

Training Manual

FOR HEALTHWORKER SUPERVISORS



CUSTOMIZE YOUR TRAINING

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If this is the first time your team has undergone training, please cover all modules.

Depending on turnover and performance, analyze your data to customize your training. Keeping the training fresh and relevant will keep your team engaged.

The back of this fold out page outlines some suggested topics.

You can open this fold out page and leave it open during training to help you remember which modules to use.

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




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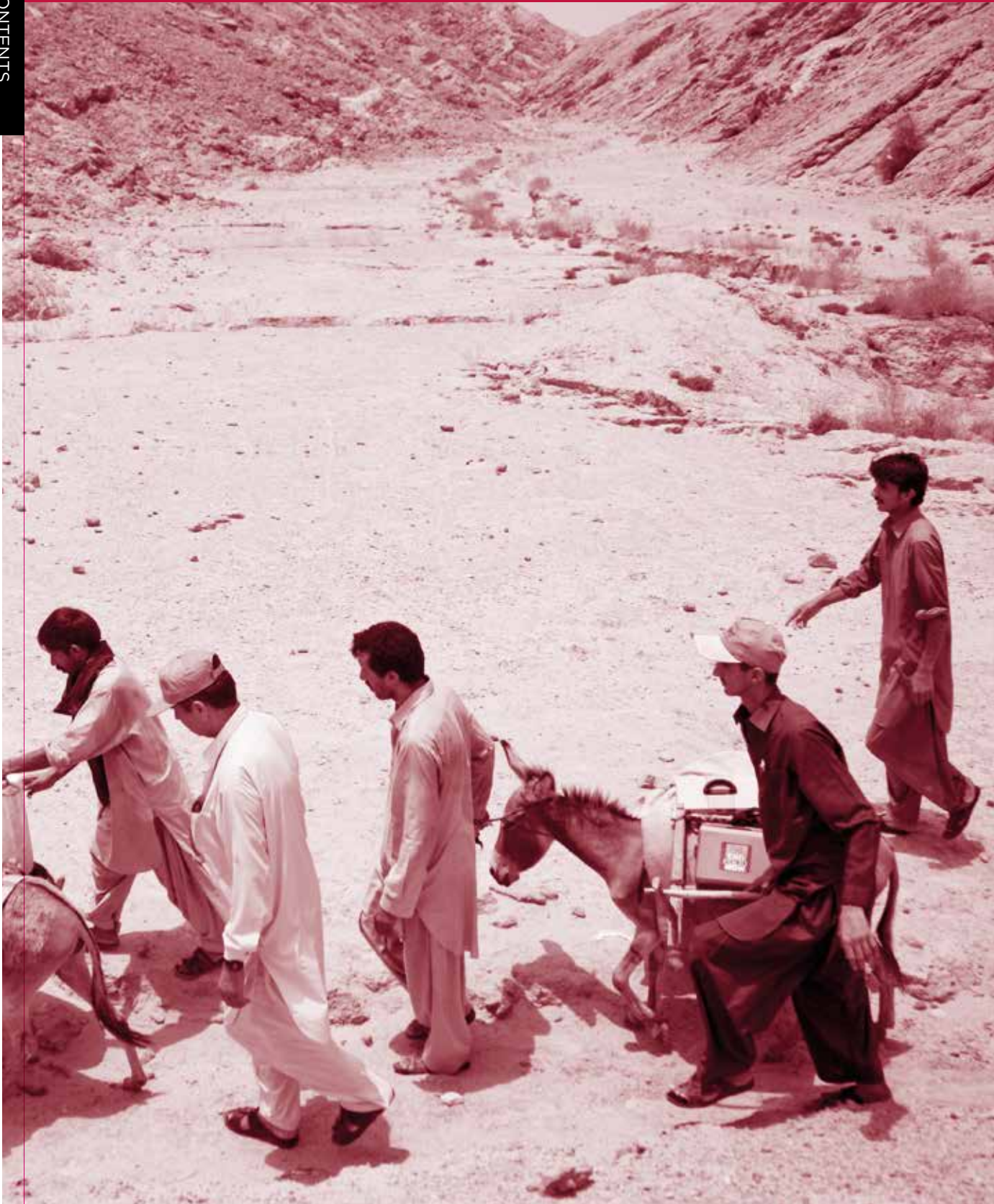
CUSTOMIZE YOUR TRAINING

If this is the first time your team has undergone training, please cover all modules. Then, depending on turnover and performance, analyze your data to

customize your training. Keeping the training fresh and relevant will keep your team engaged. Some suggested topics are outlined below.

	 CORE SKILLS	 HIGH LEVELS OF MISSED CHILDREN	 NOMADIC & TRANSIT PRIORITY	 REVISIT STRATEGY	 TEAM MORALE	 TRANSITION
B BEFORE THE KNOCK AT THE DOOR	1	✓	✓	✓	✓	✓
	2	-	✓	-	-	✓
	3	-	-	-	-	✓
	4	-	-	-	-	-
	5	-	✓	-	-	✓
	6	-	-	-	-	✓
	7	✓	✓	✓	✓	-
	8	✓	✓	✓	-	-
	9	✓	-	-	-	-
C VACCINATION & INTERACTING WITH CAREGIVERS	1	✓	-	-	✓	-
	2	✓	-	✓	✓	✓
	3	✓	-	✓	✓	-
	4	✓	✓	-	-	-
	5	✓	✓	-	-	-
	6	-	✓	-	✓	-
	7	✓	✓	✓	-	-
	8	-	✓	✓	✓	-
	9	-	-	✓	✓	-
D BEYOND POLIO	1	-	-	✓	✓	✓
	2	-	-	-	✓	✓
Approx duration (hh:mm)	5:00	3:30	4:20	4:35	2:30	3:10

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Preparing for Training



KEY CONCEPTS

Objectives of the Training

- To enable Supervisors to train Front Line Workers (FLWs) in the critical skills to vaccinate every child against polio.
- For vaccinators to feel that their work is important, appreciated and supported, which makes it easier for them to in turn motivate and support the FLWs they supervise.

You Are a Leader

As a trainer, manager, or supervisor in the polio or health programme you manage, it is important for you to understand your role as a leader. By training polio team members well and supporting them in their work you will help your colleagues to achieve our important goal of protecting every child from polio and promoting child health throughout the community.

Qualities of the Best Leaders

- Good leaders are supportive and helpful.
- Good leaders listen well, and explain patiently.

Practice these qualities in all of your interactions with the polio teams you work with.

You Are a Trainer

Your job as a trainer is to facilitate learning.

Do this by creating a positive learning environment and providing the needed information.

Prepare for your training by reviewing your manual, tools, and practice activities. Make sure you have all the required handouts and tools and always try and conduct the sessions with fewer than 20 participants (an ideal group of vaccinators would be 10-15).

SUPPORTING LEARNING

Learning happens best when people are engaged and paying attention.

Learning occurs best when people are confident and feel supported. Create a relaxed and friendly environment for learning, and emphasize the positive.

Learning occurs best when people feel safe to raise questions and receive clear and understandable answers.

Address questions and explain the issues patiently and thoroughly.

Learning occurs best when people feel respected as learners and workers. Show respect and honour to all participants.

Avoid lecturing to them, but instead talk to them in a kind, friendly manner.

Encourage participation. People learn best when they share in participatory activities.

Lead all of the hands-on activities, role plays, and practical experiences with the idea that learning by doing will help the participants to succeed at their work and help to end polio.







HOW TO USE THIS TRAINING MANUAL

This training manual can be used in different ways.

If you are delivering a full day of training then you should go through the entire training course.

If you have less than a full day, you will have to choose which parts are most important to cover based on the priorities in the area under your supervision. Training should be seen as more than a process activity, but one that is aligned to the strategic and operational priorities where you work. So, look at what the data is telling you.

This Manual outlines suggestions for how to modify and adapt the training for issues like:

-  *Review of Core Skills*
-  *Refusals & not available children*
-  *Improving performance at transit and fixed site vaccination points*
-  *Revisit Strategy*
-  *Encouraging higher morale*
-  *Transitioning to routine immunization*

The inside front cover of the manual shows the modules suggested for you to include for these scenarios, as does the introduction page for each chapter. To help you plan, each training module is also marked on the bottom of the right page according to the scenarios for which it is relevant.

IMPORTANT POINTS TO REMEMBER AS A COACH & GUIDE

- You are accountable for the results of your team. Their success is your success.
- Create a positive learning environment, as noted above.
- Encourage participants to ask questions so that they get the information that they need, and answer their questions patiently and fully.

MATERIALS AND LOGISTICS

Below is a list of the training materials that can be used with a mix of the materials from your country office.

Each module is marked with icons that show which materials are suggested to be used in the module. Look out for the icons to

Don't worry if certain tools are not available, proceed with your training and improvise where possible.

