

Together we are stronger than polio

A TRAINING AID FOR
FRONTLINE WORKERS



This flipbook is designed to be used as an interactive tool to train health workers by reinforcing health information through interactive learning and discussion.

Use this flipbook with the training manual for the discussion-based and participatory activities during the training sessions. Remember, people learn best when they are engaged and confident, feel supported, can raise questions, and receive clear understandable answers. People also learn best when they can be involved in participatory activities and practical activities that will help prepare them for talking to parents and caregivers of children.

Take time and make sure that the participants can ask questions and understand the key messages. The participants are part of the global effort to eradicate polio. It is important for them to stay motivated, and understand that quality vaccination is the only way to interrupt transmission of an outbreak.

Flipbook Instructions

How to use this flipbook:

Each page in this flipbook has two sides:

Side one: *Pictures for the group to look at while being taught. Hold the book high and away from your face so that everyone can see the pictures.*

Side two: *Key messages for you to use while encouraging discussion. Review all key messages with the participants before turning the page.*

This flipbook is designed to be used together with the Training Manual for Health Worker Supervisors. For each module, instructors should refer to the manual for planned activities that use the flipbook.

The pages have words such as **ASK**, **ANSWER** and **DISCUSSION** to help guide you through the discussion.



ASK

Read the question to the group and wait for the group to provide answers. Listen to all the answers.

ANSWER

If the participants have not already provided the correct answer, give this to them and explain it.



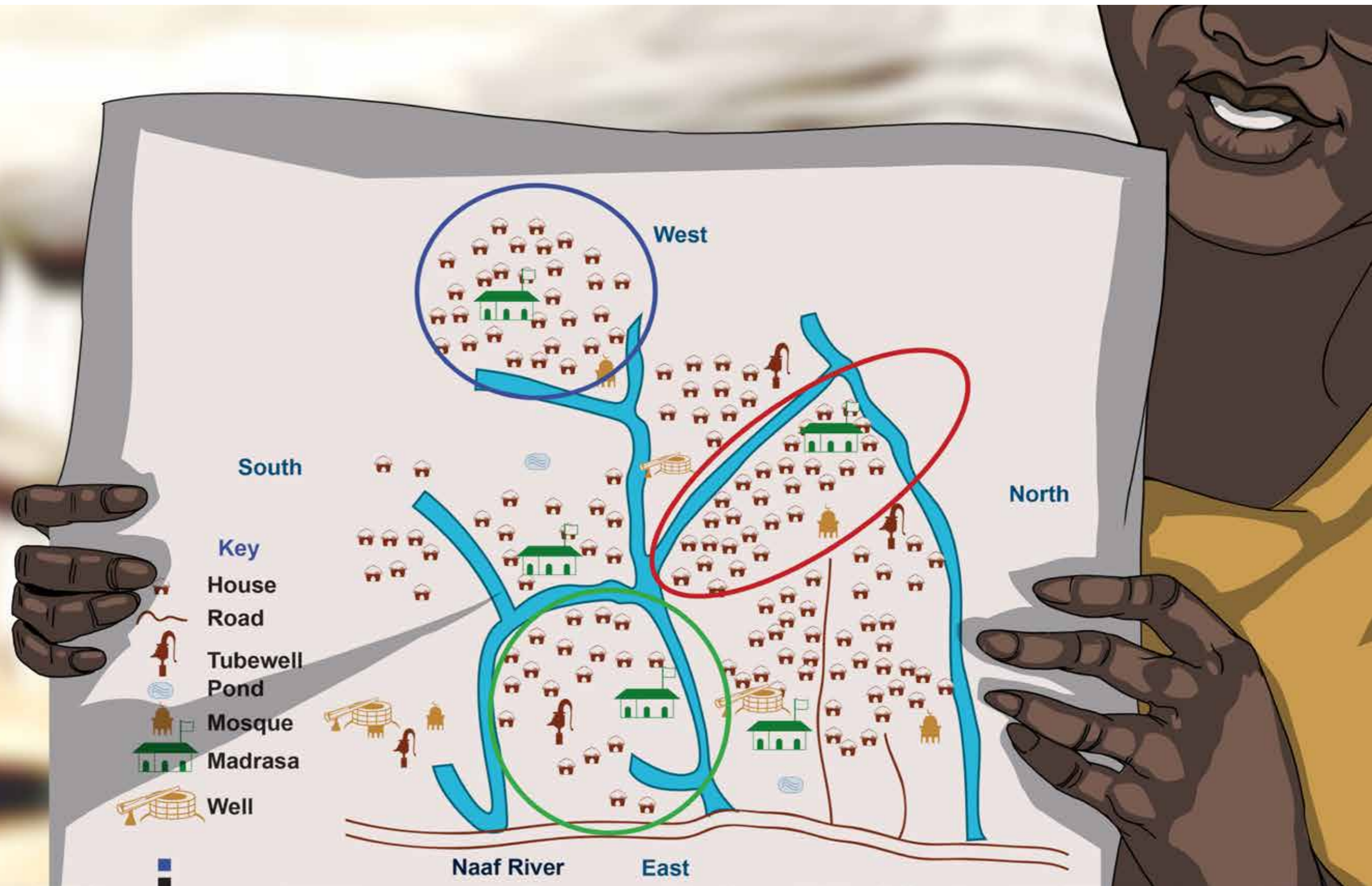
DISCUSSION

Engage participants in a conversation on the topic by asking for their opinion and providing issues for them to think about and discuss.

Suggestions for a good lesson:

Choose the language that is best for the students' understanding. You may need to ask them. Speak slowly, be clear, and stop to allow time for the group to ask you questions. Try to involve all participants.

What is a microplan?



What is a microplan?



Participant view



Refer to **Module B** of the Curriculum – *Before the Knock at the Door*



Ask

What is a team's microplan or daily itinerary?

Answer

A microplan provides detailed information on the area for vaccination and the target children, work responsibilities by day, names of influencers, social mobilizers and supervisors, available resources, and vaccine and logistics requirements for the team.



Ask

What does the microplan outline?

Answer

A microplan outlines things such as the vaccination team members, social mobilizers, influencers, supervisors, physical location of the daily working areas, target children, available resources, vaccine and logistics.



Ask

What does a microplan help to identify?

Answer

Daily working areas for the team, the number of houses or children to cover, schools, mosques, markets, any special populations or families requiring special attention (refusals), etc.

Microplans help to identify underserved areas, influential people, institutions, access points, and special populations that need targeting and outreach such as:

- Families living in remote areas, migrant and nomadic populations, marginalized groups, and political and religious groups who may oppose vaccination.*

Microplans also help to identify the team's need for appropriate transportation to move between places, especially in remote and hard-to-reach areas.

Why is communication important?



Why is communication important?



