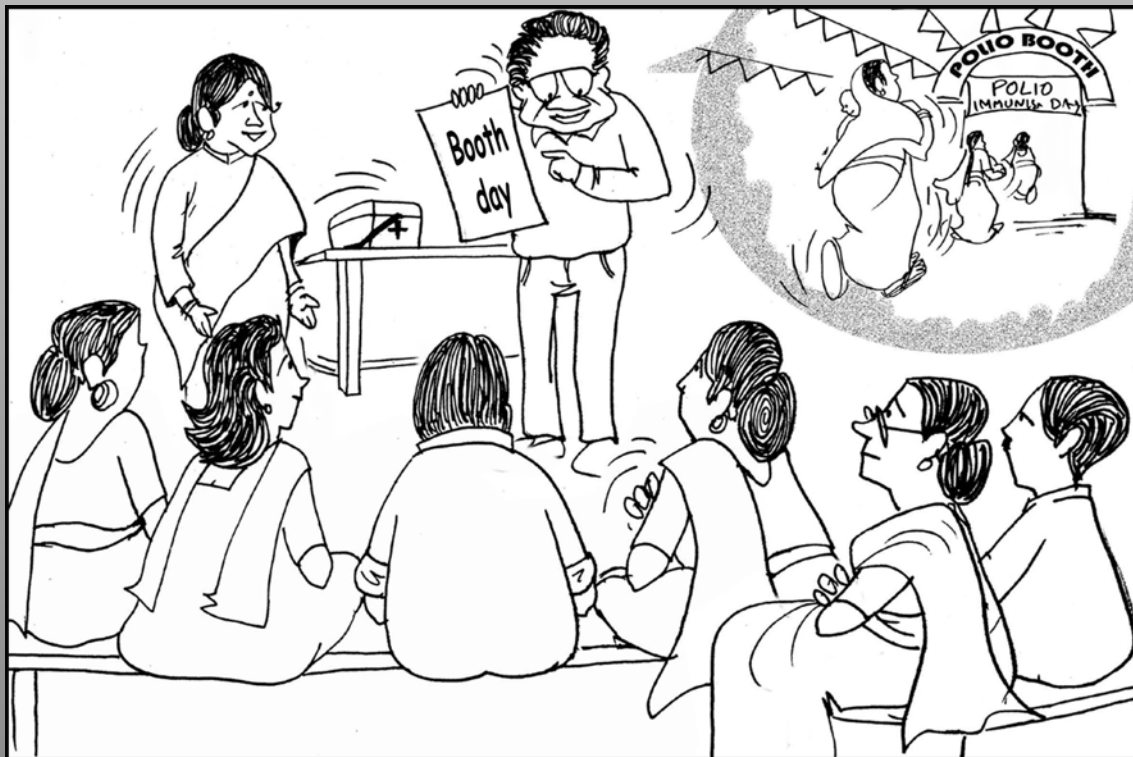


SUPPLEMENTARY IMMUNIZATION ACTIVITIES

Vaccinator Training Module

Revised March 2005

Operations and Interpersonal Communication



Prepared by

National Polio Surveillance Project-India
(A Government of India & World health Organization collaboration)



Ensure that you have covered all of the following issues in your training session

1. Introduced all the vaccinators and supervisors.
2. Reviewed the current status of polio eradication and complimented vaccinators on their achievements.
3. The pre-booth preparations including identification and interaction with local influencers.
4. Booth day preparations
5. VVM, open vial policy and Cold Chain management.
6. House to house activities including
 - a. How to enter the home and initiate a dialogue with the family members
 - b. Ensuring cordiality
 - c. Key questions to be asked in each house
 - d. Responding to queries from parents (with help of frequently asked questions and role plays)
 - e. Procedure for immunizing the child
 - f. Finger marking of the child
 - g. House and tally sheet marking

BEFORE STARTING THE TRAINING SESSION

Before conducting the training, make sure you have:

- ✓ Scheduled the training session in consultation with the Block Medical Officer.
- ✓ The date and time for the training and the venue has to be clearly conveyed to the vaccinators and supervisors.

