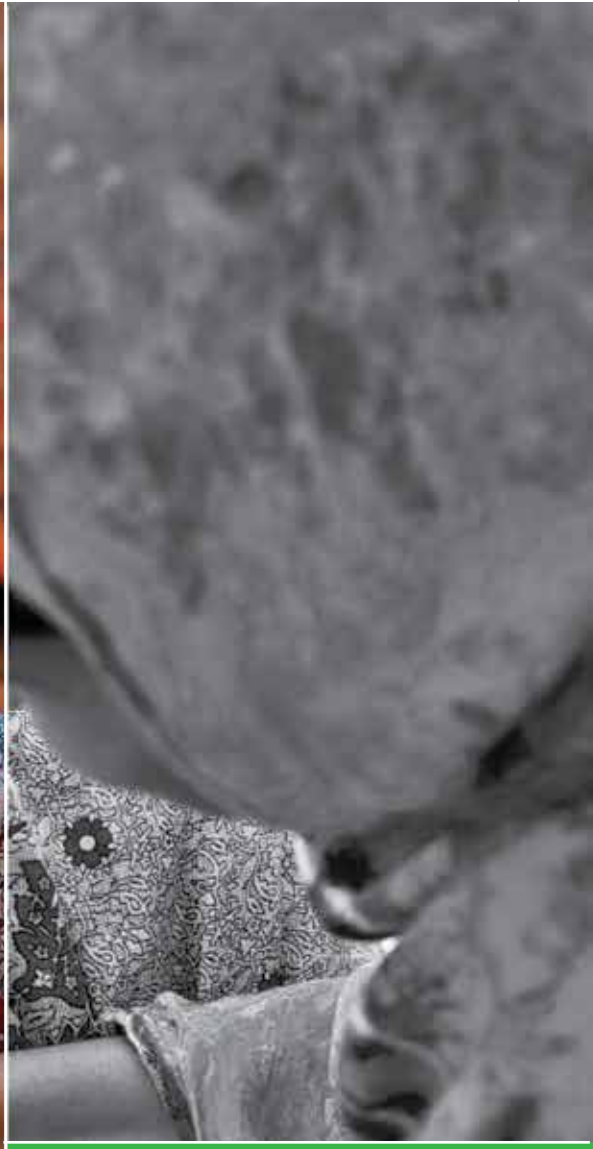

A Curriculum for

Interpersonal Communication (IPC) Skills

in Pakistan's COMNet PEI

Facilitator's Guide

2014

Government of the
Islamic Republic of Pakistan

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How to use this course?

This Module is designed as 2 days and a half introduction to interpersonal communication (IPC), negotiation and persuasion, conflict resolution, and dealing with trauma. Additionally, the course has been devised to be easily adaptable to whatever environment it is delivered in. However, It is important that facilitators realize that this module is a blueprint from which to work, and so each facilitator should feel comfortable modifying the programme as required. Additionally, the curriculum's scheduling has a very limited timeline – if facilitators feel as though they do not have enough time to implement all of the sessions, they are free to prioritize accordingly, and remove sessions that are of lesser importance based on the audience they are targeting during a particular training.

Who should participate in this module?

This module has been designed for Social Mobilizers in the Islamic Republic of Pakistan's COMNet Polio intervention, although Union Council Officers and District Health Communication Support Officers should also benefit from participation in this training. Class sizes may vary, but it is recommended that each course should be somewhere between 15 to 25 participants.

What is needed for this course?

The materials required for this course are economic and simple – by design. Obviously a chalk or white board (with chalk or markers respectively) is useful. A table, chairs and notebooks for the participants are also of use. Ideally the facilitator should have access to audio/visual equipment for utilization in Section 4. However, please see each Module Section for any other materials.

Words of Guidance

The topics in this module can lead to discussions of a highly sensitive nature which can provoke passionate reactions at times. As such, and for the purposes of safely guiding participants, it is recommended that topics should not encourage discussions which cover issues that are overly sensitive or disturbing. However, issues relating to local political realities, national challenges, instabilities, and everyday conflict in Pakistan of course are valuable issues for social mobilizers' discussions. So, it is asked that facilitators keep in mind the realities of both their communities, and their classes when guiding discussions, and manage conversation which aggravate political, social, cultural, religious or economic tensions. The point of this module is to build Social Mobilizer's capacity to communicate in the community, NOT to engage in political, religious or social debate.

Section 1

Getting Started

TIme: 1 hour

- Flip chart paper,
- markers and
- hanging gum or tape

1. To introduce participants to module goals;
2. To agree on minimum rules of behavior for the course's participants; and,
3. To agree on the participant's expectations of the course facilitators.

Exercise 1.1

Class Discussion:
Class Game: Introduction Exercise

15 minutes

In order to help participants relax and become comfortable with the idea of working together, begin the class with the 'Introduction Exercise'. The game is set up by having the facilitator pair up participants, and then having them ask five introductory questions of each other, such as their name, their age, their favorite foods, what their hobbies are, etc. Afterwards, have each participant present to the class the information they have gathered about their partner as an introduction.

At this time it is important for the facilitators to introduce themselves as well. They should take the time to offer their credentials, experience and expertise to the class, and answer any professional questions the participants might have.

Exercise 1.2

Class Discussion:
Introducing and Setting Expectations for the Class

15 minutes

Now the facilitator should explain to the class that the purpose of their time together is to learn the fundamentals of interpersonal communication (IPC), negotiation and persuasion, conflict resolution, and how to deal with trauma. The facilitator should then ask the class what in particular they would like to learn from the class, as well as what they expect from the facilitator. The class should be prompted for as many responses as they can offer. Finally, the facilitator should write these expectations on flip chart paper and post on a wall afterward.

Exercise 1.3

Class Discussion:
Rules for the Workshop

15 minutes

Again, the facilitator should ask what rules might be agreed upon for managing the class. Prompt the participants for as many answers as possible and write these on flip chart paper. The facilitator should ensure that issues such as tardiness, respect for others' opinions, freedom of speech, full participation in the class, and non-disruptive behavior and (i.e. cell phones, talking out of turn, etc.) are not appropriate during class periods.

The class should also decide on appropriate punishments for breaking these rules, such as having to sing or dance in front of the class. In most cases punishments should be fun and entertaining – not severe such as being lectured or banishment. The facilitator should also assign a class time keeper, who will remind everyone of when each sections should end or breaks should happen.

Exercise 1.4

Class Discussion:
Review of the Daily Schedule and Questions and Answers

15 minutes

Finally the facilitator should explain, and write on flip chart paper, the schedule for the day. This schedule should include when breaks are to occur, what will be learned over any given period, etc. Of note, Appendix 1 at the back of this book outlines the IPC Module schedule. The facilitator should also take a moment or two to ask if any participants have questions or concerns, and discuss these with the class.

Facilitation tips for this module

- At the end of each section **remember to check your purpose and learning goals** to ensure that the class has fully understood each of the key learning points for this component.

- Make sure to create an environment where students begin to feel comfortable speaking out and discuss key points. Remember one of the primary goals of the course is to help build participants' confidence in speaking, listening and interacting.

- The participants will respond to the programme much better if they feel it is an entertaining, free and fun environment. Try to encourage this by using game formats for the exercises, keeping scores, offering rewards such as sweets, and crowning champions of course!

Notes

Section 2

An Introduction to Behavior Change Communication

TIme: 1 hour

- Flip chart paper,
- Markers,
- Enough copies of Appendix 2 for exercise 2.2, and
- Hanging gum or tape

1. To introduce participants to the concept of Behavior Change Communication (BCC);
2. To outline the many ways that BCC strategies can be employed, and how IPC fits into an overall BCC strategy; and,
3. To have the participants practice developing a BCC programming strategy.

Exercise 2.1

Class Discussion:
Introduction to Behavior Change Communication

10 minutes

This group discussion is dedicated to introducing participants to the theory of Behavior Change Communication (BCC), so they will understand the strategic role communications programming plays in helping to eradicate disease, and specifically polio.

To begin this discussion, the facilitator should ask the class what they think Behavior Change Communication or BCC is. The facilitator should encourage discussion about each point offered by the class, and come to an agreement as to whether a given suggestion really is relevant to BCC. Once the class has offered all of their thoughts on BCC, the facilitator should have a fairly developed definition of what the class feels is BCC. This should then be compared against the following definition of BCC,

> ***"Behavior Change Communication, or BCC, is a strategic plan with a specific goal, and which is implemented through a number of different activities surrounding a consumer/citizen's complete environment. BCC is conducted in order to influence or change people's behavior and/or practices, either directly or indirectly, so as to generally promote better health choices, prevent illnesses, or, protect individuals from harm."***

The facilitator should ask the class several of the following questions about BCC, and how it can be utilized.

- Why does the class think organizations use BCC strategies to obtain their goals?;
- How does the class think that BCC strategies actually help organizations obtain their goals?;
- Is interpersonal communication a part of BCC strategies? If yes, how so and why?;
- Can the class name any other public health/safety initiatives that use BCC programming to realize their goals?

Exercise 2.2

Class Discussion:

The 8 Ps of Behavior Change Communication

20 minutes

The facilitator can now turn the discussion to the ways or methodologies in which BCC programmes can be implemented. It is important for the facilitator to note that BCC is about more than just an exchange of information, such as a TV commercial that states, 'drugs are bad for you!' BCC also focuses on ***'a consumer/citizen's total environment so as to create a world where healthy behavior choices aren't just an option for a consumer/citizen – they are the MOST ATTRACTIVE choice for a citizen."***

To do this, organizations who use BCC strategies often concentrate their efforts in a number of different ways, and using different methodologies. The facilitator should ask the participants what are the some of the many different types of methods that BCC strategies might use. To get the conversation started, the facilitator can note that one way BCC strategies are implemented is through the adjustment of a product or behavior's price. There are 7 other ways to implement BCC strategies, what are they? The above may be a difficult question to answer for the class. If so it may be easier for the facilitator to simply list the different BCC channels, and have the class guess at what they think each means.

After the class has offered some thoughts on the above, the facilitator should further discuss what each channel is about. However, the facilitator should NOT share with the class each of the examples, as they will be used in the following exercise.

Price

By adjusting a product, service or behavior to reflect cheaper or more expensive costs, citizens/consumers are often convinced that it is in their best interest to practice a given healthy behavior.

Examples

- **Seat Belts** – a fine is paid if you're caught driving without your seatbelt
- **Iodized Salt** – Because the cost of iodizing salt is often subsidized by governments, the public receive a health benefit at no extra cost!;

- **Dengue Fever** – Reduced costs for medical diagnosis and treatment; fines for leaving stagnant water on your property;
- **Tobacco** – Greater taxation on tobacco products make them less attractive, particularly to immunizing young people.

Product

Product focus in BCC campaigns regularly review the products or behaviors themselves and try to determine if there are characteristics about the product or behavior which inhibit people from using it/practicing it, or, if there are ways to improve the product or behavior in order to make it more attractive.

