SIA dose.

## HEPATITIS B

### What is Hepatitis B infection?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus. Children who become infected usually do not have symptoms.
Chronic infection is more common among infants and children than among adults.
People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick

### How does Hepatitis B infection spread?

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

• A baby whose mother is infected can be infected at birth;
• Children, adolescents, and adults can become infected by contact with blood and body fluids through various ways.

### What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.
The vaccine contains non-infectious material, and cannot cause hepatitis B infection.
Some mild problems have been reported:
• Soreness where the shot was given (up to about 1 person in 4).
• Temperature of 99.9°F or higher (up to about 1 person in 15)

## VITAMIN A

### How many prophylactic doses of vitamin A should be given and till what age?

A total of 9 prophylactic doses of vitamin A should be given till 5 years of age.

**What should be the minimum gap between two doses of Vitamin A?**
The minimum gap between any two doses of vitamin A should be 6 months.

**How should Vitamin A syrup be administered?**
Vitamin A syrup should be administered using only the spoon/dispenser provided with each bottle. The half mark in the spoon indicates 100,000 IU and a level full spoon contains200,000 IU of Vitamin A.
***Lack of Vitamin A can cause night blindness and make one vulnerable to disease***

# Session 6: Interpersonal Communication skills

**Observation activity: Picture Poster (these are dummy pictures, need to be changed)**


***Role plays Situations: approach, messaging and practice session***

1. Bhanu has given birth a baby a few weeks ago, she is tired of the community mobilisers coming and troubling the other families. When you knock at her door, she is very reluctant to open the door; she says she is resting with the baby. How would you approach her, and gain her trust.

2. Ibrahim is a father of three children; all of them are under 5 yrs. He believes that OPV is a covert campaign to make Muslims impotent so as to control the Muslim population in India, so we don't want to give the OPV to my children, please go away.

   What key messages would you give to Yani and how would you assure him of the safety of the OPV?

3. Farukh has four children; one of them is bedridden and has developed some complications in early child hood. She has given birth to another baby a month ago. She fierce fully resists the polio vaccine when the mobilisers & vaccinators enter her home. She says even if her child has to get polio, it is as per God's gift and so she accepts the situation, but will not allow OPV to her children. It is against her religious beliefs. How would you convince to her. How would you make her trust you? What could be various strategies?

4. Rahim and Munra is a Muslim couple, and have three sons and a daughter aged 7, 5 3 and 1 respectively. Preparing Pani Puris at home and selling is their livelihood. They believe that their hard work is enough to take care of their family. None of their children are immunized, but are fine. So the couple doesn't see a point why polio drops should be given to the last three kids. They refuse time and again during the polio rounds.

   As a frontline worker, how would you handle resistance?

5. Sahira and Asin are co-sisters live in a joint family in a congested area, Sahira's elder child died when the baby was one and half year old. Now she has a son who is about one year old. She believes that administering polio drops will be risky to her baby, so she refuses to accept the polio drops. How will you address the situation? What key messages would you give her?

6. Saleem a garment export worker carries his son who is 10 months old, a nice chubby baby. You see him on the way; tell him that you would like to visit his home. He says, they follow the RI very carefully, that too by paying fees to the doctor, so he thinks his children do not need polio drops given free by the government programme. How would you get him to see your point of view on Pulsing approach?

7. In the village, you are updating your records, you visit a home where woman gives information on her family, but you see more children in her home. What key questions will you ask, how will you mark your records, how important is this information.

8. You are to call for and conduct the mothers meeting, to reinforce the importance of routine immunization and want to keep a track of children in the community. How would you go about it? Who would you prioritize as members? What key messages would you provide?

## Suggested Approach: Dialogue

Community mobiliser (CM): Namaste, khuda hafiz or assalamo' alaikum! Choose as per the situation.

I am Shahira, work as a community mobiliser in this area. I work for the Child Health. If you have some time, may I share some information with you? I hear the baby cry here, is that your baby? Can I come in?

Bhanu: ha! Opens the door a bit

CM: what a lovely baby you have! It's always a pleasure to see and to hold little babies, huh, how old is the baby?

Bhanu: very pleased, looking at her baby, replies, baby is only one and a half month old.

CM: Oh! Where did you deliver the baby? You have someone to help you with the baby?