You will need the following materials:

- Micro plan for the A team activities in the block/urban area to be covered with the names of the vaccinators and local influencers.
- Vaccine carrier and ice packs to demonstrate proper use
- OPV vials to demonstrate the VVM and proper administration of the vaccine
- Marker pen to demonstrate finger marking
- Chalk or geru to demonstrate house marking
- Tally sheets to demonstrate how they should be filled in


SESSION I

KNOWING EACH OTHER

REGISTRATION

Before starting the session ensure that all participants are registered.

- ✓ Check that the vaccinators attending the training are from the micro-plan, or the list prepared by the Block Medical Officer (BMO). In case of change in names, inform the BMO.

 **Note:** If the absent vaccinators/or supervisors are more than 5(five) this should be explicitly mentioned to BMO in writing, who in turn should conduct special training for the left out vaccinators.

- ✓ Ask all the vaccinators and the supervisors to sit together.

GETTING STARTED

- ◆ Greet the participants and introduce yourself not only by your name and designation alone. Mention clearly your role in training/specific contribution to polio programme.
- ◆ If Block Mobilizing Coordinators (BMCs) and Community Mobilizing Coordinators (CMCs) from UNICEF and Field Volunteers (FV) from NPSP are participating, ask them to introduce themselves.

Microplans

- ◆ A copy of the micro-plan must be shared with the teams.
- ◆ Trainer should assess if the vaccination teams are aware of the area to be covered by them in the forthcoming round.
 - *If vaccinators are not aware of the area assigned to them, trainer should note the names of such vaccinators/vaccination teams. The assignment area should then be discussed with these vaccinators after the main training session is over along with the BMO and supervisor.*
- ◆ Trainer should check if the vaccinators are aware of the names/addresses and contact numbers of local influencers from the area. These should also be available with the CMCs and/or block officials.
- ◆ Trainer should also discuss with the teams whether
 - ☞ They are comfortable with workload for the area to be covered by them
 - ☞ They get adequate supply of OPV and logistics in time
 - ☞ They have any constraints/problems/concerns in covering their areas

SESSION II

Polio programme in India.

Start your session on a positive note by mentioning that the programme has reached this stage only with the active and committed support of the vaccinators. The following points must be highlighted: -

- ✓ Transmission of polio is restricted to only 2 continents around the world – Asia and Africa.
- ✓ More than 200 countries including our neighbours like Bangladesh, Sri Lanka, Indonesia, Iran, Iraq and Nepal have eliminated polio.
- ✓ 1600 cases of polio occurred in India in 2002. This reduced to 225 cases in 2003 and 136 in 2004.
- ✓ 2004 had the lowest ever number of polio cases in the country due to the efforts put in by the vaccinators and their supervisors.
- ✓ Polio transmission is now limited to the identified high-risk areas of western UP, Bihar, and Mumbai / Thane area.
- ✓ Give the progress made by the district in terms of polio eradication over the last one year.
- ✓ We have the best chance for eradication of polio in the year 2005 with their efforts.
- ✓ To achieve this we must ensure the highest quality of activities in these areas. We must reach every house and immunize every child less than 5 years of age in all rounds of Pulse Polio programme.

(b) Give feedback on previous campaign in the area in terms of booth locations, their selection criteria, house-to-house activities, what worked well, the positive stories and the activities that still need improvement.

SESSION III

OPERATIONAL ASPECTS OF THE PROGRAMME

This session should cover the details in respect of: -

- (a) Pre booth day preparations
- (b) Booth day
- (c) VVM
- (d) Cold Chain
- (e) Procedure for immunizing the children with OPV
- (f) House to House activity
- (g) Tally Sheets & House marking

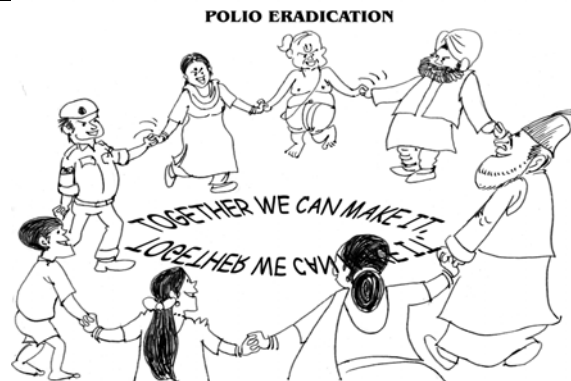
Pre-Booth Day:

The preparations for the booth day should start at least a week before the actual booth day. This would include

- a) **Identify influencers:** Influencers are required for carrying out booth as well as house-to-house activity.
 - a. The trainer should request the participants to **identify and list** local influencers in their areas who could be village pradhans, councilors in urban areas, religious leaders, medical practitioners, local moneylenders, anganwadi workers, local grocery store owners, traditional birth attendants (TBAs), local dais, prominent youths, popular teachers etc
 - b. This list should carry the name, designation and the target population they can influence.



Collect this list from each supervisor team wise and day wise. This must be handed over to the BMO for incorporating this information in the microplan.



Local Influencers

- b) **Contact these influencers** for seeking their support and cooperation in the areas listed below

For trainer only

- a. The trainer should make the participants identify what they would like the local influencers to contribute during the programme activities.

- b. Trainer should discuss the importance of sharing with the influencers
 - i. Date, time and place of team's visit (Booth day as well as house-to-house activity).
 - ii. Identifying meeting points where they could contact each other.
- c. A sample of the identified activities that could be taken up by the local influencers are as follows: -
 - i. Mobilize people to attend booth specifically those where coverage is low
 - ii. Request and ensure that they inaugurate the booth day
 - iii. Help team in identifying houses with newborns and toddlers
 - iv. Accompany teams to resistant households and convince reluctant parents to accept OPV.
 - v. Help in identifying more local influencers
 - vi. Help in disseminating information about booth day through drum beating and sending village chowkidar for Muniyadi.
 - vii. Identify NGOS who could help in sending messages to the people.
 - viii. Help in identifying the spots in villages & urban areas where IEC materials (banners, posters etc.) could be exhibited. Such IEC material should be exhibited before the booth day. .
 - ix. Provide tables, chairs/cots for waiting mothers and the booth vaccinators.
 - x. Provide resources to ensure cleanliness and drinking water facility on booth day.
 - xi. Take out rallies in support of polio.

(This list is only illustrative)



Booth Day

Setting up and functioning of booth: The trainer should ask the participants to conduct a role-play for this activity.

The role-play must highlight

- ✓ The preparations prior to the booth day.
- ✓ Setting up and functioning of the booth on the booth day itself.
- ✓ Distribution of responsibilities among members as to who will do what.



Some of the activities that should be highlighted are: -

1. **Setting up the booth** at a site that is easily accessible to parents/community members like the village chowpal/community centre or local schools.
2. **Booths should be located in shade.** Vaccine vials and vaccine carrier should not be exposed to sunlight
3. **Requesting community leaders / local influencers** to inaugurate the booth day and requesting influencers to visit the booth positively.
4. **Creating festive look at booths** using banners, posters, balloons, bunting etc.
5. **Using audiotapes and repeated announcements** from booth site/religious site / chowpals etc. at different points and time during the day. Playing **polio- songs** from these sites adds to the festive atmosphere on the booth day.
6. **Request local volunteers** to put up chairs/cots outside the booth area for waiting mothers / community members.
7. **Systematic working at the booth**
 - a. Each booth should normally have four trained personnel with clearly designated responsibilities.
 - i. One member of the vaccination team at the booth shall receive the parents with their children and immunize all eligible children.
 - ii. Second team member shall record information on tally sheet, for each child immunised, immediately after the child has been immunised.
 - iii. Third team member shall mark every child immunised on left little finger on the nail bed and adjoining skin, after child has been administered OPV drops with marker pen.

- iv. Fourth team member shall help in crowd control by designating entry and exit points to the booth, ensuring one way flow and helping parents to make a queue. Each parent should stand in line only once.
- vii. Recording of unnecessary information such as name and address of children and parents or cross checking from lists, should be avoided at the booths.
- viii. After immunization, vaccinators must advise parents regarding continuation of routine immunization and remind them to bring all their children on the date of next NID/SNID round.



Vaccinators should be proactive in seeking and immunizing children going past the booths. They can take the help of local volunteers like school students, NCC cadets, non-school going youth and local NGO's available at the booth.