Examples

- **Seat Belts** – making certain that all cars registered have good, functioning seatbelts;
- **Iodized Salt** – ensuring that iodized salt holds no funny tastes;
- **Dengue Fever** – Better health care services which have been enhanced to diagnose and treat Dengue Fever;
- **Tobacco** – Regularly reviewing tobacco products to ensure that tar and chemicals found in them comply with minimum safety regulations.

Placement

When taking a strategic approach, writers of a BCC strategy often consider where and how a given product or outcome can be more easily adopted as a choice for consumers/citizens. To do this, strategies work for a healthier choice by ensuring it is physically easily accessible to consumers/citizens.

Examples

- **Seat Belts** – making certain that all cars registered have good, functioning seatbelts;
- **Iodized Salt** – ensuring that iodized salt are found in all salt products available;
- **Dengue Fever** – ensuring that all local clinics are equipped to diagnose and treat Dengue fever, and even facilitating mobile clinics to come to high risk areas for diagnosis and treatment;
- **Tobacco** – Ensuring that tobacco products are kept under the counter so as to discourage impulse buying.

Promotion

What is often viewed as 'advertising', 'public relations' or 'public awareness messaging', promotion involves messaging on a mass scale, and which speaks to raising a targeted public awareness around a product or behavior.

Examples

- **Seat Belts** – TV advertisements which inform about the dangers of not using seat belts, and the laws surrounding seat belts;
- **Iodized Salt** – placing a branded seal on all salt packaging which informs potential consumers that the product has been iodized;
- **Dengue Fever** – social mobilization campaigns which encourage communities to practice preventative behaviors to protect themselves from Dengue, such as using mosquito nets and ensuring no stagnant water is found on their property;
- **Tobacco** – Tobacco warning messages appear on the TV whenever a character smokes a tobacco product.

Publics (external and internal)

BCC strategies target two separate groups when they focus on 'Publics'. The first 'Public' are external groups, such as law-makers, bureaucrats, or the private-sector, who are agents who have the potential to impact a product or behavior. However, BCC strategies also often target their own 'internal' employees/ population as an area to work with. In the case of the Polio eradication initiative, social mobilizers are definitely an 'internal public' which have been considered a strategic focus for BCC programmes.

Examples

- **Seat Belts** – External: advocating law-makers to introduce robust seat belt laws;
- **Iodized Salt** – External: advocating law-makers to introduce standards for salt distribution; Internal: putting public health policy makers through training which ensures they understand the value of iodized salt, and so take initiative in the programme;

- **Dengue Fever** – External: working with private health-care facilities to ensure they practice the appropriate diagnosis and treatment policies; Internal: Training Lady Health Workers to ensure they also understand the appropriate diagnosis and treatment policies;
- **Tobacco** – External: working with civil society to not partner with tobacco companies in terms of sponsorships; Internal: Banning smoking in employee facilities.

Policy

BCC strategies nearly always work with policy makers to ensure that policy change encourages and supports an environment which will make a healthier choice much more attractive to citizens/consumers.

Examples

- **Seat Belts** – Seat belt laws;
- **Iodized Salt** – Mandatory iodization for all public salt products;
- **Dengue Fever** – Increase in public health spending on Dengue Fever initiatives;
- **Tobacco** – No selling of tobacco products to youth, strong regulations on advertising tobacco, and public no smoking policies.

Partnerships

As no one organization can effectively make a large-scale change in public health behavior on it's own, it is important to lobby and bring onboard partners in areas where they can add expertise, authority, influence or capacity.

Examples

- **Seat Belts** – Law enforcement agencies, law-makers, the private-sector, media and broadcasters;
- **Iodized Salt** – Salt manufacturers, salt distributors, media, customs and law-makers;
- **Dengue Fever** – Public health NGOs, federal and provincial public health governors, media, the private health sector, and law-makers;

- **Tobacco** – Customs, broadcasters, distributors, media and civil society.

Purse-strings

Advocating donors, philanthropists, governmental budget makers, or the private-sector to financially support a BCC initiative is often a critical component of any strategy.

Examples

- **Seat Belts** – Lobbying governmental budget-makers for resources which will allow for BCC strategy implementation;
- **Iodized Salt** – Advocating the private-sector salt manufacturers to cover the costs of iodizing salt;
- **Dengue Fever** – BCC strategies that target international donors and philanthropists for programmatic funding which supports Dengue Fever initiatives;
- **Tobacco** – Lobbying government to utilize taxes collected from tobacco sales for anti-tobacco public health programmes.

After the class has a thorough understanding of the 8 'Ps' of BCC strategic communications, the facilitator should review the list one more time with the participants. In this final review, the facilitator should ask as to which of the Ps might utilize IPC methodologies.

Exercise 2.3

Class Discussion:

The 8 Ps of Behavior Change Communication

20 minutes

This next exercise is designed to guide participants to better understand the holistic approach often utilized in BCC strategies.

To begin, break the class into four groups, and have each group seated together. The facilitator should then assign each group one of the following initiatives for a BCC programme they are about to design,

Public Health Initiative Goals

1. Safer transport through an increased use of seat belts;
2. Dealing with iodine deficiencies through the fortification of salt with iodine;
3. A significant reduction in Dengue Fever cases;
4. A significant reduction in tobacco consumption.

After each group has been assigned their initiative, they should go through the list of Ps and develop BCC activities. To do this, the facilitator should share copies of Appendix 2 from this document, with all of the participants in the class.

After they have been given sufficient time to develop a strategy, each group will present their strategies to the class, for discussion and debate.

Notes

Section 3

Developing Your Interpersonal Communication Skills, & Utilizing Your Target Messages

TIme: 2 1/4 hours

- Flip chart paper,
- markers,
- Enough class copies of Appendix 3 for Exercise 3.1
- Appendix 4 for Exercise 3.4, and hanging gum or tape

1. To build participants capacity to plan for a visit; - *30 min*
2. To introduce participants to the fundamentals of an IPC; - *30 min*
3. To enhance participants' ability to use these skills; and, - *45 min*
4. To enhance participants' capacity to analyze what successes and challenges they experienced in each visit. – *30 min*

Exercise 3.1

Team Game/ Group Work:

Planning Your Visit

30 minutes

This section is designed to introduce participants to the fundamentals of what interpersonal communication (IPC) is, and how to plan their IPC visits and to be as successful as possible.

For the first exercise, the facilitator will break the class into smaller groups of about 4 to 5 people per group. After all the groups have settled, distribute to each group cut up sets of 'Visit Steps' found in Appendix 3. Once every group have their set of 'Visit Steps', explain that they are going to plan a visit to a beneficiary's home.

To do this they will be required to organize the 6 step titles and descriptions of a visit into both the correct pairing and order. To begin, have the groups work amongst themselves to first pair the correct titles to corresponding step descriptions. After they have combined all of the titles and descriptions, they will need to place each pair in the correct order to complete the task.

The first group to complete the assignment should be awarded 5 points, the second group to complete gets 4 points, and so on, with all groups receiving a minimum of 2 points for completing the assignment. Once all groups are finished the facilitator should ask the class which step comes first, and what was the correct description to be paired with this title. Each team is assigned a point for every title, and a point for every description that is in the correct order. Whichever group has the most points at the end are the champions!

Afterwards, the class should discuss each of the steps, and consider what they think should happen during each step of a home visit. An added benefit of this exercise can be that participants may be able to share some of their experiences in each step, offering key strategic advice to their peers.

Correct Order of Visit Steps

1. G - Greet
2. A - Ask

3. T - Tell
4. H - Help
5. E - Explain
6. R - Return

1. Greet!

Introduce yourself to the caregiver. Remember to tell them your name, that you are staff member from the Department of Health, and that you would like to speak to the primary caregiver of the household's children. Make sure to smile, be polite and warm in your introduction, and ask how everyone in the household is doing. Also remember to observe, and to try to understand what the beneficiaries' current situation is, both mentally as well as the state of their household (i.e. are the children crying or sleeping; was the caregiver obviously very busy; is the caregiver in a bad mood, etc.)

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 programme.

2. Ask?

Ask the primary caregiver about whether the children in the household have been immunized or not, and why the children haven't if that is the case. Also ask the caregiver about the current physical health of the child as well. If the children are experiencing health issues, take note in the Tally Sheet if any have had fever, diarrhea or upper respiratory infection over the last 2 weeks. Also, be sure to give the caregiver(s) an opportunity to ask any questions, and speak about any concerns they might have. This is your best chance to put the caregiver(s) at ease and to help them get comfortable with the idea of vaccinating their children.

If you are visiting the household because of a refusal, now is the time to inquire as to why the household might have chosen not to have their children vaccinated. As you listen to the caregiver, it is very important to try and best understand why the household

has chosen not to vaccinate their children rather than simply accepting the first reason given. Make sure to let the caregiver speak, and not interrupt them, and ask as many open ended questions as possible, i.e. questions which are not just answered with a yes or no – but that require an explanation. Finally, also make sure to probe them with questions as much as possible.

One reason why the 'Ask?' portion of an IPC visit is so important, is that circumstances are not as they always appear. As we shall discuss in later stages of the IPC training, the first reason for refusal is not always the true reason for refusal. So it is important to remember that the 'Ask?' discussion is about trying to understand what the caregiver's situation might be, so you can adjust your approach to be strategically guided by what you see and hear.

3. Tell:

After listening closely – and asking the correct questions – the SM should now be in a positive position to fairly respond to reasons for the caregiver's refusal. It is important to be friendly and clear with arguments as to why the caregiver should have their child(ren) immunized, and stay focused in their arguments. The key to success is to work to problem solve with the caregiver, and try to find a solution that will allow them to immunize their children as easily as possible, and without losing face.

4. Help.

Once the caregiver has heard your arguments, and may be contemplating moving forward with immunization, it is important to formulate a strategy which will help them to understand how they can make immunization happen for their family. Think carefully to find creative strategies which will put the caregivers in the best position to take every step they need to have their child(ren) vaccinated.

5. Explain...

Work with the caregiver to plan the strategy, and offer alternative solutions for potential problems that might arise. Take your

time in your explanation, and make certain that the caregiver understands and accepts each step. If the caregiver's literacy levels are suitable, and if otherwise appropriate, write out each step for the caregiver. After explaining the steps for immunization for the caregiver's child(ren) have them repeat the plan so that you are certain they fully understand how to proceed with the strategy. An important point to remember for this discussion is to tell the caregiver where the nearest health facility, fixed/transit site or any clinic/hospital providing immunization services are, so that they can always bring their child(ren) for immunization at the appropriate scheduled times.

6. Return.

Finally, make a plan for a return visit at the next convenient time for the caregiver. This visit is particularly useful as both a motivation to the caregiver, as well as providing the social mobilizer an opportunity to rework a strategy, or develop a new strategy, should the original strategy fail. Remember to thank the caregivers for their time and consideration no matter what the outcome, and politely conclude the visit.

Exercise 3.2

Class Discussion: Introducing and Setting Expectations for the Class

15 minutes

These exercises are designed to have participants thinking about strategic ways to implement IPC visits for optimal success. The exercises are further designed to be conducted as a series of discussions, and NOT simply a lecture. Therefore, it is very important that the facilitator not read information, but work to present the exercises in ways that challenge participants (i.e. ask questions rather than just 'instructing' participants). The more the facilitator ensures good discussion amongst participants, the more key lessons will be understood.