Bhanu: it was in my mother's place in the next block, I went to the hospital to deliver. My mother brought me here just two weeks ago, and she returned, so I have to take care of the baby now on.

CM: that is very good that you had your delivery in the hospital. Hope you received counseling on how to care for the baby and the RI. Your baby also would have received some immunization while in the hospital. Is there a card for your baby?

Bhanu: yeah, the nursing sister gave me a card and told me to come every month to the hospital here

CM: can I see the card if it is available easily.

Bhanu hands her the card

CM: by the way, have you named your baby? How do you address your baby now? Is this your first baby, I don't see anyone else in your home?

Bhanu: yes, this is my first baby boy. We call him Rahim.

CM: seeing the card, she assures her that her baby has been given vaccination against Polio, BCG, she need to go to the health center close by. Tells her that it is important that she protects her baby against seven fatal but preventable diseases by following the Routine Immunization schedule. Tell her that the polio drops will be given on the next SNID, if the date is known, date and place to be informed. Tell her about what Polio, and its risk to children.

Bhanu listens carefully,

CM: also informs her that mothers meetings is planned for next week, at Roshana' house. It is useful to attend. You will come to know about how to take care of your baby if sick with diarrhea and many other important issues. Will you come?

Bhanu: didi, let me see, if I get time, I will come.

CM: Thank you very much for your time. Will look forward to meeting you again. Bye to your sweet baby too. Bye!

## Session on IPC: Approach

## Check list 1: Bhanu's role play on approach

| **Parameters** | **Bad approach** | **Good approach** |
|---|---|---|
| Was the timing of approaching Bhanu appropriate? | | |
| Did the frontline worker introduce herself? | | |
| Did the FLW develop rapport? How did she do it? | | |
| Was she respectful? | | |
| What were the gestures or body language that reflected the disrespect? | | |
| Was she able to gain the trust of Bhanu | | |
| What was the approach? | | |
| What key messages were given | | |
| What other skills were utilised. | | |
| What did you learn? | | |

## Check list 2: Ibrahim's role play on Messaging

| **Parameters** | **Bad approach** | **Good approach** |
|---|---|---|
| Did the frontline worker introduce herself? | | |
| Did the FLW develop rapport? How did she do it? | | |
| Was she able to gain the trust of Ibrahim? | | |
| What was the approach? | | |
| Did the FLW identify the information needs of Ibrahim correctly? | | |
| Was the information provided appropriate? | | |
| What were the key messages highlighted? | | |
| Did Ibrahim get involved in the discussion? | | |
| Were his questions clarified? | | |
| Did Ibrahim get convinced? | | |
| What did you learn? | | |

## Checklist 3: Role Play – Farukh - Information giving, convincing on the need for OPV -

| **Parameters** | **Feedback** |
|---|---|
| How did the FLW greet the person at home? | |
| Did the frontline worker introduce herself? | |
| Did the FLW develop rapport? | |
| Did FLW understand the concerns and needs of Farukh? | |
| Did FLW listen attentively? | |
| How did she approach to the problem? | |
| What information did she give | |
| Did she involve Farukh in the discussion | |
| Did FLW carry some materials to show Farukh | |
| Was the session a success | |
| What strategies could have been adopted? | |
| What communication skills did the FLW employ | |
| What did you learn? | |

# Checklist 4: Role play of Rahim & Munra - handling resistance

| **Parameters** | **Feedback** |
|---|---|
| How did the FLW greet the person at home? | |
| Were the Rahim and Munra happy to meet the frontline worker? | |
| How did the FLW approach? | |
| When Rahim is using forceful interaction, what was the response of FLW? | |
| Did the FLW explain appropriately about the OPV? | |
| What questions were asked by the FLW? | |
| What did you learn? | |

## Check list: Role play – Information gathering - 7

| **Parameters** | **Feedback** |
|---|---|
| How did the FLW greet the person at home? | |
| Did the frontline worker introduce herself? | |
| Did the FLW develop rapport? | |
| Was the community member made comfortable? | |
| Did the FLW explain the purpose of her visit appropriately? | |
| What questions were asked by the FLW? | |
| Were they appropriate? | |
| What more information is required? | |
| Did the FLW update the information properly in the Field book? | |
| Did she thank the community member? | |
| What did you learn? | |
| | |