For the Participants

Comic Book

1 for each participant

Use where you see this icon



Flash Cards

1 set for each participant

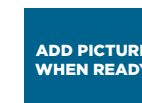
Use where you see this icon



For the Trainer

Pictorial flipbook

Use where you see this icon



Training curriculum



Microplan materials



Participants sign-in sheet



Key paper forms and factsheets



Role play scripts



Sample marking pen



Vaccine cooler & ice-packs

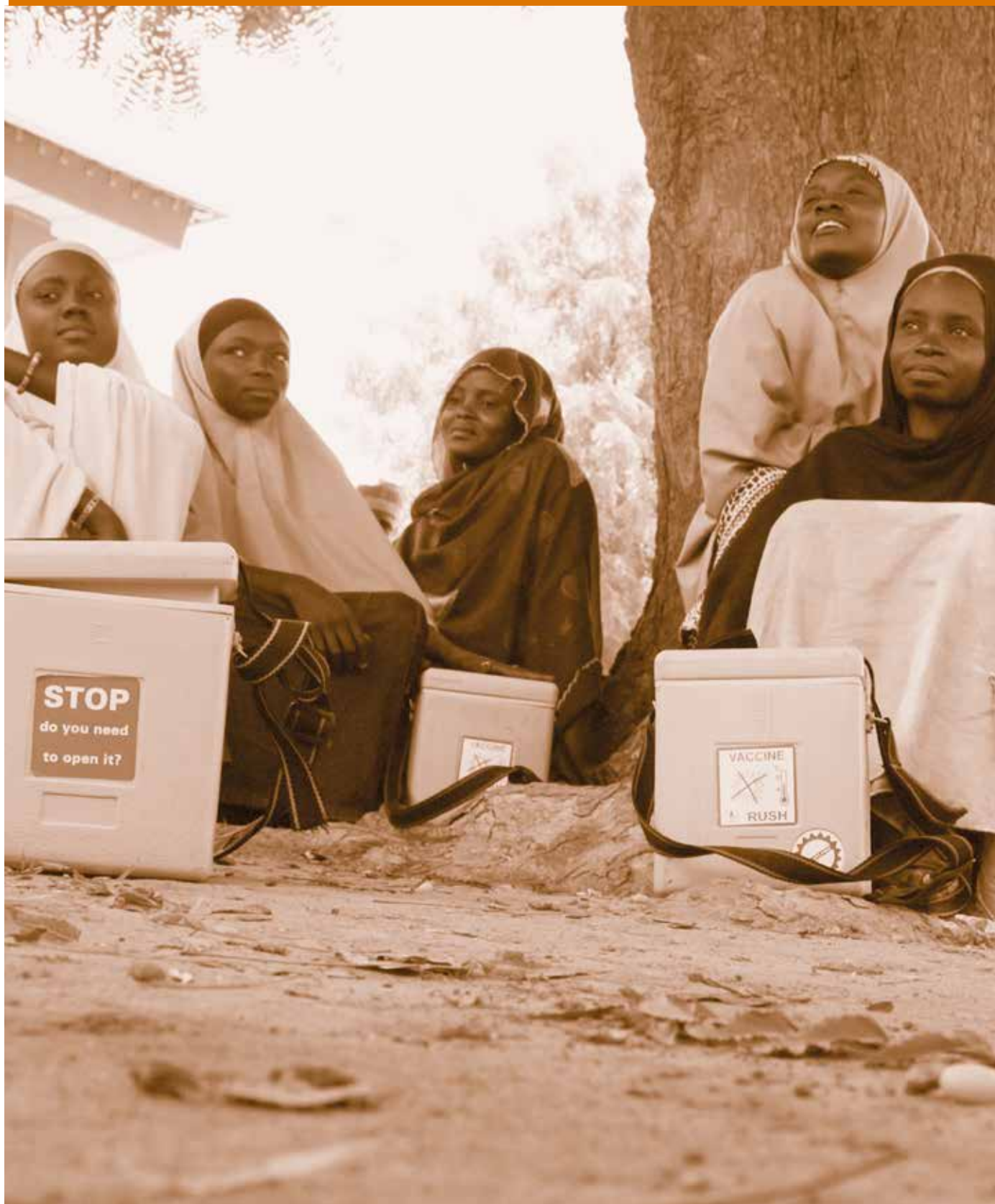


Vaccine vials in all stages of VVM markings



Where relevant, printed copies of pre- and post-test





B Before the Knock at the Door

🕒🕒🕒🕒 3 hours 30 minutes

REFRESHER COURSES



	👤	📍	🔄	👤	👤
1: Getting started 🕒 10 minutes 🗨️ Discussion	✓	✓	✓	✓	✓
2: Global, National & Local Polio Updates 🕒 10 minutes 🗨️ Discussion	-	✓	-	✓	-
3: Introduction of the Participants & Ice Breaker 🕒 25 minutes 👥 Participatory activity	-	-	-	✓	-
4: Pre-Test (Optional) 🕒 15 minutes 📄 Written test or 👥 Participatory activity	-	-	-	-	-
5: Personal Safety 🕒 30 minutes 🗨️ Short lecture and 🗨️ Group discussion	-	✓	-	✓	-
6: Payment 🕒 15 minutes 🗨️ Discussion	-	-	-	✓	-
7: Reviewing Microplan or Daily Itinerary 🕒 45 minutes 🗨️ Discussion	✓	✓	✓	✓	-
8: Introduction to Communications 🕒 30 minutes 🗨️ Discussion	✓	✓	✓	-	✓
9: Polio Basics 🕒 30 minutes 🗨️ Short lecture and 🗨️ Group discussion	✓	-	-	-	-

DISCUSSION



Note for the Trainer:

1. When preparing, keep in mind that the training should begin as close to the schedule as possible.
2. This exercise should be conducted as a discussion where dialogue is being exchanged and shared.
3. Identify participants who are quiet and encourage them to interact.
4. The welcome sets the tone for the whole training, so your tone should be friendly and welcoming. A participatory approach to learning is always best. Speak to the participants in a polite and patient manner.

1. Welcome everyone and introduce yourself and any other training colleagues who may be present. Tell the participants your role in the polio effort.
2. Introduce the training objectives:



Say

The objective of this training is to help you be successful in helping to eliminate polio.

3. Mention your own role:



Say

My role as trainer is to share technical information and help you share your experiences so that you can learn from each other. I am here to coach you and to support you. Please feel free to ask me any questions. I am also very interested to learn from your knowledge and practical experiences in the polio program.



4. Have the participants fill out the sign in form.


② Global, National, & Local Polio Updates

TIME  10 minutes

OBJECTIVE To provide information on the current situation.
To explain the importance of the vaccinator's work.
To help increase the sense of motivation and purpose for the participants and their teams.
To provide information on the current local situation, and to promote the fact they are part of a larger national and global effort.

ACTIVITY Presentation followed by Q and A.

METHODOLOGY

 Discussion

TOOLS

 Accurate information on global, national & regional situation for polio





DISCUSSION



Note for the Trainer:

1. This session should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced.
2. Take time to make sure the information is understood.
3. Listen to the responses; promote dialogue, encourage others to add information.
4. Invite the participants to ask any questions they have, and answer them patiently.
5. Identify participants who are quiet and encourage them to interact.
6. Remind the participants to be respectful of the answers of their peers.



Global

It is important that the participants feel part of the global effort; that they understand they are one of thousands of vaccinators around the world. They should also understand that we are on the cusp of eradication; that millions of children have been free of paralysis thanks to the work of people like them. They can be part of history; eliminating a disease for only the second time in history (the first was smallpox).



National

What is the polio situation in your country? Why are you holding a vaccination campaign? Provide some context for their work. That “our country is threatened by the polio virus, and our children by preventable paralysis. Vaccination is the only protection, polio is incurable, and that the vaccinators are the key to reaching every child.”



Outbreak

If this training is being provided because of an outbreak, it's important for the participants to understand that quality vaccination is the only way to interrupt transmission of an outbreak. Vaccinators should have a sense of how many children have been affected, and the danger to the rest of the children, especially under-vaccinated children. Please share the current information you have on the regions affected, the number of children affected, missed children, and in general the importance of their work and their area to the effort to interrupt transmission.



Regular vaccination campaign

If this training is being provided as part of a regularly scheduled vaccination campaign, then tell the participants why continued vaccination is so critical to interrupting transmission in your region and country. In particular explain the situation in the district and sub district where they work – particularly with regards to missed children.



Key ideas

Important details about polio:

1. Once a child has polio, there is no cure.
(That is why we work so hard to vaccinate every child.)
2. With proper immunization we can prevent polio, and therefore, protect children for life from the disease.
3. When one child has polio, all are at risk.
4. Vaccination is the only protection against polio.
5. Oral Polio Vaccine is one of the safest and most effective vaccines in history.
6. In every culture parents, community members and health workers play an important role in protecting children from harm. By participating in this program you are helping to do this very important work.



PARTICIPATORY ACTIVITY



Note for the Trainer:

1. At the end of the activity, thank everyone.
2. Ask for comments from the participants about their discussion.
3. What did they learn?
4. This discussion may go on for 5 or 10 minutes.

Sample – Ice Breaker

Stand up Energizer Activity

Note: This activity may be done here, during the Introduction of the Participants, or it could also be done later.



To close the introduction, ask each person to stand up (or to raise their hand) if the following applies to them.

Ask them to sit back down after each round.

If you have children please stand up.

(Then they sit down again.)

If you have grandchildren please stand up.

You like to sing, please stand up.

You like to play football please stand up.

If you like to dance, please stand up.

Feel free to add a few more fun or personal questions that is appropriate to the community to get people to laugh and get to know each other.



The last question:

Please stand up if you are helping our children and the parents to be healthy.

Everyone should stand!

Then, while they are standing, lead a round of applause for the important work that everyone does to help the children and parents.

Following the ice breaker, go around the group and have everyone introduce themselves by saying their name, where they are from, and perhaps how long they have participated in health care or the polio program.

④ Pre-Test (Optional)

TIME  15 minutes

OBJECTIVE To enable the trainers to assess the knowledge level of the participants.

ACTIVITY The pre-test can be conducted as a written test. However, if the participants have low levels of literacy, the test can be conducted through discussion and dialogue through a show of hands.

METHODOLOGY



Written test

or



Participatory discussion activity for Low Literacy Participants

TOOLS



Test form (annexed)



DISCUSSION



Note for the Trainer:

The intention is not to make people feel self-conscious or to put trainees on the spot. Rather it is designed to give you, the trainer, a better understanding of where knowledge gaps are, and to later assess how your training has improved these results.

Note on in class low literacy test below: This interactive class-based test should be used in circumstances when paper based tests are not possible. As much as possible record the results, and at the very least note the areas of knowledge gaps to follow-up on after the training.

Sample for Interactive Class based Test for low literacy groups

Ask participants to raise their hands to either answer questions directly, or to vote for multiple choice options. Though this will not provide a reliable indicator of the success of the training, it will help you identify the strengths and weaknesses, and areas to focus on in the modules to come.



You can use the Pre-Test in the Annex as a guide, or ask participants questions such as:

1. How many drops of OPV should be delivered to each child?

A: Two.

2. Can you give a newborn an OPV dose (Yes or No)?

A: Yes, you can and should give a newborn an OPV dose.

3. A child has received one dose of OPV in RI one day earlier. Can you give the same child a campaign dose of OPV today (Yes or NO)?

A: Yes.

4. Is polio curable? Yes or No.

A: No.

5. Name three reasons for Missed Children.

A: Answers could include Refusals, Not Available, Newborn Sick or Sleeping, No Team.

** Please note that the reasons given in each area may vary. Please ensure that your answers reflect the actual situation in your programme area.*

6. Is a microplan a good guide to be used by vaccination teams during campaigns (Yes or NO and Why)?

A: Yes, because microplans include maps, routes, team names, missed children influencers and other important features. Microplans should be updated before every campaign.