Participant view



Refer to **Module B** of the Curriculum – *Before the Knock at the Door*



Ask

Why is communication important?

Answer

Whenever there is an interaction with a parent or caregiver, we want them to understand that it is important to vaccinate their children and also to feel confident in their health workers.



Ask

How can good communication help health workers do their jobs?

Answer

Good communication helps build rapport and create a caring environment.

It helps health workers gather information to assess the situation and decide on the most effective way to engage with the caregiver.

It helps provide counselling and exchange of information to help parents learn how to take care of their children.



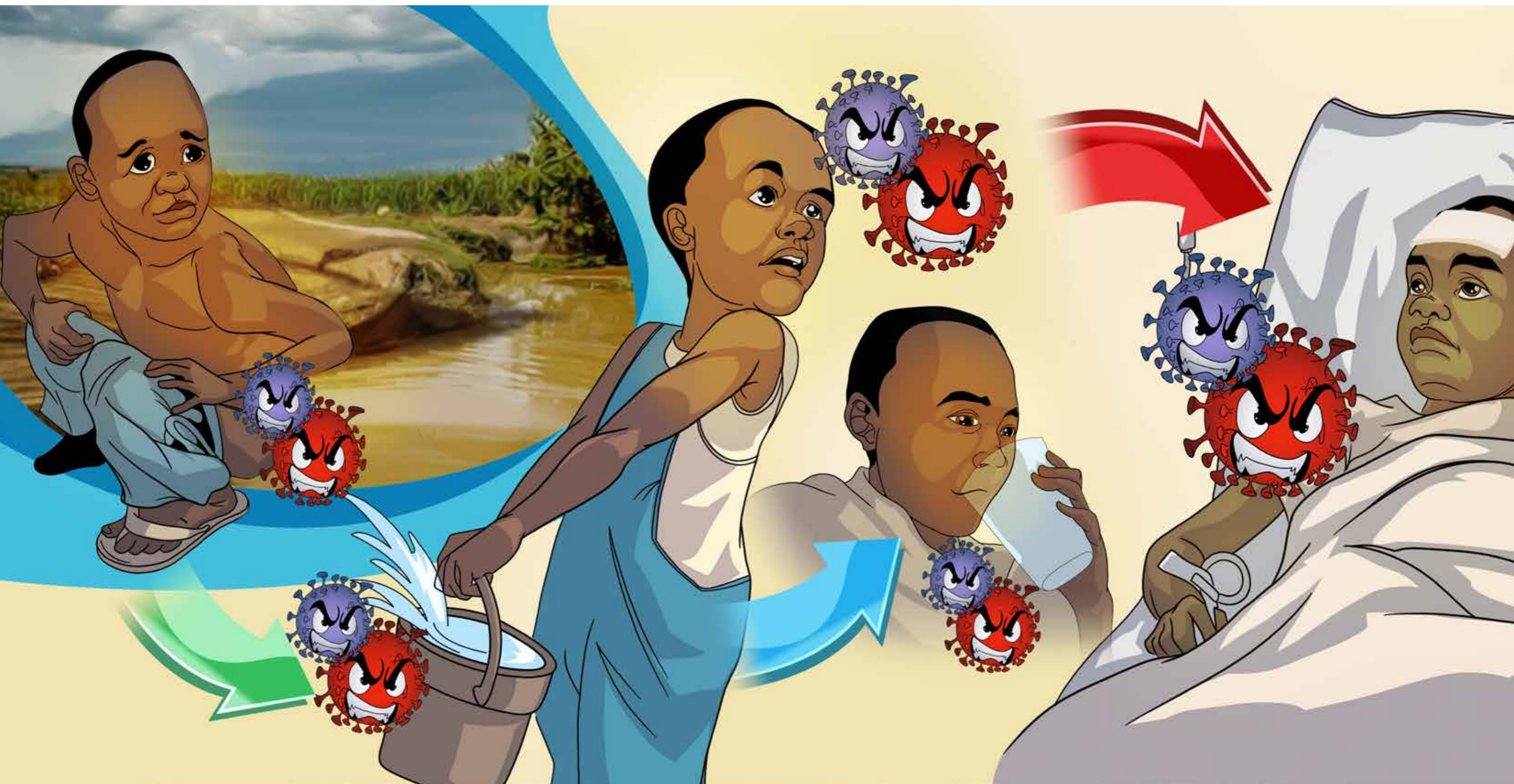
Ask

What are some important communication skills?

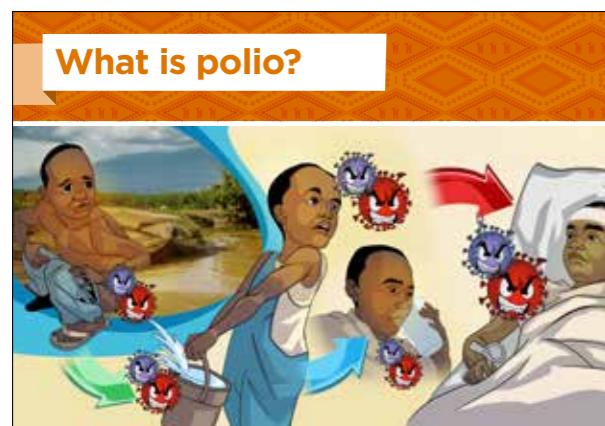
Answer

- *Being friendly and culturally appropriate*
- *Greeting people with respect*
- *Dressing appropriately*
- *Speaking clearly*
- *Listening carefully*
- *Using good body language*

What is polio?



What is polio?



Participant view



Refer to **Module B** of the Curriculum – *Before the Knock at the Door*



Ask

What is polio?

Answer

Poliomyelitis (polio) is a highly infectious disease that is caused when a person is infected by the poliovirus, which invades the nervous system. Poliomyelitis can cause paralysis and even death.



Ask

Who is most at risk of getting polio?

Answer

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



Ask

How is polio spread?

Answer

The poliovirus enters the body through the mouth upon eating food or drinking water that is contaminated with faecal matter from a person carrying the poliovirus. The virus multiplies in the intestines and is passed through faeces. To protect yourself and your children, it is important to wash

your hands with soap and water before cooking and eating, and after using the toilet. Children who have not had routine immunization, including the prescribed doses of the oral polio vaccine (OPV) and inactivated polio vaccine (IPV), are more likely to contract polio.



Ask

What can happen when someone contracts the poliovirus?

Answer

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



Ask

What are the signs of polio?

Answer

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

Is there a cure for polio?



Is there a cure for polio?



Participant view



Refer to **Module B** of the Curriculum – *Before the Knock at the Door*



Ask

Is there a cure for polio?

Answer

No, there is no cure for polio.



Ask

Can polio be prevented?