Furthermore, this session is rather long (45 minutes), and has a great deal of content, so facilitators are strongly encouraged to try and keep on time so that all topics are covered and discussed. Participants will have an opportunity to practice many of the strategies they learn in the later sessions.

Exercise 3.2.1

Discussing Communication Channels

5 minutes

This exercise focuses on the basic elements of communication.

The facilitator should begin by asking the class what types of communications we have in our society. As the participants call out the many different modes of communication the facilitator should write these out on flipchart paper, and continue until participants have exhausted their ideas for communication.

Next the facilitator should ask which of these modes of communication are relevant to the participants' IPC skills. While many of the other types of communication might have an effect on the participants work, the following are the most crucial for interpersonal communicators to master,

- Written communication
- Verbal communication
- Nonverbal cues

The facilitator should then discuss with the participants why they think these are the most relevant to their IPC skills.

Exercise 3.2.2

Overcoming Personal Communication Barriers for Success

10 minutes

This section is designed to introduce participants to the concept of 'personal communication barriers', and how they can affect an IPC visit.

To begin, the facilitator should ask the class what they think are some *'personal communication barriers'* that can affect the outcome of a discussion with beneficiaries. To do this, make sure the class understands what is meant by a personal communication barrier.

For this session, a personal communication barrier can be viewed

as anything that distracts or impairs caregivers' capacity to come to an agreement with a social mobilizer – outside of their own genuine political, religious or health oriented beliefs. So the participants should offer reasons as to why a caregiver might not accept immunization outside of politics, religion or science.

Record their answers on flipchart paper, and compare with the following personal communication barriers and solutions, and add useful strategies as to how each problem can be dealt with as participants offer them during the discussion,

Caregiver has high or excited emotions

If the issue being discussed is making the beneficiary excited or emotional, it can be difficult to convince them of the many positive reasons for immunization. It is important to be aware of the beneficiary's emotional state, and act accordingly. Most importantly, control your own emotions. Becoming angry or frustrated will only escalate tensions, and make the situation more difficult or worse.

Caregiver shows quiet signs of potential frustration, irritation or fear

Watch nonverbal cues that suggest frustration, irritation or fear on the part of the caregiver. These can be different for every culture, but many common signs include someone rolling their eyes, looking away, crossing their arms, sighing heavily, shifts back and forth, shaking or fidgeting. It is important to monitor a caregiver for the physical cues that they disagree or are unhappy with what is being proposed, or are afraid of potential threats to them and/or their family. By reading these physical cues, it is possible to react accordingly, and devise an appropriate strategy for a successful outcome.

Caregiver is lost in thought/looks puzzled

Occasionally caregivers can refuse to participate simply because they do not completely understand what the immunization process is about, how disease is spread and infection occurs, or what the true motivations of an immunization team might be. If you believe this is happening, it is very important to simplify your language,

and not get lost in technical jargon that will only confuse the caregiver more. Keep to the basic ideas and watch for positive responses.

Caregiver is confrontational

If a caregiver is confrontational or will not give you an opportunity to speak, sometimes the best strategy is to just actively listen and let them have their say. Make sure to give them verbal cues that you are listening, and appreciate their perspective. Nodding and asking follow up questions help to do this. By remaining considerate and hearing their side of the story, they might be more receptive to your arguments when you finally have an opportunity to speak.

Caregiver is distracted and not paying attention

If a caregiver is distracted or not focusing on your discussion, it might be more useful to ask if they would prefer to reschedule the appointment and return later. If household chores, young children or other needs are taking away their attention, it will be difficult to persuade them of anything.

After the above discussion, and if time permits, ask the class if they have any further thoughts or experiences relating to personal communication barriers, as well as strategies to manage them. By sharing experiences with their peers participants can offer valuable insight on how to deal with the above issues.

Exercise 3.2.3
Presenting Your Arguments Effectively
10 minutes

For this discussion the facilitator will introduce strategies to participants for presenting effective arguments.

The facilitator can begin the exercise by asking the class if they might share any strategies for delivering an effective argument. As participants share some of these strategies, copy them onto flipchart paper and discuss if the class believes they are

valid strategies. Once the participants have offered all of their strategies share the following strategies for persuasion, and discuss as a class,

- **Make an opening pitch** to caregivers that might answer any questions they have, quell any fears they have, but which is also concise and efficient.

Example (in case of a religious refusal):

- 'Good morning, my name is _____, and I am here representing the Provincial Department of Health, in order to ensure that all children in this area are immunized against polio. I also have with me, fatwas from a number of local mullahs which note that immunization is in accordance with the Quran, and is not haram.'
- **Be well prepared with answers** to caregivers' expected reasons for refusal. It is useful to have written these down and consider them before the visit – if existing information makes this possible. If the social mobilizer has the appropriate arguments prepared, they will be able to offer strong arguments without having to search for answers.
- **Have the appropriate materials prepared in advance.** Items like vaccine safety leaflets, fatwa booklets and counseling cards found in the social mobilizer's toolkit can be very useful in convincing caregivers to accept immunization for their children. If they are not at hand, the social mobilizer may lose the opportunity to change the caregiver's mind.
- **Make your points quickly!** Like most people with young children, caregivers are undoubtedly busy with many household tasks. Long winded arguments or lectures seldom make for a convincing argument. Be concise and clear in your persuasion.
- **Answer as many question as is needed.** If caregivers are unsure about the process, take the time to answer ALL of their questions, dispel myths, and quell any fears. Every successful polio immunization makes the community significantly safer from the virus. As a follow up, make sure to share the social mobilizer's FAQ leaflet with the caregiver as well.
- **Conclude your discussion with your basic arguments** to

caregivers. Even if they refuse this visit, these arguments may go a long way to convincing caregivers on the next visit.

Example (in case of a religious refusal):

- 'So as you can see from this fatwa from your own mullah, the Quran promotes immunization, and a very large majority of mullahs in Islam do not consider immunization to be haram', and, infact, fully support immunization for the development of a healthy child. Participants should review their fatwas for detailed approaches to this argument.

Exercise 3.2.4

Listening Effectively

10 minutes

Now the facilitator should explain that the class is going to talk about listening skills.

The discussion can begin with the facilitator noting, that while conducting an IPC session, listening can be as important as speaking – sometimes more important. The facilitator should inquire as to what the participants think are good listening skills, and write these down on flipchart paper as they are called out. Discuss these skills as a class, and as the participants offer them, debate as to whether they are truly relevant listening skills.

After the participants have given as many listening skills as they can, review the following list, and again discuss their merits, and why these skills might be important,

- Regularly making eye contact;
- Exhibit nods and appropriate supportive facial expressions;
- Avoid distracting gestures that suggest boredom or indifference;
- Ask questions;
- Paraphrase – use your own words;
- Avoid interrupting the speaker;
- Make smooth transitions between the roles of speaker and listener.

Exercise 3.2.5

Stay on the Path, Keep Your Eyes on the Prize

10 minutes

Finally, share and discuss these final few strategies for a successful visit by writing them on flipchart paper and discussing one by one. Also, ask participants if they have any other IPC strategies for a successful immunization visit, and discuss these as a class.

- **Focus on specific behaviors desired,** i.e. getting the child(ren) immunized;
- **Ensure a good understanding of the issue** by the beneficiary;
- **Keep arguments impersonal** and do not speak down to the beneficiaries;
- **Focus on what you and what the beneficiary can control;**
- **Stay goal oriented,** i.e. what do you want to achieve? – do not become distracted from your goal.

Exercise 3.3

Debating:

Practicing Your IPC Skills

30 minutes

For this exercise, the participants will have an opportunity to practice many of the skills they have been developing during this module. It is very important during this session that participants have both an opportunity to practice their IPC skills, as well as observe others doing the same. Many IPC skills are best learned practicing and observing.

To implement the debate the facilitator should select two volunteers at a time. Explain to the class that one volunteer will be tasked with convincing the other volunteer with one of the arguments below. While the volunteer attempts this, the class will score the volunteer on their ability to use any of the fundamental IPC skills discussed in the previous sections, such as listening appropriately, giving proper verbal cues, and not losing control of their emotions.

For every skill the volunteer exhibits, they will score a point. For every IPC rule they break, the debater will lose two points. The class is welcome to provide other ideas for debate. After the first debate pick 2 new volunteers from each group.

Whichever volunteer scores the most points is the class IPC champion!

IPC Skills Debate Ideas

- Vanilla is better than chocolate
- Coffee is better than tea
- The evening is better than the daytime
- Orange is a better color than green
- Football is better than cricket
- Fruit is better than cake

Exercise 3.4

Group Work and Presentation:

Analyzing Your Visit

30 minutes

This final session in section 3 is concerned with giving the participants skills for both planning a visit, as well as reflecting on the visit afterwards. While the value of good planning is obvious, the importance of proper reflection – reflection that allows consideration of what went right and what went wrong in a visit – will allow for the social mobilizer to grow in their capacities, and on their own.

In preparation for this session copy the 3 sections below (Before, During and After) on 3 separate pieces of paper so that the first paper contains only the 'Before' ideas, the second contains only the 'During' ideas, and the third has only the 'After' ideas copied on it. The facilitator should also divide the class into 3 groups, with any extra participants going into group 2.

Group 1 is to be assigned the 'Before' section – and so receive the paper with the 'Before' ideas, group 2 will be assigned the 'During'

session with the appropriate paper, and group 3 will be assigned the ‘After’ section, and given the ‘After’ paper.

Each group will then be asked to review their analysis checklist of what to consider for before, during and after an IPC visit. The groups should be asked to discuss these requirements, and prepare a class presentation which explains the details of each of these key points to remember, and why they are important issues to remember. The groups should also be asked to consider if there might be anything missing from the list which should be added, and provide the above details for these issues as well.

When the three groups have had sufficient opportunity to review their lists and develop a presentation, they should be asked to give this presentation to the class, and take and answer questions from the class afterwards.

Finally, the facilitator should share with each member of the class a copy of this checklist from Appendix 4 in the back of this guide. Participants should be encouraged to use this tool to both prepare for IPC implementation, as well as regularly review this checklist after IPC visits in order to better understand why a visit was successful or ineffective.

IPC Field Visit Checklist	
Before…	
1.	Is the timing of the visit appropriate?
2.	What key messages are going to be delivered?
3.	What materials are needed for this visit?
4.	Is there a history of this household or area that the SM should know about?
5.	Who knows that you are going to this particular area/house?
During…	
6.	Did the SM introduce his or herself appropriately?
7.	Did the SM develop rapport, how did they do this? Was the caregiver made comfortable?
8.	Did the SM listen attentively?
9.	Did the SM demonstrate that they understood the caregiver's concerns?
10.	Did the SM involve the caregiver in the discussion, or simply 'talk at her'?
11.	Was the SM respectful?
12.	What were the gestures or body language of the SM?
13.	Did the SM manage to gain the trust of the caregiver?
14.	What sort of approach/strategies did the SM use to build a rapport with the caregiver?
15.	What key messages were delivered?
After…	
16.	Was the visit a success? Why do you think so, what is your criteria for success?
17.	If not, what other strategies could have been utilized to make the visit a success?
18.	What did the SM learn from the visit?
19.	Has the SM completed all of the appropriate paperwork from the visit?
20	Did the SM experience intimidation during the visit? If so, have they reported this?