5 Personal Safety


TIME  30 minutes

OBJECTIVE To provide participants with guidance on how they and their teams can enhance their own security.


Please Note: This module should be used only if there are security concerns in the area where you are working. If there are no security concerns then this module may be skipped.

ACTIVITY Presentation, followed by Q and A.

METHODOLOGY

 Short lecture with key messages

and

 Group discussion

TOOLS

None required





DISCUSSION



Note for the Trainer:

1. This session should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced.
2. Where possible, please contact either the polio Access Advisor where that role exists, or the Field Security Advisor via the UN Polio Programme staff prior to the training to get updated security information and advice, including cultural advice.
3. Take time to discuss with the participants; make sure the information is understood.
4. Listen to the responses; promote dialogue, encourage others to add in information.
5. Ask for examples of situations the participants may encounter.
6. Identify participants who are quiet and encourage them to interact.
7. Remind the participants to be respectful of their peers' answers.

Key Messages

1. The team's safety is the number one priority.
2. It is necessary to immediately contact your supervisor if a security incident occurs against you or your team when working on Polio eradication activities.
3. You should regularly let your supervisor know where you are.
4. Before leaving to undertake eradication activities you should identify a safe place where you can go in case of emergency.
5. If you have a security escort you should speak to them and let them know where you are and what you are doing.
6. Your safety is your responsibility; be aware of your surroundings.

Key Points

The participants should understand that they are ultimately responsible for their own safety and must remain attentive.

Be sure to inform the team that their safety is the number one priority.

Ask the group what they can do to improve their own security. Rather than a right and wrong answer, this will start the process of highlighting some of the topics below. Possible answers may include: Dress, being attentive and aware, keeping in contact with supervisors and other team members, respecting wishes of households that are reached, having a mobile phone with credit, etc.

Dressing

1. Dress modestly according to the local culture of the area you will be working in.
2. Maintain a low profile. Do not call attention to yourself.
3. Be clean and presentable.
4. Sturdy footwear is useful for field workers. Wear shoes that are comfortable and you can run in.
5. Wear clothes that make it easy for you to move fast, and are appropriate for the type of encounters that may arise.

6. Avoid wearing expensive jewellery or any accessory that could be dangerous (dangling scarves, necklaces, etc.).
7. Don't carry a purse.
8. When walking, stand tall, do not make prolonged eye contact, look over passers-by's heads, and do not smile at strangers.

Survey the Area

1. Pay attention to what is happening around you.
2. Look for places to go in case of an emergency (clinics, community leader's house, and police).
3. Observe the activity near the location of the visit.
4. Avoid groups of people who may be demonstrating and causing unrest.
5. Be aware of individuals waiting about or acting suspicious. Do not make assumptions; appearances can be deceiving.
6. Be observant of body language and behaviour.
7. Pay attention to signs like 'No Trespassing' or 'Beware of Dog', as they may be an indicator of the resident's attitude toward strangers.
8. Trust your instincts. If you are feeling uncomfortable, cancel the visit, reschedule or request assistance from your supervisor, or the police as appropriate. Your supervisor will support your decision to leave or not enter the home or business if you are feeling unsafe.

Approaching the Dwelling/Household

1. Maintain a self-confident, self-assured posture and attitude.
2. Walk briskly, with purpose, looking around to identify potentially hazardous situations.
3. Notice individuals, be aware of their movements and try to keep them from cutting you off from an escape route or cornering you.
4. If you think you are being followed, turn and LOOK. If you are being followed, cross the street and go to the nearest public place and call for help.
5. If you see no place ahead to go to for help, cross the street and RUN back the way you came. Don't hesitate.
6. Don't be afraid to converse with other public officials, work crews, etc. It lets them know you are in the area and you can get useful information from them regarding your surroundings.
7. If you are verbally confronted, maintain a professional manner and respond respectfully but don't attempt to answer verbal challenges.
8. If it escalates to a confrontation, leave the situation.
9. If you decide it's safe to enter a dwelling or business, make a mental note of other exits as soon as you're inside.
10. Say your name clearly, and explain why you are there.
11. Do not enter if you suspect that an unsafe situation exists. Your supervisor will support your decision to leave or not enter the home if you are feeling unsafe.

Continued on next page...





DISCUSSION

...continued

Animal Environmental Safety

1. Be cautious of animals even if restrained. Some animals can bite.
2. Before entering a household, ask the person if they have a dog or other animals.
3. When there is a dog on the premises, ask if the dog can be restrained.
4. Dogs that may not bite their owner may bite a stranger.
5. When challenged by a dog, don't run, stand still and drop your arms, wait for the dog to lose interest in you, then back away slowly. Do not run.
6. If walking in areas with snakes, wear protective shoes that protect you from snake bites.
7. If you encounter a snake, step back and allow it to move along or go around it.

Inside a Home

1. If you decide it's safe to enter, don't let your guard down. Be alert to signs of violence, drinking, or sexual advances, however subtle.
2. In case a parent refuses the vaccine or becomes aggressive:
 - a. Politely attempt to change their mind.
 - b. Do not be aggressive or persistent.
 - c. Adopt a friendly, non-aggressive posture.
 - d. Do not argue or fight.
 - e. Retreat to a safe area.
 - f. Contact your supervisor.

Insecure Areas

1. If you are working in an insecure area, please keep these points in mind:
 - a. In case a mob gathers or there are threats directed at you, move immediately away from the area to a safe place.
 - b. Contact your supervisor. Make a report on what happened and what you did.

Note: At this point in the training, the supervisor/trainer should share his/her phone number.
- c. Return to the health centre, the nearest campaign site, or other safe locations such as the home of a community elder.
2. In some areas it is necessary to be aware of danger posed by strangers on motorcycles.
3. Keep an eye out for abandoned bags and packages, and inform the supervisor as soon as possible.

Leaving the Visit:

1. When you have completed the visit, thank the caregiver for allowing you to come into their home.
2. Be sure to collect all your belongings.
3. Be aware of what is going on outside as you leave. Watch what is going on around you, especially outside activities that may have changed since you entered.
4. If there is a crowd of people, observe the activities they are involved in and how it may affect you and your safety.

Communication:

1. If possible, at least one member of the team should have a mobile phone fully charged with sufficient balance, using network that has good signals.
2. If female members are reluctant to share their own mobile number, they should have other team member phone numbers on their own phone.

Security for Women

1. In some areas there are risks and dangers particularly for women. If this topic is relevant in your area, please have a conversation with female participants about the security concerns they may have as women.
2. Discuss what they can do to prevent or avoid problems.
 - a. How have they addressed problems in the past?
3. Concerning sexual harassment, discuss what to do if it happens.
4. Discuss preventative measures to avoid problems.
5. Ask men if they witnessed their female colleagues experiencing any problems or challenges, and discuss the best ways to handle it.
6. Other points:
 - a. Know before you go and be prepared.
 - b. Never travel without a means to communicate, and know your contacts.
 - c. Plan the 'what ifs?'
 - d. Conform to cultural norms.
 - e. Trust your instincts.



DISCUSSION



Note for the Trainer:

Facilitate discussion

1. This session should be conducted as a discussion, where knowledge is being exchanged, shared, and reinforced.
2. Take time to discuss; make sure the information is understood.
3. Listen to the responses; promote dialogue, encourage others to add in information.

Key Points

1. It is very important to all workers to know how they will be paid, and for them to fully understand the use of any forms or paperwork that they need to submit to receive payment.
2. Since payment methods vary from location to location, the supervisor should provide information and instructions to the participants according to the local procedure.
3. Please have samples of any forms that the workers are required to submit, and go over them line by line.
4. Avoid groups of people who may be demonstrating and causing unrest.

7 Reviewing Microplan or Daily Itinerary by Team & Supervisors

TIME  45 minutes

OBJECTIVE To help the participants to know their team members and supervisor, and understand their area of work for each day, including maps and route charts, special focus needed, and resources available, etc. to complete the team's job of vaccinating all the target children.

Where microplan areas have not yet been assigned, ensure participants understand programme microplan formats and function.

ACTIVITY Where applicable, review together with all team members and supervisor the micro-plans of the previous round.

Review together with another group and with supervisors the area demarcation and map and understand clearly the team's area of work.

Review special focus required and priority households to cover.

Review resources required and their availability.

Note: this section is to be used as a guide and adapted to the specific microplanning protocol of your region and country.

METHODOLOGY


 Discussion

TOOLS

 Flip book

 Comic book

 Flash cards

 Microplan materials



DISCUSSION



Note for the Trainer:

Use the microplan of the previous round

1. Remind the participants to be respectful of their peers' answers.
2. Use a fresh microplan template for the team.
3. Team and supervisor will develop a draft revised microplan.
4. Draft micro-plan will be reviewed together with neighbouring teams and supervisors to fine tune the areas and maps.
5. Finalize team microplans with updated details, including maps.



Ask

What is a team's microplan or daily itinerary?

Answer

A microplan provides detailed information of the area for vaccination and the target children, of work responsibilities by day and particular of the team members and supervisors. It also includes names of influencers, names of social mobilizers (where available), vaccine and logistics requirements for the team by day. A map is produced based on this information.



Ask

What does the microplan outline?

Answer

A microplan identifies the vaccination team members, social mobilizers, influencers, supervisor, physical location of the daily working areas, and target children, as well as the available resources, vaccine and logistics, etc. to vaccinate all the target children within the given area and days during a campaign.



Ask

What does a microplan help to identify?

Answer:

A microplan helps to identify areas of team work by day, the number of houses or children to cover, any schools, mosques, markets, any special population or families of special attention (refusals), etc. within the team's working area to be covered. Microplans help to identify underserved areas, influential people, institutions, access points, and special populations that need targeting and outreach such as:

- Families living in remote areas, migrant and nomadic populations, marginalized groups, and political and religious groups who may oppose vaccination.
- Appropriate transportation for the team to move from one place to other, especially in the remote and hard to reach areas.