Answer

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

- *Oral polio vaccine (OPV) – Taken orally as drops and can be easily administered. It does not require a trained health worker.*
- *Inactivated polio vaccine (IPV) – Given through an injection by a trained health worker. IPV does not replace the OPV; it is used with OPV to strengthen a child's immune system and protect them from polio.*

Children born in the health centre should be given a dose of OPV at birth. We give all children under 5 years of age two polio drops in each campaign and during routine immunization.



Ask

Is vaccination safe for sick children and newborns?

Answer

Yes. OPV is safe for sick children and newborns. In fact, it is very important that sick children and newborns receive the vaccine because their own immunity levels are often lower than those of other children.



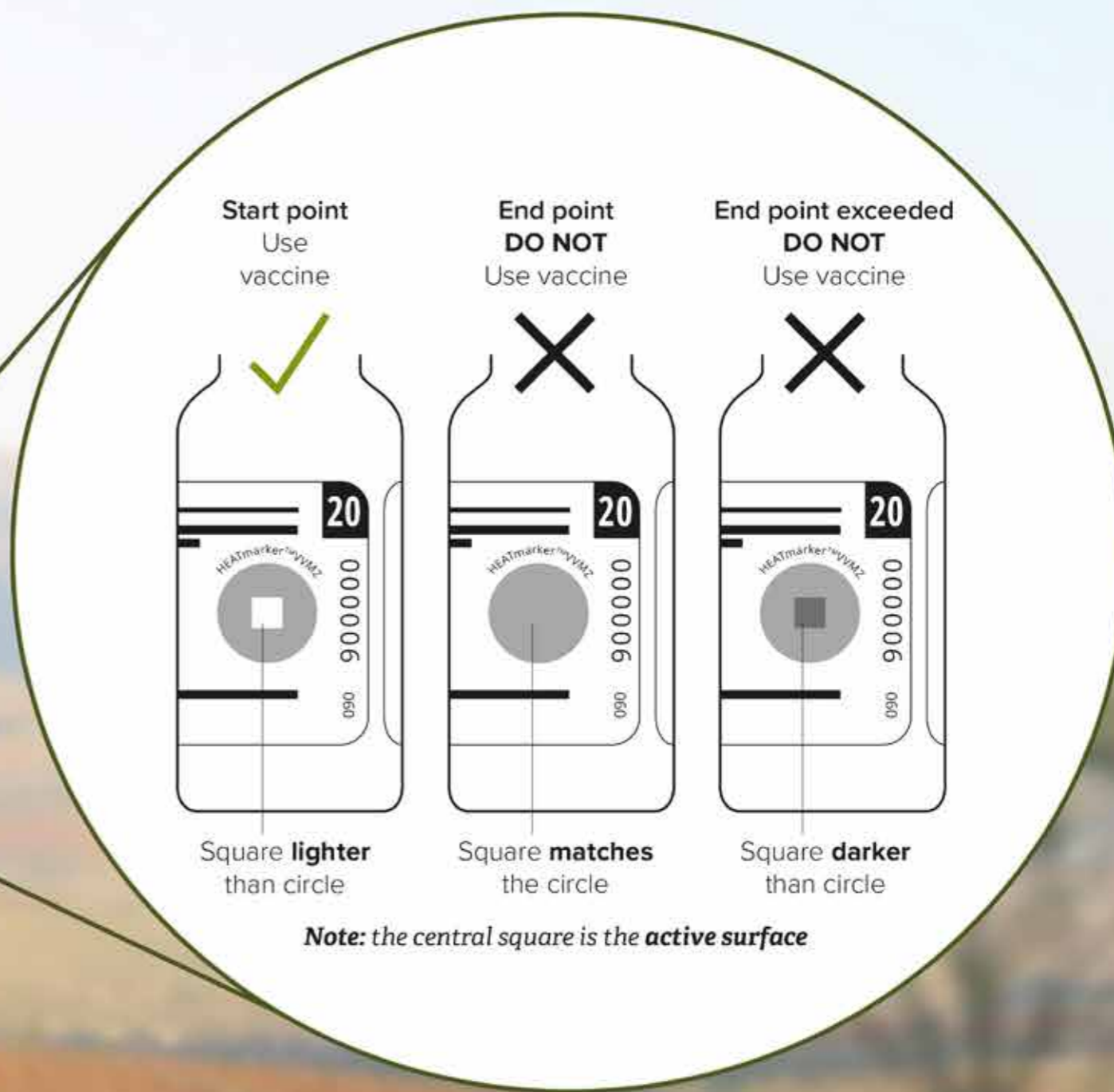
Ask

Can a child receive the vaccine multiple times?

Answer

Yes. The oral polio vaccine (OPV) is safe and effective and every extra dose increases a child's protection against polio. It takes multiple doses of OPV to achieve full immunity against polio.

What is a vaccine vial monitor?



What is a vaccine vial monitor?



Participant view



Refer to **Module C** of the Curriculum – *Vaccination and Interacting with Caregivers*



Ask

What is a vaccine vial monitor?

Answer

A vaccine vial monitor (VVM) is a label containing heat-sensitive material, which is placed on a vaccine vial to register heat exposure over time.

The combined effects of time and temperature cause the inner square of the VVM to darken, gradually and irreversibly.

The rate of colour change is directly related to temperature. The lower the temperature, the slower the colour change. The higher the temperature, the faster the colour change.

The VVM is used to determine whether the vaccine inside the vial is good to deliver to a child.



Ask

What should vaccinators do each day?

Answer

Team members should check the VVM on every OPV vial upon receipt from the health facility, before opening a fresh vial and before administering drops from the vial.

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

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



Ask

How do you check the VVM in the field?

