



**BUILDING INTERPERSONAL
COMMUNICATION SKILLS**
-A Training Module

ACKNOWLEDGEMENT

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FOREWORD

Information technologies are connecting India's families more than ever. Young people flock to Internet cafes in Uttar Pradesh. Rural women operate interactive computer programmes at Panchayat offices in Karnataka. Farmers in Gujarat order fertilizer and sell their produce using mobile telephones and on-line computer programmes. And television – with its proliferation of channels and broadcasters – penetrates deeper into the home through advances in cable and satellite. These technologies are a powerful conduit for information, ideas and innovation. They impact significantly on what people think and how they act. But global experience teaches us that information alone is insufficient to change and develop behaviour.

The power of interpersonal communication remains a key strategy in influencing and changing behaviour. How people talk to people, what they say, and the means of imparting knowledge and skills are key determinants in the process of behaviour change and development. Families need information. But behaviour change is a process that often requires a trigger and a motivation, the promise and potential for a benefit, skills to be learned, a facility to overcome social and cultural barriers, and the ability to act. Horizontal, informed interpersonal communication is fundamental to the process that makes behaviour change possible.

The Government of India reaches out daily to families through Anganwadi workers, ANMs, ASHAs, doctors, nurses, teachers, public health engineers, agricultural-extension workers and many others. Non-governmental organizations, youth clubs, religious networks, service organizations and the private sector form another vast army of volunteers and workers who connect regularly with families everywhere in the country. Responsibility for communication with and to families is the task – and mission – of many.

This training module and facilitators' guide – developed in collaboration with UNICEF – is a useful tool for any stakeholder in building the interpersonal communication skills of those who frequently engage with families. The purpose is to equip communicators with the skills they need to influence changes in care practices and behaviours. The module introduces participants to a variety of theoretical concepts and engages them in practical exercises to promote behaviour change. Support materials to promote changes in behaviours are identified and suggestions given on how they can be used.

We encourage its wide dissemination and use, and welcome your feedback on its usefulness and effectiveness in the work you are doing to influence and bring about behaviour change.



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BUILDING INTERPERSONAL COMMUNICATION SKILLS

A 3 DAY TRAINING MODULE

DAY 1	Content of session	Materials/method/aids for distribution
Session 1 Time: 60 minutes	Registration, introduction, expectation of the participants, objectives of training	Introductory Game (Visualisation and Participatory Planning) cards/pens
Session 2 Time: 30 minutes	What is communication, examples of good/ miscommunication, identifying barriers to communication	Flip Charts with One-way and Two-way Communication Loop diagrams Examples of miscommunication Bananas Condoms Big picture or model of a mosquito. Annexure 1
TEA Time: 15 minutes		
Session 3 Time: 30 minutes	What is Interpersonal Communication	Flip Chart paper, (participants brainstorm)
Session 4 Time: 90 minutes	Introduce GATHER concepts	Link GATHER and IPC films "Making Friends", "Positive Attitude", "Listening and Understanding" Annexure 2
LUNCH Time: 45 minutes		
Session 5 Time: 75 minutes	Role play on developing IPC skills of participants	Role play case studies (one case study on girls' education and one case study on handwashing)
TEA Time: 15 minutes		
Session 6 Time: 45 minutes	Furthering skills in IPC	A film on "Giving Examples"
Session 7 Time: 30 minutes	Setting homework	Divide participants into three groups and set role plays for the morning arising out of the "Giving Examples" film
Evening	Cultural evening for recreation	
DAY 2		
Session 1 Time: 15 minutes	Reflections from previous days training	Rapporteurs reports
Session 2 Time: 60 minutes	Giving examples	Role plays will emerge from the previous day's films
TEA Time: 15 minutes		
Session 3 Time: 90 minutes	Listening and learning skills non-verbal communication, asking questions. using responses and gestures, reflecting back what the mother says	Discussion on listening and learning skills. Demonstration of all skills. Game of Chinese Whispers

Session 4 Time: 75 minutes	Force Field Analysis – community assess, analyse and act on hand washing	Handout on Force Field Analysis Annexure 3
LUNCH Time: 45 minutes		
Session 5 Time: 30 minutes	Tools of IPC and how to use them: Introduction	Mothers Handbook, “Shishu Suraksha aapke haath” booklet, Total Sanitation campaign booklets, flipbooks on HIV/AIDS Annexure 4
Session 6 Time: 45 minutes	Break into groups – each group practice with one tool	Above tools
TEA Time: 15 minutes		
Session 7 Time: 120 minutes	Revert back to the whole group present – how they use a tool	The groups present the use of each tool
Evening	Evening cultural programme.	A professional group or some other activity the participants have prepared
DAY 3		
Session 1 Time: 15 minutes	Reflections from previous day’s training	Rapporteurs’ reports
Session 2 Time: 45 minutes	Steps in Behaviour Change	Flip charts, individual cards
Session 3 Time: 75 minutes	Behaviour Change Model and Application	Behaviour change case studies (handouts). Case study – suggested solutions Annexure 5
TEA Time: 15 minutes		
Session 4 Time: 150 minutes	Preparation of IPC work-plan in groups (To be continued after lunch)	Village survey reports, village planning guidelines
LUNCH Time: 45 minutes		
Session 4 (continued)	Preparation of IPC work plan in groups	Handout on IPC Planning Annexure 6
TEA Time: 15 minutes		
Session 5 Time: 150 minutes	Presentation by the participants on IPC plans	Presentation
Session 6 Time: 45 minutes	Feedback by participants. Wrap up by Facilitators	Annexure 7



PREPARATION CHECKLIST FOR TRAINING FACILITATORS

Read the module thoroughly. All support materials will need to be prepared well in advance and not during the training itself.

PREPARATIONS PRIOR TO DAY 1

1. Write the Agenda of Day 1 in large letters on chart paper. **(Page 1)**
2. The first session is an introduction game. Make as many small chits of paper as number of participants plus the anchor with numbers written on them starting from 1. Each slip will have only one number. The slip should be folded. If there are more participants than what you had anticipated make more slips. If less, remove the extra numbers serially. The slips can be pieces of paper torn out from a larger A4 size notebook. **(Page 6)**
3. Keep Visualisation in Participatory Planning (VIPP) cards ready. Each participant must be given a marker pen. Collect and keep the marker pens carefully as you will reuse them. If VIPP cards are not available, use A4 sheets cut in half and keep them ready. This is for participants to write their expectations. **(Page 7)**
4. Write the objectives of the training on chart paper and keep it ready. **(Page 7)**
5. Buy one packet of condoms and keep it ready for the discussion, "What is communication?" **(Page 9, Annexure 1)**
6. Get one large picture of a mosquito drawn on chart paper. **(Page 9, Annexure 1)**
7. Draw the diagrams of One-way and Two-way communication **(Page 10)** on two separate pieces of chart papers.
8. Write Barriers to Communication and Ways of Improving Communication on separate pieces of chart papers and keep ready. **(Annexure 1)**
9. Make a presentation of GATHER on a chart paper for the GATHER session. **(Annexure 2)**
10. Make copies of Role Plays (each group must be given 6-7 copies) and keep them ready. If possible, prepare participants for this role play one day prior to the start of the official training. **(Pages 13-16)**
11. Cue the films and keep them ready. There are questions at the end of each film. Write down the questions on chart paper – one chart paper for each film.

PREPARATIONS ON THE FIRST DAY OF TRAINING FOR DAY 2

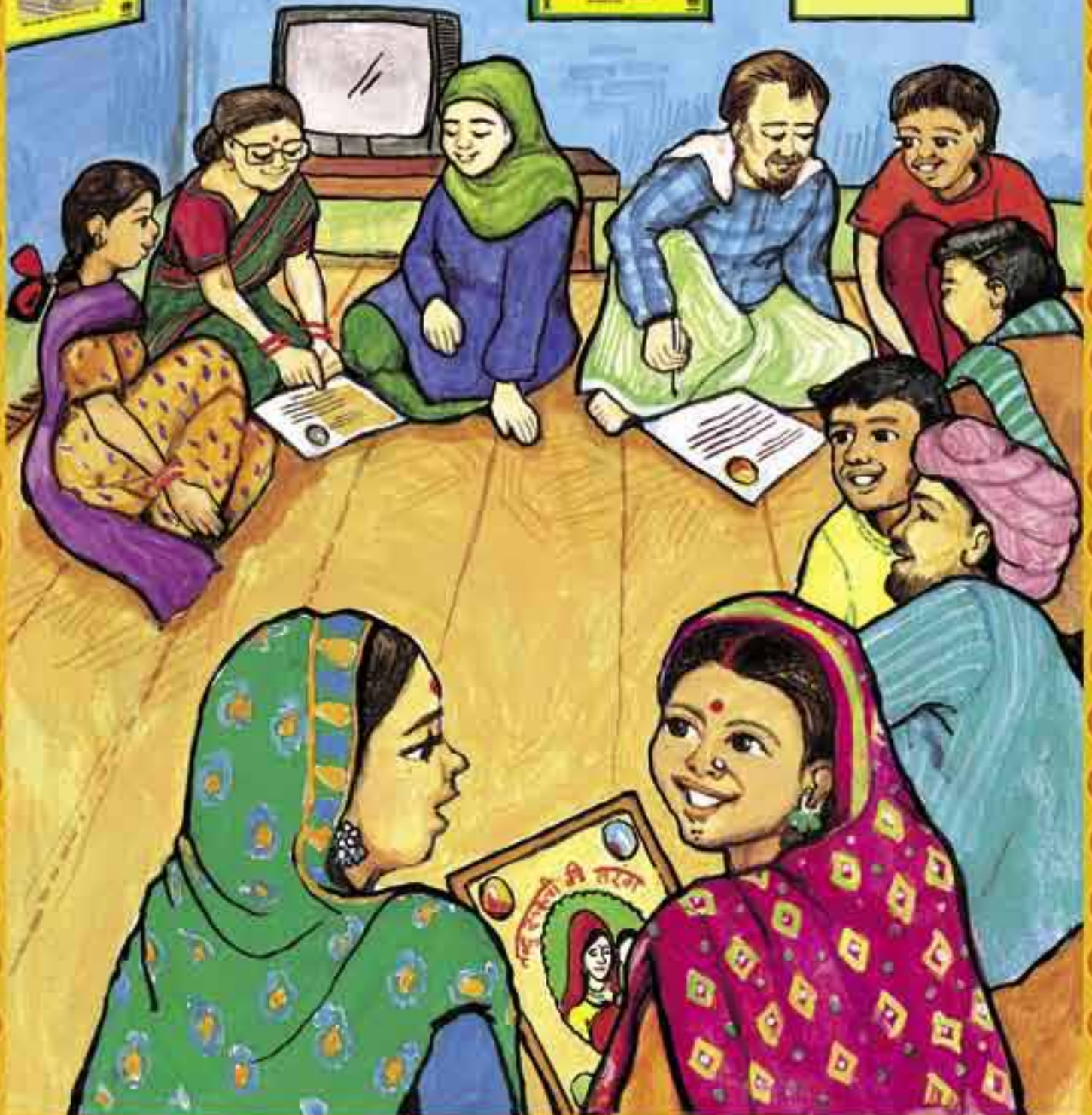
1. Write the Day 2 Agenda on chart paper. **(Page 1)**
2. Write the "Listening and learning skills." on chart paper. Each skill should be on a separate chart paper. Make copies of Demonstrations A to E for the participants who will play the roles. Make at least four copies of each demonstration. **(Pages 21-31)**
3. Form groups who will demonstrate Skills A to E. Preparing the participants before hand increases the effectiveness of this exercise.
4. Keep the messages for the Chinese whispers game ready. The first person who starts the Chinese whispers game should read the message a few times and understand it well. **(Page 32)**
5. Draw the Force Field Analysis on chart paper and keep examples of positive/negative factors ready so that you can demonstrate the example readily. **(Annexure 3)**
6. Keep all the IPC tools ready. **(Annexure 4)**

PREPARATIONS ON THE SECOND DAY OF TRAINING FOR DAY 3

1. Write the Day 3 Agenda on chart paper. (**Page 2**)
2. Keep the Behaviour Change Steps ready on chart paper. (**Page 42. Picture 1**)
3. Prepare sets of Behaviour Change cards and Communicator actions. You will require as many sets as there are groups. The number in each group should not exceed four to five. Eg. if there are 40 participants, you will need 8 sets of cards. (**Picture 2**)
4. Make copies of the Village Planning handouts and give all participants a copy during the evening of Day 2. One copy should be available for each participant. The handout should also have the planning matrix. (**Annexure 6**)
5. Make copies of the evaluation sheet – one per participant. (**Annexure 7**)



WHAT IS COMMUNICATION



DAY ONE

SESSION 1

TOTAL TIME

60 minutes.

SESSION TOPICS

Registration, Numbers game for introduction and ice breaking, objectives of the workshop, expectations of participants.

OBJECTIVE

1. To introduce participants to each other.
2. To familiarize them with workshop objectives.

MATERIALS

Register and pen for registration and kit for the participants (badge, pad, and pen)
Objectives of workshop. (Written on chart paper)

PROCESS

How to facilitate the Numbers game for Introduction?

Prepare materials and explain the rules of the game: Make as many slips of paper as the number of participants and number them 1, 2, 3..... Fold each slip and place them in the middle. Write the numbers of total number of participants (and thereby the total number of number slips given out) on the board or a flip chart. Strike out the numbers that have been called out, to avoid the same numbers being called out. If the anchor occupies the place of anyone in the circle, the person who loses a place becomes the anchor. He or she passes their number chit to the previous anchor. If a person has to conduct the game more than thrice, he/she has to recite a poem/song/joke as punishment/bonus.

Anchor: Conduct this game and allow participants to enjoy. Participants return to respective seats after the game.