ACTIVITY



Note for the Trainer:

During the group activity, ensure that the following tips have been reviewed:

1. Ask the participants if the workload is achievable. Is the number of houses or children to be covered appropriate?
2. Ask the participants whether they have appropriate transportation to move within the working area, especially if it is a remote area or hard to reach area.
3. Have the participants identify the high risk groups (mobile / migrant, nomadic, IDPs, priority) in their areas.
4. Ensure participants understand that influencers should be listed on the microplan itself.
5. Are the teams clear about their areas on a map and what routes to follow?
6. Do the teams have data of the missed children from the previous polio rounds and the reasons they were missed? Ask them to be specific. Use actual data from the last round.



1. Have the teams work in groups to review and update the microplans and maps of their area.
2. Walk around and observe the groups. Help facilitate the exercise.
3. At the end of the session have the participants discuss any problems they may have encountered or where additional clarification is needed.
4. Revised team and supervisor microplans are produced.



Notes

A series of horizontal dotted lines for taking notes.

8 Introduction to Communications

TIME  30 minutes

OBJECTIVE To help the participants review basic communication skills and tips on what to do before they visit a household.

ACTIVITY Presentation, followed by Q and A.

METHODOLOGY

 *Discussion*

TOOLS

 *Flip book*

 *Comic book*

 *Flash cards*

DISCUSSION



Note for the Trainer:

Use the flipbook and facilitate the discussion to answer the topic questions.

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



Ask

Why is communication important?

Answer

- *Communication is important when we visit a house and speak with parents or caregivers. We want them to understand that it is a good idea for them to vaccinate their children.*
- *If parents feel confident in the health workers then they will be more likely to allow them to vaccinate all of the children. Communicating well is how we help them to feel confident.*

The trainer should now introduce the three main components of communication.

1. Building rapport and creating a caring environment: It is important to remember to greet and be friendly, speak clearly, explain why you are visiting, be patient, ask questions, and listen patiently.
2. Gathering information: Questioning and listening is important because it helps the health workers assess the situation and decide what the most effective way to convince the caregiver is.
3. Counselling and sharing information: Helps parents learn about what they need to do to take care of the child and how to provide good health care.



Ask

What are some of the most important communication skills?

Answer

Invite the whole group to respond and suggest ideas so that this is a conversation of the whole group. Some of the ideas that they may suggest can include:

- *Being friendly.*
- *Greeting people with respect.*
- *Dressing properly.*
- *Speaking clearly.*
- *Listening carefully.*
- *Using good body language.*



REVIEW TIPS

Review the following tips with the participants

Things to Remember to Do Before you Visit a Household

- ✓ Make sure you are dressed appropriately in clean and professional attire. Wash your hands with soap before beginning your duty.
- ✓ Review the area you are to visit through your area map and microplan.
- ✓ Review your guiding messages on polio so that you can answer parental queries confidently.
- ✓ Make sure you have all the appropriate tools and materials with you, including your tally sheet.

Facial Appearance

Do

- ✓ Smile.
- ✓ Nod in agreement (appear neutral).
- ✓ Look interested.
- ✓ Appear honest and reliable.

Don't

- ✗ Frown.
- ✗ Appear as if you disagree.
- ✗ Look distracted.
- ✗ Appear intimidating or unapproachable.

Continued on next page...



REVIEW TIPS ...continued

Clothes and Appearance

Do

- ✓ Dress cleanly.
- ✓ Dress professionally.
- ✓ Be culturally sensitive.
- ✓ Use good self-grooming.

Body Language

Do

- ✓ Look calm.
- ✓ Look attentive.
- ✓ Look organized.
- ✓ Look neutral.

Don't

- ✗ Wear strong perfume / natural oils..
- ✗ Wear too much makeup.
- ✗ Wear excessive jewellery.

Don't

- ✗ Appear to be impatient.
- ✗ Do multiple things at the same time (focus on the caregiver).



Polio Basics

TIME

30 minutes

OBJECTIVE

To help the participants understand specific information about polio and the polio vaccine.

ACTIVITY

Presentation followed by Q and A.

METHODOLOGY

Discussion

Participatory activity

TOOLS

Flip book

Comic book

Flash cards



DISCUSSION



Note for the Trainer:



Use the flipbook and facilitate discussion to answer the topic questions.

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



Ask

What is polio?

Answer

Poliomyelitis (polio) is a highly infectious disease that is caused when a person is infected by the polio virus that invades the nervous system.

Poliomyelitis can cause paralysis and even death.



Ask

Who is most at risk of getting polio?

Answer

The polio virus can affect anyone who has not been fully immunized.

However, children under 5 years of age are particularly vulnerable.

It can also affect adolescents and adults.



Ask

How is polio spread?

Answer

The polio virus enters the body through the mouth when one eats food or drinks water that is contaminated with faecal matter from a person who carries the polio virus.

The virus multiplies in the intestines and is passed through faeces.

To protect yourself and your children, it is important to wash your hands with soap and water before cooking, eating, and after using the toilet.

Children who have not had routine immunization including the prescribed doses of OPV and IPV are more likely to contract polio.



Ask

What can happen when someone contracts the polio virus?

Answer

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



Ask

What are the signs of polio?

Answer

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



Ask

Is there a cure for polio?

Answer

No, there is no cure for polio.



Ask

Can polio be prevented?

Answer

Yes, polio can be prevented by immunizing a child with vaccine. The two vaccinations that are used are:

- *Oral Polio Vaccine (OPV) – Taken orally as drops and can be easily administered. It does not require a trained health worker. OPV is still the main preventive measure against polio and has been used in the vast majority of countries to eradicate.*
- *Inactivated Polio Vaccine (IPV) – Given through an injection by a trained health worker. IPV does not replace the OPV vaccine, but is used with OPV to strengthen a child's immune system and protect them from polio.*

Continued on next page...



© Vaccination and Interacting with Caregivers

3 hours 40 minutes

REFRESHER COURSES



1: How to Vaccinate 45 minutes Discussion and Participatory activity	✓	-	-	✓	-	-
2: Interpersonal Communication 60 minutes Discussion and Role play activity	✓	-	✓	✓	-	✓
3: Finger Marking 15 minutes Participatory activity	✓	-	✓	✓	-	-
4: Tally Sheets 15 minutes Participatory activity	✓	✓	-	-	-	-
5: Door or House Marking 20 minutes Participatory activity	✓	✓	-	-	-	-
6: Compiling Reports 30 minutes Participatory activity	-	✓	-	✓	-	-
7: Missed Children / Refusals / Mistrust 30 minutes Discussion	✓	✓	✓	-	-	✓
8: Special Teams (Populations in Transit) 20 minutes Discussion	-	✓	✓	✓	-	-
9: Post Test (Optional) 15 minutes Individual or Group work	-	-	✓	✓	-	-

DISCUSSION



Note for the Trainer:

Use the flipbook and facilitate discussion to answer the topic questions.



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



Ask

What is a Vaccine Vial Monitor (VVM)?

Answer

The Vaccine Vial Monitor tells us if the vaccine is still effective. A vaccine vial monitor (VVM) is a label which is placed on a vaccine vial to register cumulative heat exposure over time. The combined effects of time and temperature cause the inner square of the VVM to darken, gradually and irreversibly. A direct relationship exists between the rate of colour change and temperature:

- The lower the temperature, the slower the colour change.
- The higher the temperature, the faster the colour change.

VVM is used to determine whether the vaccine inside the vial is good to deliver to a child. If the vaccine does not stay cool, it will not protect children.



The trainer should show the vials of different VVM stages to the participants so they can see and touch them. The trainer should also explain that the higher the temperature, the faster the color changes.

Action

During each day of the immunization campaign, team members should check the VVM on every OPV vial upon receipt, before opening a fresh vial and before delivering drops from the vial.

Basic rules

Rule 1: If the inner square is lighter than the outer circle, and if it is within the expiry date, the vaccine is good to use.

Rule 2: If the inner square is the same colour as, or darker than, the outer circle, the vaccine must not be used.

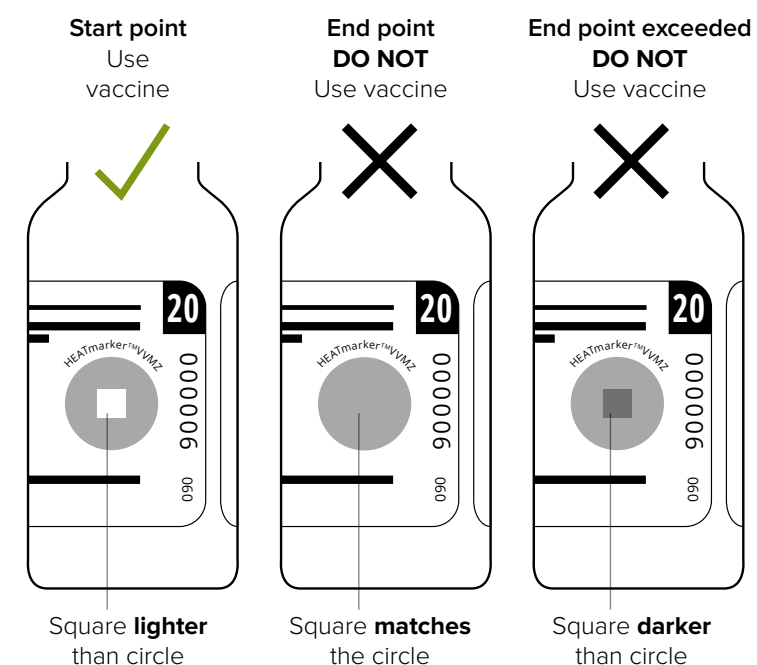
How to check VVM in the field

Place the vial towards a light source with the VVM sticker facing the observers. Check the colour of the square inside the blue circle. If there is no colour difference or the colour in the square is deeper, then the vaccine is not usable.

The VVM should be checked multiple times: ✓ Once it has been received from the health facility, ✓ before the vial has been opened, and ✓ while administering drops to children.

If a VVM is bad, keep it separately and out of the vaccine carrier, and if possible, mark it with an X and record the time and date.

How to determine vaccine safety



Note: the central square is the active surface

Continued on next page...





REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Before going to the field, check and ensure that you have received adequate doses of vaccines for the day based on the number of target children in the assigned area. It is always better to take additional doses (20) to vaccinate a number of extra children.
- ✓ The vaccine should be kept inside the vaccine carrier or the recommended portable vaccine container with frozen ice packs. Keep the vials in a cellophane / plastic pouch inside the carrier to prevent them from getting wet.
- ✓ You can use open vials with remaining doses of vaccine on the following day up to 28 days, as long as the VVM remains good, and the vial has not been submerged in water inside the carrier and the expiry date not passed.