## Check list: Role play – conducting mothers meeting - 8

| **Parameters** | **Feedback** |
|---|---|
| What arrangements did FLW make for the mothers meeting? | |
| How did the FLW greet the mothers? Did mother know her | |
| Did the frontline worker introduce the agenda and the theme of the meeting? | |
| Did the FLW conduct the meeting systematically | |
| Was the information giving cover important aspects of the theme discussed? | |
| Was anything not clear or not covered? | |
| What questions were asked by the group on RI, BF and others? | |
| What were the materials used by FLW | |
| How was the meeting concluded? Feedback, reminder, action points, date of next meeting,/ round,etc | |
| Did she thank the community members appropriately? | |
| What did you learn? | |
| | |

# Interpersonal Communication (IPC)

## Check list for the Front-line Workers

## Before IPC session:

- ✓ Am I really concerned about the children and my community?
- ✓ Do I know all the relevant facts about Polio?
- ✓ Do I know right information on Routine Immunization?
- ✓ Do I know when the date for next round is?
- ✓ Do I know what materials to carry with me?
- ✓ Am I carrying the Green book, field book, and other IEC MATERIALS?
- ✓ Do I have the updated number of new born children? Can I spot their households on the micro plan?
- ✓ Do I have the updated number of X houses from the last round?
- ✓ Do I know how many are XR households?
- ✓ Do I know the reasons for remaining XR households?
- ✓ Who can I take with me to approach them again?

### While conducting the IPC session:

- ✓ Have I approached well?
- ✓ Have I developed a friendly rapport with the family or the community member?
- ✓ Am I able to empathize and show respect through my body language and eye contact?
- ✓ Do I understand the body language of the target audience?
- ✓ Am I able to give correct information that is required of my community?
- ✓ Am I able to deliver right messages, clearly?
- ✓ Am I involving the audience?

- ✓ Am I able to address the need of the target audience?
- ✓ Am I using jargons?
- ✓ Am I explaining well?

**After the field work**

- ✓ Am I able to gain trust of my community?
- ✓ Am I able to convince any family in the community?
- ✓ Am I available to my community apart from the round time?
- ✓ Am I maintaining good relationship with other partners?
- ✓ How many households do I visit in a day? Or week?
- ✓ Am I planning the mothers meeting well? Am I receiving feedback, if not, who should I ask the feedback from?
- ✓ Do I know to use the IEC materials well
- ✓ What are the important learnings from today's experience?
- ✓ What can I do differently tomorrow?

# Session – 7: M&E formats

Form A

## FORM A (Filled by NGO Field Volunteers)

Name of NGO - ---------- Name of Field Volunteer ----------

Booth No ---------- GP/ Ward Name ---------- District ----------

Month and Year for reporting

Section 1: Area information

| | |
|---|---|
| 1. Estimated Population in the area covered (One time collected) | |
| 2. Estimated Population of children below 5 years (One time collected) | |
| 3. Estimated Population of children below 1 years (One time collected) | |
| 4. Total no. of X houses left in previous round | |
| 5. Total no of X house converted from previous round | |
| 6. Total no of X houses generated in current round | |
| 7. Total no of XR houses reported in previous round | |
| 8. Total no XS houses reported in previous round | |

Section 2: Inter Personal Communication (IPC) activities

| | |
|---|---|
| 9. Total no. of households visited during the month for IPC | |
| 10. No. of households visited for counselling on RI | |
| 11. No. of households visited for counselling on hand washing with soap | |

1

Form A

| | |
|---|---|
| 12. No. of households visited for counselling on use of toilet for children | |
| 13. No. of households visited for counselling on correct breast -feeding practice | |

**Section 3- Social mobilization activities**

| Type of meetings | No. of meetings conducted in reporting month | No of participants from X houses | Total Participants |
|---|---|---|---|
| 14. SHG meetings/Mothers meeting with members including mothers of X houses | | | |
| 15. Youth club meetings with members including fathers of X houses | | | |
| 16. PRI /Municipal meetings | | | |
| 17. Meeting with Occupational leaders | | | |
| 18. Meeting with Doctors/Medical Practitioners for supporting Polio vaccine | | | |
| 19. Meeting with Religious leaders/Mosque people for supporting Polio round | | | |
| 20. Others (Specify) | | | |