INTRODUCTION

When all the participants have returned to their seats, divide them into pairs. Each person will introduce the other partner. Give them five minutes to talk to each other. They should try to find out interesting things about each other and introduce their partner. The second pair who gets up to introduce each other apart from introducing each other should also mention the names of the first pair; the third pair should also mention the names of the first two pairs and so on. Whoever cannot mention the names of the earlier teams should pay a penalty – a song, dance or skit – whatever is decided by the group!

EXPECTATIONS OF PARTICIPANTS

Start the session by saying that we are here for three days and the name of the workshop is “Building Interpersonal Communication Skills”. Ask the participants what they understand out of the title and with what expectations have they come to the workshop. What do the participants expect to achieve out of the workshop? Some participants will seek information on the subject matter while others will be interested in skill improvement. Do not discourage anyone and keep writing participants’ expressed expectations on the chart paper. This can also be played as a VIPP exercise. Each participant will write one objective as to what their expectation is from the workshop. On the last day this can be reviewed again to see if participants feel they have achieved their expectations. If there are participants who cannot read or write the supervisors should help them out.

OBJECTIVES OF WORKSHOP

At the end of the introduction and expectations session, share objectives of the three-day training programme as below

1. To understand the concepts of interpersonal communication and their importance in all interactions with communities and other partners.
2. To develop skills of interpersonal communication and motivation.
3. To make participants, adequately aware of their roles and responsibilities as community animators and as change agents who can trigger the process of behaviour change and development in individual families and communities.
4. To understand the basics of planning for carrying out activities in the village, with a focus on communication planning.

A. To explain:

- Role of the communicator.
- Importance of listening and learning what people require for positive and sustained health behaviour.
- Steps people follow in their changing behaviour.

B. To demonstrate skills in:

- Using open questions.
- Using encouraging responses and gestures.
- Using supportive non-verbal communication.
- Motivation using six principles of effective communication.

SESSION 2

TOPIC

What is communication?

TIME

30 minutes.

MATERIALS

- Flip chart.
- Bananas.
- Condoms.
- Big picture or model of mosquito/bee.

OBJECTIVES

By the end of this session, the participants will be able to:

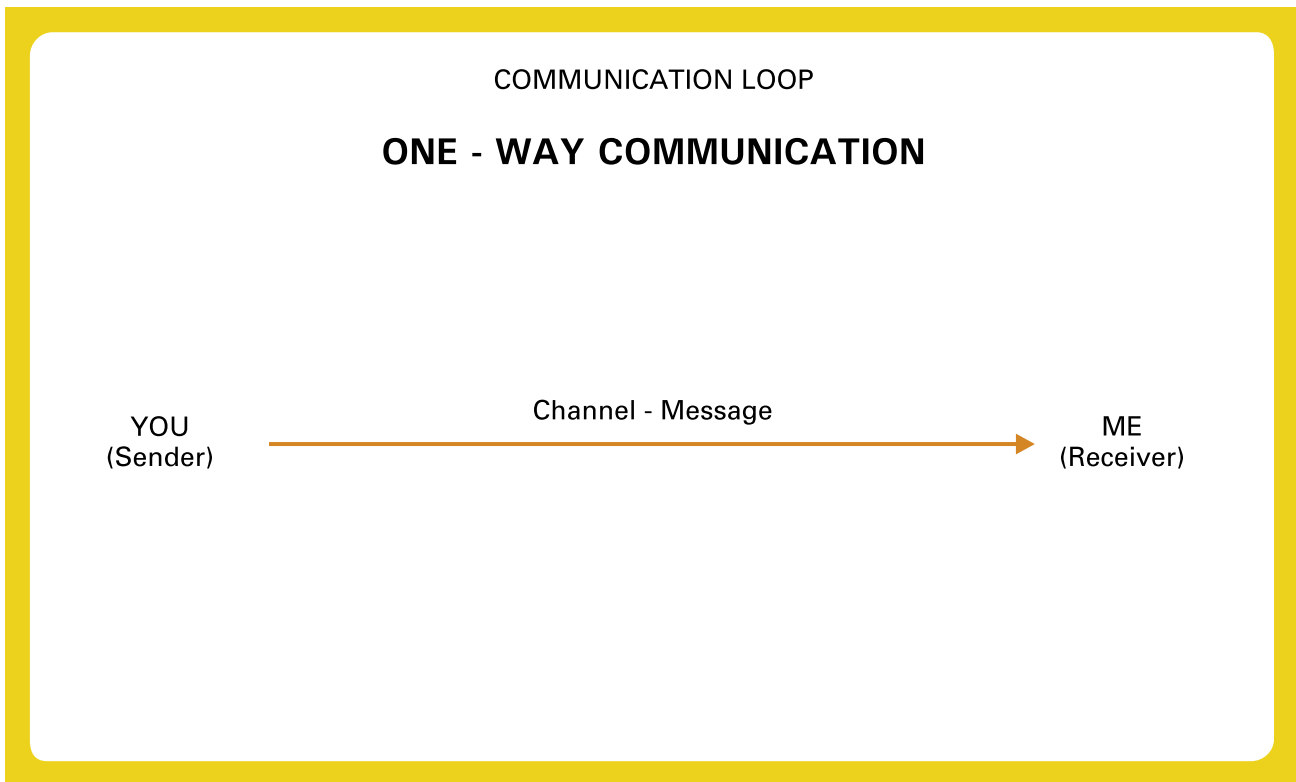
1. Explain the components of the communication loop.
2. Give some examples of miscommunication.
3. Identify barriers to communication.

PROCESS

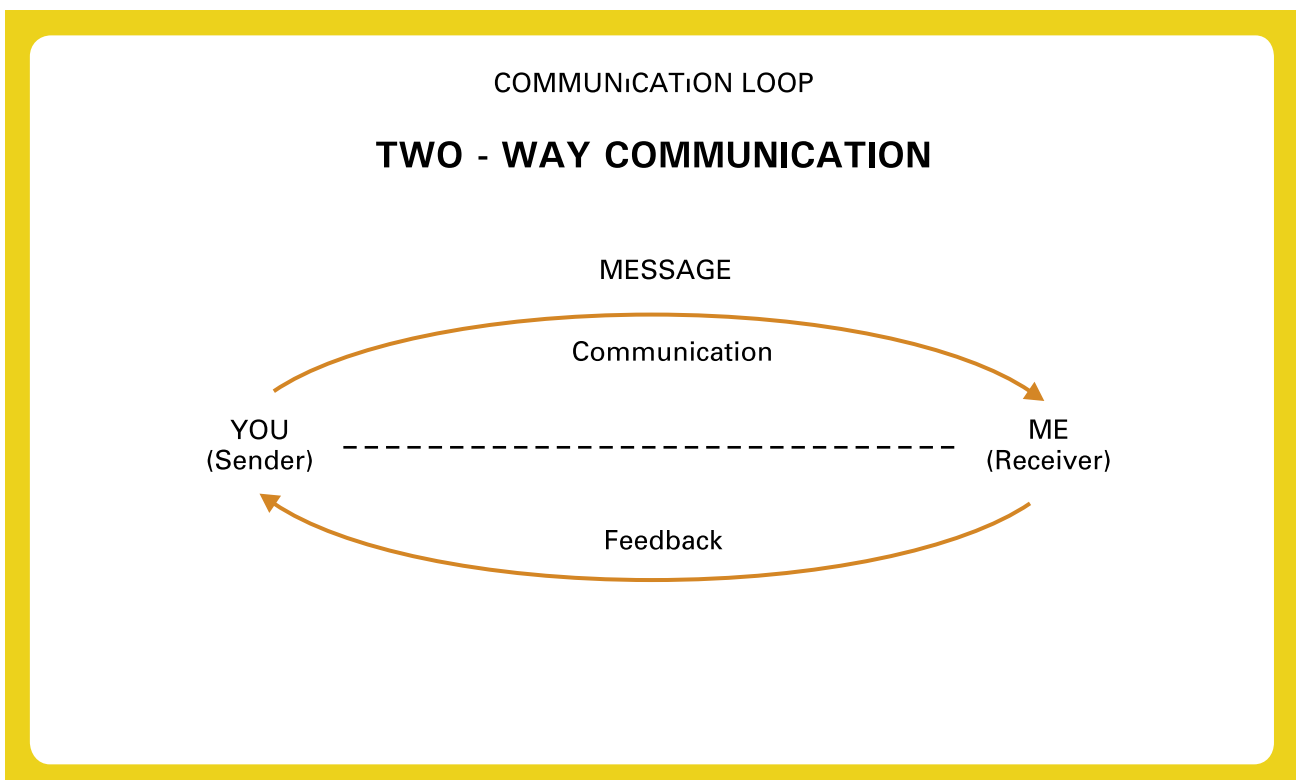
1. Post a flip chart paper showing the two boxes of "sender" and "receiver". (Picture 1)
2. Explain the model by asking questions, adding lines, and writing the words: message, feedback and understanding.
3. Ask participants related questions:
 - Have I communicated, is it enough just to tell someone something?
 - How do I know the other person has understood my message?
 - How do I know he/she has understood correctly?
 - Who is responsible for making sure the message is understood correctly?
4. Share two examples of miscommunications: Examples of Miscommunications.
(Annexure 1)
Ask participants what went wrong in these examples and ask them to relate it to the "Communication loop". (Picture 2)
5. Review some "Barriers to Communications"
(Annexure 1)
6. Review some "Ways to Improve Communication" **(Annexure 1)**

NOTES

PICTURE 1



PICTURE 2



SESSION 3 AND 4

TOPIC

IPC skills.

Conceptual knowledge on IPC – GATHER approach.

TIME

120 minutes.

OBJECTIVE

1. To get participants to share their views on what they think IPC is all about.
2. To make participants aware of the concepts and principles of IPC.
3. For participants to gain a framework for IPC skills.

MATERIALS

Chart papers, Sketch pen, small paper slips.

Handout on GATHER - steps, principles and topics of IPC. (**Annexure 2**)

PROCESS

1. Give Visualisation In Participatory Planning cards to all participants and ask them to write two thoughts on what is IPC. Request them to write only one thought/idea per card. Give them ten minutes to do this. With the help of volunteers group the cards and put them up. This will take 10 minutes. Discuss in brief their ideas on what is IPC. If there are a good number of participants who cannot read or write conduct this as a discussion with someone writing on the board all the points that come up during discussion (30 minutes).
2. Present the conceptual model of GATHER. The six steps and the six principles of GATHER approach should be presented on a flip chart or power point. The handout can be given after the session. Develop the steps explaining each step at a time.
3. Show three films on IPC. (Making Friends (*Maitri aur Meljo*), Positive Attitude (*Rachnaatmak Ravaiyya*), Listening and Understanding (*Sun-na Samajhna*). Stop after each film and discuss. There are questions at the end of each film. Let the group discuss and answer. Then proceed to the next film.

These are the first three films in the series “*Bathon Bathon Mein.*” One more film “**Giving Examples**” (*Baath Cheeth Mein Misaal*) will be shown in session 6. The series has four more films (a total of eight films) which cover the following topics:

Lakshya Ek, Upay Anek (The goal is one, the methods are many).

Phaisle me Na Ho Deri (Let there be no delay in decision making).

Samuhik Bhagidari (Community Participation).

Aayiye Mothers Meeting Behtar Banaye (Let us make mothers’ meeting good).

SESSION 5

TIME

75 minutes.

SESSION TOPIC

Developing IPC skills of participants.

OBJECTIVE

For participants to learn actual interpersonal and motivational skills.

MATERIAL

Role plays case studies.

PROCESS

Start with a role play. Two groups of 6 each should have been selected in the morning. Take them out of the hall. Share with each group a story plot or situation (see Pages 13-16). Instruct them to prepare a role play based on the situation. Allot them 10 minutes to present it. Just before the role play, the trainer will come to the hall and assign the rest to

1. Observe the role play.
2. Take note of the Animator's/Health Volunteer's role specially.

DEBRIEF

1. After this round of 2 role plays hold a debriefing. Ask the following questions.
2. What did you see?
3. What obstructed the communication between the Animator/Health Volunteer and the family?
4. How can this interaction be improved?

BRIEF

This is the time to brief the participants on the various attributes and skills an animator should possess and use when dealing with non-acceptors or reluctant families especially and the community at large (See Handout on Six Steps etc).

Role Play (round 2): Ask both groups to present their own "role play" with GATHER rich approach and interpersonal skills of the animator.

ROLE PLAY

SITUATION 1

This is Rahmat Ali's house. Rahmat Ali is a weaver. He receives raw cotton from traders and delivers finished product to them. Rahmat is sitting on a mat, busy weaving a cloth. His daughter is helping him on the loom. His wife is also present in the house doing the household chores.

Sarita, an animator of this village has come to meet him and tell him about the new school in Anoop Shahr and how he should enroll his daughter in the new school. She enters Rahmat's house without seeking any permission or knocking at the door. She is carrying a register and a pen. While Mr. Rahmat Ali is sitting on the floor, she draws a chair and sits on it. She is asking questions and is continuously writing in the register. Rahmat Ali is replying without paying any attention. Sarita is looking at her watch and seems to be in hurry. The suggested dialogue could be as follows:

Sarita: (Sarita is knocking at the door). Rahmat's wife opens the door and Sarita just walks in.

Sarita: "This is Rahmat Ali's house I suppose?"

Wife Raziya: "Yes it is".

Sarita: "Where is he?" (She pushes herself in).

Rahmat is sitting on the floor weaving. His daughter is helping him. He is giving her instructions.

Sarita pulls up a chair and sits down.

Sarita: "Rahmat Ali. I suppose".

Rahmat: (Without looking up) "Yes".

Sarita: "Rahmat Ali, how many children do you have?"

Rahmat: "Four"

Sarita: (she is busy noting in her notebook): "Four? What are they doing?"

Rahmat: (continues working): "We are poor. What will they do. I have sent the elder boys to work and the two younger boys go to school".