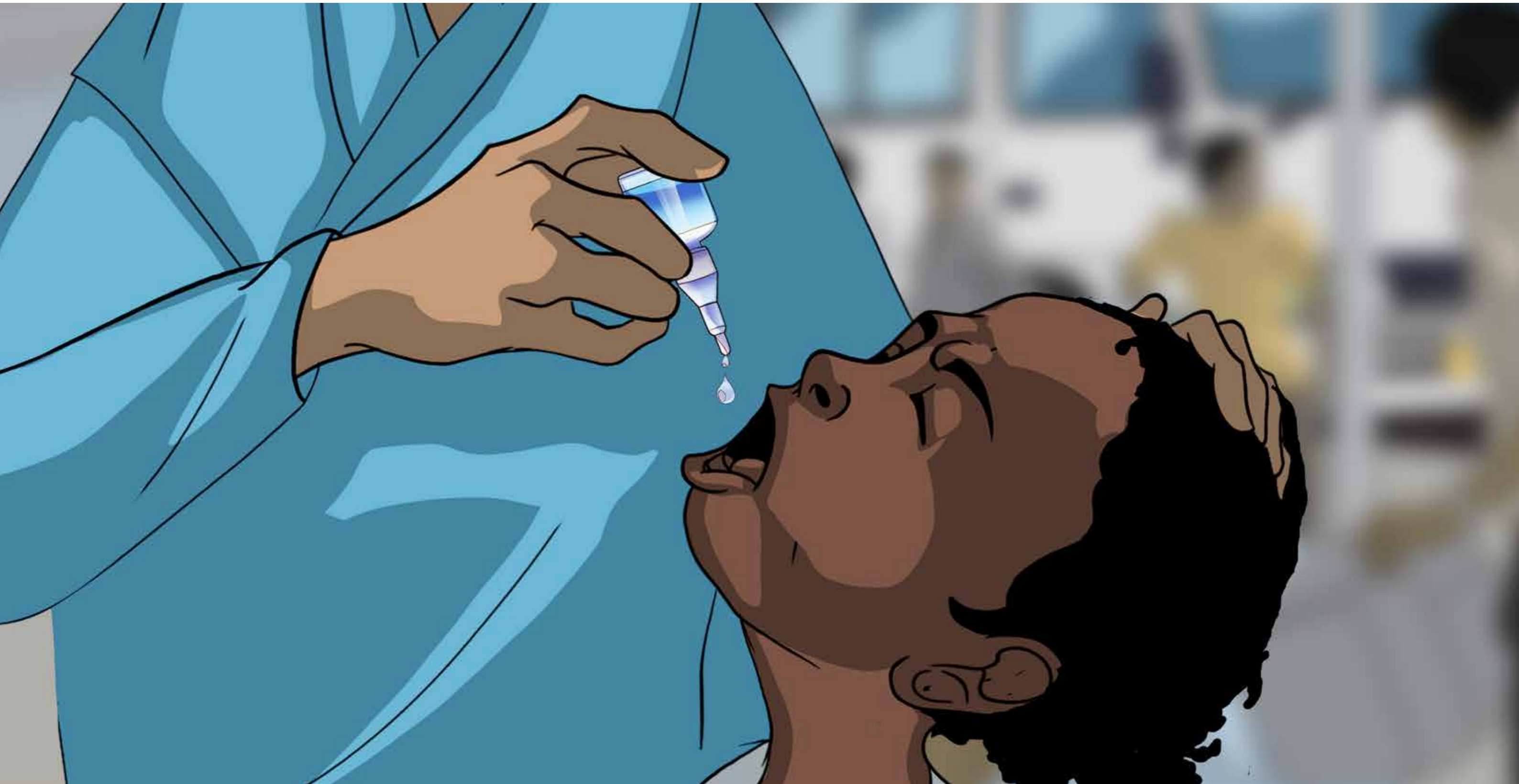
Answer

Expose the vial to a light source, with the VVM sticker facing the observers. Check the colour of the square inside the blue circle. If there is no colour difference or the colour in the square is darker than the outer circle, then the vaccine is not usable.

The VVM should be checked multiple times: upon receipt from the health facility, before opening a fresh vial, and before administering drops to children.

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

How do you administer the OPV?



How do you administer the OPV?



Participant view



Refer to **Module C**
of the Curriculum –
*Vaccination and Interacting
with Caregivers*



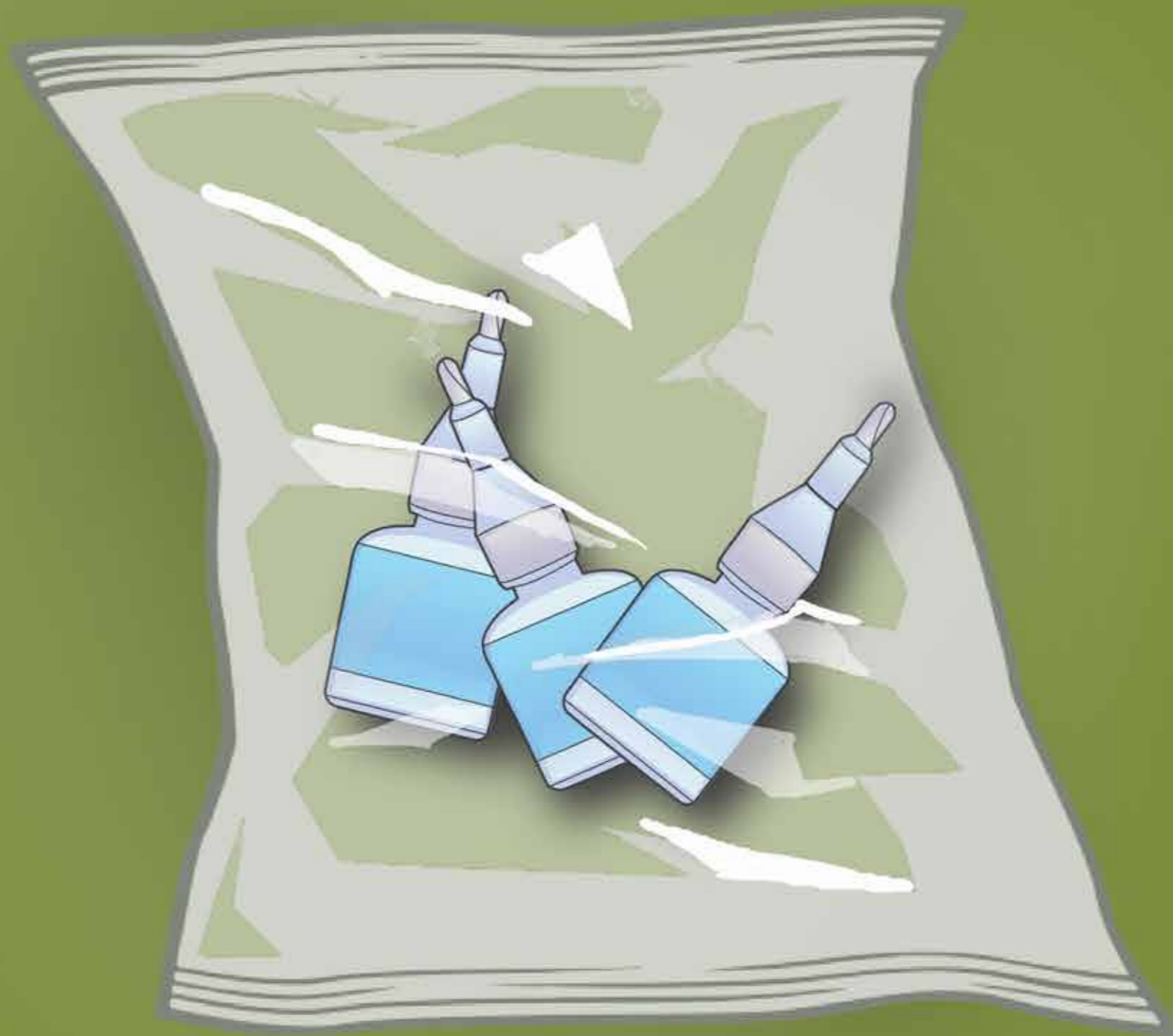
Ask

How do you administer the oral polio vaccine (OPV)?