Notes

Section 4

Improving Social Mobilizer's Negotiating Skills

TIme: 1 1/4 hour

- Flip chart paper,
- Markers,
- Video projector,
- Speakers,
- Laptop,
- Training DVD,
- Enough class copies of Refusal Sheet for Exercise 4.2 found in Appendix 5, and
- Hanging gum or tape

1. To build participants' observational capacity to evaluate a caregiver's argument for not immunizing – *25 min;*
2. To introduce participants to the root of many caregiver's arguments – *15 min;*
3. To enhance participants' ability to creatively respond to many caregiver arguments – *20 min.*
4. To give an insight to the participant's on the importance of general appearance while meeting with the caregiver's *-10 mins*

Exercise 4.1

Video:

Assessing the Caregiver's Circumstances

25 minutes

This exercise seeks to enlighten participants about the realities around refusals. As with many things we encounter every day, refusals are not always what they seem at first glance. By being aware of this, and practicing skills that enhance a participant's capacity to recognize the true root of a refusal, they will become better equipped to provide immunization solutions to caregivers as needed.

For this exercise, the facilitator will be showing videos so they should be sure to have all of the appropriate audio/visual equipment set up, and ready to play. The videos to be shown are of situations where social mobilizers are visiting households that have refused immunization in the past. The facilitator should play each video segment, one at a time, and then review with class discussion the following questions,

1. Can the class describe what is happening in each video? What are the circumstances of the family during this visit?;
2. What is the family's given reason for refusal?;
3. What does the class think are the possible real reasons for the family's refusal?;
4. Has the social mobilizer acted best in terms of convincing the family to accept immunizations?, If not, what were some of the mistakes they have made? What tools did they use?
5. What might the social mobilizer do to encourage the family to accept immunization?;
6. Does the class think there is some chance of convincing the family to agree to immunization?

After the class has reviewed all of the video segments it is important that the facilitator highlight the key takeaway points from the discussion:

1. It is very important that the social mobilizers make sure to be good observers and listeners when they visit a home so that

they can assess the real obstacles to immunization – especially if it is their first visit;

2. Social mobilizers need to identify what they believe the real issues to be which are blocking immunization, and formulate strategies to overcome these issues;
3. There is always an opportunity to convince a family to change their minds about immunization.

Exercise 4.2

Group Discussion:

Analyzing Refusals in Detail

15 minutes

The focus for this session is to have the facilitators initiate class discussions around refusals in order to better understand what the true issues might be behind refusals, and to further develop strategies for overcoming the refusals.

To do this, the facilitator should begin by writing the following eight core reasons, (plus an additional reason - household issues) for refusals on their own piece of poster paper. When complete, each refusal should be written alone at the top of a piece of flipchart paper.

The discussion should begin with the first reason for refusal, 'demand based refusals', and with the facilitator asking participants what kind of refusals fall under this refusal category. During this discussion the participants should offer more detailed reasons as to why caregivers are actually refusing, rather than just accepting the superficial first reason given. If time permits, the participants should try to evaluate the next level of refusal reasons to see if there are even deeper issues at play. The complete list of second-level refusals can be found in Appendix 5. After the exercise, make sure to give all of the participants a copy of this.

- Demand-based refusals;
- Religious-based refusals;
- Political refusals;
- Mistrust of polio workers;

- Misconceptions around the vaccine;
- Repeated campaigns;
- Security concerns;
- Household issues;
- Others.

Exercise 4.3

Group Work:

Solutions to Refusals

35 minutes

This exercise is designed to offer participants time to work together to develop strategic solutions to second (or third) level refusals.

The facilitator should begin this exercise by breaking the class into groups of 3 to 5 participants. Ideally, there should be enough groups to be assigned every top-level refusal, but this may not be possible. Each group should be assigned a top-level refusal, such as Group 1 being assigned 'Demand-based refusals', Group 2 assigned 'Religious-based refusals', etc.

Once the groups have been formed and assigned a refusal, they are required to develop possible counter-arguments for each of the second-level refusals. It is important that the participant's counter-arguments are well thought out, as they will be tested when field visits begin. After all of the groups have completed developing their counter-arguments, they should be presented to the class for discussion and/or debate.

Exercise 4.4

Group Work:

Role Playing Refusals

35 minutes

This exercise in the Negotiation Skills Section seeks to give participants an opportunity to practice all of the IPC skills they have learned, as well as hear feedback about what skills they should consciously continue to develop.

The facilitator should divide the class into groups of around 6 to 8 people. Each participant from the group will have the opportunity to practice a refusal IPC visit, with one of their peers playing the role of a refusing caregiver. The refusing caregiver should select one of the second-level refusals as their reason for choosing not to immunize, and not make for any easy IPC visit.

While the two participants are role-playing the IPC visit, the rest of the group should take notes as to where the social mobilizer utilizes good IPC skills, and where they may be making mistakes in their visit. After each role play, the group should discuss their observations with the social mobilizer participant, and give them feedback as to how they can improve their IPC skills. This would also be a good opportunity to compare feedback given during this exercise, with feedback given in exercise 2.3. Every participant should have an opportunity to play the role of social mobilizer in this exercise.

Exercise 4.5

Group Work:

Self Awareness: Appearance and Presentation

10 minutes

This final exercise covers the important aspect of IPC communication and includes the concept of self-awareness and importance of appearance for the participants involved in a dialogue with the caregivers.

The facilitator should generate a discussion amongst the participants regarding the importance of self-grooming, appearance, facial expression, body language while visiting the caregiver in order to be as successful as possible

To do this, the facilitator should begin by writing Do's and Don'ts of self-awareness on a flipchart and engage the participants in group discussion.

Once the facilitator gets the feedback from the participants, he/she can then give a brief insight into the following aspects of self-awareness

1. Facial Expressions

2. Clothes and Grooming
3. Body Language

Below is a list of the do's and don'ts that the participants can come up with or the facilitator can probe the participants to discuss

Facial Appearance		Clothes & Grooming		Body Language	
Do's	**Don'ts**	**Do's**	**Don'ts**	**Do's**	**Don'ts**
Smile	Frown	Dress clean	Wear loud perfume	Look Calm	Tap your foot
Nod in agree-ment(ap-pear neutral)	Appear as if you disagree	Dress Profes-sional	Wear too much makeup	Look attentive	Avoid scratch-ing
Look in-terested	Look dis-tracted	Culturally sensitive	Loud colors	Look or-ganized	Rock back and forth
Appear honest and reli-able	Appear intimi-dating/ un ap-proach-able	Self-grooming such as hair, nail, teeth etc	Oil in the hair	Look neutral	Avoid disagree-ment

Notes

Section 5

Sales Mentoring Session

TIme: 1 hour

For this session, an individual from the private-sector should be invited to speak.

1. To give participants an opportunity to be mentored by a professional sales person who has experience in negotiation and persuasion;

   30 min for lecture,

   *30 mi*n for Q and A

Exercise 5.1

Lecture and Q and A:

Mentorship with a Professional Sales Person

1 hour

The purpose of this session is to have participants benefit from the experience and guidance of a professional sales person who has many years of experience in private sector negotiations and sales.

To manage this session the facilitator and the invited guest should discuss several days beforehand what the goals and objectives of this lecture should be. It would be very useful if the facilitator can assist the guest with a short outline of topics they will cover over their 30 minute talk. Additionally, the sales person should be well briefed on the polio programme, and understand the audience they will be speaking with.

During the lecture, it is important for the facilitator to observe, and ensure that the guest stays on-target with their talk. As such, the facilitator should be ready to intervene should the guest lose track of their discussion. One way to do this would be to ask a leading question which brings the conversation back to relevant topics. If the guest should need to be guided back to the conversation, or should the question and answer period become stagnate, the questions below are useful in keeping the lecture moving forward,

Potential Sales Lecture Questions

- How do you 'size up' a customer – what are the things you consider when meeting a customer, and how does this affect your approach with them?;
- So how do you approach a potential customer?;
- What is your sales 'style'?;
- How do you deal with customers who are aggressive?;
- How do you deal with customers that are distracted?;
- How do you stay positive when a customer is not?;
- When negotiating with a customer, how do you create a win/win situation where both parties remain happy?;
- What are your secrets for 'closing the deal'?;
- Do you have any secrets for developing a regular customer – one who comes back to you time after time?

Notes

Section 6

Managing Conflict Resolution

TIme: 1 hour

- Flip chart paper,
- Markers, video projector, speakers,
- Laptop, training DVD,
- Enough class copies of 'Sorting Behaviors' for Exercise 6.2 found in Appendix 6, and
- Hanging gum or tape

1. To allow participants define and recognize conflicts as they arise - *20 min;*
2. To develop strategies which allow participants to manage conflict safely – *20 min;*
3. To develop greater conflict resolution awareness skills by observing conflict, and conflict resolution situations – *20 min.*

Exercise 6.1

Group Discussion:

Recognizing and Dealing with Conflict

30 minutes

The purpose of the following exercise is to aid participants in understanding what conflict is, as well as help them to recognize conflict's early signs.

To begin this discussion the facilitator should ask the class to give definitions of what they believe conflict to be, as well as how conflict develops. For this discussion the idea of conflict should be limited to groups of 2 or 3 people, rather than large-scale hostilities such as a battle or war.

After taking down and discussing all of the participant's suggestions of what they believe conflict to be, review the following key points and discuss as a class

- **A conflict is more than disagreement** – Conflict is a situation in which one or both individuals believe a threat exists – whether the threat is valid or not makes no difference;
- **Conflicts can quickly escalate when people feel ignored** – If behaviors begin to aggravate someone you are speaking with, it is important to know that continuing these behaviors might quickly lead to aggressiveness;
- **Debate is often much more about emotion and not necessarily the facts being discussed.** When debate becomes heated people can often spend less time considering an exchange of ideas, and simply focus solely on winning the debate. This can lead to excited emotions, and potential aggression if not kept in check;
- **Debates, and the subsequent conflicts which can follow, can trigger strong emotions in everyone.** If you aren't comfortable with your own emotions or able to manage them in times of stress, you won't be able to resolve conflict successfully;
- C**onflicts can be an opportunity for growth.** When you're able to resolve conflict in a relationship, it can go a long way to building trust in both the household, as well as the community.

Now that the class has an agreement of what conflict is, the facilitator should ask the participants what they believe the physical and/or behavioral cues of escalating conflict might be. List these on flip-chart paper as participants shout them out, and compare or add with the list found below.