Sarita: "You said you have four kids? Who is this girl and this baby?" (she continues writing).

Rahmat: "They are my girls".

Sarita: "Your girls? But you only counted the boys".

Rahmat: "But the girls will get married and go". (He tells the girl to go and bring some more yarn).

Sarita: "Why have you not sent this girl to school?"

Rahmat: "*Bahenji*, I told you. This girl will get married in a few years time. At least let her learn all the housework, so that when she goes to the mother in law's house she will know everything".

Sarita: "Listen Rahmat Ali, this is very bad. You must send her to school. She also needs to be educated. The benefits of education are many. She is helping you. She can also help her in laws and husband. If she learns to read, write and do sums she can keep accounts, help her own children, do panchayat work and many other things. A new school has been opened in Anupshahr. They are giving many facilities for girls. It is a girls' school. Admit your daughter if you know what is good for you. *Accha* I have to go. I have already spent



so much time here. Make sure you go today itself". (Sarita gets up and walks out).

QUESTIONS FOR DEBRIEFING

1. What have you observed?
2. What was the conclusion of the visit?
3. What is it that the animator should have done?

ROLE PLAY

SITUATION II

Ravi is a health volunteer. He goes to the house of Mr. Gaya Prasad. He wants to remind the family about the importance of hand washing for the prevention of diseases. Also, he has to explain the importance of using a cleansing agent like soap or fresh ash for hand washing and the critical times of the day when hand washing must be followed – after defecation and before handling food. The 5 month old daughter of Mr. Gaya Prasad is suffering from diarrhoea and fever. The entire family is under great stress.

Ravi is trying to draw their attention. He fails and the discussion could not start.

Ravi: (Knock knock – he is knocking at Gaya Prasad's door). Uncle opens the door.

Ravi: "Is Mr. Gaya Prasad in?"

Chacha: "Yes he is in".

Ravi: (Comes in through the door.) "Listen, our collector is coming to the village tomorrow and he is going to take a tour of the village. He is going to help the village people get a few latrines. I want to talk about all this to all of you".

Chacha: "Dekho *bhaiyya*, we are all busy now".

There is loud crying from inside. Gaya Prasad's wife Phoolwati devi is crying. The others in the house are trying to pacify her. Rekha, Gaya prasad's sister is running around to get a clean cloth to wipe the baby. Some one else is running for fetching a wiping mop (*a pocha kapda*).

Ravi: "Listen, I have come to tell you something very important. The collector will take a tour of the village tomorrow. You all have to tell him that you need latrines. And definitely tell him about your cleanliness habits. Tell him you all wash your hands with soap. He must appreciate that you have clean habits. Tell him particularly about your hand washing after using the toilet".

Nobody is listening to Ravi. He is looking around at all of them.

SESSION 6 AND 7

TIME

75 minutes.

SESSION TOPIC

Furthering IPC skills of participants.

OBJECTIVE

For participants to learn more motivational techniques.

MATERIALS

Film “**Giving Examples**” (*Baath cheeth mein Misaa*).

PROCESS

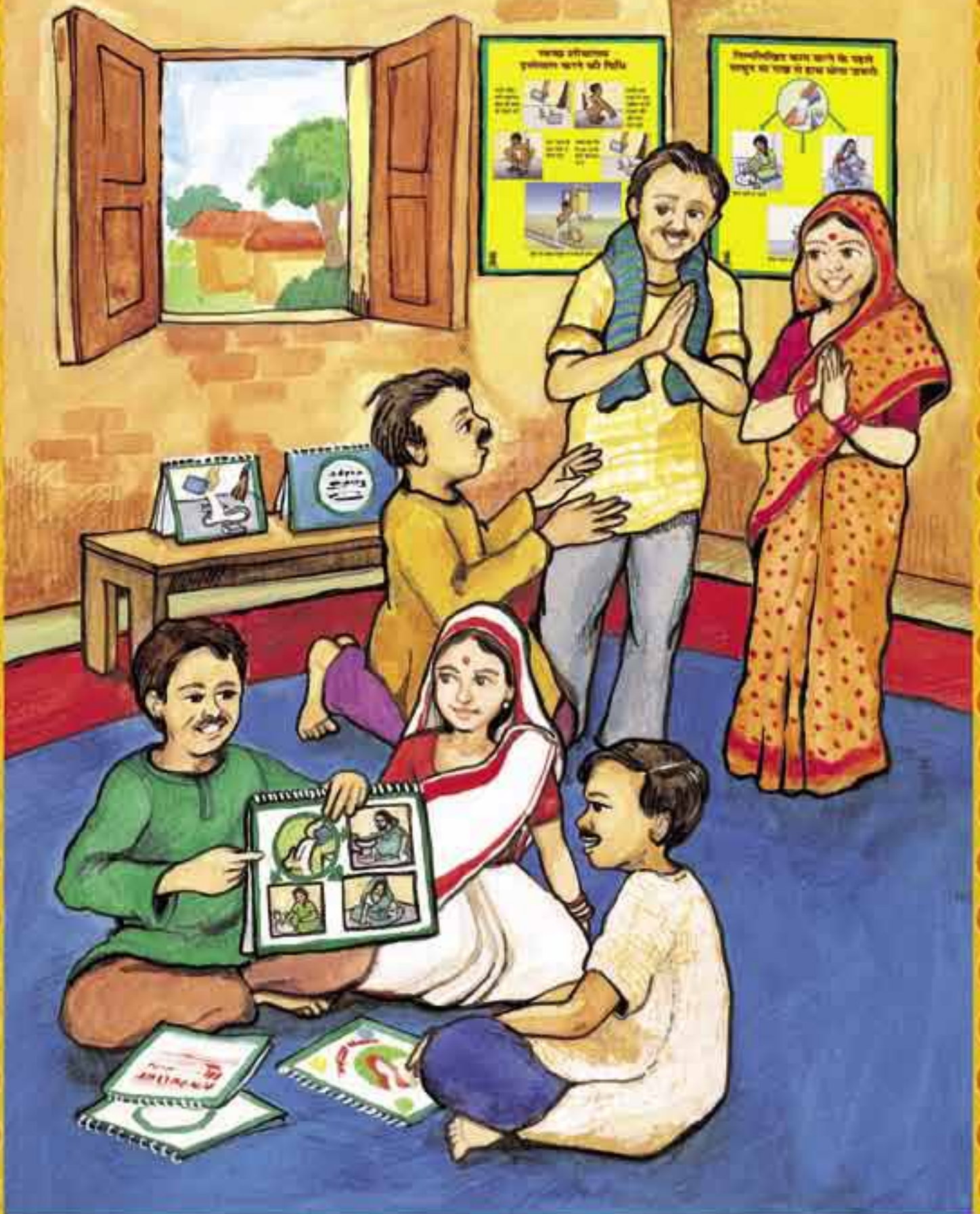
Show the film “**Giving Examples**” (*Baath cheeth mein Misaa*). At the end of the film there are three questions. Set a task for the participants to construct role plays around the concept of “Giving Examples” around the three questions (given below) or **from their own experiences**.

1. Not getting married at a young age (*Kam umar mein shaaadi nahin na karna*).
2. The necessity of keeping a space between the birth of two children (*Do bacchon mein antar rakhne ka phayda*).
3. The importance of giving ORS during an episode of diarrhea (*Dast mein ORS ka gol dene ka phayde*).

Each group will prepare a role play which will be presented in the morning session of Day Two.

NOTES

COMMUNICATION SKILLS



DAY TWO

SESSION 1 AND 2

TOTAL TIME

75 minutes.

SESSION TOPICS

Rapporteurs report

Dialogues with the community. "Giving Examples" Role plays.

OBJECTIVE

1. To assess the mood of the participants and to refresh their learning on Day 1.
2. To give the participants an opportunity to see each others' work in the form of role plays and recap their learning on Giving Examples to convince communities to change behaviours or adopt new practices.
3. To train the participants in talking to the community with good examples.

MATERIALS

Role play incidents worked out by the participants.

PROCESS

The day begins with greetings and the facilitator asking a general question of how everyone is feeling. Then the rapporteurs chosen the previous day give a summary of the first days learning and feelings. Assess the mood of the participants. Briefly summarise the days agenda.

The groups will present role plays. The role play groups have been decided upon the previous day after the film "Giving Examples". After each role play have a discussion and bring out the learning points.

NOTES



SESSION 3

TOTAL TIME

90 minutes.

SESSION TOPICS

Learning and Listening skills.

OBJECTIVE

1. By the end of the session, the participants will be able to demonstrate non-verbal and verbal skills for encouraging others to talk.
2. To improve listening skills and understand how false information can be spread.

MATERIALS

Flip chart paper.

Preparation:

1. Choose and brief participants to conduct Demonstrations A, B, C, D, E, F.
2. Before conducting this session you must be thoroughly familiar with the demonstration cases given below.
3. Prepare copies of case studies to be given to actors at each stage.

PROCESS

1. Explain: " Now that we realize the importance of listening to and learning from the mother, we will be reviewing and practising four important listening and learning skills".
2. Post the piece of flip chart paper with the heading "Listening and Learning Skills" and the numbers 1-4. The skills will be written on the flip chart paper as they are introduced.
3. Review each skill in turn according to the 4 sections as given below.
4. Summarise the four skills and explain that we must use all of these skills to understand the situation of the mother. These are the tools we can use to encourage the mother to talk and share.

LISTENING AND LEARNING SKILLS

1. Using encouraging non-verbal language
2. Asking open questions
3. Using responses and gestures to show interest
4. Reflecting back what the mother says

SKILL 1: USING ENCOURAGING NON-VERBAL COMMUNICATION

Four types of non-verbal communication

- | | |
|----------------------------------|---------------------------------------|
| 1. Posture: Keep your head level | 3. Physical Barriers: Remove barriers |
| 2. Eye contact: Pay attention | 4. Taking Time: Don't rush |

MATERIAL

Flip chart paper.

Preparation:

Choose and prepare participants to carry out Demonstration A

PROCEDURE

1. Write "Using encouraging non-verbal communication" on the listening and learning skills flip chart paper beside number 1 on the flip chart paper entitled "Listening and Learning Skills".
2. Post a second flip chart paper with the words "Helpful non-verbal communication" at the top with room for a list of four points below it.
3. Explain the skill:
Ask "What do you think we mean by "non-verbal communication?" Let participants make one or two suggestions, and then summarize with the following explanation:
"Non-verbal communication means showing your attitude through your posture, your expression, your emotional response without speaking".
4. Demonstrate the skill: **(DEMONSTRATION A)**
Tell participants that you (or a well-prepared participant) will demonstrate four different kinds of non-verbal communication.

Ask one participant to help you. She sits with a doll, pretending to be a mother breastfeeding. But she does not have to say anything else.

Conduct the four pairs of demonstrations outlined in the handout: **"Non-verbal Communication: Demonstration A"**. With each pair, you address the mother in 2 ways: one way helps communication, other way hinders communication.

Alternate the demonstrations sometimes using the helpful way first, sometimes second so that the participants must concentrate and cannot guess which is which just from the order of the demonstrations.



(Handout for actors)

NON-VERBAL COMMUNICATION DEMONSTRATION A

With each demonstration, say exactly the same words, and try to say them the same way, for example: "Good morning, Rekha. How is breastfeeding going for you and the baby?"

1. POSTURE:

Hinders: stand with your head higher than the mother's head.

Helps: sit so that your head is at level with the mother's head.

Write: 'KEEP YOUR HEAD LEVEL' on the flip chart paper.

2. EYE CONTACT:

Helps: look at her and pay attention as you speak.

Hinders: look away at something else, or down at your notes.

Write: 'PAY ATTENTION' on the flip chart paper.

(Note: eye contact may have different meanings in different cultures. Sometimes when a person looks away it means that he or she is ready to listen. Direct eye contact between opposite sexes may also be inappropriate. If necessary, adapt this to your own situation)

3. PHYSICAL BARRIERS:

Hinders: sit behind a table, or write notes while you talk.

Helps: remove the table or the notes.

Write: 'REMOVE BARRIERS' on the flip chart paper.

4. TAKING TIME:

Helps: make her feel that you have time. Sit down and greet her without hurrying; then just stay quietly smiling at her, watching her breast feed, and waiting for her to answer.

Hinders: be in a hurry. Greet her quickly, show signs of impatience, and look at your watch.

Write: 'TAKE TIME' on the flip chart paper.

NOTES



SKILL 2: ASKING OPEN QUESTIONS

MATERIALS

- Flip chart paper with the following four quotations:
 - “ My baby is six months old and has lost weight during the last 2 months”
 - “ My baby has diarrhoea”
 - “ I am pregnant”
 - “ My child has a terrible cough”
- Copies of Demonstration B and C (to give to “actors”).

Preparation:

Choose and prepare participants to carry out Demonstration B and C.

PROCEDURE

1. Write “ Asking open questions” beside number 2 on the list of listening and learning skills on the flip chart paper.
2. Post a second flip chart paper and write the words “ Open Question” at the top and “ Closed Question” in the middle.
3. Explain the skill:

To start a discussion with a person or with a group, you need to ask some questions.

It is important to ask questions in a way which encourages people to talk to you freely and to willingly share information. This saves you from asking too many questions, and enables you to learn more in the time available. We learn by listening, not by talking (point out that this is the reason why communicators have two ears and one mouth).

Open questions are usually the most helpful. To answer them, the person must give you some information.

Open questions usually start with “ How? What? When? Where? Why?” For example, “ How are you feeding your baby?”. (Write these on the flip chart paper under “ Open Questions”).

Closed questions are usually less helpful. They often tell a mother the answer that you expect, and she can answer them with a “ Yes” or “ No” .

Closed questions usually start with words like “ Are you?”, “ Did he?”, “ Has he?” or “ Does she?” (Write these on the flip chart paper under “ Closed Questions”).

For example: “ Did you breastfeed your last baby?”