Things not to do

- ✗ Do not keep the vaccine vial and carrier in direct sunlight.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Hold the vaccine vial in a vertical position with the tip of the dropper up and remove the air bubbles if present by pressing the dropper vaccine vial slowly.
- ✓ Hold the vial tilted at about a 45 degree angle with the VVM upwards for eye contact.
- ✓ Bring the vial close to the child's mouth.
- ✓ Press the dropper slowly and allow the vaccine to drop inside the child's mouth.
- ✓ If a drop is missed or the child spits it out, administer the missed drop again.
- ✓ Ensure that the child swallows the given OPV before finger marking.

Things not to do

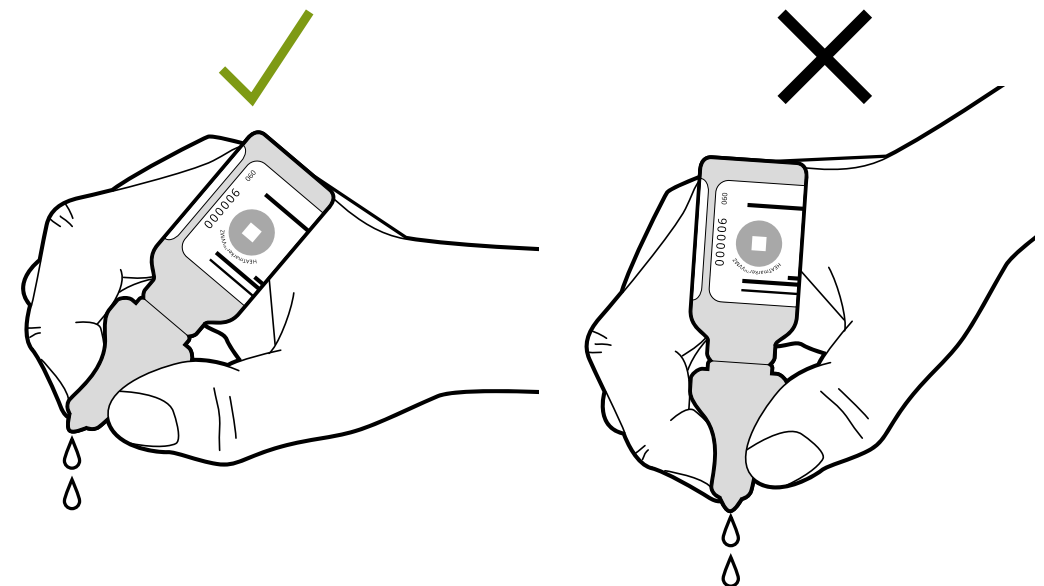
- ✗ Do not touch the child's lip or mouth with the dropper.



DISCUSSION

How to Administer Vaccine Drops

1. Only one vial should be open at a time.
2. A new dropper should be used for each vial.
3. The vial should be held at a 45 degree angle to ensure that two drops are administered to the child correctly.
4. The dropper should be squeezed with little pressure, and stop the pressure after two drops.
5. Give the drops into the open mouth of the child but do not touch the lips or tongue of the child with the vial. In case this happens, the dropper needs to be replaced before administering OPV to another child.
6. If a child is vomiting or spitting, the 2 drops should be administered again after a brief period, or the next day.



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DISCUSSION

Waste Disposal: What to do with empty vials

1. Keep the empty vial separate in a plastic bag / or separate disposable box and send it back to the health facility through your supervisor for proper safe disposal.
2. Do not throw the empty vial into the environment.
3. Follow any other National guidelines from the health facility /supervisor.

How to Assess the Age of a Child

If a parent says that a child is under five years of age, an assessment is not necessary. Take the parents' word and vaccinate the child.

If the parent is not sure of the age of the child, and the child looks to be under five, no assessment is necessary.

If the parent argues about the age of the child ask the child to try and hold their left ear with their right hand bending over the center of their head. If the child is not able to touch their ear, then they are considered to be under five years of age. This method is not always accurate as some children look taller than their age. Therefore, rather than assessing their age, do not waste time, administer the drops to the child and remember your communication skills!



EXERCISE



1. Have the participants practice administering the vaccine correctly. Have a couple of volunteers show others how to administer the drops.
2. Ask participants to determine which vials have a good VVM and a bad VVM.

② Interpersonal Communication (IPC)


TIME  60 minutes

OBJECTIVE To help the participants build communication skills to provide reliable information and to overcome objections that caregivers may have.


ACTIVITY Presentation followed by Q and A.
Roleplay.

METHODOLOGY

 Discussion

 Roleplay activities

TOOLS

 Examples of roleplay activities

 Flip book

 Comic book



DISCUSSION



Note for the Trainer:

Use the flipbook and facilitate discussion to answer the topic questions.



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



Ask

What is *Interpersonal Communication (IPC)*?

Answer

IPC is face to face communication, speaking one on one.



Ask

What is **one-way** communication?

Answer

When only one person speaks and does not allow the other person to talk. (Not an effective type of communication).



Ask

What is **two-way** communication?

Answer

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

Importance of IPC

- IPC provides a two-way opportunity for exchange of information. One individual can get clarification or additional information from another individual.
- IPC is more persuasive for addressing a strongly-held practice, attitude or belief.
- IPC provides an opportunity to model a recommended practice or behaviour in a realistic setting such as an individual's home or community, showing people like them engaging in desired activities.

Three Components of IPC

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



Use the Flip Book or write the following on a white board or flip chart. If you don't have this material, simply ask for feedback from the group: What are the three main components of IPC that should be used when working with community members? Try to group their answers around the components below:

1. Building rapport and creating a caring environment

It is important to remember to greet and be friendly, speak clearly, explain why you are visiting, be patient, ask questions, and listen (remember to use positive body language).

2. Gathering information: questioning and listening

It is important because it helps the health workers assess the situation and decide what the problem is.

3. Counselling and sharing information

Helps parents learn about what they need to do to take care of their children and how to provide access to good health care and healthy practices.

The GATHER Approach

There are six IPC Skills:

Greet

Ask

Tell

Help in the decision-making

Explain

Return

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

Continued on next page...





DISCUSSION

...continued

Greet

- ✓ Greet each one according to local cultural traditions. Introduce yourself, say what you do, and the purpose of your visit.
- ✓ Tell them you would like to speak to the parents or caregiver of the children.
- ✓ Make sure to smile, be polite and warm.
- ✓ While speaking with the caregiver(s) be sure to watch their body language and listen for their tone in order to assess their attitudes toward yourself and the immunization.

Ask

- ✓ Allow the parents and caregivers to talk. After they have opened up, you can become specific about child health, vaccinations, and polio.
- ✓ Ask questions in the household i.e. children's general health, age, vaccination status, number of children in the house from birth – 15 years of age.
- ✓ Take note on the Tally Sheet if any children have had fever, diarrhoea or upper respiratory infection during the last 2 weeks.
- ✓ Listen to them, how they express themselves, encourage them to talk. Keep your body language positive; sit on the same level as them. Keep eye contact. Give time, do not hurry.
- ✓ Ask open-ended questions which will allow people to share more information in detail. Use the what, why, how, where, when, and how question starters.
- ✓ Respect all opinions at all times. Stay patient.
- ✓ If the answer is 'No, they do not' have any children under 5 then we thank them, mark the house, and continue on.

Some important questions to remember to ask are:

1. How many children under-five are living or visiting the house
2. Is any child sleeping or sick in the household?
3. Are there any children born in the household since the last campaign?
4. Is there any child out of the house at the moment?
5. How many households or separate families are living in the dwelling?
6. Are there any paralyzed child in the household under 15 years of age?
7. Are there any guests at the home?

Tell

- ✓ Tell them you are here to vaccinate children in the household who are younger than 5 years for polio.
- ✓ Frame your answers according to what they already know, what they want to know, and what misconceptions may exist.
- ✓ Do not pretend to know everything and if you do not know, tell them you will return with the correct information.

Help

- ✓ In order to change behaviour when people resist vaccination, parents and caregivers need support and encouragement as well as information.

Explain

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

Return

- ✓ Repeated visits win trust and are especially effective during campaigns.



ROLEPLAY ACTIVITY

1. Have the participants break off into small even sized groups.
2. Have the participants practice a role play exercise (see annex, or use samples from within the country).
3. At the end of the session have the participants act out the roleplay exercise and discuss any problems they may have encountered or where additional clarification is needed.



DISCUSSION



Note for the Trainer:

Use the flipbook and facilitate discussion to answer the topic questions.



1. This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time on the questions; make sure the information is understood.
2. The question and answer sessions should be conducted as a dialogue.
3. Listen to the responses; encourage others to add in information.
4. Identify participants who are quiet and encourage them to interact.
5. Remind the participants to be respectful of their peers' answers.



Ask

Why is a child's finger marked when they receive the vaccine?

Answer

The finger is marked indicating that a child has been vaccinated. This is important, especially during campaigns when children are playing and running around, as proof of vaccination.



Ask

When is the child's finger marked?

Answer

The child's finger is marked immediately after the drops have been administered.



Ask

Which finger is marked?

Answer

Mark the little finger of the child on the left hand.

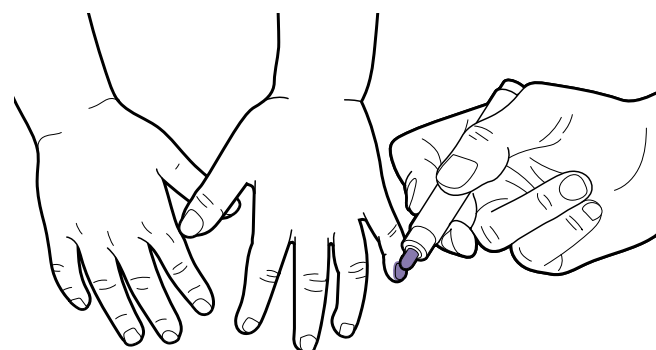


Ask

How do we mark?

Answer

First wipe the nail clean, wait a moment, mark, and wait for the mark to dry.



Ask

Do we always only mark the finger?