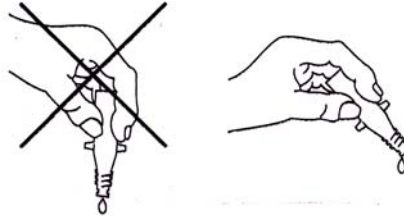
Each vaccinator / volunteer should visit at least 50 houses around the booth to mobilize children to booth for OPV

8. In summer months, booths should begin to function early in the morning.
9. Booth should have
 - a. Vaccine carrier with frozen ice packs and adequate OPV vials for the expected number of children to be immunized
 - i. Only one vial of OPV should be opened and kept outside the vaccine carrier
 - ii. Ice pack should not be removed from the vaccine carrier to keep the OPV vial outside the vaccine carrier.
 - b. Tally sheets in adequate numbers
 - c. Pencil/pen to mark tally sheets
 - d. Indelible ink marker pen to mark children immunized at the booth
 - e. Small screw-driver/vial opener to remove aluminum seals of OPV vials
10. **The trainer must discuss the importance of maintaining courteous behavior during the booth day.**

OPV, Vaccine Vial Monitor (VVM) & Open Vial policy

Procedure for immunizing children with OPV

All children under the age of five years have to receive two full drops of OPV in each round. Make sure that each vaccinator understands this by **testing** those who remain mostly silent to answer questions on the dosage, the age of children who should receive OPV and how many children can be immunized from an OPV vial.



Describe the position of the child while receiving the two drops. Demonstrate this by showing the above picture. Infants should be held on their back. Stress that the dropper needs to be kept above the mouth while giving the OPV, tilted at a 45° angle.

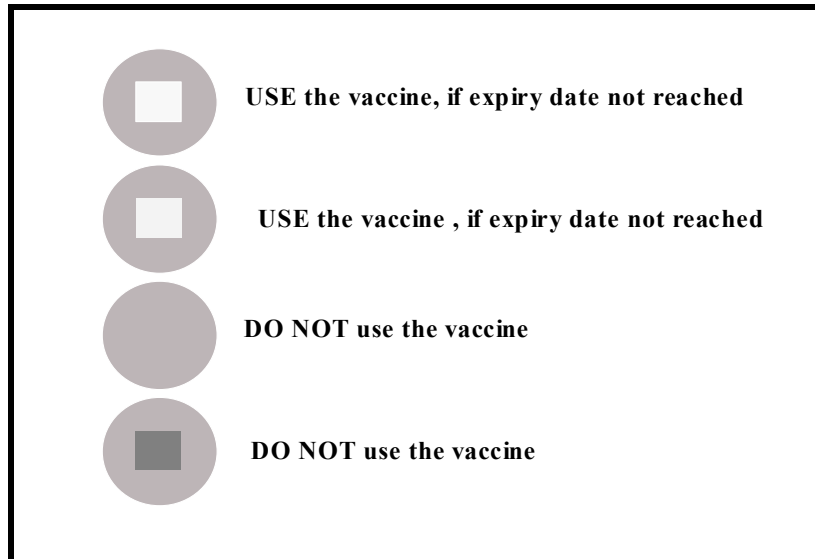
VVM

- a) Discuss the importance of using the **vaccine vial monitor (VVM)**.
- b) Use the VVM portion in the info kit as a teaching aid for initiating the discussion.
- c) Demonstrate OPV vials with VVM in different stages. These vials should be circulated amongst the participants



The trainer must discuss about the reuse of partially used OPV vials or unopened vials returned from the field on subsequent days if their VVM has not reached discard point

- d) During each day of the immunization campaign, vaccinators should check VVM on every OPV vial upon receipt and before administration of drops from the vial
- e) **TEST** participants on
 - ✓ VVM/vaccine/colour of the vaccine
 - ✓ What to do if the VVM reaches discard point
 - ✓ What to do with partially used vials and unopened vials returned from the field
- f) Fresh vaccinators should particularly be tested on VVM



Cold chain:

Initiate discussion on

- Main advantage of maintaining the cold chain. Main advantage is: -
 - ✓ Vaccine remains good for use
- Number of vaccine vials required for immunizing the target children during the day.
- What to do if ice packs/ice melts during the day's work?
- When to open and which vial should be used first?