If a mother says “ Yes” to this question, you still do not know if she breastfed exclusively, or if she also gave some artificial milk.

You can become quite frustrated, and think that the mother is not willing to talk, or that she is not telling the truth.

4. Demonstrate the skill:

Ask one participant to read the words of the mother in **Demonstrations B and C**, while you read the part of the communicator. After each demonstration, comment on what the communicator learnt from the mother.

5. Practice:

Post the flip chart paper with the following written on it and read it out loud:

“My baby is six months old and has lost weight during the last 2 months”

“My baby has diarrhoea”

“I am pregnant”

“My child has a terrible cough”

Ask each person to individually make up an open-ended question which they might ask someone in response to one of the above statements. In the plenary, ask participants to share their questions in turn while other participants listen and decide if the question was in fact an open question. If there are many participants, questions can be shared in small groups, with each group then sharing a sample example question with the plenary.

6. Summarise the importance of using open questions.

NOTES



(Handout for actors)

ASKING OPEN QUESTIONS DEMONSTRATION B AND C

Demonstration B. Closed questions to which she can answer "yes" or "no".

Communicator: "Good morning Neelamji. I am Kavita, a health communicator.
Is Ashok well?"

Mother: "Yes, thank you".

Communicator: "Are you breastfeeding him?"

Mother: "Yes".

Communicator: "Are you having any difficulties?"

Mother: "No".

Communicator: "Is he breastfeeding very often?"

Mother: "Yes".

Comment: The health worker received "yes" and "no" for answers and didn't learn much. It can be difficult to know what to say next.

Demonstration C. Open questions.

Communicator: "Good morning Neelamji. I am Kavita a health communicator. How is Ashok?"

Mother: "He is well, and he is very hungry".

Communicator: "Tell me, how are you feeding him?"

Mother: "He is breastfeeding. I just have to give him one bottle feed in the evening".

Communicator: "What made you decide to do that?"

Mother: "He wants to feed too much at that time, so I thought that my milk was not enough".

Communicator: "What do you put in the bottle?"

Mother: "Rice water with sugar".

Comment: The communicator asked open questions. The mother could not answer with a "yes" or a "no", and she had to give some information. The communicator learnt much more.

NOTES

SKILL 3: USING RESPONSES AND GESTURES

MATERIALS

Copies of **Demonstration D** to give to "actors"

Preparation:

Choose and prepare participants to carry out **Demonstration D**.

PROCEDURE

1. Write "Using responses and gestures which show interest" beside number 3 on the list of listening and learning skills.
2. Explain the skill:
If you want a person to continue talking, you must show that you are listening, and that you are interested in what they are saying.
Important ways to show that you are listening and interested are:
 - with gestures, for example, look at her, nod and smile;
 - with simple responses, for example, you say "Aha", "Mmm", "Oh dear!"
3. Demonstrate the skill:
Ask a participant to read the words of the mother in **Demonstration D**, while you can play the part of the communicator. Give simple responses, nod, and show by your facial expression that you are interested and want to hear more.
4. After the demonstration, comment on what was shown.
5. Discuss locally appropriate responses. In different countries, people use different responses, for example, "Haan", "Naa", "Nako". They are part of the language.

Ask: What responses do people use locally?

Let participants give some example of useful responses.

6. Summarise by reviewing the effectiveness and importance of this technique and explain that all participants will practice it shortly.

NOTES



SKILL 4: REFLECT BACK WHAT THE MOTHER SAYS

MATERIALS

Copies of **Demonstration E and F** to give to "actors"

Preparation:

Choose and prepare participants to carry out Demonstration E and F

PROCEDURE

1. Write "Reflect back what the mother says" on the list of listening and learning skills.
2. Explain the skill:
Communicators sometimes ask mothers many factual questions. However, the answers to factual questions are often not helpful. The mother may say less and less in reply to each question.
For example, if a mother says: "My baby was crying too much last night," you might want to ask: "How many times did he wake up?", But the answer is not helpful.
It is more useful to repeat back or reflect what a mother says. It shows that you understand, and she is more likely to say more about what is important to her. It is best to repeat what the mother says in a slightly different way, so that it does not sound as though you are copying her.
For example, if a mother says: "My baby was crying too much last night", you could say: "Your baby kept you awake crying all night?".
3. Demonstrate the skill:
Ask a participant to read the words of the mother in Demonstrations E and F while you or a second participant reads the part of the communicator.
After each demonstration, comment on what the communicator learnt from the mother.
4. Explain the point:
If you continue to reflect back what a mother says every time, it can begin to sound rather rude. It is better to mix up reflecting back with other responses. For example: "Oh really?" or "Goodness", or an open question.
5. Demonstrate the point:
Ask another participant to read the words of the mother in Demonstration F, while you or a well-prepared participant reads the part of the communicator.

NOTES



(Handout for actors)

REFLECT WHAT THE MOTHER SAYS DEMONSTRATION E AND F

Demonstration E. Reflecting back.

Communicator: "Good morning Neelamji. How are you and Ashok today?"
 Mother: "He wants to feed too much-he is taking my breast all the time!"
 Communicator: "Ashok is feeding very often?"
 Mother: "Yes. This week he is so hungry. I think that my milk is drying up".
 Communicator: "He seems hungrier just for about a week?"
 Mother: "Yes and my sister is telling me that I should give him some bottle feeds as well".
 Communicator: "Your sister says that he needs something more?"
 Mother: "Yes. Which formula is best?"

Comment: The communicator reflects back what the mother says, so the mother gives more information.

Demonstration F. Mixing reflecting back with other responses.

Communicator: "Good morning. Neelamji. How are you and Ashok today?"
 Mother: "He wants to feed too much-he is taking my breast all the time".
 Communicator: "Ashok is feeding very often?"
 Mother: "Yes. This week he is so hungry. I think that my milk is drying up".
 Communicator: "Oh dear!"
 Mother: "Yes, it is exhausting. My sister tells me that I should give some bottle feeds and get some rest".
 Communicator: "Your sister wants you to give some bottle feeds?"
 Mother: "Yes – she says that I am foolish to struggle on like this".
 Communicator: "How do you feel about that?"
 Mother: "Well, I don't want to give bottle feeds".

Comment: The conversation sounds more natural, but the communicator is learning more about how the mother feels

Since everyone has done and seen these role plays, you can play the following game just to relax everyone and get them into a fun mood. They will at the same time continue to learn more about IPC.

LISTENING AND COMMUNICATION

CHINESE WHISPERS

This is an important skill to be developed in all communicators especially those interacting with the community. Divide the participants into two groups. There should be at least 10 members in each group. They sit in a line or a circle.

TEAM 1

The message: "Tsunami will hit the Cuddalore coast this morning at 10 a.m. All fishermen are instructed not to go out to the sea now. The ones who have already gone out should try to come back before 10 a.m. All fishermen can return at the normal time of sunset."

In this group the members can only listen and cannot ask any questions. They have to pass on the message to the next person. The message is shared with the first person in the group verbally, by the facilitator. The first person should whisper the message into the ear of the second person and so on. The last person in the line or circle gets up and shares the message with all. Normally the message will be distorted and many a time completely changed.

TEAM 2

The message: "Yesterday in Bihar the Collector of Vaishali was kidnapped by Naxalites. And they kept him in a house 20 kilometers from the district headquarters. Three groups of policemen are hunting for the Naxalites — one in the south, one in the eastern side and one on the western side. All the policemen are carrying guns but the Naxalites are carrying Machine Guns".

The message is shared with the first person in the group verbally, by the facilitator. The first person should whisper the message into the ear of the second person and so on. In this team every member can ask for a clarification and a repeat of the message once more from the person who is whispering the message in his/her ear. The last person in the line or circle gets up and shares the message with all. Normally this team does better than the first team as they had the opportunity to ask for clarification and for the message to be repeated once.

The facilitator reads out the original message in both cases

What does this exercise teach us? Ask the participants to quickly respond to this question. Then the facilitator summarises the lessons learnt on a chart paper.

This exercise teaches the following lessons:

- The person who starts the game has to give the message clearly. Clarity and brevity in messages is very important.
- The person who receives the message must listen carefully. People should pay attention to what is being said and understand it. This is part of the ability to listen.
- Messages when they go from one person to another get distorted and this is how



SESSION 4

TIME

75 minutes.

SESSION TOPIC

More IPC skills and verbal skills.

OBJECTIVE

To train the participants in facilitating village communities to assess, analyse and **resolve** their problems.

To train the participants in understanding how to handle communities.

MATERIALS

Force Field Analysis for Hand washing and Girls Education. (**Annexure 3**)

PROCESS

Facilitate two groups of participants. each dealing with a separate issue. One can be on handwashing and the other on girls education. Ask them to discuss the current situation/problem and a desired future action/practice. An initial warm up opinion about practices, beliefs, perceptions and actual experiences should be encouraged.

Facilitate the whole exercise of Force Field analysis. Please be thorough with the exercise in. (**Annexure 3**)

SESSION WRAP UP

- Village communities must be encouraged to assess their own behaviours and analyse the reasons for their behaviours.
- It moves people from one set of beliefs and practices to a new and more desirable set of beliefs and actions.
- It helps people understand different view points and arrive at a consensus and new balance.

NOTES



SESSION 5

TIME

45 minutes.

Introducing the tools of IPC and how to use them. (**Annexure 5**)

OBJECTIVE

1. To familiarize the participants to the various tools available for helping them in their IPC work.
2. For all participants to practice using at least one tool.

MATERIALS

Tandurusti ki Tarang

Shishu Suraksha – aapke Haath

Gatividhi Nirdeshika – Gram Prerak

Meena Flip books – *Murgiyon ki Ginti, Aam ka Batwara, Kya Meena ko School Chodna Padega.*

Flip book Health and Hygiene: Correct Practices.

Flip chart on HIV/AIDS.

Annexure 5 – Please give the hand out to participants.

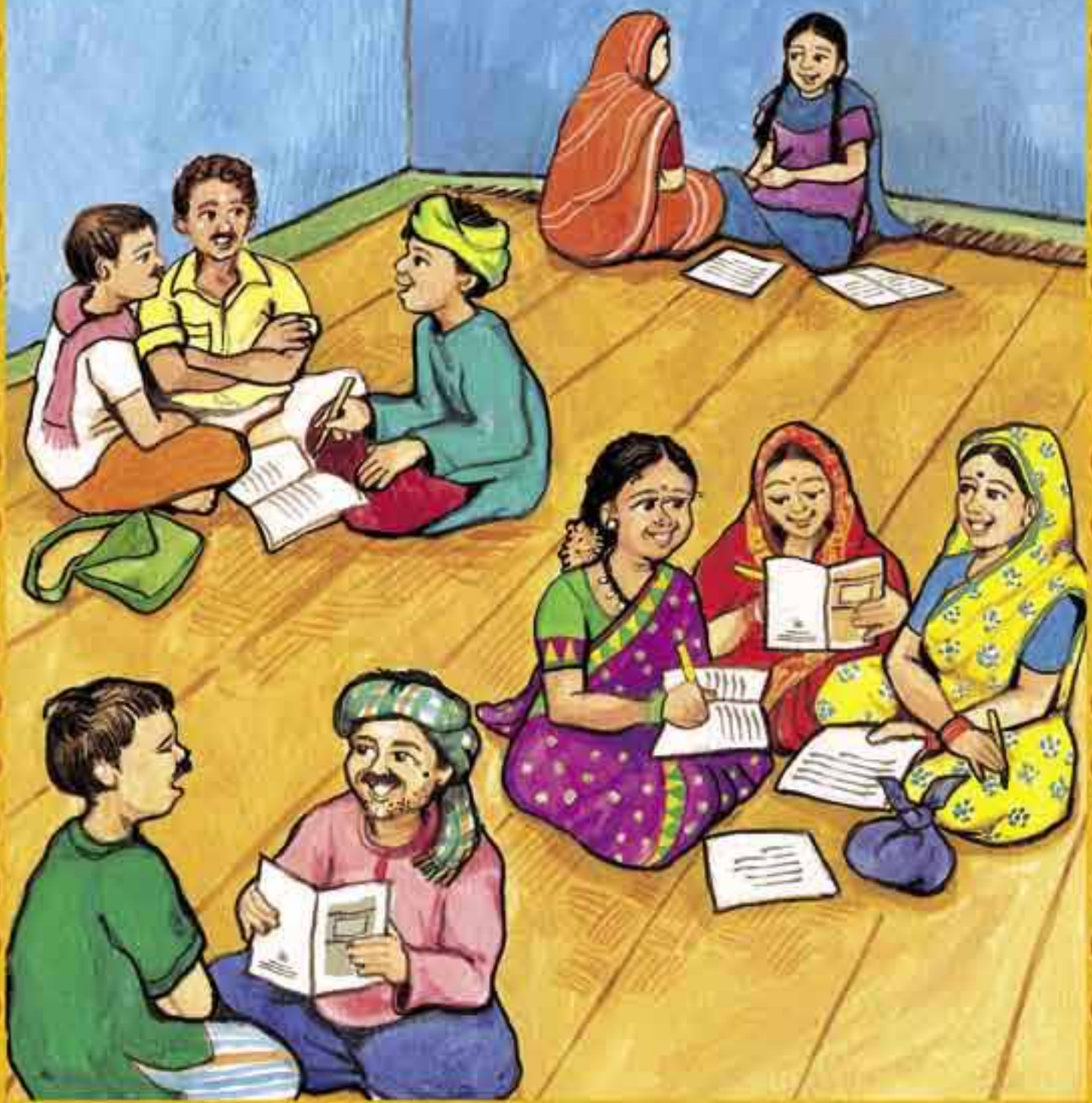
PROCESS

Introduce each of the tools individually. Walk the participants through the materials. Explain the purpose of each of the items and how it can be used. Then split the participants into fours and let them practice with the tools. Give them 45 minutes to practice in groups (Session 6). Reassemble the participants and let each group present what they have practiced to the larger group. Ask the participants on what they have observed and learnt from each others' presentations. Summarise the learning of using printed interpersonal communication tools. Advise and guide the participants on how they can use the tool better.