Answer

No, in some cultures based on the local situation, different fingers or toenails may be marked rather than the little finger nail of the left hand. Ask your supervisor for guidance.



Ask

Is the mark permanent?

Answer

No, the mark is not permanent. It will wear off in a few days.

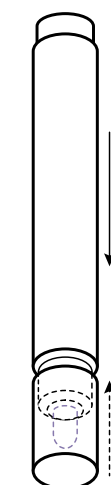


Ask

How can you protect the marker?

Answer

Keep the marker closed and in vertical position (ink-side down) and do not place the marker in direct sunlight (or it will dry) or in the vaccine carrier. Put the cap on the marker after each use to avoid drying the marker.



PARTICIPATORY EXERCISE



1. In pairs, the participants should practice marking each other's finger.
2. Have the participants refer to the page in the comic book or flash cards and review the finger marking session.





DISCUSSION



Note for the Trainer:

Use the flipbook and facilitate discussion to answer the topic questions.



1. This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time on the questions; make sure the information is understood.
2. The question and answer sessions should be a dialogue.
3. Listen to the responses; encourage others to add in information.
4. Identify participants who are quiet and encourage them to interact.
5. Remind the participants to be respectful of their peers' answers.



Ask

Why do we use a tally sheet?

Answer

A mark is made on a tally sheet to keep count of the number of children vaccinated. The total count is conducted at the end of each day to help identify if any children have been missed. It is critical that every child is recorded so that every child can be reached.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Use a pen only.
- ✓ Mark the tally sheets in the field after each child is vaccinated.

Things not to do

- ✗ Do not use a pencil.
- ✗ Do not mark the tally sheet before vaccinating a child.
- ✗ Do not wait to mark your tally sheet to the end of the day.
- ✗ Do not record houses or situations you did not encounter.



PARTICIPATORY EXERCISE

1. Pass out the tally sheets to be shared in pairs, and review it in detail so that the participants know how to fill in every part of it.
2. Use a pen only.
3. The trainer should demonstrate to the group how to fill in a tally sheet. Next ask the group to fill in their own tally sheets, while the trainer provides realistic situations the vaccinators are likely to confront in their work.



DISCUSSION



Note for the Trainer:

Use the flipbook and facilitate discussion to answer the topic questions.



1. This exercise should be conducted as a discussion where knowledge is being exchanged, shared, and reinforced. Take time on the questions; make sure the information is understood.
2. The question and answer sessions should be a dialogue.
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7. Remind the participants to be respectful of their peers' answers.



Ask

Why do we mark the door?

Answer

Marking a house helps to keep track of the houses visited. After visiting each house, it is necessary to mark the door or the outside wall of the house with a piece of chalk.



Ask

What information does a house marking give?

Answer

A house marking gives information about the campaign, date, number of children in each house, how many were vaccinated, how many were not at home, the team that administered the vaccine and the direction they are walking to the next house.



Ask

What additional information is in a house marking?

Answer

Whether a revisit is required, the visit was incomplete and a revisit needs to be planned, a revisit needs to be planned because the house was closed and no information is available, no child is available, and parents refused (this can vary in countries).



PARTICIPATORY ACTIVITY

Draw the basic door marking H shape on a white board, a wall, or a piece of paper, and explain what each of the six squares represents for your area.



Use the Flip Book

Ask

How do we mark the door?

Answer

Listen to the responses of the participants before proceeding with the steps for your region.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Use chalk to mark the house.
- ✓ Before marking the door or wall, ask the homeowner for permission and make sure they are okay with the location you have selected.
- ✓ Choose an appropriate surface where the chalk marking will not be easily erased.

Things not to do

- ✗ Do NOT use the finger marker to mark the house (it will wear out very quickly).



DISCUSSION: MISSED CHILDREN



Note for the Trainer:

Use the flipbook and facilitate discussion to answer the topic questions.



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

The trainer should explain that one of the most important parts of their work is to insure that there are no missed children.



Ask

Why are there sometimes missed children?

Answer

Invite the participants to suggest various reasons why there may be missed children.

Here are some reasons they may suggest:

1. Children not at home when we come to the household because they are at school.
2. Children are out playing.
3. Children are visiting relatives or otherwise travelling.
4. Caregivers do not accept the vaccine for the children.
5. Teams do not visit the household.



Ask

What should your goal be?

Answer

The goal is to vaccinate every child so all missed children must be reached.



Ask

How can we locate missed children?

Answer

Lead a discussion about the various ways one can locate children who are not at home during a house visit. Have the participants suggest techniques to use to locate the missing children.

The following are ideas to discuss with the group.

- Ask the parents or caregivers where the children are.
- Ask other adults in the community.
- Visit schools and talk to the teachers.
- Visit any youth groups or clubs.
- Visit play areas and sports fields.
- Ask children where the other children are.



Ask

When we find missed children who are not at home, what do we do?

Answer

If the caregiver or other responsible adult is present, ask for their permission to vaccinate the child. If the caregiver is not present, vaccinate the child.

Missed Children Guidance Chart.

Reasons for missed children	Operational solutions	Communication solutions
Child was absent	Team records the absence and plans to come back in the afternoon or the next day.	Convince parent to notify the team as soon as the child is back. Advise parents of the next campaign date and encourage them to have their child at home during all campaigns.
Child was sick	Vaccinator seeks support from the supervisor or the family health care practitioner to convince the parent to vaccinate.	Convince the parent that the child can still be given the vaccine safely. Recruit appropriate influencers to support the message of safety to reassure parents.

Continued on next page...



DISCUSSION: MISSED CHILDREN

...continued

Missed Children Guidance Chart (continued).

Reasons for missed children	Operational solutions	Communication solutions
<i>Child was sleeping</i>	Vaccinator seeks support from the supervisor or the family health care practitioner to convince the parent to vaccinate.	Use IPC skills to encourage parent to wake up the child to ensure he/she is fully protected.
<i>Newborn child</i>	Vaccinator seeks support from the supervisor or the family health care practitioner	Convince the parent that the child can still be given the vaccine and no harm will occur.
<i>Team thinks the child is over 5 years of age whereas the child could be under</i>	Follow the procedure of age determination and seek support from the supervisor. If in doubt, give polio drops to the child.	Ask the caregiver what the child's age is. Remind the family that all children under-five must be protected.
<i>Child is not normally a resident of the household</i>	All children children under-five-years-old in the households should be vaccinated regardless of their permanent or regular residence.	Convince parent or responsible adult that any unvaccinated child is a risk to all children.
<i>Refusal family</i>	Make sure you have the most appropriate team composition that includes a relevant influencer for the reason given for refusal.	Negotiate through community leaders before the campaign. Recruit social mobilizers and relevant influencers where available to reach out to the family to address their concerns. Inform vaccination teams to to prepare for anticipated or known reasons for refusal.
<i>Team did not visit the house</i>	Increase team performance, supervision and workload rationalization.	Encourage all parents to report to the nearest health centre, or if known, to inform local polio team supervisors or coordinating bodies, to report that a polio team did not show up and to seek vaccination.

Reasons for missed children	Operational solutions	Communication solutions
<i>Team did not revisit the household</i>	Increase team performance, supervision, and workload rationalization. Improve the microplan. Increase training before the next round and review microplan and other operational documents.	Encourage all families through various channels to report to local health centres and officials if they have not been reached by the campaign.
<i>The house was out of the working area</i>	Review microplan and adjust accordingly.	Encourage all families through various channels to report to local health centres and officials if they have not been reached by the campaign.
<i>The house was difficult to reach or inaccessible</i>	Review microplanning and support with appropriate transportation.	Encourage all families through various channels to report to local health centres and officials if they have not been reached by the campaign.
<i>The area is inaccessible due to active fighting / or political reasons</i>	Plan vaccination in between fighting with appropriate manpower and safety measures.	Include social mobilization, and community leader involvement to negotiate access and/or team selection to help facilitate the campaign.

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DISCUSSION: REFUSALS



Ask

What is a refusal?

Answer

A refusal is when the caregiver refuses to have their child vaccinated.

In this situation, the marking put on the house shows that children are present but vaccination has not been given. Later on, a supervisor will return to the house and try again to persuade the caregiver.



Ask

What are some reasons for refusals?

Answer

Sometimes the problem or objection comes because the caregiver does not understand what a vaccination is. Sometimes the caregiver may wish to vaccinate, but perhaps someone in her family objects. In this case we should help them find ways to convince them.

Some examples of refusals can be:

1. Religion
2. Political views
3. Misconceptions and myths
4. Mistrust of health workers
5. Too many campaigns in a short period of time
6. Concerns for the safety of the vaccine



DISCUSSION: REFUSALS

...continued



Ask

What if the caregiver says "No"?

Answer

This is called a "refusal," or "non-compliance."

Politely discuss with the caregiver and using communications skills, try and convince them to change their mind. Apply the GATHER approach in your communication with resistant families. Listen to their concerns and attempt to respond or find someone who can.



Ask

What can you do if the caregiver is not sure?

Answer

This is called a "refusal," or "non-compliance."

Politely discuss with the caregiver and using communications skills, try to convince them to change their mind. Review the GATHER HELP and Explain steps of IPC to lead them.



ACTIVITY

1. Divide the room into small groups of 3-5 people, and have them pick an example of a refusal.
2. Have each group develop a short role play conversation about the refusal and how they will communicate with the caregiver to change the refusal.
3. Have the groups present their session in front of the class for discussion on what went well and what could be improved. Refer back to IPC skills in previous module.



The trainer may wish to refer to the flipbook for the IPC Discussion, which may also be relevant in this discussion.

Continued on next page...



DISCUSSION: RETURN



Ask

What is Return?

Answer

A return is when a polio worker or a supervisor comes back to the home to try to persuade the caregiver to accept the vaccine.

Health workers return because the goal is always to have 100% vaccination. The return visit is a useful motivator to the caregiver, and also gives polio workers the chance to think of new ideas to try to address caregiver concerns.

If you are the supervisor who is visiting the household because of a refusal, inquire again as to why the household has chosen not to have their child vaccinated. As you listen to the caregiver, it is very important to understand why.

Often the first objection is not the “real” objection, so there may be hidden or unspoken reasons that were not shared initially. Politely probe and try to understand what is behind the refusal. Use open-ended questions to try to discover the real reasons.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Make sure to let the caregiver speak, and not interrupt them.
- ✓ Ask as many open ended questions as possible to learn the true motivation. Then you can address what the real objections are. Show genuine concern and attentive listening to what the caregiver is saying.
- ✓ If not, record the refusal in your tallysheet and housemarking. Move to the next dwelling.