Answer

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

How do you dispose of empty vials?



How do you dispose of empty vials?



Participant view



Refer to **Module C**
of the Curriculum –
*Vaccination and Interacting
with Caregivers*



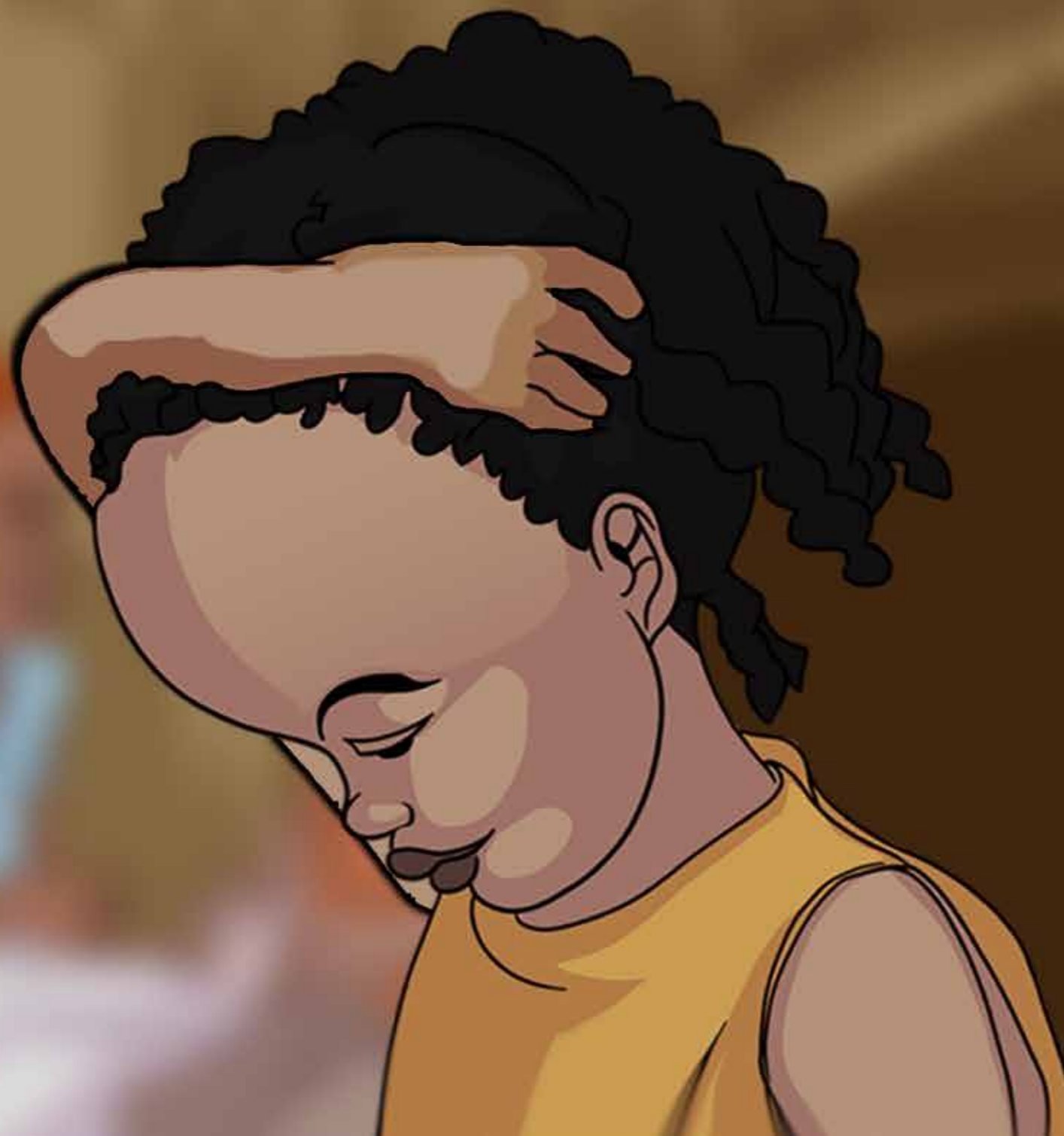
Ask

How do you dispose of empty vials?

Answer

- *Separate the empty vials from the other vials: place the empty vials into a plastic bag or disposable box and send them back to the health facility via your supervisor for their proper safe disposal.*
- *Do not throw empty vials into the environment.*
- *Follow any other national guidelines from the health facility/supervisor.*

How do you assess the age of a child?



How do you assess the age of a child?



Participant view



Refer to **Module C**
of the Curriculum –
*Vaccination and Interacting
with Caregivers*



Ask

How do you assess the age of a child?

Answer

- *If a parent says that a child is under 5 years of age, an assessment is not necessary. Take the parent's word and vaccinate the child.*
- *If the parent is not sure of the age of the child, and the child looks to be under 5, no assessment is necessary.*
- *If the parent argues about the age of the child, ask the child to try and hold their left ear with their right hand bending over the centre of their head.*
- *If the child is not able to touch their ear, then they are considered to be under 5 years of age. This method is not always accurate, as some children are tall for their age. Therefore, do not waste time assessing their age: rather, administer the drops to the child, so long as the parent gives their consent.*

What is interpersonal communication?



What is interpersonal communication?



Participant view



Refer to **Module C** of the Curriculum – *Vaccination and Interacting with Caregivers*



Ask

What is interpersonal communication (IPC)?

Answer

IPC is face-to-face communication, speaking one-on-one to a parent, caregiver or community member.



Ask

What is one-way communication?

Answer

One-way communication is when only one person speaks and does not allow the other person to talk. (This is not an effective type of communication.)



Ask

What is two-way communication?

Answer

Two-way communication is when two or more people discuss an issue, create dialogue, listen and exchange ideas.



Ask

What are the three main components of IPC that should be used when working with community members?

Answer

- 1. Build rapport and create a caring environment. Greet, be friendly, speak clearly, explain why you are visiting, be patient, ask questions, listen and remember to use positive body language.*
- 2. Gather information and listen to help assess the situation and decide what the problem is.*
- 3. Counsel and share information to help parents learn how to take care of their children and how to provide access to good health care and healthy practices.*

What is the GATHER approach?



What is the GATHER approach?



Participant view



Refer to **Module C**
of the Curriculum –
*Vaccination and Interacting
with Caregivers*



Ask

What is the GATHER approach?

Ask for actions at each step and create dialogue with the participants

Answer

Greet: Greet each person according to local cultural traditions. Introduce yourself, say what you do and state the purpose of your visit.