NOTES



BEHAVIOUR CHANGE AND PLANNING FOR BEHAVIOUR CHANGE ACTIVITIES



SESSION 2

TIME

45 minutes.

SESSION TOPIC

Steps in behaviour change.

OBJECTIVES

By the end of the session, participants will be able to:

1. Explain the steps of behaviour change;
2. Explain the actions the communicator must follow to assist people to move from one step to the next;
3. Apply the "steps in behaviour change" model to different situations.

MATERIALS

Flip chart paper showing a staircase with numbers and arrows (see attached)
(one for every 6-7 participants)

- Individual cards with one step written on each (without number)
(one set for every 6-7 participants)
- Individual cards with the different communicator actions
(one set for every 6-7 participants)
- Tape for each group.

PROCESS

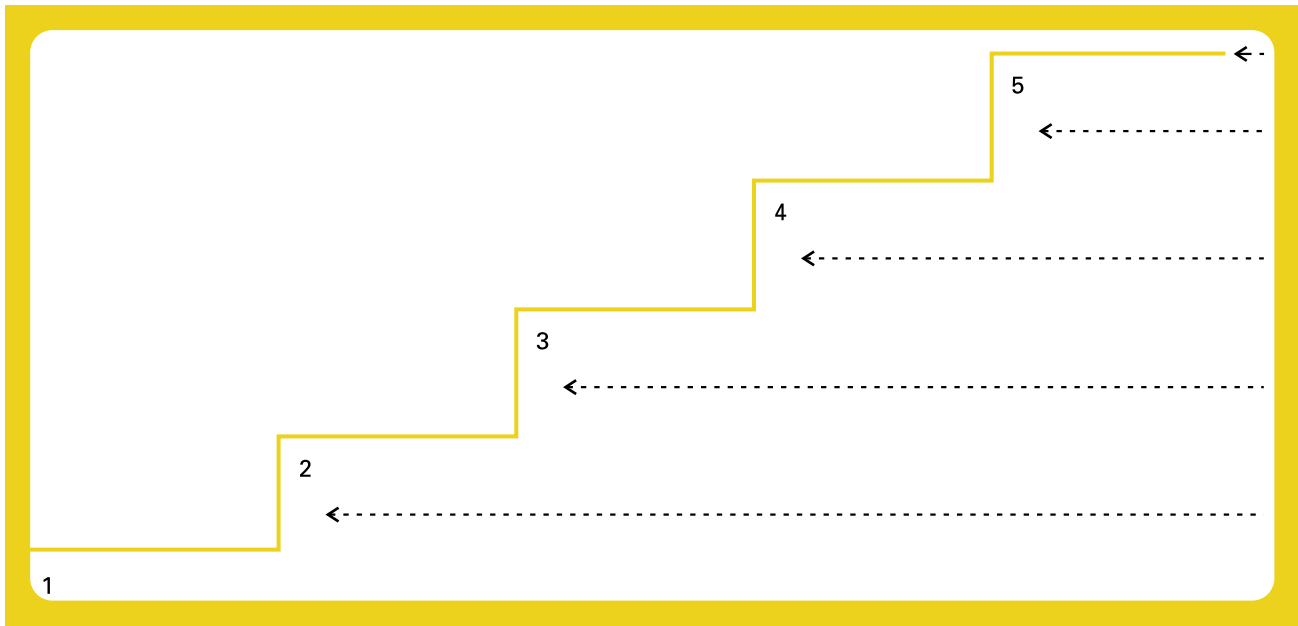
1. Explain:

As people change their behaviour or adopt new behaviours, research all around the world has shown that they go through a series of steps. In the model we will use, we have 5 steps. As people go through these steps, they develop all of the things we discussed people need to sustain good health behaviour: knowledge, skills, confidence, motivation, resources, and support. The question we ask ourselves as communicators is:

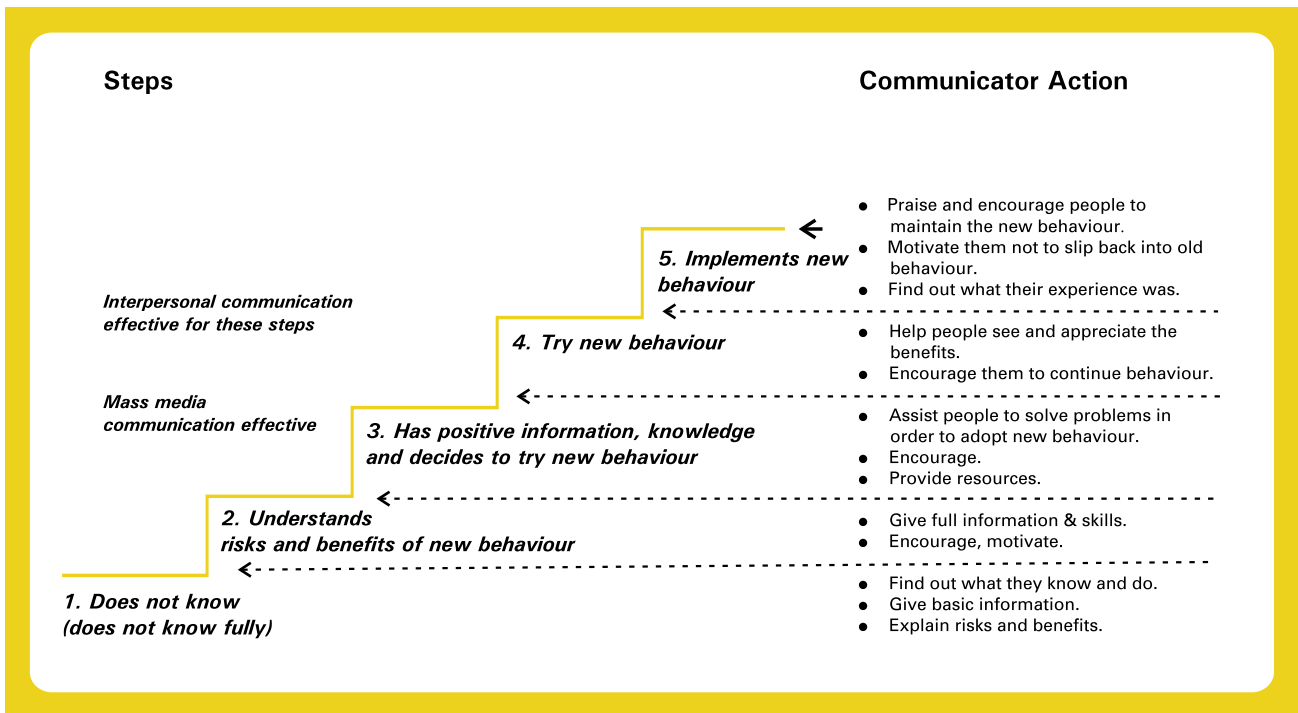
"How can we help people move through these steps, and to adopt the behaviour?"

2. Divide the group into small groups (5-6 people).
3. Post a flip chart paper showing the stairs and arrows and explain that each group will be given a piece of flip chart paper and 10 cards: 5 cards are the steps and 5 cards are 5 communicator actions. Each person in the group takes one card and through discussion with other group members must decide the correct order of the steps and communicator actions. After deciding, the group should tape the cards in the appropriate places on the flip chart paper. Show an overhead or poster of the steps without any writing to help in explaining the instructions.

STEPS IN BEHAVIOUR CHANGE – PICTURE 1



STEPS IN BEHAVIOUR CHANGE AND CORRESPONDING COMMUNICATOR ACTION – PICTURE 2



SESSION 3

TIME

75 minutes.

SESSION TOPIC

Behaviour Change Model – Case Studies.

OBJECTIVE

By the end of the session, participants will be able to use the Behaviour Change model in analysing cases and deciding what the most appropriate actions are.

MATERIALS

Handout “Behaviour Change Model Case Studies” (one copy for each participant).

Annexure 5

PROCESS

1. Divide participants into groups of 6-7 people.
2. Give each group some copies of the “Behaviour Change Model Case Studies”.
3. Explain:
Each case describes a situation that as a group they must decide:
 - What step the mother/family/individual has reached?
 - What should the communicator do in this situation?
4. After they work through the cases, have each group present their findings in the plenary and discuss. Each group can share one case in turn, with the other groups commenting afterwards. (Refer to “Behaviour Change Model Case Studies: Comments on Case Studies”). (**Annexure 5**)
5. Summarize the exercise with any concluding comments.

NOTES

SESSION 4

TIME

150 minutes.

SESSION TOPIC

IPC Planning Exercise.

OBJECTIVE

To learn how to work in groups for planning for IPC activities in their own villages.

MATERIALS

Handout on IPC Planning. Results from the village survey. **(Annexure 6)**

PROCESS

IPC Planning: Planning for interpersonal communication activities is the objective of all this training. The training programme has taught everyone personal skills of communication and behaviours. It has tried to mirror unproductive behaviours versus productive behaviours. It has covered many skills of listening, learning, asking questions in an effective manner etc. But now we have to plan for the activities.

Please follow the handout on IPC Planning and with your colleagues make a plan for your village. Divide your village into geographical areas and decide how and who will cover the areas – who will be responsible for which area. You will also draw up a plan as to how you will go about your work in addressing all the families. You have to decide as to how you will choose the families, what messages you will convey, the order in which messages will be conveyed, keeping in mind seasonality and the particular condition of the family. Use all the IPC skills that you have learnt so far and chalk out the communication needs of each family and make a summary plan for communication activities for your village.

NOTES



SESSION 5

TIME

150 minutes.

SESSION TOPIC

Village Planning Exercise.

OBJECTIVE

To listen to all village plans, learn how to give and receive feedback and promote behaviour change in a planned and effective manner.

MATERIALS

Village plans of various villages.

PROCESS

Presentation by groups.

Each group will get 10 minutes to present their village plan. The plan must be presented in a concise fashion, stating the situation in the village on certain key behaviours, any barriers to new behaviour adoption and the plan that has been drawn up by the village volunteers to address these issues. The plan must be presented as per the instructions given in the village planning guidelines.

Feedback must be given in a positive and constructive manner, which is helpful to the group. Suggestions should be as concrete as possible. There should be no personal comments or attack and all suggestions should be task oriented. Any comments on style and manner must be given as suggestions and offered as alternatives which the presenters may like to try.

All the village plans should be finalized and accepted as the plan for the year. The plan can be assessed and corrected as work progresses during the year. The plan will be used as the yardstick for evaluation at the end of the year.

NOTES

COMMUNICATION



ANNEXURE 1

EXAMPLES OF MISCOMMUNICATIONS

The following are examples of miscommunications illustrating different barriers to effective communication. What went wrong in each of these examples?

1. FAMILY PLANNING IN INDIA

One family planning communicator went to a village to promote condom use and called all the people together. He explained that if the men used condoms, their wives would not get pregnant. Being a good communicator, he used a wooden model to demonstrate how to use a condom. Everyone was happy and agreed to use the condoms which the communicator distributed. When the communicator returned a few months later, he saw that attached to the door of every house was a wooden model with a condom on it.

(Use a banana and a condom to dramatize the example. If not, you can roll the condom on your thumb).

2. "COME ANYTIME"

One person called an office and asked "When is a good time for me to visit?". He was told "Anytime before 4:00 p.m.". The person therefore went to visit at 13:00 hrs to discover that everyone at lunch between 1.00 p.m and 2.00 p.m and no one was available.

3. MALARIA

In an Africa country a health worker teaching about malaria showed a large model (picture) of a mosquito. People listened to a 30 minute talk before they told the health worker that although his talk was interesting, they did not have to worry as they did not have any mosquitoes that big where they lived. (Use a large picture of a mosquito to dramatize this example)

4. INCOME GENERATION

Similarly, one NGO, showed a video about bee keeping in a village in Nepal and was told by the people that they did not have bees that big in their village.