8 Special Teams (Populations in Transit)

TIME



20 minutes

OBJECTIVE

To help the participants have a better understanding of the unique challenges in reaching migrant and mobile populations.

To help the participants have a better understanding of the different types of vaccination teams.

To help the participants have a better understanding of how to search for and immunize children in special teams.

ACTIVITY

Presentation followed by Q and A.

METHODOLOGY



Discussion

TOOLS



Flip book





DISCUSSION



Note for the Trainer:

Use the flipbook and facilitate discussion to answer the topic questions.



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

In some countries, polio campaigns are being conducted in combination with a fixed post vaccination, followed by house to house vaccination.

In addition, there are families and children on the move, and communities that are not registered.

To vaccinate these children, special teams are deployed depending on the local situation.

Comparison of Special Teams

Transit Populations



Ask

What is the meaning of transit populations?

Answer

Transit populations are people who are moving from one place to another using any mode of transportation, including those moving on foot. Transit populations are passing through a public transit point.

Transit populations can represent mobile underserved groups such as nomads, seasonal labourers, and migrants who travel for livelihood or economic opportunities.



Ask

Why is it important to discuss transit populations in the context of polio?

Answer

Transit populations are consistently excluded from SIA campaigns because they are often on the move, and are therefore vulnerable to missing routine immunization and campaign OPV vaccination. This makes them potential carriers who can spread the polio virus.



Ask

What are some examples of locations where vaccination teams can reach transit populations?

Answer

At bus stops or on the bus, parks, railway stations, border crossings, highway toll plazas, hospitals and airports.



Ask

Who is the target audience to be vaccinated in the transit population?

Answer

All traveling children under-five passing through Permanent Transits Posts (PTPs).

All travelling children using any mode of transportation.

All children outside the house on busy streets, markets, and parks during SIAs.

Migrant Populations (hard to Reach / Nomadic)



Ask

What is a migrant population?

Answer

Migrant populations move from one region / city / district to another in search of seasonal work or based on nomadic traditions.

They can also be displaced people such as IDPs and refugees seeking economic opportunities. Since they can travel widely across a country, they can contribute to the virus movement from one place to another.

Continued on next page...





DISCUSSION

...continued



Ask

Who are the target populations?

Answer

1. All groups of traditional nomads.
2. All groups of seasonal migrants.
3. All groups of economic migrants.
4. Refugees and Internally Displaced Persons (IDPs).

Special Vaccination Teams

Fixed Post vaccination Team



Ask

What is a fixed post vaccination team?

Answer

A fixed post is an immunization site where parents and caregivers bring children, and where additional health needs are provided when possible. They can include Vitamin A, measles vaccine, IPV, etc.



Ask

Where can you find fixed sites?

Answer

Fixed sites can be found in densely populated urban and rural residential and special areas, and can include hospitals and clinics.



Ask

What is the difference between a fixed team and house to house team?

Answer

In a fixed post vaccination, the microplan mentions the location of the fixed post and catchment areas. There is no door marking, and no re-visit strategy.

Transit Point Vaccination Team



Ask

What is a Transit Point Vaccination Team?

Answer

Transit Point vaccination teams vaccinate children who are on the move. The teams work at railway and bus stations, seaports, airports, police checks, district and border crossings, and also entrances to large cities.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Stop all passengers, buses and vehicles that have children to administer polio drops.
- ✓ Be active in capturing traveling children. Step out, work quickly and immunize.
- ✓ Learn the schedules of the transportation system (i.e. when buses and trains are arriving).
- ✓ When in need, seek guidance from your supervisor.
- ✓ Vaccinate all children passing through a transit point throughout the year.

Continued on next page...





DISCUSSION

Mobile Vaccination team (Hard to Reach / Nomadic)



Ask

What is a Mobile Vaccination Team?

Answer

Mobile teams work in hard to reach and sometimes insecure areas, and usually vaccinate children from nomadic and migratory families who stay for a short period of time in temporary shelter that can include IDP camps and construction sites.



Ask

What are examples of other locations where you may be able to find these populations?

Answer

At health facilities, health care centres, hotels, picnic spots and play grounds, religious centres, and social festivals.



REVIEW TIPS

Review the following tips with the participants

Things to remember to do

- ✓ Vaccinate all migrant children during an SIA. Make sure they are included in your microplan.
- ✓ Identify hard to reach populations with your supervisor using your microplan.
- ✓ Plan how to reach and exit the location.
- ✓ Identify the leaders in the community who can help you reach out to families.

9 Post-Test (Optional)

TIME



15 minutes

OBJECTIVE

To enable the trainers to assess the knowledge level of the participants following the training.

ACTIVITY

The pre-test can either be conducted as a written test. However, if the participants mainly consist of a low literacy group, the test can be conducted through discussion and dialogue through a show of hands.

METHODOLOGY



Written test

or



Participatory discussion activity for Low Literacy Participants

TOOLS



Test form (annexed)





Beyond Polio

 1 hour

REFRESHER COURSES



1: Routine Immunization

 30 minutes  Discussion

2: WASH (Water, Sanitation & Hygiene)

 30 minutes  Discussion

-	-	✓	-	✓	✓
-	-	-	-	✓	✓



DISCUSSION



Note for the Trainer:

Use the flipbook and facilitate the discussion to answer the topic questions.



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



Use the Flip Book



Ask

What is routine immunization?

Answer

Routine immunization (RI) is a schedule of immunizations for infants and young children that protects them against common diseases such as measles, Poliomyelitis, Diphtheria, Pertussis (whooping cough), Tetanus, and childhood Tuberculosis (T.B.). Most immunization programs are free.



Ask

When should an infant's immunization begin?

Answer

As an example a country the following vaccinations and times are recommended for children:

When	Vaccinations recommended		
At birth	BCG	Polio	HepB1
At 6 weeks	Polio 1	DPT1, HepB2	Penta1
At 10 weeks	Polio 2	DPT2	Penta2
At 14 weeks	Polio 3	DPT3 HepB3	Penta3
At 9 months	Measles	Yellow Fever	Vitamin A



The trainer should mention the following points:

Mention the number of visits to a health centre that are required to fully vaccinate each child in the first year.

After an injection, the child might have some pain at the site of the injection or may even develop a slight fever. After the measles vaccination, the child might develop a slight rash. This is normal.

The relevant country vaccination schedules should be referred to, and if possible, shared with participants. Where applicable, also mention IPV, Rotavirus and PCV.

In all cases (outbreak or regular campaigns), use the local names of the preventable diseases covered by RI in your country, and discuss the performances and the drop out rate. Explain the importance of RI for child survival.



Ask

What should you do if a baby's vaccinations were not started at birth?

Answer

It is always best to follow the ideal vaccination schedule. Even if the schedule has not been started in time, begin immediately. The baby will not be denied vaccinations. Try to 'catch-up' and finish the full immunization set before the baby is one year of age.





DISCUSSION



Note for the Trainer:

Use the flipbook and facilitate the discussion to answer the topic questions.



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

WASH Key Messages

This session will be conducted in a question and dialogue session to discuss the meaning of 'water', 'safe water', 'safe sanitation', 'bad hygiene', and 'good hygiene'.



Ask

How can unsafe water and bad hygiene cause disease, malnutrition, and death?

Answer

Let the group discuss and understand that disease, malnutrition, and deaths among children are caused by:

- *Lack of safe and adequate drinking water. Unclean water can contain germs that make people ill.*
- *Lack of safe sanitation and a safe environment.*
- *Lack of good personal hygiene (if you do not wash your hands before breastfeeding, or preparing food).*

Let the group think of examples where community practices can lead to poor sanitation.

Examples include:

- *Open defecation can get into water sources where people drink.*
- *In some communities, safe water sources are not separated from unsafe sources.*
- *Some communities allow stagnant water to stay, which creates a breeding ground for mosquitoes that can transmit diseases.*



Ask

What can you do to practice good hygiene?

Answer

Take care of your body to make sure it stays clean.

- *Keep your area, both inside and out, as clean as possible.*
- *Protect your water and keep it safe to drink.*
- *Make sure that the area you prepare your food in is clean.*
- *Wash your hands many times throughout the day with soap and clean water.*
- *Wash your hands before cooking food, feeding a baby or children, or eating.*
- *Wash your hands after using the toilet, cleaning a baby or child, dispose of a child's faeces.*
- *Treat your drinking water to kill any germs.*
- *Store your water in a safe and clean place.*
- *Defecate in a toilet or pit latrine, not in the open.*
- *Be aware of germs. Dirty food and drinks contain germs that breed and multiply fast in many foods especially meat, milk, fish, and cooked foods. Germs are also found in dirty water, dirty environments, and utensils and can give a child diarrhoea.*



Ask

How is polio spread?

Answer

- *The polio virus enters the body through the mouth when one eats food or drinks water that is contaminated with faecal matter from a person who carries the polio virus.*
- *The virus multiplies in the intestines and is passed through faeces.*
- *To protect yourself and your children, it is important to wash your hands with soap and water before cooking, eating, and after using the toilet.*
- *Children who are under-immunized, weak or do not have a good diet are more likely to contract polio.*
- *Children who have not had routine immunization are more likely to contract polio.*

Continued on next page...





Annexes

1: Ice Breaker Exercises

2: Pre- and post-test

3: Participants evaluation form

4: Participants quick group evaluation form (low literacy)

5: Training evaluation form

6: IPC role play examples

Example 2: What would you choose to be?

Objective:

To help participants get to know one another, or to re-energize a group after a technical brainstorming session by helping them to relax and change their train of thoughts.

Estimated Time Required:

15-20 minutes, depending on number of participants.