Behaviours that Reduce Aggressive Reactions	Behaviours that Encourage Aggressive Reactions
Individual works to remain passive	Individual feels they know best about what is right
Individual believes that an aggressive approach is unlikely to achieve goals	Individual talks down to others
Individual is able to communicate effectively and clearly	Individual continually uses wrong names or inappropriate forms of address
Individual treats other people with respect	Individual uses a lot of technical jargon
Individual actively observes behaviours in this situation	Individual tells others they are wrong to feel/behave as they do.
Individual listens politely and does not interrupt	Individual makes assumptions about what the problem is
Individual accepts others' points of view	Individual trivialises other's problems, worries or concerns
Individual is aware of their body language and presents a non-threatening stance	Individual remains impolitely comfortable in the situation
Individual makes respectful eye contact	Individual threatens others
Individual moves slowly and steadily, and works to keep physical movements calm	Individual does not actively listen
Individual respects personal space	Individual uses body language which is dismissive

Exercise 6.2

Role Play Presentations:

Developing Strategies to Deal with Conflict

30 minutes

The next exercise is designed to equip participants with strategies to deal with a potentially escalating conflict in the best manner possible at the time.

To begin this exercise the facilitator should divide the class into six separate groups, and be assigned one of the following conflict resolution strategies. Once settled into groups the participants should discuss the strategy, and then develop a role play scenario about the strategy to share with the rest of the class.

Strategies for Conflict Resolution

- **Listen for what is felt as well as said.** When we listen we connect deeper with our own emotions, as well as those of people around us. Listening also informs us, and makes it easier for others to hear when we speak.
- **Make conflict resolution the priority rather than winning or "being right."** Sometimes it is more of a priority to resolve a conflict, rather than win an argument – especially if we feel that we may be in danger. If you feel this is the case, then it is important to respect the other person's opinion and step away politely.
- **Focus on the present.** At times it is important to focus on what is happening in the moment, rather than achieving your goal. When dealing with an individual who is demonstrating aggressive or highly agitated behavior, focus on what you can do immediately to calm the situation.
- **Pick your battles.** Getting caught up in a battle of who is right or wrong will often only aggravate the situation. By resolving conflicts it may still be possible to achieve your goal of immunization. By not resolving the conflict, the chances for you to realize this goal are very little.
- **Know when to let something go.** Conflicts are draining, so it's important to consider whether the issue is really worthy of your time and energy at this moment. Maybe coming for another visit at a better time is the best immediate strategy.

For the next part of this exercise the facilitator should have cut up enough copies for each group of the handout found in Appendix 6, and distribute to each group. The goal of this exercise is to have the groups review all of the behaviors that are mixed, and sort them into two groups – a group which encourages aggressive behavior, and a group which reduces aggressive behavior.

As with previous group work the facilitator can make this exercise more interesting by making it a race and awarding points for the first groups to finish, as well as points for each correct answer. While reviewing each behavior the facilitator should discuss with the class why the behavior may or may not influence aggressive behaviors.

Behaviors that Reduce Aggressive Reactions

- Individual works to remain passive.
- Individual believes that an aggressive approach is unlikely to achieve goals.
- Individual is able to communicate effectively and clearly.
- Individual treats other people with respect.
- Individual actively observes behaviours in this situation.
- Individual listens politely and does not interrupt.
- Individual accepts others' points of view
- Individual is aware of their body language and presents a non-threatening stance.
- Individual makes respectful eye contact.
- Individual moves slowly and steadily, and works to keep physical movements calm.
- Individual respects personal space.

Behaviours that Encourage Aggressive Reactions

- Individual feels they know best about what is right.
- Individual talks down to others.
- Individual continually uses wrong names or inappropriate forms of address.
- Individual uses a lot of technical jargon.
- Individual tells others they are wrong to feel/behave as they do.

- Individual makes assumptions about what the problem is.
- Individual trivialises other's problems, worries or concerns.
- Individual remains overly comfortable in the situation.
- Individual threatens others.
- Individual does not actively listen.
- Individual uses body language which is dismissive.

Exercise 6.3

Video:

Observing Conflict

30 minutes

This exercise seeks to demonstrate to participants how conflict can happen, and how it might also be avoided. By observing the different scenarios where social mobilizers work to either resolve conflict, or unknowingly instigate it, the participants can observe how quickly conflicts can escalate to a dangerous situation.

- For this exercise, the facilitator will be showing videos so they should be sure to have all of the appropriate audio/visual equipment set up, and ready to play. The videos to be shown are of situations where social mobilizers are visiting households that have refused immunization in the past. The facilitator should play each video segment, one at a time, and then review with class discussion the following questions,

1. Can the class describe what is happening in each video? What are the circumstances of the family during this visit?;
2. When meeting with the caregiver does the social mobilizer immediately understand what the current state of the household is?;
3. If the social mobilizer notices signs of conflict, do they act appropriately to defuse the situation?;
4. If the social mobilizer found a way to defuse the situation, what exactly did they do to help everyone relax?;
5. If the social mobilizer experienced conflict, what exactly did they do to aggravate the situation? What steps might they have taken to better manage the caregiver and family?

Notes

Section 7

Social Mobilizer Mentoring Session

TIme: 1 hour

For this session, an experienced social mobilizer should be invited to speak and answer questions.

1. To give participants an opportunity to be mentored by an experienced social mobilizer who can share their experiences;

   30 min for lecture,

   30 min for Q and A

Exercise 7.1

Lecture and Q & A:

Mentorship with an Experienced Social Mobilizer

1 hour

The purpose of this session is to have participants benefit from the experience and guidance of a seasoned social mobilizer with IPC experiences to share.

To manage this session the facilitator and the invited guest should discuss several days beforehand what the goals and objectives of this lecture should be. It would be very useful if the facilitator can assist the guest with a short outline of topics they will cover over their 30 minute talk.

During the lecture, it is important for the facilitator to observe and ensure that the guest stays on-target with their talk. As such, the facilitator should be ready to intervene should the guest lose track of their discussion. One way to do this would be to ask a leading question which brings the conversation back to relevant topics. If the guest should need to be guided back to the conversation, or should the question and answer period become stagnate, the questions below are useful in keeping the lecture moving forward,

Potential Social Mobiliser Lecture Questions

- How do you assess a family's situation when going for a visit – what are the things you consider when meeting a caregiver, and how does this affect your approach with them?;
- So how do you approach a caregiver who has refused? What do you say to introduce yourself?;
- What is your negotiation 'style'?;
- How do you deal with caregivers who are aggressive?;
- How do you deal with caregivers who are distracted?;
- How do you stay positive when a caregiver is not?;
- When negotiating with a caregiver, how do you create a win/win situation where both parties remain happy?;
- What are your secrets for caregiver to agree to immunization?;

Notes

Section 8

Dealing with Stress & Trauma

TIme: 1 1/2 hours

- Flip-chart paper,
- Markers,
- Enough copies of Appendix 7 for Exercise 8.2, and Appendix 8 for exercise 8.3 for every participant,
- Hanging gum or tape, and courage

1. To allow participants to discuss the hazards of field work, and understand what stress is and what are its different types – *30 min;*
2. To create awareness in participants as to the symptoms of cumulative and traumatic Stress – *30 min;*
3. To create awareness in participants as to how to begin to deal with stress and PTSD; and how to report threats and intimidation they experience in the field – *30 min;*

Exercise 8.1

Group Discussion:

Recognizing the Hazards of Field Work

30 minutes

The purpose of the following exercise is to introduce participants to the realities of immunization field work in Pakistan, and ensure they are prepared for these hazards. A particular focus of this awareness is that of stress and PTSD, and how its prevalence can affect an individual. By making participants aware of stress and PTSD and its symptoms, they will be better able to deal with it should they need to.

The facilitator can begin the discussion by asking participants whether they think social mobilizers ever face risks in what they do? If participants believe that social mobilizers do come under risk at times, note what risks they suggest on flip-chart paper, and have the class discuss these to see what is likely, and what is not.

Once the list has been reviewed, and some perceived risks are believed to be genuine to social mobilizers, the facilitator might ask how this can affect social mobilizers in their professional and personal lives. The facilitator should take notes on flip-chart paper as participants offer their suggestions, and review with class discussion.

Whether the term stress and / or post-traumatic stress disorder or PTSD is suggested or not, the facilitator should then inquire as to whether anyone knows what stress and post-traumatic stress disorder or PTSD are? As participants offer their thoughts on stress and PTSD, write them out on flip-chart paper.

The facilitator should then discuss with the class what the sources of different kinds of Stress areas noted below

Basic Stress:

1. Traffic jam
2. Being late for work
3. A small argument at work or home
4. Load shedding

Cumulative Stress:

1. Stressful work environment
2. Deteriorating Security / Political situation
3. On-going conflict with someone
4. Being under detention

Traumatic stress that can lead to PTSD (if left un-noticed) include:

- Conflict
- Natural disasters
- Car or plane crashes
- Terrorist attacks
- Sudden death of a loved one
- Or any traumatic event that leaves you stuck and feeling helpless and hopeless
- Rape
- Kidnapping
- Violence
- Intimidation
- Threats

What is Post-traumatic Stress Disorder

- Post-traumatic stress disorder (PTSD) can develop following a traumatic event that threatens your safety or makes you feel helpless.
- Most people associate PTSD with military combat but any overwhelming life experience can trigger PTSD, especially if the event feels unpredictable and uncontrollable.
- Post-traumatic stress disorder (PTSD) can affect those who personally experience violence, threats or intimidation, as well as those who witness it, and those who deal with these traumas afterwards, including emergency workers and police officers. It can also occur in the friends or family members of those who went through the actual trauma.
- PTSD develops differently from person to person. While the symptoms of PTSD most commonly develop in hours or days following the traumatic event, it can sometimes take weeks, months, or even years before the symptoms appear.

Exercise 8.2

Group Work:

Recognizing stress and PTSD

30 minutes

Once the class has discussed the above points surrounding what stress and PTSD are, the facilitator should split the class into three groups who will each receive one of the separate symptom categories different types of Stress and PTSD. Each group's assignment is to prepare a presentation explaining these symptomatic details for the class to reflect on. It would also be useful for the facilitator to encourage class discussion after each presentation, so that individuals have an opportunity to ask questions and express their concerns and opinions.

Symptom 1 of PTSD: Re-experiencing the traumatic event

- Intrusive, upsetting memories of the event
- Flashbacks (acting or feeling like the event is happening again)
- Nightmares (either of the event or of other frightening things)
- Feelings of intense distress when reminded of the trauma
- Intense physical reactions to reminders of the event (e.g. pounding heart, rapid breathing, nausea, muscle tension, sweating)

Symptom 2 of PTSD: Avoidance and numbing

- Avoiding activities, places, thoughts, or feelings that remind you of the trauma
- Inability to remember important aspects of the trauma
- Loss of interest in activities and life in general
- Feeling detached from others and emotionally numb
- Sense of a limited future (you don't expect to live a normal life span, get married, have a career)

Symptom 3 of PTSD: Increased anxiety and emotional arousal

- Difficulty falling or staying asleep
- Irritability or outbursts of anger

- Difficulty concentrating
- Hyper-vigilance (on constant “red alert”)
- Feeling jumpy and easily startled

After all three groups have had opportunity to present their assigned symptomatic category, the facilitator should note the following ‘other’ symptoms of PTSD, as well as how these symptoms can manifest themselves in different individuals. Finally, remember to share a copy of the hand-out found in Appendix 7 with each of the participants.