BARRIERS TO EFFECTIVE COMMUNICATION

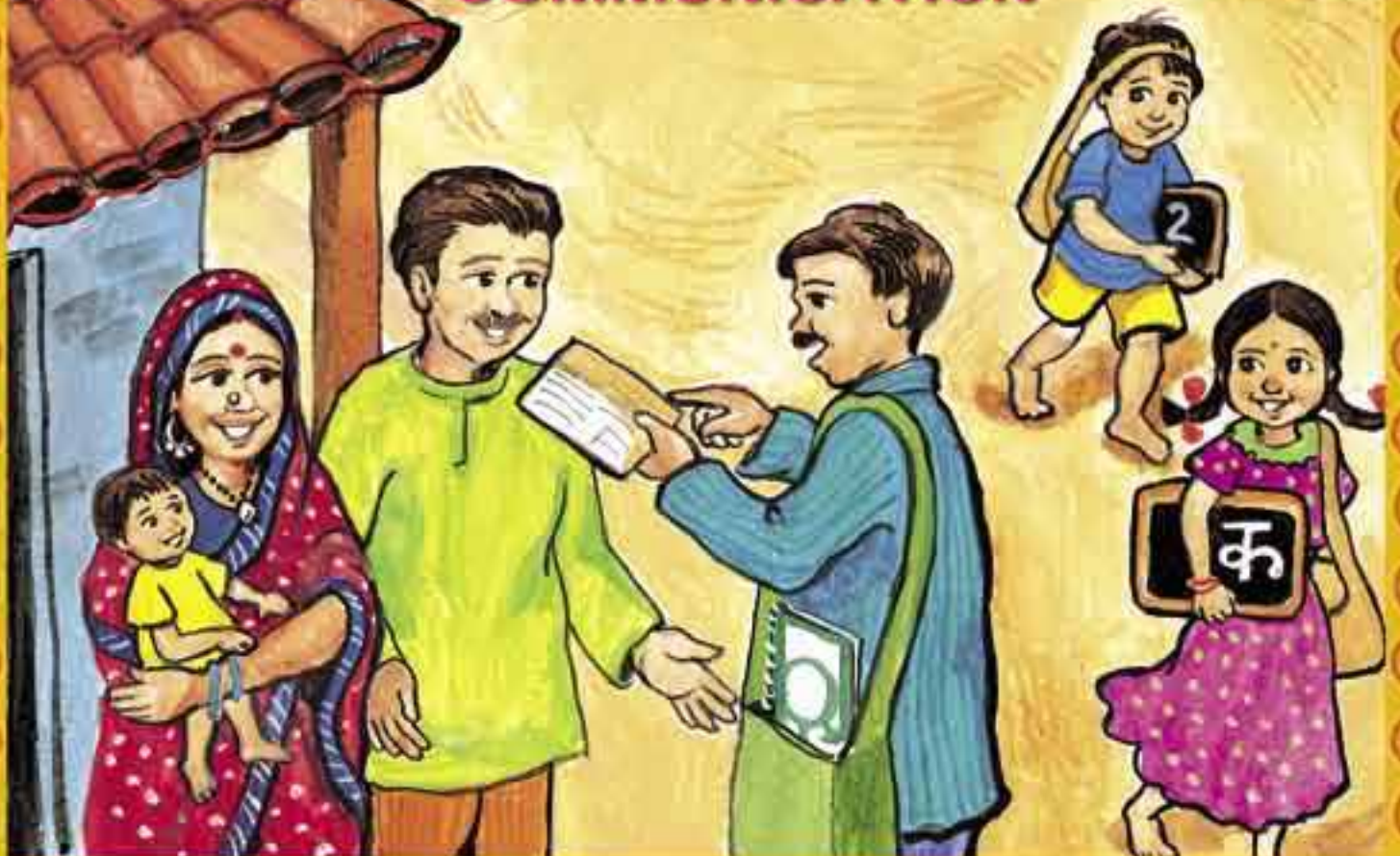
The following are possible barriers to effective communication:

- Different assumptions
- Different points of view
- Emotions
- Misunderstanding of language





EFFECTIVE INTERPERSONAL COMMUNICATION



ANNEXURE 2

THE SIX STEPS OF “GATHER” AND SIX PRINCIPLES OF EFFECTIVE INTERPERSONAL COMMUNICATION

The six steps of Community/Individual – Animator/Community Worker Interaction

1. **G**reet the community, participants
2. **A**sk people about themselves (*Haal chaal poochna*).
3. **T**ell people why you have come and what you can offer
4. **H**elp people in decision-making – do they want to accept what you are offering. If there are choices help them to make a decision
5. **E**xplain fully the information on their decision
6. **R**eturn to the community to see how things are going and whether anyone has any problems or need any support.

1. GREET

Whenever you visit a household, greet everyone as far as possible according to local tradition. Introduce yourself and your organization.

- Introduce your organization in the local context. Example – my organization works for children’s development and to protect their right. Just like your *Mohalla* and Local committees work for the development of the community, so do we function as a committee for children, which has been constituted by all the Governments in this world.
- Share a few words about child development and how with little resources we can do many things at home.

Eg: There are many things that affect the good health of children and a family. There are many simple things that you can do at home to make life better for yourselves at low cost. We have come to learn from you and share with you what we know.

REMEMBER

Be informal during conversation.

Do not sit with an open register. The community might mistake you as a surveyor, etc.

2. ASKING

After greeting and introduction, this is moment to allow the parents to talk. Do not jump into child health or girls education discussion because this is not what they may be thinking about at that moment. After they have opened up enough, you can become specific on child health, immunization and about sending girls to school. It is important for you to know - children’s general health, age, vaccination status, number of children below 5 years of age.



OTHER QUERIES

- Do immunization sessions take place in your village?
- Do all children get immunized on time? If not what are the reasons for this?
- What kinds of illnesses do children get?
- Where do you go to fetch your water?
- Is there a school in the village? An Anganwadi? Do all children go to school?

LISTENING IS A SKILL

Listening is a skill. Listening means – encouraging others to talk. Listening means giving others space to express what they feel. Listening means – winning the heart and soul of someone who you would want to make a healthy decision.

- Do not compel them to give information.
- Do not impose information upon participants.
- Body language should be positive.
- Sit at the level of the person you are talking to. If she/he is sitting on the floor, you should also sit there. She/he should feel relaxed.
- Pay attention. While speaking, keep your eyes on the person, not on your register or diary.
- If there is any interruption/obstacle, remove it immediately. Notebook and pencils can be a source of distraction.
- Give time. Do not hurry (Or look at your watch repeatedly).
- Ask open-ended questions-Because, the open ended questions allow her to share information in detail. The close ended question does the opposite and often results in either yes or no. The open-ended questions start with – What, why, where, how, when and who.
- Match the emotions by giving appropriate response. If she/he is narrating the problems he is facing in feeding the baby or consulting a doctor, your response should be concerned, and with empathy.
- Do not negate what the other person says, just because you feel that they may not be based on facts. Respect his opinions. At times you might have to conduct a prolonged conversation in order to elicit information/perception you are seeking. The persons you normally talk with will not structure what they want to convey or the narration may become very long. But, do not lose patience. Pay attention to every little detail they are presenting.

EXAMPLE OF OPEN ENDED QUESTION

- How are you administering food to the children?
- Why you did you not vaccinate your baby?
- How did you know about Polio *Ravivaar*? (Polio sunday)

EXAMPLE OF CLOSE-ENDED QUESTION

- Have you immunized your child or not?
- Are you using a family planning method or not? (How can this information be obtained better?)

3. TELLING**FRAME YOUR ANSWER KEEPING IN VIEW**

- What they already know about the subject.

- What they may want to know?
- What specific fears or myths they have about the subject?

USEFUL TIPS

- Do your homework thoroughly. Collect all sorts of information, be prepared to answer potential questions and, tackle fears and myths related to the subject. Study the IPC materials that are with you. You have the *Tandurusti ki Tarang; Shishu Suraksha aapke Haath; Gatividhi Nirdeshika-Gram Prerak; Meena Flip books-Murgiyon ki ginti, Aam ka batwara, Kya Meena ko school chodna padega; Flip book on Health and Hygiene:correct practices; Flip chart on HIV AIDS etc. for reference.*
- Do not pretend to know everything. If not confident about some information, say clearly that you will return and reply to all their queries after consulting your seniors.

4. HELPING, FACILITATING, ENCOURAGING

In order that parents change their behaviour or attitude (in favour of the information that you are giving them — send your girls to school, breast feed at birth, wash your hands after defecation using soap and water — they need, in addition to factual information support and encouragement from all around, within their social environment, their peers and friends, other family members, the wider community.

This means helping them to overcome their personal fears or beliefs. Many people do not send their girls to school, for fear of social ostracism or the fact that there are no teachers, no toilets, if there are toilets there is no water etc; people believe that mud is good enough and can be used for hand washing, why add to the cost of things by using cleaning agents like soap; people believe that just as you do not feed the calf the first milk, the same is true for human children too. Some times parents refuse to send their girls to school on religious grounds also. Therefore engage religious leaders, local clerics, doctors and other influencers belonging to their own community to take an active role in convincing family members to change their behaviour.

5. EXPLAIN

REMEMBER:

- Use educational/information materials. Choose those that are appropriate to the issue at hand.
- Visual materials explain better and have higher retention value. A popular media message evaluation study states – we recall 10% of the things that we hear, we recall 50% if we hear and see, we recall 90% if we hear, see and DO. This means, the motivator/volunteer needs to be fully ready with visual materials before a meeting etc.
- Use local examples, simple analogies, language, folklores etc.

6. REPEAT YOUR VISIT

Repeated visits win trust. Repeatedly meet the community. Maintain records of what they say and ask for.

EXAMPLES:

- If they have said that there is no toilet in the school for girls, try to help them to get toilets or try to manage some temporary arrangements for the girls at school. Constantly try to help the community — so that they see you as someone who is dependable and helpful.



- Many communities do not use toilets in spite of toilets being available. Find out the real reason. In some places it has been found that the toilets smell due to a wrong design. In some other places, water is inadequate and it is really impossible to use the toilets. See if designs can be improved and ensure people understand the design.
- Engage mothers so that they do not make their children defecate in the open in the belief that a child's excreta is not dirty or harmful.

THE SIX PRINCIPLES OF COMMUNITY – ANIMATOR INTERACTION

1. **Treat** each individual well. Interact with them. Make eye contact, smile and speak in a normal pleasant voice and tone. Do not raise your voice or be in a hurry. Relate this to the Greet of GATHER.
2. **Interact** with the community. Ask them information about themselves and their lives. Relate this to the Ask of GATHER.
3. **Tailor** the information to the community/individual you are addressing. Say things that would be of interest to each group. Avoid too much information and provide what the community is asking for and say only relevant things. For example: If it is a pregnant mother talk to her about her pregnancy, delivery and new born care. Give advice on breastfeeding at birth. Do not talk to her at once about the whole range of child health issues or other related but not necessarily immediately relevant things. If it is a panchayat leader talk to him/her about the problems of the village. Gently steer them to issues such as child mortality in the village and malnutrition. Relate this to the Tell of GATHER.
4. **Help** the community to understand. This you can do through PLA (Participatory Learning for Action) techniques. For example: The villagers may say that they have no water problem in their village. But that may be true only for the upper castes. The lower caste women may be walking many miles to fetch water. What is their perception may not be corroborated by data from their own village. To give another example: the villagers may say that many children die in their village. This view may be perfectly in sync with the situation of their village where infant mortality may be high. Relate this to the Help of GATHER.
5. **Explain** the situation to the villagers. Yes they have water but not for all. Their children die and that is due to diarrhea. These relate to the Explain of GATHER.
6. **Return** to the village and see how things are going. Help the community in their thinking and implementing processes. Do not do things for them which they should do themselves. But motivate and encourage them. Relate this to the Return of GATHER.

NOTES



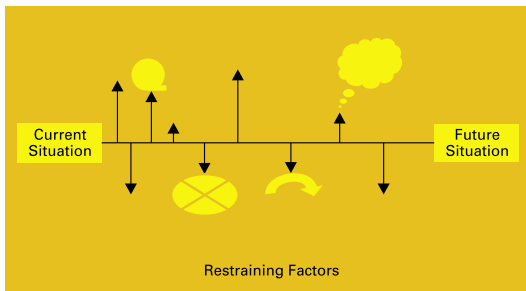
FORCE FIELD ANALYSIS



ANNEXURE 3

FORCE FIELD ANALYSIS

Force Field Analysis (FFA) is useful to develop an analysis and assessment process, which includes the identification of community needs/perceptions, to move from a “real present” situation to a “desirable future” situation. There is need to reflect on the present situation (“where we are now”), to identify an ideal future (where we want to be”), and to assess the cues/factors/perceptions, which may determine the feasibility of attaining an objective (“can we get there, and if so how”).



The exercise is carried out using a diagram drawn by participants, and once the exercise is under way the facilitators can stand back and can confine their role to occasional prompting.

Any situation or performance can be viewed as a state of balance. This balance is caused by two sets of opposing forces (see Figure 1) as described below:

- Those which try to bring change: driving, facilitating or positive forces; and,
- Those, which try to maintain the status quo: restraining, resisting or negative forces.

The line: The line represents the situation – one end represents the current situation and the arrowhead side represents the desired future situation.

The direction and size of the arrow: The arrows downward represent the restraining forces or the forces that are a barrier, negative forces. The arrows upwards represent the positive forces, facilitating forces and that might help change the situation towards the desired future situation. The size of the arrow represents the “weight/size” of the problem/solution.

How to carry it out?

These steps are suggestions only; they are not prescriptive. The circumstances, location, profile of the participants, time available, problem etc. Will determine the exact nature of the process.

1. Facilitate a group of 10 – 12 women (married women, pregnant women, women having a child under 3 years of age) to discuss the current situation/problem and a desired future practice/action. Start with a particular issue (e.g., not bathing the newborn) and get them involved in the topic. An initial warm up opinion about practice, belief, perceptions and actual experiences should be encouraged.



2. Write or draw (as a graphic) the problem which the group of participants wants to discuss (e.g., not bathing the new born) on a sheet of paper.
3. Keep the sheet of paper with the problem written/depicted on it in front of the participants and ask them to concentrate on the problem. Ask them to visualize the problem situation as a result or balance of two actions, one favouring and facilitating the current practices (arrows upwards) and the other which are the restraining factors (arrows downwards). Ask participants to list one set of forces/factors first followed by the other. Each of these can be written/depicted on small cards (if possible, preferably by the participants).

In the example of "not bathing the newborn" mentioned above the some of the factors favouring the current practice of bathing could be – a) it is a ritual/tradition, b) the baby is considered physically dirty on birth. This needs to be represented by arrows above the line. The possible facilitating factors for the new desired practice could be: a) Doctor's/ service provider's advice b) There have been several instances of babies dying after a bath because of cold/pneumonia.

(Different color cards can be used for driving and restraining forces. Clarify that if a force seems to be made of multiple elements, each component should be listed separately as a force. The use of cards is more flexible than simply listing forces on a sheet of paper. They can also create a more participatory discussion, as with cards, writing/drawing can be done by many, and control is not in the hands of one person.)