Ask: Ask questions and allow the parents and caregivers to talk. After they have opened up, you can ask more specific questions about child health, vaccinations and polio.

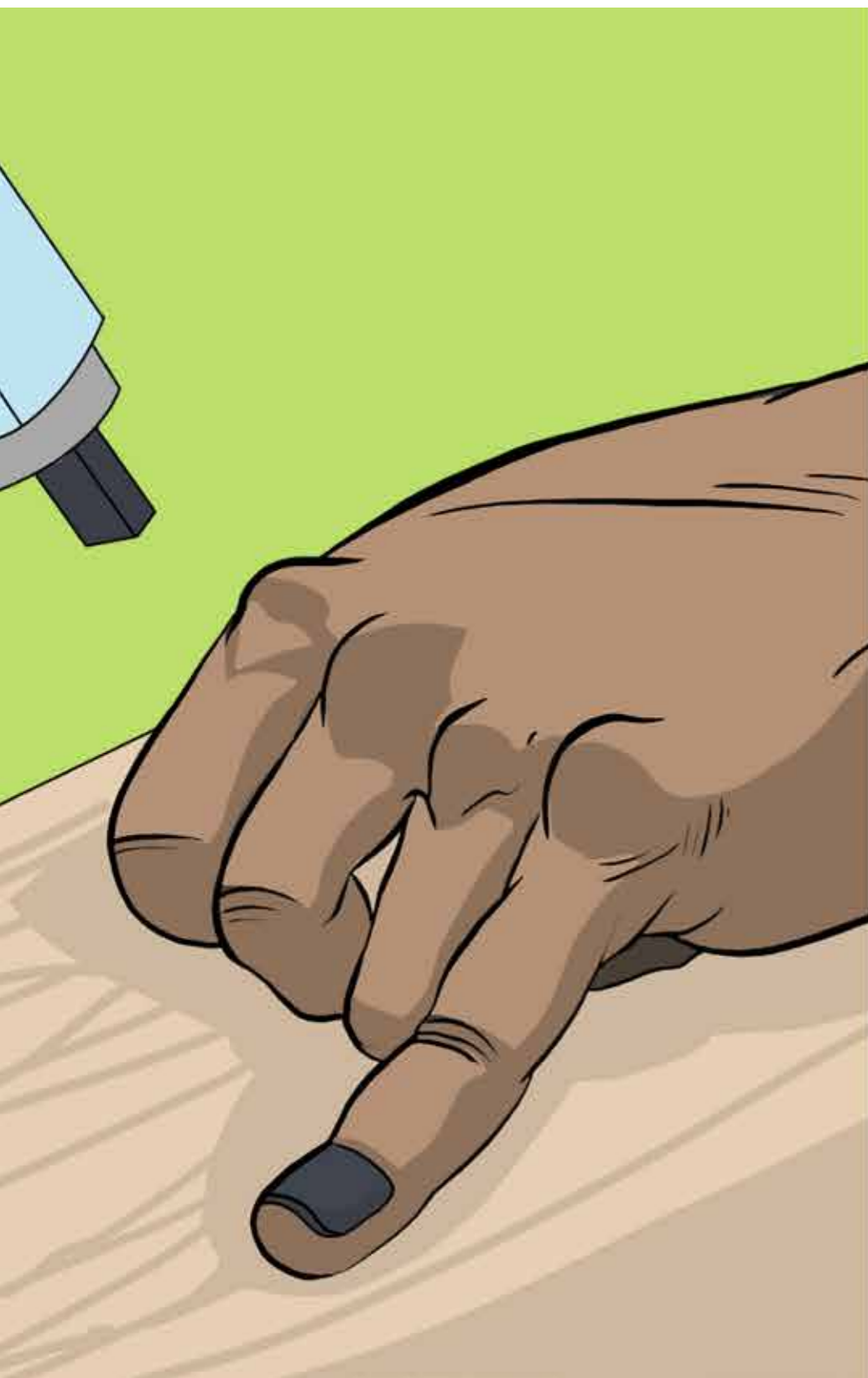
Tell: Provide information according to what they already know, what they want to know, and any misconceptions that they may have.

Help: In order to change the behaviour of parents and caregivers who resist vaccination, they need support and encouragement, as well as information.

Explain: Where possible, use information education communication (IEC) materials (flipbooks, visual cards, SMS platforms) for higher retention. Use local examples, appropriate language and stories.

Return: Repeated visits win trust and are especially effective during campaigns.

Why is the child's finger marked?



Why is the child's finger marked?



Participant view



Refer to **Module C** of the Curriculum – *Vaccination and Interacting with Caregivers*



Ask

Why is the child's finger marked?

Answer

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



Ask

When is the child's finger marked?

Answer

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



Ask

Which finger is marked?

Answer

Mark the child's little finger on the left hand.



Ask

How do you mark?

Answer

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



Ask

Do you always mark just the little finger?

Answer

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



Ask

Is the mark permanent?

Answer

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

Why do we use a tally sheet?

Name of Community Mobilizer: _____
Name of District: _____
Name of DSMC: _____
Name of Area/Village: _____
Campaign (Month): _____
Activity Date: _____

House No	Number of people in the house	Number of newborn children in the house born after finishing last campaign	Number of children under 5 years old in the house	Total
1	○○○○○	○○○	○○○○○○○○○○	
2	○○○○○	○○○	○○○○○○○○○○	
3	○○○○○	○○○	○○○○○○○○○○	
4	○○○○○	○○○	○○○○○○○○○○	
5	○○○○○	○○○	○○○○○○○○○○	
6	○○○○○	○○○	○○○○○○○○○○	
7	○○○○○	○○○	○○○○○○○○○○	
8	○○○○○	○○○	○○○○○○○○○○	
9	○○○○○	○○○	○○○○○○○○○○	
10	○○○○○	○○○	○○○○○○○○○○	
11	○○○○○	○○○	○○○○○○○○○○	
12	○○○○○	○○○	○○○○○○○○○○	
13	○○○○○	○○○	○○○○○○○○○○	
14	○○○○○	○○○	○○○○○○○○○○	
15	○○○○○	○○○	○○○○○○○○○○	
16	○○○○○	○○○	○○○○○○○○○○	
17	○○○○○	○○○	○○○○○○○○○○	

Why do we use a tally sheet?