Other common symptoms of post-traumatic stress disorder (PTSD)

- Anger and irritability
- Guilt, shame, or self-blame
- Substance abuse
- Feelings of mistrust and betrayal
- Depression and hopelessness
- Suicidal thoughts and feelings
- Feeling alienated and alone
- Physical aches and pains

Post-traumatic stress disorder (PTSD) can…

- Arise suddenly, gradually, or come and go over time;
- Sometimes symptoms appear seemingly out of the blue;
- Sometimes symptoms are triggered by something which reminds you of the original traumatic event, such as a noise, an image, certain words, or a smell.

Exercise 8.3

Group Discussion:

Coping with PSTD and Reporting Threats and Intimidation

30 minutes

This exercise is designed to offer participants strategies for coping with any elements of PTSD they might experience while implementing immunization field work in Pakistan. The exercise should also introduce participants to the process of reporting any threats or intimidation they might experience while working as a social mobilizer in the field, or in their personal life as well.

For this exercise the facilitator will begin by asking participants what they believe are the best steps for dealing with PTSD, and/or fear or depression they experience while working as a social mobilizer. After the participants have offered as many ideas as possible, review and compare with the following list of strategies which can help to alleviate the symptoms of PTSD, and remember to share the handout in Appendix 8 with the participants.

Strategies for Dealing with PTSD and Fear after Experiencing Intimidation or Falling Victim to a Traumatic Event*

1. **Validate your fear.** Know that it is normal to feel fear and accept the range of emotions you are experiencing.
2. **Share the fear with others.** Discussing your fear with others who are willing/able to listen, or to share their reactions with you can be helpful. Even if you do not feel like talking, being with others who are experiencing the same feelings can be useful.
3. **Find ways not to be alone.** Spend time with others in order to provide a safe, comfortable environment. If your fears are more intense at night, invite a friend to stay with you or go to their home.
4. **Share responsibilities for tasks that are difficult or frightening for you to do.** Any activities associated with a traumatic event may be more difficult for a period. Talk to your COMNet Coordinator to find ways of managing until you are more comfortable.

* Adapted from Counseling Center at University of Illinois, Urbana-Champaign. Strategies for Coping with Fear after a Traumatic Event. [found online] http://www.counselingcenter.illinois.edu/counseling-services/tips-for-coping-with-traumatic-events/strategies-for-coping-with-fear-after-a-traumatic-event/

5. **Strategize how to react in a crisis.** Develop steps that can be useful in responding to a crisis moment.
6. **Create a safe environment.** Take time to critically evaluate the physical surroundings in which you live and work and find ways to increase your feelings of safety.
7. **Get accurate information about the trauma.** Get useful, accurate information in a crisis. Avoid people who exaggerate events. With accurate information you have more power with which to deal with the event and your reactions to it.
8. **Recognize a normal reaction to fear.** It is easier to deal with intense reactions you might experience when you can remember that such "abnormal" reactions are really normal reactions to an abnormal situation.
9. ***Remember that you cannot control everything.*** No one is able to completely predict, prevent or control the actions of others or all situations that might arise. Understanding this is psychologically healthy and can help you better assess what things you have some control over.
10. **Realize that the passage of time will decrease your fears.** The passage of time is aided by taking steps such as those listed above.
11. **Professional assistance may be of benefit.** If over time your fear reactions to a traumatic life event continue to significantly affect your daily functioning, seek professional guidance.

The final portion of the *Dealing with Trauma* section concerns the reporting of intimidation and trauma to the social mobilizer's COMNet Provincial Coordinator, and/or the COMNet Provincial Security Analyst, either of who will report the incident to the Deputy Commissioner of Police.

In order to share this information with the participants, the facilitator can begin by asking the class what they *think should happen* if they feel they have been victim to an attempted intimidation or worse. As the class discusses the process the facilitator should share the following diagram which illustrates how the reporting process works.

Reporting of Intimidation, Threats or Violence Flow Chart

Notes

Section 9

Communicating with Your Partners

TIme: 45 minutes

- Flip-chart paper,
- Markers,
- Enough copies for every group of a cut up version of Appendix 9 for Exercise 9.1, enough blindfolds for every group (1 per group) and
- Hanging gum or tape

1. To create awareness amongst participants on the value of teamwork and partnerships – *30 min;*
2. To introduce to participants the many partners in the COMNet support structure – *15 min.*

Exercise 9.1

Game:

The Value of Partnerships

30 minutes

The objective of this exercise is to demonstrate to participants the value of teamwork and partnership in order to achieve success in anything collaborative. To do this the facilitator will utilize a group game.

To begin the game, the facilitator should break the class into teams of 4 or 5 participants per group, and provide each group with a blindfold and a cut up copy of Appendix 9, turned face down on their table.

The groups will be instructed to select one member of their team to be the designated 'hands', and all of the other members will be the 'eyes' and 'mouths'. Whichever participant has volunteered to be the 'hands' of their group should tie the blindfold across their eyes, so that they have no vision whatsoever.

The facilitator will then instruct the groups that the pieces of paper on their tables are actually pieces of puzzle turned over, and that need to be flipped, sorted and laid out so as to complete the puzzle picture. However, the rule is that only the participant who has been designated the 'Hands' may touch the papers, and they cannot remove their blindfolds or speak. Also, the rest of the group cannot touch the designated 'Hands' either, but can only instruct them to move and assemble the puzzle pieces. Whichever group completes the puzzle first will be crowned the champion.

After the game has been completed and a champion crowned, the facilitator should conduct a class discussion which highlights the benefits of good team work and partnerships. In this discussion the facilitator might ask several of the following questions,

- What characteristics made for the most successful team in our game?;
- Are these characteristics valuable for anything else in life?;
- Do we work to use these characteristics every day in our work as a social mobilizer?;
- Who is part of your social mobilizer team, what partners do social mobilizers have?

Exercise 9.2

Class Discussion:

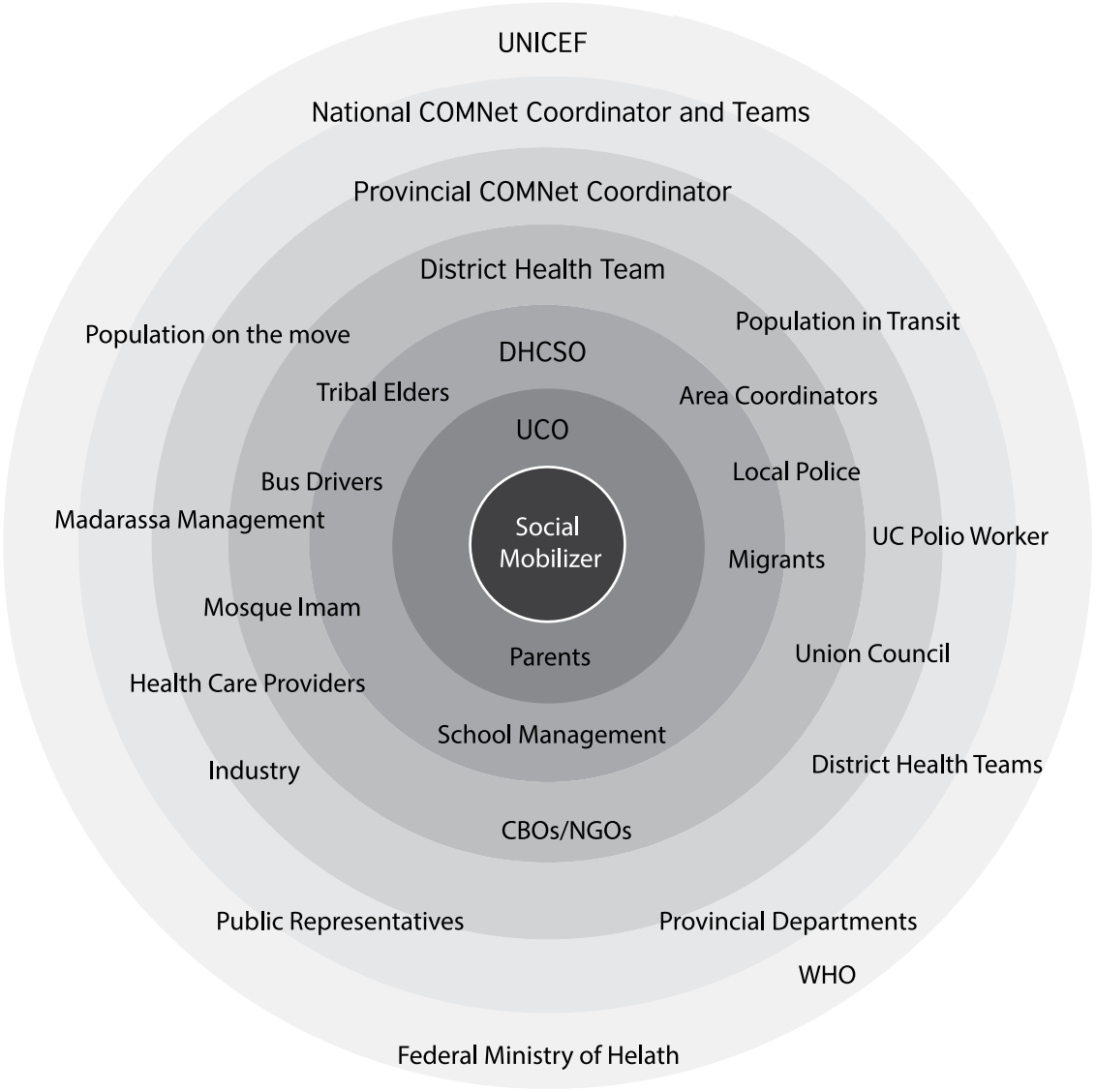
Understanding Social Mobilizer Partners, and Working for a Great Relationship

30 minutes

This final module discussion will focus on illustrating who the many COMNet partners are, how they relate to the participants, and how they all work together to make for an impressive immunization framework.

To begin the discussion the facilitator should write in the middle of a piece of flip-chart paper the words 'social mobilizer', and ask the class 'who the social mobilizer's partners are?' As participants call out ideas, the class should discuss, and if they agree that a suggestion is an actual partner, the facilitator should write this suggestion somewhere around the 'social mobilizer' on the flip-chart paper. The more direct contact or closer to the social mobilizer in real life, the closer the suggestions should be written on the paper.

After the participants have given all of their suggestions, the facilitator should share the following diagram found in Appendix 10, and add discuss the enormity of Pakistan's polio immunization programme. Of particular note is how all of these different entities utilize good and thoughtful communication skills to succeed. A vital skill for a COMNet social mobilizer.