4. Keep the sheet of paper with the problem written on it in the centre and draw a line across it. Spread the cards with restraining forces below the line and those with driving forces above the line.
5. Ask them to look at the cards and see if they would like to make any changes in the cards or the placements.
6. Next ask the participants to assign "weights" to each of the forces. They should position each force card at varying distances from the problem – line/present status line in such a way that the distance denotes the strength of the force. The greater the distance, the greater the perceived effect of the force on the problem/situation. Alternatively one could physically add pebbles/leaves/cut paper to the factors/force to depict the "weight" .
7. Check they are satisfied with the diagram, and then ask them to discuss how they can facilitate in changing the situation. Which of the driving forces can be reinforced and which restraining in changing the situation. Which of the driving forces can be reinforced and which restraining forces can be diminished? What are the "cues" for moving from the negative to the positive.
8. Brainstorming techniques can be used here. Smaller cards preferably of different colors can be used to write down possible interventions for each of the driving/ restricting force so as to increase/reduce its magnitude. Each of the possible interventions can be further weighed in light of various factors, e.g., resources available, time, tribal customs etc. The idea is generally to capitalize on those that would bring greatest change.
9. Copy (photo) the diagram on to a piece of paper. If the number of participants is large, one common way is to divide them into smaller groups and then ask them to work on the FFA separately. The findings are later shared amongst the different groups.

Facilitation Variations

What is the relative importance of the positive and negative forces/perceptions (e.g., can they be ranked in terms of strength, ease of change or impact)?

- What are the reasons behind such rankings, and what implications do these have for the sort of action that can be taken?
- Which stakeholders have the most influence?
- What will happen if we don't achieve the desired objective(s)?
- To these, one might add: Have the interest of other stakeholders (especially the less organized and more vulnerable) been taken into account during the analysis?

Force Field Analysis: Handwashing (before eating/cooking) (after cleaning child's bottom)

Current situation

1. High mortality in the state/district due to diarrhoea/infection.
2. Causes/reasons of the diarrhoeal disease and death-infection include hands not washed before eating/feeding, delay in response/referral belief in god's will/fatalism.

Desired future situation

1. Infant/child survival.
2. Community realisation that handwashing is critical for better child survival and health.

Task ahead

1. Is it possible?
2. Is it feasible?
3. What is the alternative desired practice?

What/who will be the barrier in carrying out the desired practice?

1. Water not available.
2. Soap not available.
3. No benefit.
4. Child stool not harmful.
5. Relief that not washing hands is not dangerous.
6. No services available close by.
7. Forgetfulness.

What/Who will facilitate the change? How? Why?

1. Advice by local head.
2. Dai trained.
3. Mother reassured.
4. Explained why hand washing with water and soap is necessary.
5. Explained how dirty hands are the cause of diarrhoea.
6. Benefit – prevention from disease saves you from cost of treatment/medicine, child survival, easy to do.



Who are the stakeholders?

1. Mother.
2. Child.
3. Mother in Law.
4. Anganwadi worker/ANM/Doctor.
5. School teacher.
6. Friend/peer.
7. Husband.

Force Field Analysis (Girls education) Current situation

Girls are not sent to school. In many places only 30% of the girls under the age of 5 are enrolled in school. Of these more than 50% never complete classes.

The reasons are many. People feel girls have to learn how to run a home; girls have to look after siblings and do work at home; it is difficult to get grooms for educated girls; there are no lady teachers etc.

Desired future situation

1. All girls are admitted in school at age 5 or 6 depending on state norms.
2. Girls finish class five without dropping out.
3. All girls attain minimum levels of learning.
4. An aware community which will take positive steps to support girls education.

Task ahead

1. Is it possible?
2. Is it feasible?
3. What is the alternative desired practice?

What/Who will be the barrier in carrying out the desired practice?

1. Traditions and mindsets steeped in stereotypes.
2. No toilets in schools.
3. Apathetic community.
4. Religious strictures especially in minority communities.
5. No lady teachers.

What/Who will facilitate the change? How? Why?

1. Community leaders motivated about the benefits of all girls being in school at the right age
2. Individual families – Each specific situations assessed and support given to them to enroll their girls in school.
3. Panchayats made aware and challenged to take action in their villages.

Who are the stakeholders?

1. Mothers/fathers.
2. Family members.
3. Religious leaders.



TOOL KITS



ANNEXURE 4

1. MOTHER'S HANDBOOK – TANDURUSTI KI TARANG



The booklet has been especially designed for use at the household level by the Health/ICDS functionaries and village animators. It is a picture book and it progresses from the left to the right across the two pages. Each page deals with one subject and important messages can be conveyed through this booklet. The book is aimed at young mothers and pregnant women. Starting from early registration during pregnancy the booklet goes through each of the various stages that a pregnant woman goes through till child birth and after. There is a lot of information on care of children from birth onwards and deals with some of the important illnesses like diarrhoea, colds/coughs and pneumonia.

How to use the booklet

- Read the book carefully and familiarize yourself with the contents of the booklet. If you do not understand anything in the book, please ask for clarifications from your supervisor.
- Explain the information in the booklet to young mothers and pregnant women in the community. Give the information individually and in groups depending on the situation. Explain and present what is relevant to the audience according to their needs. If there is a woman pregnant for the first time then start on page one and take her only through the relevant pages. As she progresses in her pregnancy take her through the other pages. Make sure the other family members also participate in these discussions and are aware of the information given in the booklet.
- Keep visiting the family and remind the family members about all the information given in the booklet. Give some new information each time, but also take them through the old lessons again. Practice makes perfect. Also observe that they are really following what you have taught them. If not, find out the reasons as to why they are not following the messages in the booklet. If they have any doubts or fears encourage them to share their feelings with you.
- In families with small children make sure all the information pertaining to child care gets included in the conversations with the family. Most critical information is "Newborn Care". Pay extra attention to any family that has a new born. Make sure all the messages on new born care have been conveyed to the family ahead of time and that they actually implement all that has been taught to them. Remind them about immunization, care of the child during illnesses like diarrhoea, pneumonia etc.
- This is a picture book and can be understood easily if the pictures are understood. Even those who cannot read can be motivated to learn by looking at the pictures.
- Keep encouraging the family to look at the pictures repeatedly and ask them to repeat what they see in the pictures. Keep a diary on what the people say about the pictures and convey them to your supervisor. **We can improve the booklet based on your observations and experiences.**



2. SHISHU SURAKSHA – AAPKE HAATH (CHILD’S HEALTH IN YOUR HANDS)



This booklet has been designed to help you and should be used in unison with other material. With the help of it you will be able to give advice to new mothers as well as women who are going to become mothers.

This booklet will help you to give the right advice to families using a combination of observations and asking the right questions.

Substantiate your observations by asking questions. The nature of the questions that you ask should be open ended so that you can get maximum information from the respondents without appearing to be intimidating/threatening. Do not make any value judgments and your answers should advise the family depending on their needs.

This booklet contains valuable information on pre-natal and post-natal care, immunization, a few life threatening diseases (diarrhoea, pneumonia) and how to look after a sick child.

The booklet has a few cards at the end. This can be played as a game. Some cards have the right practice and some show the incorrect practice. The participants have to identify which is the right practice and which is the wrong practice.

How to use this booklet

1. Read the booklet carefully and understand the messages well. This booklet will help you inform the mothers in a simple language.
2. Use the pictures to illustrate. If the members of the family are illiterate, then use only the pictures to explain the messages to them. But if the family members are still unable to understand the pictures, then please try to explain to them the messages that flow out of the pictures.
3. Observe the household you visit. Ask relevant questions only. Give specific and appropriate advice.

3. MEENA FILMS & FLIP BOOKS



All the Meena films in the package are about education, especially of girls. Four/five films are in the package. We take 'Count Your Chickens', the very first Meena film on girls' education as an example to illustrate how to use it effectively.

See it at least once before using it with the group comprising of community/adults/children etc. Familiarise yourself with the story, the main characters and the messages of the film.

Identify key points in the film where you can stop the film to ask your group questions like: "What do you think will happen next?" Or "If you were Meena, what would you do?"

Before you screen the film, explain to your group that the story is about a girl's right to education. Encourage your group to think about the issue by asking questions like: "Do you



think girls should go to school? Why? and “Why do some parents decide not to educate their daughters?”

Discussion:

It is important to have a discussion immediately after the film. A discussion provides an opportunity for your group to express themselves, to share their opinions, and to relate the film to their lives.

Initiate a discussion by asking your group questions about the film and its characters.

Ask questions that will help participants to talk about their experiences and feelings.

Assess what kind of questions you should ask. Some examples are:

- Why do you think Meena wanted to go to school?
- Why did Meena’s parents say she could not go to school?
- What do you think Meena feel when her parents did not agree to send her to school?
- What do you think Raju felt about Meena not going to school?
- What solution did Meena think of?
- Can you think of other ways to solve her problem?
- How did Meena know that one chicken was missing?
- Why did the people say it was good to send girls to school?
- Can you think of any other reasons?
- What did Meena’s parents finally decide?
- Which character in the film do you like most? Why?

If you do not have VCD projection facilities, then start with the flipbook.

4. GATIVIDHI NIRDESHIKA – GRAM PRERAK (PROCESS INSTRUCTIONS FOR THE VILLAGE FACILITATOR)



This reference manual has been made to help you and should be used in union with other materials. It will help you to give advice to men, women and children on the importance of some behaviors related to hygiene and sanitation. It contains information on the importance of hygienic behaviours, activities relating to men, women and children to promote issues like – use of a toilet, hand washing as well as proper handling of drinking water.

This manual will help you to give right advice to the families using a combination of your observations and asking right questions based on these observations. Substantiate your observations by asking questions. The nature of the questions that you ask should be open ended so that you can get maximum information from the respondents without appearing to be intimidating/threatening. Do not make any value judgments and your answers should advice the family depending on their needs.

5. FLIP BOOK HEALTH AND HYGIENE: CORRECT PRACTICES

The flipchart provides correct information on critical hygiene and sanitation practices.





Read the flipchart carefully and understand the messages well, even though you might be familiar with the messages from before. This booklet will help you inform people you communicate with, in a simple language. Use the pictures to illustrate your point and explain.

6&7. FLIP BOOKS - EK GAON KE SACHI KAHANI AND SARLA BAHEN NE DIKHAYEE AGE KI RAAH (A VILLAGE CASE STUDY & SARLA BAHEN SHOWS THE WAY)



The two flipbooks have been referred to in the “*Gatavidhi Nirdeshika – Gram Prerak*”. The flipbooks have been designed to explain the importance of using a toilet for defecation, hand washing at critical times and proper handling of drinking water. The flipbooks have a central character, called Sarla Bahen, who uses her own experiences to explain to men, women and children in the community.



The flipbooks will help you form a rapport with the people and narrate a story to them. They will help you to give the right advice to families. Make sure that you carefully read the flip books before using them with people in the community. Familiarise yourself with the story, the main characters and the messages. It is important to have a discussion immediately after narrating the story. A discussion provides

an opportunity for the group to express themselves, to share their opinions, and to relate the experiences of the characters in the flipbook to their lives. Initiate a discussion by asking the group questions about the story and its characters. Ask questions that will help participants to talk about their experiences and feelings.

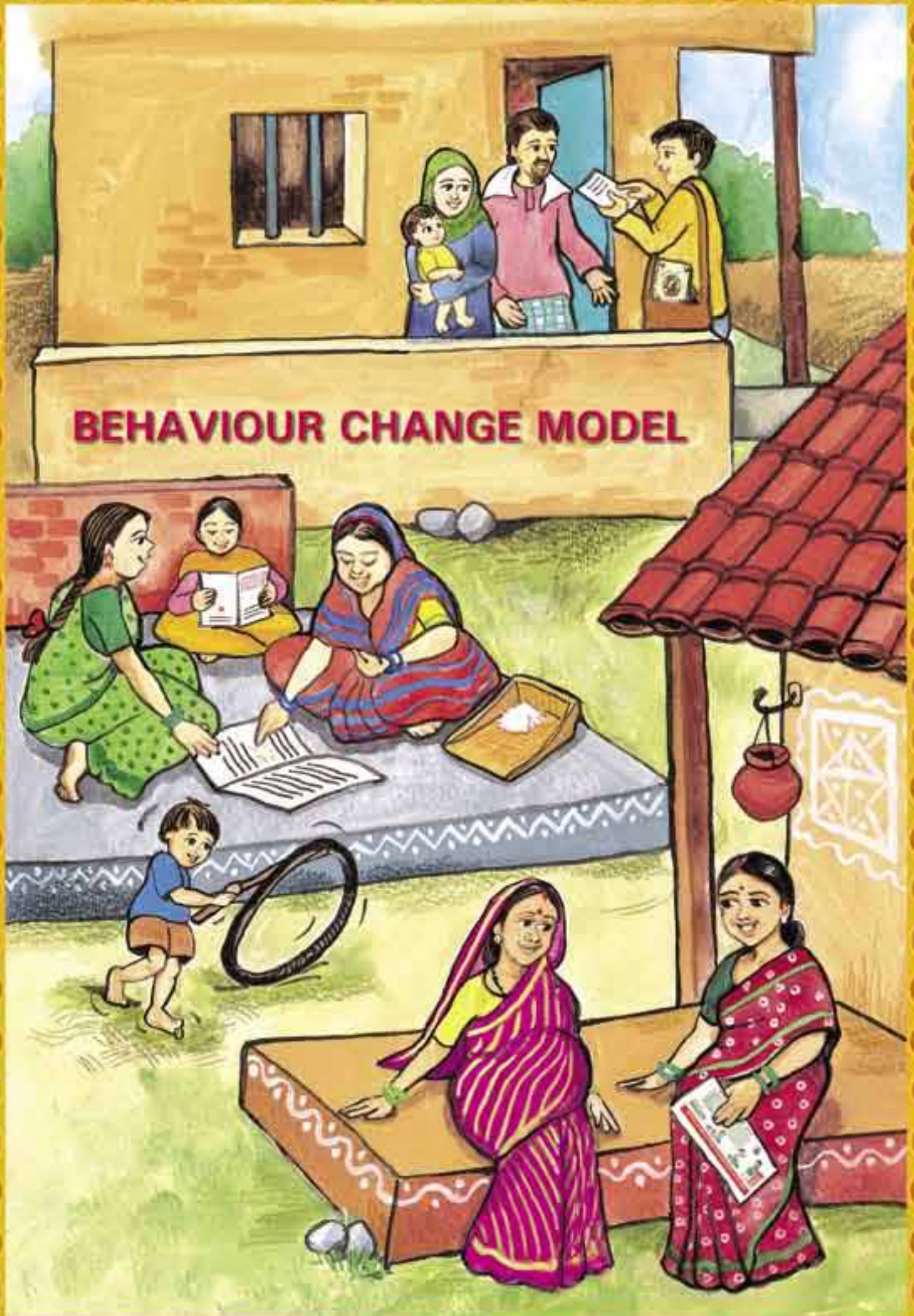
8. FLIP CHART AND BOOKLET ON FREQUENTLY ASKED QUESTIONS ON HIV/AIDS ETC. FOR REFERENCE



This flipchart and frequently asked questions booklet provides correct information on HIV/AIDS. Read the flipchart and booklet carefully. Understand the messages well so that you know and can explain to the young people you communicate with, in simple language. Use the pictures to illustrate your point and explain.