Participant view



Refer to **Module C**
of the Curriculum –
*Vaccination and Interacting
with Caregivers*



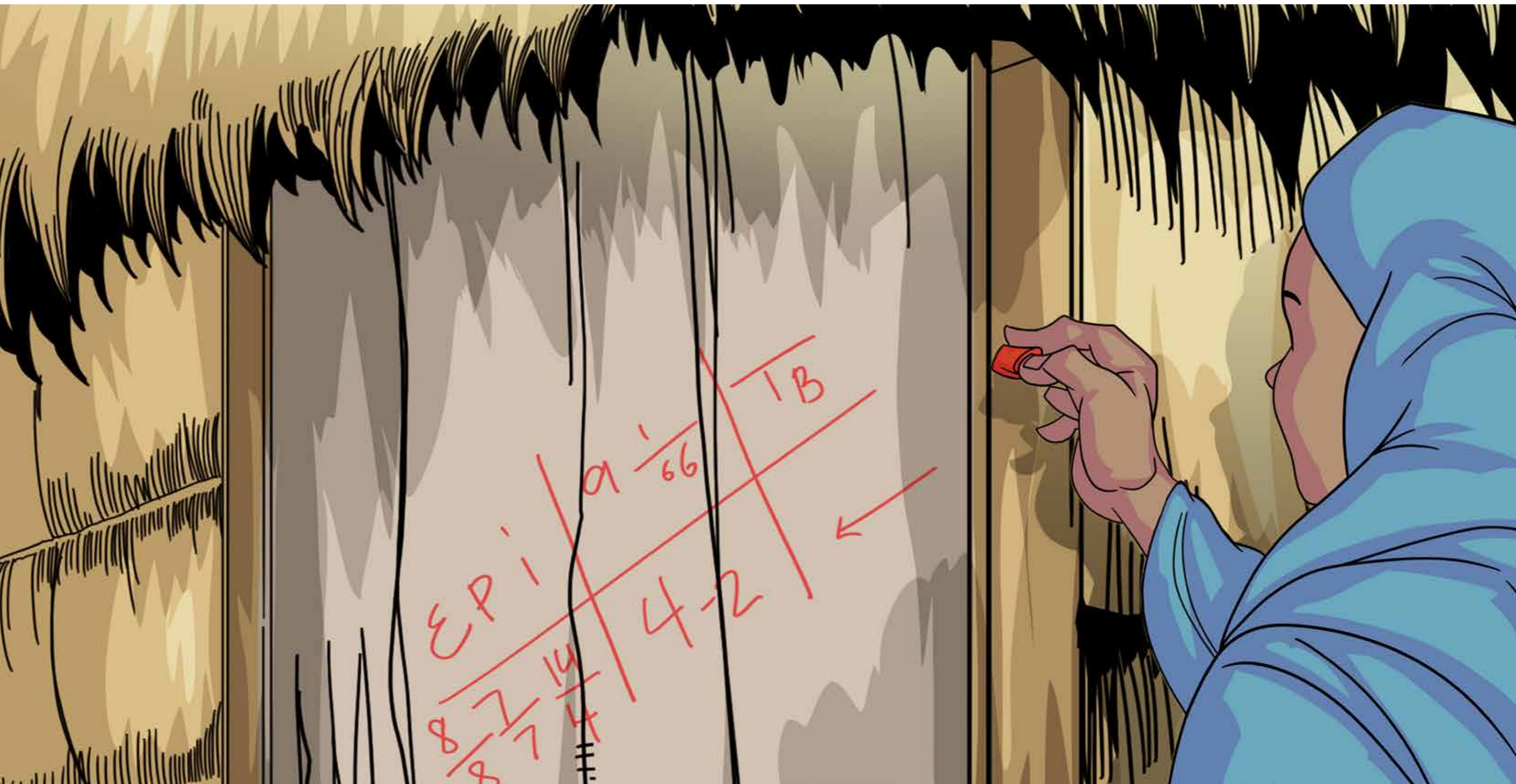
Ask

Why do we use a tally sheet?

Answer

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

Why do we mark the house?



Why do we mark the house?



Participant view



Refer to **Module C** of the Curriculum – *Vaccination and Interacting with Caregivers*



Ask

Why do we mark the house?

Answer

Marking a house helps to keep track of the houses visited. After visiting each house, its door or outside wall must be marked with a piece of chalk.



Ask

What information does a house marking give?

Answer

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



Ask

What additional information is in a house marking?

Answer

Whether a revisit needs to be planned because the visit was incomplete or no one was at home and no information is available.

Why are children sometimes missed?



Why are children sometimes missed?



Participant view



Refer to **Module C** of the Curriculum – *Vaccination and Interacting with Caregivers*



Ask

Why are children sometimes missed?

Answer

1. Children are not at home because they are at school, out playing, visiting relatives or travelling.
2. Caregivers do not allow children to be vaccinated.
3. Teams do not visit the household.



Ask

Thinking about missed children, what should your goal as a health worker be?

Answer

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



Ask

How can you locate missed children?

Answer

Lead a discussion about the various ways to locate children who are not at home during a house visit. Have the participants suggest techniques to use to locate the missing children. The following are ideas to discuss:

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



Ask

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

Answer

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

What is a refusal?



What is a refusal?



Participant view



Refer to **Module C** of the Curriculum – *Vaccination and Interacting with Caregivers*



Ask

What is a refusal?

Answer

A refusal is when the caregiver refuses to have the child vaccinated. In this situation, the house marking shows that children are present but that vaccination has not been given. Later on, a supervisor will return to the house and try again to persuade the caregiver.



Ask

What are some reasons for refusals?

Answer

Sometimes the problem or objection arises because the caregiver does not understand what a vaccination is. Sometimes the caregiver may wish to vaccinate, but perhaps a family member objects. In this case, you should help the caregiver find ways to convince their family.



DISCUSSION



Discuss some examples of reasons for refusals with the group:

Religious and political views, misconceptions and myths, mistrust of health workers, too many campaigns in a short period of time, concerns over the safety of the vaccine.



Ask

What can you do if the caregiver is unsure?

Answer

Politely discuss with the caregiver and use your communication skills to try to convince them to change their mind.



Ask

What is a return?

Answer

A return is when a polio worker or supervisor goes back to the house to try to persuade the caregiver to accept the vaccine. Sometimes a polio worker may need to take someone else to help them discuss the situation with the caregiver and persuade them to vaccinate their child.

What is a transit population?



What is a transit population?



Participant view



Refer to **Module C** of the Curriculum – *Vaccination and Interacting with Caregivers*



Ask

What is a transit population?

Answer

Transit populations are people who are moving from one place to another using any mode of transportation, including those travelling on foot. Transit populations can represent mobile underserved groups such as nomads, seasonal labourers, and migrants who travel for livelihood or economic opportunities.



Ask

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

Answer

Transit populations are consistently excluded from supplemental immunization activity (SIA) campaigns because they are often on the move, and are therefore vulnerable to missing routine immunization and OPV campaigns. This makes them potential carriers who can spread the poliovirus.



Ask

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

Answer

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



Ask

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

Answer

Migrant populations move from one region/city/district to another in search of seasonal work or based on nomadic traditions. They can also be displaced persons such as internally displaced persons (IDPs) and refugees seeking economic opportunities. Since they can cross large distances within a country, they can contribute to spreading the virus from one place to another.