UNICEF
National COMNet Coordinator and Teams
Provincial COMNet Coordinator
District Health Team
Population on the move
Population in Transit
DHCSO
Tribal Elders
Area Coordinators
UCO
Bus Drivers
Local Police
Madarassa Management
Social Mobilizer
UC Polio Worker
Migrants
Mosque Imam
Parents
Union Council
Health Care Providers
School Management
Industry
District Health Teams
CBOs/NGOs
Public Representatives
Provincial Departments
WHO
Federal Ministry of Helath

Notes

Appendices

1. Module Schedule
2. Exercise 2.2, the 8 Ps of Behavior Change Communication (BCC)
3. Exercise 3.1, Planning Your Visit
4. Exercise 3.4, Analyzing Your Visit
5. Exercise 4.2, Analyzing Refusals in Detail
6. Exercise 6.2, Developing Strategies to Deal with Conflict
7. Exercise 8.2, Recognizing PTSD
8. Exercise 8.3, Coping with PTSD and Reporting Threats and Intimidation
9. Exercise 9.1, The Value of Partnerships
10. Exercise 9.2, Understanding the Social Mobilizer's Partners, and Working Towards Good Relationships

Appendix 1: **Module Schedule**

Day 1	
8:00 ~ 8:30	**Pre-test,** Time: 30 minutes
8:30 ~ 9:30	**Section 1: Getting Started,** Time: 1 hour ■ Exercise 1.1., Class Game: Introduction Exercise – 15 minutes ■ Exercise 1.2, Class Discussion: Introducing and Setting Expectations for the Class – 15 minutes ■ Exercise 1.3, Class Discussion: Rules for the Workshop – 15 minutes ■ Exercise 1.4, Class Discussion: Review of the Daily Schedule and Questions and Answers – 15 minutes
9:30 ~ 10:30	**Section 2: Determining and Analyzing Your Target Audience, and Utilizing Your Target Messages**, Time: 1 hour ■ Exercise 2.1, Role Play: Observing Behaviors – 20 minutes ■ Exercise 2.2, Group Exercise: Finding 'Our' Target Audience – 15 minutes ■ Exercise 2.3, Role Play: How to Talk to Our Target Audience – 20 minutes
10:30 ~10:45	Tea Break
10:45 ~ 1:00	**Section 3: Developing Your Interpersonal Communication Skills, and Utilizing Your Target Messages** Time: 2 1/4 hours ■ Exercise 3.1, Team Game/Group Work: Planning Your Visit – 30 minutes ■ Exercise 3.2, Class Discussion: The Fundamentals of Interpersonal Communication – 45 minutes ■ Exercise 3.2.1, Discussing Communication Channels – 5 minutes ■ Exercise 3.2.2, Overcoming Personal Communication Barriers for Success – 10 minutes ■ Exercise 3.2.3, Presenting Your Arguments Effectively – 10 minutes ■ Exercise 3.2.4, Listening Effectively – 10 minutes ■ Exercise 3.2.5, Stay on the Path, Keep Your Eyes on the Prize – 10 minutes ■ Exercise 3.3, Debating: Practicing Your IPC Skills – 30 minutes ■ Exercise 3.4, Group Work and Presentation: Analyzing Your Visit – 30 minutes
1:00 ~ 2:00	Lunch

Day 1	
2:00 ~ 3:15	**Section 4: Improving Social Mobilizer's Negotiating Skills,** Time: 1 1/4 hour ■ Exercise 4.1, Video: Assessing the Caregiver's Circumstances – 25 minutes ■ Exercise 4.2, Group Discussion: Analyzing Refusals in Detail – 15 minutes ■ Exercise 4.3, Group Work: Solutions to Refusals – 35 minutes ■ Exercise 4.4, Group Work: Role Playing Refusals – 45 minute
3:15 ~ 3:30	Tea Break
3:30 ~ 4:30	**Section 5: Sales Mentoring Session,** Time: 1 hour ■ Exercise 5.1, Lecture and Q and A: Mentorship with a Professional Sales Person – 1 hour
Day 2	
8:30 ~ 10:00	■ Section 6: Managing Conflict Resolution, Time: 1 ½ hour ■ Exercise 6.1, Group Discussion: Recognizing and Dealing with Conflict – 30 min ■ Exercise 6.2, Role Play Presentations: Developing Strategies to Deal with Conflict – 30 min ■ Exercise 6.3, Video: Observing Conflict – 30 minutes•
10:00 ~ 10:15	Tea Break
10:15 ~ 11:15	**Section 7: Social Mobilizer Mentoring Session,** Time: 1 hour ■ Exercise 7.1, Lecture and Q and A: Mentorship with an Experienced Social Mobilizer – 1 hour
11:15 ~ 12:45	**Section 8: Dealing with Trauma,** Time: 1 1/2 hours ■ Exercise 8.1, Group Discussion: Recognizing the Hazards of Field Work – 30 min ■ Exercise 8.2, Group Work: Recognizing PTSD – 30 min ■ Exercise 8.3, Group Discussion: Coping with PSTD and Reporting Threats and Intimidation – 30 min
12:45 ~ 1:45	Lunch
1:45 ~ 2:45	**Section 9: Communicating with Your Partners,** Time: 45 minutes ■ Exercise 9.1, Game: The Value of Partnerships – 30 min ■ Exercise 9.2, Class Discussion: Understanding Social Mobilizer Partners, and Working for a Great Relationship – 15 min
2:45 ~ 3:15	■ Post-test, Time: 30 minutes
3:15 ~ 3:45	■ Tea Break
3:45 ~ 4:15	■ Awarding of Certificates

Appendix 2:

Exercise 2.2,
the 8 Ps of Behavior Change Communication (BCC)

Price

By adjusting a product, service or behavior to reflect cheaper or more expensive costs, citizens/consumers are often convinced that it is in their best interest to practice a given healthy behavior.

Product

Product focus in BCC campaigns regularly review the products or behaviors themselves and try to determine if there are characteristics about the product or behavior which inhibit people from using it/practicing it, or, if there are ways to improve the product or behavior in order to make it more attractive.

Placement

When taking a strategic approach, writers of a BCC strategy often consider where and how a given product or outcome can be more easily adopted as a choice for consumers/citizens. To do this, strategies work for a healthier choice by ensuring it is physically easily accessible to consumers/citizens.

Promotion

What is often viewed as ‘advertising’, ‘public relations’ or ‘public awareness messaging’, promotion involves messaging on a mass scale, and which speaks to raising a targeted public awareness around a product or behavior.

Publics (external and internal)

BCC strategies target two separate groups when they focus on ‘Publics’. The first ‘Public’ are external groups, such as law-makers, bureaucrats, or the private-sector, who are agents who have the potential to impact a product or behavior. However, BCC strategies also often target their own ‘internal’ employees/population as an area to work with. In the case of the Polio eradication initiative, social mobilizers are definitely an ‘internal public’ which have been considered a strategic focus for BCC programmes.

Policy

BCC strategies nearly always work with policy makers to ensure that policy change encourages and supports an environment which will make a healthier choice much more attractive to citizens/consumers.

Partnerships

As no one organization can effectively make a large-scale change in public health behavior on it’s own, it is important to lobby and bring onboard partners in areas where they can add expertise, authority, influence or capacity.

Purse-strings

Advocating donors, philanthropists, governmental budget makers, or the private-sector to financially support a BCC initiative is often a critical component of any strategy.

Appendix 3:

Exercise 3.1,

Planning Your Visit

Copy enough of these pages so each group has one, and cut out each of the boxes, mix-up the boxes, and distribute a set to each group.

Greet!	Introduce yourself to the caregiver. Remember to tell them your name, that you are staff member from the Department of Health, and that you would like to speak to the primary caregiver of the household's children. Make sure to smile, be polite and warm in your introduction, and ask how everyone in the household is doing. Also remember to observe, and to try to understand what the beneficiaries current situation is, both mentally as well as the state of their household (i.e. are the children crying or sleeping; was the caregiver obviously very busy; is the caregiver in a bad mood, etc.) 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 programme. Also, be sure to give the caregiver(s) an opportunity to ask any questions, and speak about any concerns they might have. This is your best chance to put the caregiver(s) at ease and to help them get comfortable with the idea of vaccinating their children.
Ask?	Ask the primary caregiver about whether the children in the household have been immunized or not, and why the children haven't if that is the case. Also ask the caregiver about the current physical health of the child as well. If the children are experiencing health issues, take note in the Tally Sheet if any have had fever, diarrhea or upper respiratory infection over the last 2 weeks. If you are visiting the household because of a refusal, now is the time to inquire as to why the household might have chosen not to have their children vaccinated. As you listen to the caregiver, it is very important to try and best understand why the household has chosen not to vaccinate their children rather than simply accepting the first reason giving. Make sure to let the caregiver speak, and not interrupt them. However, also make sure to probe them with questions as much as possible. As we shall discuss in later stages of the IPC training, the first reason for refusal is not always the true reason for refusal. During this discussion also try and understand what the caregiver's situation might be, and adjust your approach to be guided positively by what you see and hear.

Tell:	After listening closely – and asking the correct questions – the SM should now be in a positive position to fairly respond to reasons for the caregiver's refusal. It is important to be friendly and clear with arguments as to why the caregiver should have their child(ren) immunized, and stay focused in their arguments. They key to success is to work to problem solve with the caregiver, and try to find a solution that will allow them to immunize their children as easily as possible, and without losing face.
Help	Once the caregiver has heard your arguments, and may be contemplating moving forward with immunization, it is important to formulate a strategy which will help them to understand how they can make immunization happen for their family. Think carefully to find creative strategies which will put the caregivers in the best position to take every step they need to have their child(ren) vaccinated.
Explain...	Work with the caregiver to plan the strategy, and offer alternative solutions for potential problems that might arise. Take your time in your explanation, and make certain that the caregiver understands and accepts each step. If the caregiver's literacy levels are suitable, and if otherwise appropriate, write out each step for the caregiver. After explaining the steps for immunization for the caregiver's child(ren) have them repeat the plan so that you are certain they fully understand how to proceed with the strategy. An important point to remember for this discussion is to tell the caregiver where the nearest health facility, fixed/transit site or any clinic/hospital providing immunization services are, so that they can always bring their child(ren) for immunization at any time. Also make certain to share with caregivers when the next scheduled visit for polio immunization will be.
Return.	Finally, make a plan for a return visit at the next convenient time for the caregiver. This visit is particularly useful as both a motivation to the caregiver, as well as providing the social mobilizer an opportunity to rework a strategy, or develop a new strategy, should the original strategy fail. Remember to thank the caregivers for their time and consideration no matter what the outcome, and politely conclude the visit.