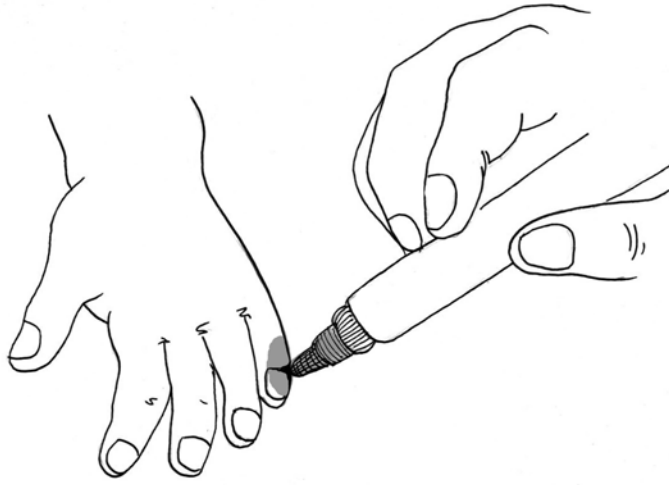
Participants **must** ensure

- ✓ Ice packs are frozen.
- ✓ Vials are kept in polythene bags to protect VVM from wetting.
- ✓ Protection of vials from direct sunlight

Emphasize these points during discussion

- ✓ Use vial openers for opening OPV vials
- ✓ Take out only 1 vial at a time from the vaccine carrier
- ✓ Recap OPV vials after use
- ✓ Hold the vials at 45° during administration of OPV
- ✓ Use OPV vial upto the last drop

Describe and demonstrate the finger marking: Stress that the mark should cover the **entire** fingernail and skin of the little finger, **always** on the left hand. After the mark has been made, the vaccinator must wait a while so that the ink gets dry, otherwise the child may either wipe it off or lick the same when it is still wet.



Give the message to the vaccinators that this ink dries fast and is safe for children

Conduct a quick exercise: Pick up a fresh (first-time) vaccinator and ask him to come forward and mark the trainer's or another participant's finger correctly. Repeat this exercise at least twice.

HOUSE TO HOUSE ACTIVITY

Supplies required by vaccination teams

Ask the participants to list the items that the vaccinators must carry with them when they conduct house-to house activity (Trainer should have available for demonstration during the training session).

Vaccination team should carry the following items: -

- ✓ Sufficient number of OPV vials stored in a polythene bag inside the vaccine carrier
- ✓ Vaccine carrier with frozen ice packs/ice
- ✓ Vial opener (if required)
- ✓ Description of the area to be covered along with map
- ✓ Sufficient number of tally sheets
- ✓ Tally sheets from previous day's work for revisiting X houses
- ✓ Pen for marking tally sheets
- ✓ Chalk/geru
- ✓ Marker Pen
- ✓ Identification badges and sunshades
- ✓ Info kit – as available (Carry it and use it to make clearer explanation to parents)



For each item, the trainer should ask them what they must verify before starting the work. The trainer should suggest corrections if errors are committed by them.

Conducting house-to-house activities

Discuss with the participants what they should do after reaching the village / assigned area. Stress that all members of the team must visit every house together

Entering the house

Discuss with the participants as to what they should do after knocking the door of a house. Some broad guidelines are given below. They are only illustrative.

Note:

- Greet the parents politely so that they feel comfortable.
- Explain to the family why you are there.
- Enquire about the number of households in the house and the number of children in each household.

Proper greetings in Muslim households


In Muslim households, it shows respect to use the proper greetings for the Muslim family. Vaccinators may use the following:

- ✓ **Assalamo'Alaikum** (may God bless you with peace) should be used as initial greeting, and can be used again before departing.
- ✓ **Khuda hafiz** (may God protect you) may be used as a departing greeting.
- ✓ **Shubhan Allah** (in praise of God) / **Alhamdulillah** (all praises for God) this can be used when a good act takes place like a child or newborn being brought for vaccination by the mother.
- ✓ **Jazakallah** (may God reward you) may be used after vaccinating the children.
- ✓ **Shukriya** (thank you) may also be used.