Supplies:

Paper or cards with the suggested questions written out

Instructions:

1. Ask the group to sit in a circle, place the following questions on a piece of paper or on cards.
2. Go around the group and ask the following questions and let the participants answer, comment and explain.
3. Have the participants listen to each other and learn about the group.
 - If you were a vegetable, what vegetable would you be?
 - If you woke up tomorrow as an animal, what animal would you choose to be and why?
 - If you could live anywhere on this planet, and take everything that you love with you, where would you choose to live? Tell the group about your choice.
 - What favorite color are you and how does being that color make you feel?
 - If you could choose an imaginary friend, who would you choose and why?
 - If you could sit on a bench in a beautiful woods, who would you like sitting next to you on the bench and why?
 - Are you sunrise, daylight, twilight, or night? Please share why you picked your time of day?
 - If you could choose your age forever, what age would you choose and why?
 - If you could be in the movie of your choice, what movie would you choose and what character would you play?
 - If you could meet any historical figure, who would you choose and why?
 - If you were a city, which city would you choose and why?
 - What are your five favorite foods?
 - If you were to change your name, what name would you adopt going forward? Why?
 - What time of the year are you (dry season or rainy season – summer or cold season)? Please share why.
 - If you were stranded on a desert island, what three items would you want to have with you?
 - Share your favorite material object that you already own?
 - What item that you don't have already, would you most like to own?
 - If you could only choose one vacation destination where would you pick and why?
 - If you were to create a slogan for your life, what would it be? (Example: Eat, drink, and be merry, for tomorrow, we all die.)

Wrap-up:

Ask the participants if they have anything they would like to add to the discussion. Emphasize how learning more about someone can increase trust and build teams. This is something to remember when dealing with caregivers. Encourage them to remember their IPC skills and to exercise compassion and care for children.

Example 3: Find your language

Objective:

To help participant understand the complexity of IPC, non-verbal communication, and cultural complexities that can affect one's work as a vaccinator. The ice breaker can also be used as a re-energizer activity.

Estimated Time Required:

15-20 minutes.

Supplies:

Paper

Instructions:

1. Count the number of participants in the workshop, and write out the following language words on small pieces of paper.
2. Fold the pieces of paper and place them in a bag. The number of languages should match the number of participants in the workshop to keep the group size even.
 - a) Boom-chicka-boom
 - b) Fla-pa-do-do
 - c) Po-po-pui
 - d) Chickidu-du
 - e) Ka-chan-Ka-chan
3. Ask participants to each take one piece of paper from the bag.
4. Read the following instructions to the group:

This is an international convention. Each country sent a group of people who speak the same language. The paper you have indicates the language you speak, which are the only "words" you are allowed to use in this game.

Read the 5 languages out so that the participants become familiar with the sound of their language.
5. Have the participants find the rest of their team without showing each other the paper, only through language. The teams must try and find each other.

Wrap-up:

Debrief with the team by asking how they reacted to the experience of not being able to talk in the languages around them, and difficulty of trying to find a person who could understand them. Relate this to cultural differences and non-verbal communication techniques. When finished, ask the participants if they have anything they would like to add to the discussion.

5. If a child had an RI polio vaccine dose yesterday, can they receive an OPV dose during a polio campaign?

Yes: No:

6. Disease and deaths among children can be caused by:

- a) Lack of safe drinking water
- b) Lack of sanitation and a safe environment
- c) Poor hygiene practices before feeding (i.e. a mother does not wash her hands before she breastfeeds a child)
- d) All of the above
- e) None of the above

7. In case a caregiver refuses to vaccinate their child and becomes upset, what actions should be taken?

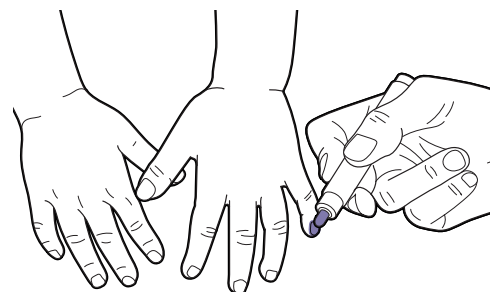
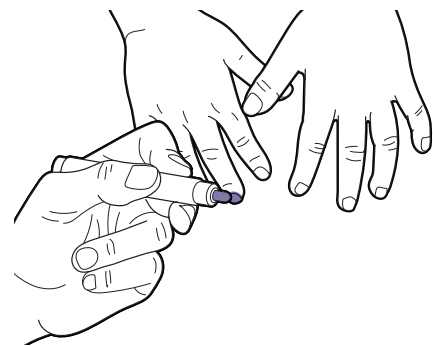
- a) Start arguing with them, force them until the caregiver changes their mind
- a) Call the police
- b) Politely try to change their mind, be respectful. If all fails, ask if the supervisor can come back to talk to them at a later time

8. What is a zero dose child?

- a) A child who has never received a polio vaccine in its life during a campaign
- b) A child who has never received a polio vaccine in its life either as part of routine immunization or a campaign
- c) A child who has never received a polio vaccine in its life as part of routine immunization

9. Which is the correct finger mark?

A. B.



10. What is the best way to manage the polio vaccine during a campaign?

- a) Return all unopened and partially used vials back to your supervisor at the end of each campaign day
- b) Return only unopened vials to your supervisor at the end of each campaign day
- c) Discard all used vials in the field

11. During a polio campaign, you reach a house that has 3 children under 5 years of age. You vaccinate and finger mark 2 of the children. The mother informs you that the third child under 5 is out of the house, but has been vaccinated. Based on this scenario, what is your best option:

- a) Consider your work to be done and proceed to the next house
- b) Record all 3 children as being vaccinated
- c) Record 2 children and being vaccinated and come back to check on the third child later on

12. For a polio campaign, what is the purpose of a microplan?

- a) To help the National EPI Manager conduct a census before a campaign
- b) To give a team details for the day's activity from the start to end point
- c) To identify vaccine distribution point

13. When a house is confirmed as being completed by a team, which of the following should have been conducted:

- a) All eligible children are vaccinated, and finger marked
- b) All eligible children are vaccinated
- c) All eligible children are vaccinated, finger marked, and the door or outside of the house has been marked correctly

14. How can you tell if a vaccine is unusable?

- a) The inner square becomes as dark or darker than the outer circle
- b) The whole VVM changes colour
- c) The vaccine liquid changes colour

15. How do we know if the vaccine vial is still usable?

- a) If the vial is still full, then it is usable
- b) The Vaccine has not expired and the VVM is in its usable stage
- c) If it feels cold, then it is usable

16. Which of the following vaccines prevent polio?

- a) Only OPV
- b) Only IPV
- c) Both OPV and IPV are effective and used to combat Polio

Which topics would you like to have additional training on?

.....

.....

.....

Were tools used and distributed during your training?
Will these be helpful tools for your work (explain)?

.....

.....

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Additional comments / observations

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.....

4 Participants Quick Group Evaluation Form (Low Literacy)

Instructions:

This evaluation form is to be used for a quick group evaluation of the training and can be used for low literacy participants. The following questions are to be asked to the group, with the results based by a show of hands. To encourage full participation, participants could hold different coloured cards or objects to offer their ratings, for example:

- Hands raised alone = very effective;
 - Hands raised with Paper = average;
 - Neither = not effective.
- Encourage engagement and feedback.

Which modules of the training did you feel were very effective, average, or not effective?

Module	Very effective (why?)	Average (why?)	Not Effective (why?)
Global, National, and Local Polio Updates			
Introduction of the Participants and Ice Breaker			
Personal Safety			
Payment			
Microplan Review (or Daily Itinerary)			
Introduction to Communications			
Polio Basics			
How to Vaccinate			
Interpersonal Communication			
Finger Marking			
Tally Sheets			

5 Training Evaluation Form

Module	Very effective (why?)	Average (why?)	Not Effective (why?)
Door or House Marking			
Compiling Reports			
Missed Children / Refusals / Mistrust			
Special Teams (Populations in Transit)			
Routine Immunization			
WASH			

What were the three most important topics for you?

.....

.....

Which topics would you like to have additional training on?

.....

.....

**Were tools used and distributed during your training?
Will these be helpful tools for your work (explain)?**

.....

.....

.....

Additional comments / observations

.....

.....

.....

Training Name:

Training Venue:

Date: Trainer:

Location:

Instructions:

Evaluation of trainings address both learnings and the quality of the training. Evaluation helps determine what works (best practices) and what needs to be adjusted. Familiarize yourself with this form prior to the training, and record your observations that will help make future leaning needs more effective and efficient.

Brief Observation of the Training

In a few sentences, give an overall assessment of the session(s) you observed.

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.....

Preparation for Trainings

Yes No Comments

1 Was the training venue well located and comfortable?

2 Did the training start and stay on-time

3 Were all logistics in place prior to starting

Additional comments:

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.....

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Facilitator (delivery and body language)	Yes	No	Comments
1 Was the trainer prepared for the training?	<input type="checkbox"/>	<input type="checkbox"/>	
2 Did the trainer greet the audience and speak with a clear voice?	<input type="checkbox"/>	<input type="checkbox"/>	
3 Did the trainer lay out the expectations for the training and explain the objectives	<input type="checkbox"/>	<input type="checkbox"/>	
4 Did the trainer maintain good eye and body contact, stay friendly, and smile?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments:

.....

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Facilitator (use of tools and competency)	Yes	No	Comments
1 Did the trainer come prepared with additional tools to help reinforce learning?	<input type="checkbox"/>	<input type="checkbox"/>	
2 Was the trainer able to use the tools to get the point across in a clear and simple way?	<input type="checkbox"/>	<input type="checkbox"/>	
3 Did the trainer keep the technical content accurate?	<input type="checkbox"/>	<input type="checkbox"/>	
4 Was the trainer able to adjust the sessions based on the knowledge of the participants?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments:

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Instructional Design	Yes	No	Comments
1 Did the trainer use their training manual, tools and handouts?	<input type="checkbox"/>	<input type="checkbox"/>	
2 Did the trainer review an agenda with the participants?	<input type="checkbox"/>	<input type="checkbox"/>	
3 Did the trainer use active learning exercises?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments:

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Summary

Circle your responses to the items listed below on a scale of 1 to 5 with:

1 = Strongly disagree (lowest most negative impression)

3 = Neither agree nor disagree (adequate) impression

5 = Highly agree (highest most positive impression)

Choose **N/A** if the item is not appropriate or applicable to this workshop.

	1	2	3	4	5
1 The training objectives were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 The answers the facilitator gave to participants were correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 The facilitator provided illustrative examples as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 The training was well facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 The training allowed participants to practice practical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 The training was effective for individuals to learn important information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 The participants were actively engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 The training was effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

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Generate. Connect. Grow.