Ask

Who are the target populations?

Answer

All groups of traditional nomads, seasonal migrants, economic migrants, refugees, and internally displaced persons (IDPs).

What is a fixed-post vaccination team?



What is a fixed-post vaccination team?



Participant view



Refer to **Module C** of the Curriculum – *Vaccination and Interacting with Caregivers*



Ask

What is a fixed-post vaccination team?

Answer

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



Ask

Where can you find fixed sites?

Answer

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



Ask

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

Answer

In a fixed-post vaccination, the microplan mentions the location of the fixed post and its catchment area. There is no door marking, and no revisit strategy.



Ask

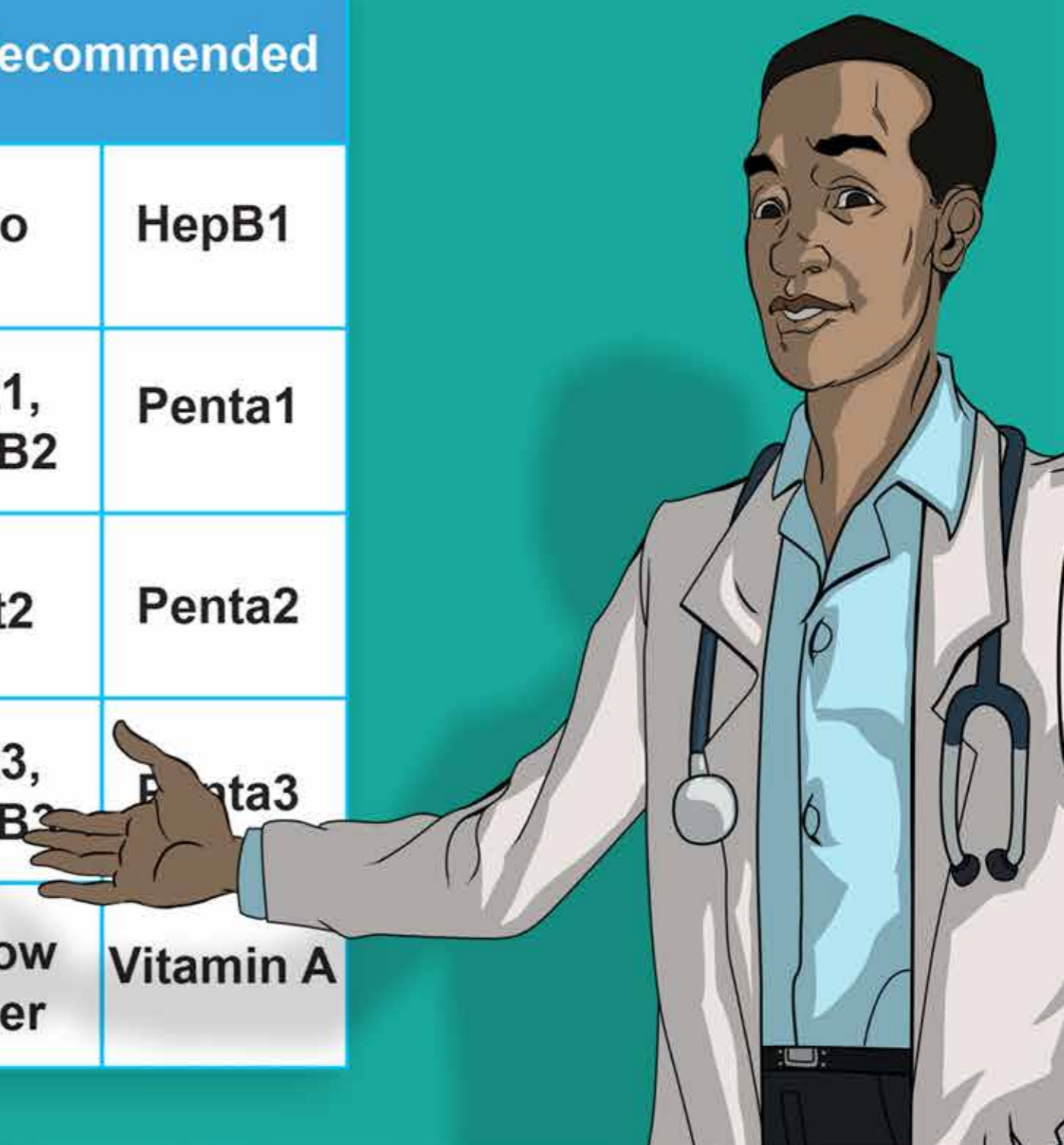
What is a transit-point vaccination team?

Answer

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

What is routine immunization?

When	Vaccinations Recommended		
At Birth	BCG	Polio	HepB1
At 6 Weeks	Polio1	Dpt1, HepB2	Penta1
At 10 Weeks	Polio2	Dpt2	Penta2
At 14 Weeks	Polio3	Dpt3, HepB3	Penta3
At 9 Months	Measles	Yellow Fever	Vitamin A



What is routine immunization?



Participant view



Refer to **Module D** of the Curriculum – *Beyond Polio*



Ask

What is routine immunization?

Answer

Routine immunization (RI) is a schedule of vaccinations for infants and young children that protects them against common diseases such as measles, poliomyelitis (polio), diphtheria, pertussis (whooping cough), tetanus, and childhood tuberculosis (TB). Most immunization programmes are free of charge.



Ask

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

Answer

It is always best to follow the ideal vaccination schedule. Even if the schedule has not been started in time, begin immediately. Babies will not be denied vaccinations.

How does poor hygiene cause disease?



How does poor hygiene cause disease?



Participant view



Refer to **Module D** of the Curriculum – *Beyond Polio*



Ask

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

Answer

Unclean water can contain germs that make people ill.

Germs can be spread by poor sanitation, an unsafe environment and a lack of good personal hygiene (e.g. not washing your hands before breastfeeding or preparing food).



DISCUSSION



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

Examples include: open defecation; safe water sources not being separated from unsafe water sources; and stagnant water which creates a breeding ground for mosquitoes that can transmit disease.



Ask

What can you do to practice good hygiene?

Answer

- *Take care of your body to make sure it stays clean*
- *Make sure that the area you live in is kept clean*
- *Protect your water and keep it safe to drink*
- *Make sure that the area you prepare your food in is kept clean*
- *Wash your hands with soap and clean water*
- *Wash your hands before cooking food, feeding a baby or child, or eating*
- *Wash your hands after using the toilet, cleaning a baby or child, or disposing of a child's faeces*
- *Treat your drinking water to kill any germs and store it in a safe and clean place*
- *Defecate in a toilet or pit latrine, not in the open*