Personal touch words such as Baji (sister), Khala (aunt), Apa (for any lady), Bhaijan (brother), Janab or Hazrat to show respect to an elder man.


The following questions **MUST** be asked in each household irrespective of the fact whether they have a child or not.


- What is the number of 0-5 years old children living in the house?
- Specifically ask if there are newborns, toddlers, or children sleeping inside the house.
- Enquire if any children under 5 years of age are away from home. (Playing, visiting friends / relatives, away to school, fields or market place.)
- Enquire about how many of these children have received polio drops at the booth?
- Enquire about relatives or friends visiting the house, and whether they have any 0-5 year old children. (Ensure they also get the OPV as well).


 **Trainers:** emphasize the significance of **entering the houses** and seeking information on **newborns and young children**.

Be sure vaccinators know to tell parents that newborns and young children are most vulnerable to being infected with polio.

Vaccinators should ask whether there are any newborn children in the immediate area after every 15-20 houses, or in each lane / mohalla.

 **Trainers:** illustrate ways of seeking this information from families, neighbors, and even children playing outside houses. Vaccinators should also keep a lookout for articles that would indicate that a newborn or a young child in the house e.g. toys, clothes etc.

 **Trainers:** emphasize that vaccinators should **spend more time in each household** to ensure that the vaccinators are able to correctly know the number of children in the house especially newborns, toddlers, children visiting the house and children gone away.

 **Trainers:** Stress that while conducting house-to-house activities, vaccinators should **immunize children outside of the house** after obtaining consent from their parents / caretakers. Discuss examples with the vaccinators, such as:

- Parents carrying their children in the street
- Children playing in the street, playgrounds, or in the field

Finger marking MUST be verified on each child that parent says has been vaccinated. If finger-marks are not visible, it must be assumed that the child has not been vaccinated. If this situation, vaccinators must make every effort to vaccinate the child.

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

Re-visit to X houses

The team should revisit X house in the late afternoon on the same day or later according to the probability of the children availability, to cover the children who were in the school, market, field, play ground, traveling etc.

In areas where acceptance of vaccine is an issue, these revisits should necessarily be made along with the local influencers/community leaders.

After this revisit the team will submit the house-to-house tally sheet, which contains the list of remaining X houses, to the supervisor at the end of each day.

Emphasize that vaccinators must revisit all X marked houses.

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

House marking and Tally Sheets

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

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

House marking: (Use chalk or geru) briefly discuss the importance of marking the houses correctly. Review what the marking means (team number, serial number of the house, the date of visit and the arrow indicates the direction of the team movement. difference between “X” and “P”). The participants have to be told as to where to put the mark and that it should be clear and legible.

Now with the help of the exercise at the end of the module evaluate the vaccinators responses about different situations. Ask the participants as to how to mark each scenario on the tally sheet. Trainer should write the correct answer on the chalkboard or drawing sheet so that every one can see it.

Mark “P” when,

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

The house marked as “ P- House No”

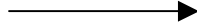
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Date

Mark “X” when,

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

- Children not at home as they are in the field, school, have gone to the market, visiting friends or relatives, accompanying parents to place of work
- Children are at home but the parent is reluctant or refused to allow the vaccinator to vaccinate their children.
- Locked house for any reason and for any period of time.

The house marked as “X- House No”



Date



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

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

Role-Play

Objective: to practice the skill of entering houses, seeking children eligible for immunization, giving key messages to parents.

Process:


Select three participants who have joined as vaccinator for the first time. Let one of them act a mother of two kids both of whom are yet to receive OPV. Mother has to be cooperative. The other two vaccinators will enact the entire process of knocking the door, entering the house, entering into dialogue with the mother, immunizing the children, marking the little finger of the left hand, filling the tally sheet and marking the house.

Trainer should instruct other participants to observe the entire process and make notes on the errors or mistakes that the selected vaccinators did while performing various tasks. They should also make note of the quality of dialogue with the mother, the greetings that are exchanged, the knock that is made, and such other things.

Addressing parent’s questions and concerns

When parents have questions, the vaccinator must listen to their questions and provide simple, specific and accurate answers respectfully.