Appendix 4:

Exercise 3.4,

Analyzing Your Visit

IPC Field Visit Checklist	
Before...	
1.	Is the timing of the visit appropriate?
2.	What key messages are going to be delivered?
3.	What materials are needed for this visit?
4.	Is there a history of this household or area that the SM should know about?
5.	Who knows that you are going to this particular area/house?
During...	
6.	Did the SM introduce his or herself appropriately?
7.	Did the SM develop rapport, how did they do this? Was the caregiver made comfortable?
8.	Did the SM listen attentively?
9.	Did the SM demonstrate that they understood the caregiver's concerns?
10.	Did the SM involve the caregiver in the discussion, or simply 'talk at her'?
11.	Was the SM respectful?
12.	What were the gestures or body language of the SM?
13.	Did the SM manage to gain the trust of the caregiver?
14.	What sort of approach/strategies did the SM use to build a rapport with the caregiver?
15.	What key messages were delivered?
After...	
16.	Was the visit a success? Why do you think so, what is your criteria for success?
17.	If not, what other strategies could have been utilized to make the visit a success?
18.	What did the SM learn from the visit?
19.	Has the SM completed all of the appropriate paperwork from the visit?
20	Did the SM experience intimidation during the visit? If so, have they reported this?

Appendix 5:

Exercise 4.2,

Analyzing Refusals in Detail

S.	Major Categories	Underlying causes/arguments
1.	Demand Based Refusals	■ Community asking for commodities like bed nets, food items, Hygiene Kits, Watan Cards, New-born Kits etc. ■ Community asking for services, like Routine EPI, treatment for dengue fever/ malaria, diarrhea etc. ■ Community asking for other services like getting their sewage line fixed, or road repaired, or solid waste disposal etc.
2.	Religious Based Refusals	■ Vaccine is Haram ■ Our religious leader prohibited us. ■ Read article in religious newspaper or magazine against OPV. ■ Conspiracy against Muslims. ■ We don't even trust the statement included in the Fatwa Booklet.
3.	Political Reasons	■ Government's conspiracy ■ Western conspiracy ■ NGOs agenda
4.	Mistrust of Polio Workers	■ Vaccinators have dirty hands and are not tidy ■ They act as spies ■ Poor attitude of health staff
5.	Misperceptions about the vaccine	■ OPV is not effective, not safe. ■ OPV has family planning contents ■ It weakens the reproductive system of the child ■ It is expired vaccine ■ Any deaths of children happening during or just after the campaign are linked to OPV. ■ Someone's child got sick after getting the vaccine, so we have decided not to give drops to our children.

S.	Major Categories	Underlying causes/arguments
6.	Repeated campaigns	■ Too many OPV doses are harmful for the child ■ My doctor says that only 3 doses should be given to the child. The additional doses can cause harm. ■ Parents' fatigue ■ Why only polio every time?
7.	Security Concerns	■ You kill our children with drones and then come to give them OPV to save them from disability. Isn't that an irony? ■ Fear of military operation ■ Fear of attacks by militant groups ■ Vaccinators considered intruders into privacy
8.	Others	■ Child is sick/ has diarrhea/ has other health issues. ■ Silent refusal or parents lying that there is no eligible child in the house. ■ Child is less than 40 days old ■ Child is just born. ■ Child is weak ■ Child is not at home and we don't know when he or she will be back. ■ Child is sleeping ■ The doctor advised us not to vaccinate the child against ■ OPV due to some other health condition. ■ Any disease or death comes from God therefore OPV is useless. ■ Peer pressure or pressure from the spouse

Appendix 6:

Exercise 6.2,

Developing Strategies to Deal with Conflict

Behaviours that Reduce Aggressive Reactions	Behaviours that Encourage Aggressive Reactions
Individual works to remain passive	Individual feels they know best about what is right
Individual believes that an aggressive approach is unlikely to achieve goals	Individual talks down to others
Individual is able to communicate effectively and clearly	Individual continually uses wrong names or inappropriate forms of address
Individual treats other people with respect	Individual uses a lot of technical jargon
Individual actively observes behaviours in this situation	Individual tells others they are wrong to feel/behave as they do.
Individual listens politely and does not interrupt	Individual makes assumptions about what the problem is
Individual accepts others' points of view	Individual trivialises other's problems, worries or concerns
Individual is aware of their body language and presents a non-threatening stance	Individual remains impolitely comfortable in the situation
Individual makes respectful eye contact	Individual threatens others
Individual moves slowly and steadily, and works to keep physical movements calm	Individual does not actively listen
Individual respects personal space	Individual uses body language which is dismissive

Appendix 7:

Exercise 8.2,

Recognizing PTSD

Symptom 1 of PTSD: Re-experiencing the traumatic event

- Intrusive, upsetting memories of the event
- Flashbacks (acting or feeling like the event is happening again)
- Nightmares (either of the event or of other frightening things)
- Feelings of intense distress when reminded of the trauma
- Intense physical reactions to reminders of the event (e.g. pounding heart, rapid breathing, nausea, muscle tension, sweating)

Symptom 2 of PTSD: Avoidance and numbing

- Avoiding activities, places, thoughts, or feelings that remind you of the trauma
- Inability to remember important aspects of the trauma
- Loss of interest in activities and life in general
- Feeling detached from others and emotionally numb
- Sense of a limited future (you don't expect to live a normal life span, get married, have a career)

Symptom 3 of PTSD: Increased anxiety and emotional arousal

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance (on constant "red alert")
- Feeling jumpy and easily startled

Appendix 8:

Exercise 8.3,

Coping with PTSD and Reporting Threats and Intimidation

Strategies for Coping with PTSD after Experiencing Intimidation or a Trauma*

1. **Validate your fear.** Know that it is normal to feel fear and accept the range of emotions you are experiencing.
2. **Share the fear with others.** Discussing your fear with others who are willing/able to listen, or to share their reactions with you can be helpful. Even if you do not feel like talking, being with others who are experiencing the same feelings can be useful.
3. **Find ways not to be alone.** Spend time with others in order to provide a safe, comfortable environment. If your fears are more intense at night, invite a friend to stay with you or go to their home.
4. **Share responsibilities for tasks that are difficult or frightening for you to do.** Any activities associated with a traumatic event may be more difficult for a period. Talk to your COMNet Coordinator to find ways of managing until you are more comfortable.
5. **Strategize how to react in a crisis.** Develop steps that can be useful in responding to a crisis moment.
6. **Create a safe environment.** Take time to critically evaluate the physical surroundings in which you live and work and find ways to increase your feelings of safety.
7. **Get accurate information about the trauma.** Get useful, accurate information in a crisis. Avoid people who exaggerate events. With accurate information you have more power with which to deal with the event and your reactions to it.
8. **Recognize a normal reaction to fear.** It is easier to deal with intense reactions you might experience when you can remember that such "abnormal" reactions are really normal reactions to an abnormal situation.
9. **Remember that you cannot control everything.** No one is able to completely predict, prevent or control the actions of others or all situations that might arise. Understanding this is psychologically healthy and can help you better assess what things you have some control over.
10. **Realize that the passage of time will decrease your fears.** The passage of time is aided by taking steps such as those listed above.
11. **Professional assistance may be of benefit.** If over time your fear reactions to a traumatic life event continue to significantly affect your daily functioning, seek professional guidance.

* Adapted from Counseling Center at University of Illinois, Urbana-Champaign. Strategies for Coping with Fear after a Traumatic Event. [found online] http://www.counselingcenter.illinois.edu/counseling-services/tips-for-coping-with-traumatic-events/strategies-for-coping-with-fear-after-a-traumatic-event/

Appendix 9:

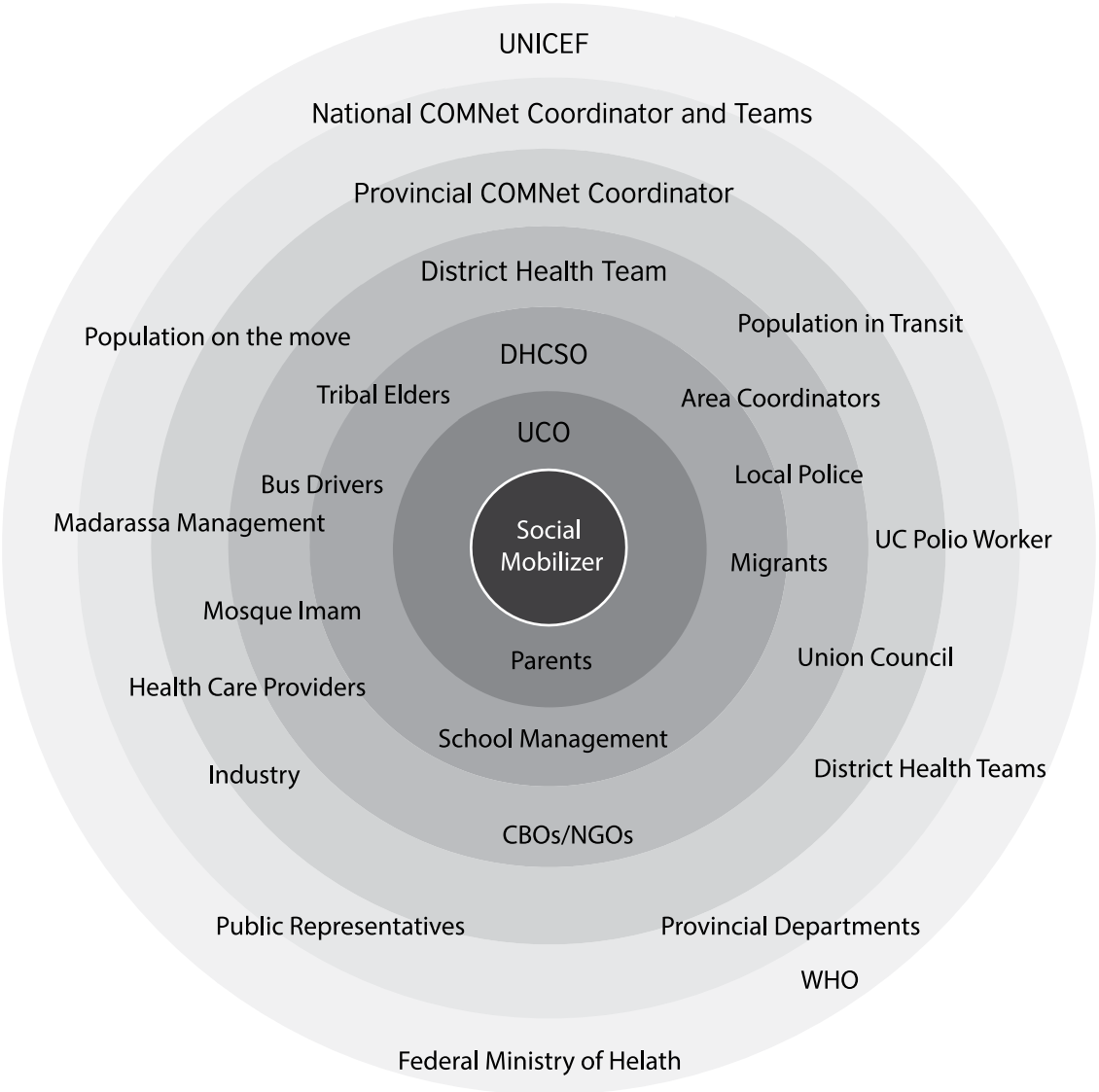
Exercise 9.1,

The Value of Partnerships

Appendix 10:

Exercise 9.2,

Understanding the Social Mobilizer's Partners, and Working Towards Good Relationships



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Notes