**Section 4: IEC activities and others**

| | |
|---|---|
| 21. No. of CD shows conducted in the month | |
| 22. No. of Street theatre/play organised in the month | |
| 23. No. of rallies ( School, Communities etc.) organised in the month | |
| 24. If health camp organised this month, then no. of adults and | |

2

Form A

| | |
|---|---|
| 25. children attended the camp | |
| 26. Advocacy meetings held with Govt service provider, local important religious leaders, doctors, teachers | |
| 27. No of mosque where announcements are made before Friday prayer on Polio | |
| 28. Others (Specify) | |

**Section 5: Support in Routine Immunization activities**

29.Total no X Houses mobilized in the month to go to Sub centre for RI sessions———————————
30. No. of children from X houses mobilized who availed services in RI sessions ————————
31. No of children from RI drop-out families availed services in RI session.....
31. Any other comments————

3

# Session – 8: Summary of learnings and closing

## Summary

- Our work involves providing information on Polio, RI, Exclusive breast feeding, hand washing and diarrhoea management to families and communities and assists them to immunize the children below 5 yrs of age.
- Though not easy, it is possible to motivate our communities to access and avail the OPV and RI services for their children.
- Interpersonal communication has a key role to play in our task of motivating behaviour change.
- Effective interpersonal communication is a two way process. It calls for participation and involvement from both the partners
- Effective IPC calls for right skills and the right values
- Listening, observation, tone of voice, body language – all these aspects of communication help us in communicating better
- Respecting our communities, showing genuine concern, maintaining positive attitude - are critical values on which our communication should be based.
- Language what we use should be simple and understandable by the communities.
- Approach is critical in our work, we cannot proceed without establishing a good rapport

For an effective approach, ensure that

  - The timing is right, care givers are not busy with their daily chores or caring for their children,
  - People should be made comfortable and willing to talk and listen to us.
  - Make general conversations before starting discussions on the subjects
  - Our language should be of genuine concern for our communities and children in particular.

- Observation skills can help us to initiate a dialogue with a person or group, give us clues about the people whom we are interacting with.

- Our key task is to provide information to mothers, fathers of children, and communities. We need to think of what to say and how to say it.
- Information on Polio and RI should be presented in a way that our groups find it interesting, useful and easy to understand. Be sensitive to our groups feeling and do not make them feel targeted.
- Create friendly atmosphere for the mothers to speak well, do not judge people
- While giving information, have clarity on the main objective of the communication, who are we communicating with, what are the important messages

## Pre- requisites for of a good mobiliser:

To be effective, the mobilisers should aim to develop good knowledge, skills and right values.

| Knowledge | Skills | Attitudes/ values |
|---|---|---|
| About your community, socio-cultural, religious practises, beliefs, behaviours<br>Health services available<br>Polio information<br>Polio programme components, NID<br>Routine Immunization (RI), Breast feeding, Hygiene & sanitation<br>Diarrhoea Management<br>IEC materials | Interpersonal skills<br>Building relationship & partnership<br>Advocacy and partnership<br>Language<br>Use of flipchart<br>Story telling<br>Conduct meetings<br>Fill out M&E formats<br>Referral skill | Commitment, Respectful<br>Credible<br>Friendly<br>Empathy, tolerance patience<br>Professional<br>Polite<br>Prompt<br>Helpful<br>Ready to go an extra mile in mobilising your community |

**Workshop Evaluation format:**

**Please tick which is appropriate (1 is the lower rating and 5 is the higher rating)**

1. The overall objectives of the workshop were met (1-2-3-4-5)
2. The workshop provided opportunity to participate effectively (1-2-3-4-5)
3. Topics covered were relevant and systematic (1-2-3-4-5)
4. Handouts are useful (1-2-3-4-5)
5. Materials are distributed (1-2-3-4-5)
6. Logistics were well organized (1-2-3-4-5)
7. The methodologies were appropriate (1-2-3-4-5)
8. Facilitators were effective (1-2-3-4-5)
9. The sessions were timed & managed well (1-2-3-4-5)
10. I learnt the following three points
    1. —-
    2. ---
    3. ---
11. I want to put into practice the following three things that I learnt at the workshop
    1. ------
    2. ------
    3. ------
12. I would like more clarity on the following
    1. ---
    2. ---
    3. ---
13. I wish the workshop could include ----------

14. Please provide any other feedback if you may have

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