Vaccinators should have accurate, complete and specific information about OPV and polio. When vaccinators talk, they must be sure to make their point **clearly** and **confidently**. If vaccinators are unable to answer questions or give clarification, parents may lose confidence and trust in the vaccinator. This again may prompt parents to refuse OPV for their children.

 **Trainers:** review the frequently asked questions given below with vaccinators. Trainer should ask these questions and listen to the response of the vaccinators. Trainer should let other participants correct any mistake made by the vaccinator.

The trainer should intervene only when the group is not giving appropriate inputs or coming to the correct response.

Repeat the exercise with different vaccinators especially first time vaccinators and those who remain silent using different questions until satisfied with the participant's ability to answer the questions correctly in simple language.

Frequently asked questions

What is polio?

Polio is a communicable disease that affects young children. Polio causes life-long paralysis and is not curable. The only way to protect your child from polio is to ensure your child gets OPV during each Pulse Polio round until they reach 5 years of age. By doing this, your child will be protected for life.

Should OPV drops be given to newborn children?

Yes, OPV drops **must** be given to newborn children also, even if they were born only a few hours ago. Younger children have greater chances of getting polio hence immunization should begin as early as possible. The vaccine is safe, effective and free from side effects. Administration of OPV will lead to development of immunity in these children.

Why are polio doses being given again and again?

By giving the doses repeatedly the ability of the child to fight the disease increases and the poliovirus cannot survive in the body of the child.

Should a child having diarrhoea or other illness be given OPV drops?

OPV drops must be given to all children even those who have diarrhoea or other illness. OPV given to a child who is ill with diarrhea or another illness will not have any side-effects as a result of receiving OPV during this time.

Should we give additional doses of OPV during pulse polio rounds to children who have received routine OPV doses recently?

Yes, additional doses of OPV should be given to these children during the Pulse Polio rounds. These doses interrupt circulation of wild poliovirus in the community. OPV drops given during routine immunization sessions are also important for ensuring protection of the individual against polio.

Does administration of OPV lead to impotence?

No, OPV does not lead to impotence -- this is just a rumor. Actually, OPV is one of the safest vaccines in the world and has been in use for more than 40 years. The same vaccine is being used for all communities in India and in several other countries including our neighbors Bangladesh and Pakistan. OPV has been used in nearly all countries of the world since the early 1960s, and has led to eradication of polio from most of the world. Children from all communities in

India – Hindu, Muslims, Sikhs, Christians and others -- have been receiving the same vaccine in all parts of the country. (The population of specific groups within our country or any of these countries has not declined.)

Next, ask the participants to speak out questions and concerns that they have heard from the parents/family members or community about Polio, OPV or the Pulse Polio Programme and are not reflected in the info-kit. Trainer should provide accurate answers to each of the additional questions. He should help frame simple and correct answers to the newly identified questions.

Conduct role-play

The trainer should ask the participants to select at least two to three scenarios from the frequently asked questions or other concerns raised by vaccinators and conduct role-plays on them. Trainer should take “parent” vaccinator aside and instruct him about the scenario. The “parent vaccinator” should act as a parent who is reluctant to immunize his children. Ask the vaccinator to attempt at overcoming the parent’s reluctance using accurate information and a respectful approach.

Stop each role-play after five or six minutes. **Ask** all the participants for feedback on what the “vaccinator” in the role-play did effectively. (For example, did they provide correct information to the parent? Were they courteous? Did they try different ways to persuade the parent to accept OPV? Did they respond to the concerns raised by the parent or was the vaccinator argumentative?)

Next, **ask** what the vaccinator could have done more effectively.

Finally, **provide** your own feedback and suggestions for improvement. Try to be as specific as you can with your feedback. For example, if you can suggest language the vaccinator could have used that would have been persuasive to the parent, then do this.

Courtesy Begets Courtesy

The **trainer must emphasize** that irrespective of the situation, the vaccinator should follow the following illustrative tips vigorously. The trainer should ask the participants to list their own indicators for exhibiting courteous or rude behavior.



Some suggestive indicators of courtesy are: -

- 1) Remaining cheerful and pleasant all the time.
- 2) Treating people respectfully, particularly the parents.
- 3) Giving accurate and specific answers to the questions raised either by parents or any community member.
- 4) Staying calm.
- 5) Being gentle with children.

- 6) Encouraging parents to seek clarifications and clearing their misconceptions.
 - 7) While talking, keeping the tone and pitch of their voice low.
 - 8) Thanking the parent/family members after the activity.
- (This list is not complete and can be elaborated with the help of vaccinators.)

The trainer should also request the participants to identify activities that the **Vaccinators should avoid**. The following list is illustrative only

VACCINATORS SHOULD “NEVER” DO THE FOLLOWING

- 1) Give OPV to the child without the consent of the family members
- 2) Get into arguments with the parents or the community members.
- 3) Attack the parents / community values.
- 4) Mock people on the misconceptions they have about polio vaccine
- 5) Try to bully the parents to accept the OPV

The trainer may expand this list.

Conduct a role-play exhibiting the positive as well as the negative attributes.

Role Play exercise: Identify two participants amongst the vaccinators (Preferably first time vaccinators). Request one of them to demonstrate positive attributes while talking to a family member in a village situation. The trainer should avoid making remarks at this juncture. After 5 minutes, ask the participants to identify positive tips that have been demonstrated by the vaccinator. Identify the tips that the participants have left out.



The second role-play should be enacted in the same manner except that the identified vaccinator has to show the negative attributes while he is performing the booth day activity.

The trainer should discuss the difference that it makes to the programme by adopting either of the approaches. The trainer should clearly highlight that unfriendly attitude of the vaccinator could hurt the parents, make them feel angry that could lead to refusal to accept the vaccine. Showing superiority and putting pressure generally inhibits the community to come forward to seek clarifications and ask questions **or have children vaccinated.**

REMINDE THE PARTICIPANTS THAT IF THE MONITORS OR SUPERVISORS FIND “ FALSE P’s” IN THEIR AREA, THE VACCINATORS HAVE TO REPEAT THE IMMUNIZATION ACTIVITY IN THEIR AREA.

Questions and Answers

Ask if participants have any questions about any of the information or activities covered in the training. Answer any questions raised by them.

- Remind participants to take the info kits with them in the field to use the same as a resource.
- **Briefly educate** the participants about **how to recognize a case of AFP**. Ask the participants to inform their supervisor or block medical officer if they come across a case of AFP during their visits.

Finally conclude the training after you have revisited the objectives of the training and ensured that all-important aspects have been covered.

Thank the participants for their active participation in the training programme as well as in making the programme lively, interactive, interesting and useful. Remind them that their good efforts will make an important difference in eradicating polio from India.

EXERCISE

Tally Sheet & House Marking

Team number 4 consisting of 2 team members – Ram Lal and Ashrafi are performing house to house vaccination in Patia village during NID.

They are visiting the houses and vaccinating children as follows. Fill the tally sheet on their behalf.

- 1st house (next to Shiv temple) belongs to Sohan who has 2 under five children. Team vaccinates both of them.
- In next house, all 3 children of Rahim got OPV at the booth.
- 3rd house belongs to Abdul, who does not have any eligible child.
- Sunder has 4 eligible children. 2 children are administered OPV doses and other 2 have gone to visit grand parents in another district (still unvaccinated).
- In 5th house, out of the 3 eligible children, 2 are administered OPV at home and 1 child has gone to school (parents inform that the child was vaccinated at the booth).
- 6th house is locked. Family is gone to farm.
- In 7th house, 2 children are administered the vaccine and none are left.
- In 8th house, all 3 eligible children had been administered vaccine at the booth.
- Sharma has 3 eligible unimmunized children and refuses OPV vaccine.
- Team finds 3 children in the street. After confirming their address, all 3 are given vaccine.
- In the nearby brick kiln, team found 10 unvaccinated children. All are administered OPV.
- Next house has 2 children who have received OPV from the booth. Additionally there are 2 children who are visiting their maternal grandparents they are 3 years and 9 months old. They remain unvaccinated as parents and maternal grandparents refuse OPV doses for them.

The team ultimately visits 112 houses and immunizes 67 children. The last house belonged to Sunder Lal near post office.

Team had received 10 OPV vials and used up 6 of them