NOTES

BEHAVIOUR CHANGE MODEL



ANNEXURE 5

(Handout)

BEHAVIOUR CHANGE MODEL CASE STUDIES

1. HANDWASHING

There was an outbreak of diarrhoea in the village. Everyone had a harrowing time in the village and many babies suffered. Mothers were advised to give ORS and they had many positive experiences. But almost all were worried about this outbreak and wanted to find a way to stop it. Sushma the health worker calls a meeting to tell them about handwashing and its great advantages in reducing diarrhoeal diseases. Mothers are skeptical. They want to know "Does it really have such an impact?"

2. PREGNANCY

The mother is pregnant and although she has had two children already, she has never been to the health centre for a prenatal check-up. She knows that sometimes women are given an injection at the health centre that she believes may lead to an abortion. She therefore does not want to go for a prenatal check-up.

3. BREASTFEEDING

The mother is exclusively breast-feeding her child because she heard that it was the best for the baby. Her child is now one month old and cries a lot which makes her think that it is not getting enough milk. She is therefore planning to supplement her breastmilk with rice soup. The mother does not realize that in fact her child is growing very well.

4. BREASTFEEDING

The mother is pregnant and will soon deliver. She has never heard of the benefits of feeding colostrum to a newborn and she is planning to give her child rice water for the first three days of its life until the "real milk" comes in. She believes if she gives colostrum she will be very tired and it may sap her of her energy.

5. GIRLS EDUCATION

Naseeruddin is a poor farmer. He and his wife Salma have two sons and three daughters. He had sent the eldest girl Raziya to the Madrasa for sometime but he stopped when Salma became unwell. The younger ones also do not go to the school or Madrasa. Naseeruddin believes that girls do not need any education as they have to stay at home and look after household chores anyway. The boys are at school, but Naseeruddin is hoping to send them to the Gulf as soon as possible so that they can start earning. A girls school has just opened nearby which gives special attention to girls. The village volunteer Rakesh is trying to talk to Naseeruddin about sending the girls to school.



BEHAVIOUR CHANGE MODEL CASE STUDIES COMMENTS ON CASE STUDIES

1. HANDWASHING

The mothers are between Steps 1-2. They understand enough to want to try Handwashing with soap at all necessary times but lack full knowledge and the “will” to do it. They also lack money to invest in soap for handwashing. The communicator should focus on full information, take them through the cost of a child having diarrhoea, (suffering, malnutrition, death) and the economic cost of treating the child. Hopefully this will give them more confidence to practice handwashing.

2. PREGNANCY

The mother is at Step 1. Not only does she lack correct information, but she misunderstands the role of a prenatal checkup and the injection given to pregnant mothers. This highlights the importance of listening and learning from the mother first. It is important to address the misunderstandings in addition to providing correct information. The communicator must give basic information, and explain both the risks of not having a tetanus immunization and the benefits from receiving it.

3. BREASTFEEDING

The mother is between Step 4-5. She has tried the new behaviour, has carried it out correctly and achieved the desired results. The problem is that the mother does not recognize her success. The communicator must therefore help her see the positive consequences of her action. He could show that the child’s weight is normal, that it is healthy in every way, and point out the other benefits of breast-feeding. The communicator should encourage the mother to continue.

It should be noted that the problem of mothers not seeing the positive consequences of good health behaviour is common. It is difficult to see the benefits of avoiding health problems through immunizations, proper nutrition, and good hygiene. In these cases, the communicator needs to introduce “planned consequences” (praise, encouragement, prizes, recognition) to reinforce the behaviour to lead to it becoming a sustained adoption.

4. BREASTFEEDING

The mother is at Step 1. She needs basic information, as well as clearer idea of the risks of giving rice water and the benefits of giving colostrum.

5. GIRLS EDUCATION

The family is at Step 1. They may have been at Step 2 at some point of time but have slid back to Step 1. The communicator must be understanding and give positive examples from the community which the family can adopt. The communicator must enlist the advise and help of other community elders whom the family will listen to and holds them in high regard. The communicator must assist the family, perhaps by discussing various approaches and offering encouragement. A major attitudinal change is required and the communicator may try to approach the problem in stages (the two younger girls can be sent to school – as the older one may be required at home etc.)





PLANNING FOR COMMUNICATION ACTIVITIES



ANNEXURE 6

PLANNING FOR INTERPERSONAL COMMUNICATION ACTIVITIES

At the beginning of the Village Planning exercise you would have conducted a survey that would have given you some data on the following areas:

- No. of households in the village and the population data – demographic profile.
- No. of households with under five children.
- No. of households with pregnant women.
- No. of households where babies have been delivered within the last three months.
- No. of births registered in the village last year and this year.
- No. of households with under one “Child Information about Immunization” session in the village.
- Immunisation status of the babies in the village.
- Information on Pulse Polio activities in the village.
- Information on water sources in the village.
- No. of children over the age of five going to school – boys/girls.
- Whether the village has a primary school, middle school, high school.
- How many children have dropped out of primary school – boys/girls.
- Whether the village has an anganwadi and whether all the children go to the AWC.
- No. of households using iodised salt.
- Status of sanitation – whether any households have latrines and if so how many are functional.
- How many young people are at present living in the village and their activities – if there are any youth centres, mandals etc. Whether both boys and girls participate in these mandals.
- What knowledge do young people have about HIV/AIDs?
- Are there any HIV positive people in the village and how does the village treat them?
- What is the picture of the minority community in the village and their profile.

You will no doubt have information on other kinds of issues as well. But for purposes of communication at the individual household level the above information is very critical.

In the community mapping exercise you would have also mapped the village and located all the places/landmarks of the village. So with the information from the above questions and the community map prepare a plan for IPC for your village.

The plan should focus on the particular needs of the household for individual communication at the household level. The plan should also look at the situation of the village and arrange for gram sabha, mahila mandal, panchayat, and mohalla meetings. The topic of discussion, the methodology will vary for each of these meetings.



PRINCIPLES OF VILLAGE COMMUNICATION PLANNING ACTIVITIES

Planned visits: Each animator should have approximately 40-50 households. If the village is larger than this please co-opt partners and *mohalla* members who will be part of your network. There must be a plan for each household. Each household should be visited at least thrice a month i.e. each animator calls upon six households a day (if they have 50 hh each) for 25 days in a month.

Develop a map of the area where you will be working and mark all the important landmarks in the area. Individually mark all the households which you are responsible for and develop a data base on the households. You would already have a good idea of your village from the village survey. Now you can customize the data for your own area and households. (Look at the grid)

Relevance: The needs of every household will not be the same. For example if it is a household with a pregnant woman, with a two year old and some adolescents in the household then the topics you will discuss will vary from visit to visit. Also you may not wish to address all the members of the household at the same time on all the topics. The pregnant woman needs to know about safe delivery, breastfeeding at birth and exclusive breastfeeding. One month later she must be told everything about immunization. Two months later the baby may get sick with diarrhoea. You have to teach the mother diarrhoea management and support the mother. This is also a great opportunity to remind the mother about handwashing. When the baby is 5 months you have to talk to the mother about introducing complementary foods, train her in preparing various kinds of food making sure the mother-in-law is included in all discussions. The temptation will be to give all information to all. But this must be a planned intervention so that focused attention can be given to individuals and issues. This is not to say that a larger group must not be drawn into the fold — where appropriate, it is possible. For example, for a woman to successfully establish breastfeeding at birth, it will be the mother-in-law and the delivering dai who need to be motivated.

Seasonal: the topics discussed at the household level must also be seasonal and what affects the community most at the given point of time depending upon the vagaries of nature and seasons. To talk about HIV/AIDS when the family is suffering from a drought or inadequate water availability is not only insensitive but may result in a lack of credibility of the animator.

Repeated: As has been stated already each household must be repeatedly visited and the messages conveyed constantly but in differing manner/formats. Saying the same thing fifty times does not end in 50 messages. One message conveyed with a new angle every time will result in novelty and create a desire to listen on the part of the community.

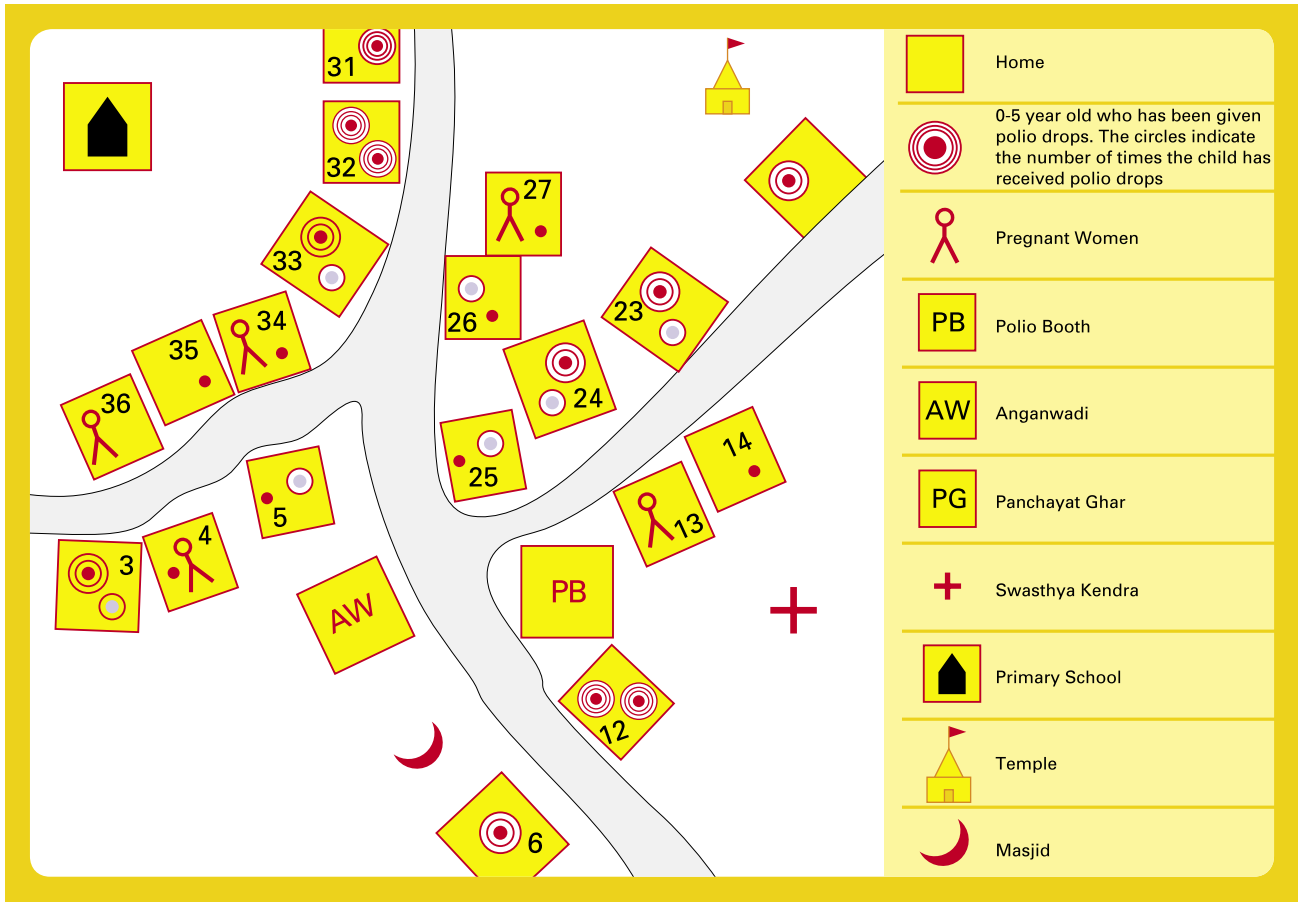
How to prepare a grid and a resource map

1. Here is a strategically made Resource map of the village that is divided into areas covered by each village volunteer (Picture 1).
2. The area per volunteer is the planning unit and it should have approximately 50 households. Each volunteer will have one unit. In larger villages each volunteer may have more than one unit (Grid Micro-plan-a sample-Pictures 2A & 2B).

VILLAGE COMMUNICATION PLANNING TABLE

Primary Issues	Behaviour Practices		Barriers to changing behaviour	Facilitating factors for changing behaviour	What is the right message	Who will facilitate the change	Who are the stake holders	Influencers/ Partners	Tools/ Materials
	Current	Desired							
1. Colostrum feeding: exclusive breastfeeding									
2. Not bathing the new born at birth									
3. practicing Kangaroo warmth									
4. Hand washing at all critical times									
5. Sending all girls to school at five years of age									
6. HIV/AIDS awareness amongst all adolescents to protect themselves									
7. Use of iodised salt									
8. Full immunisation before the age of one									
9. Complementary feeding begun at 6 months									

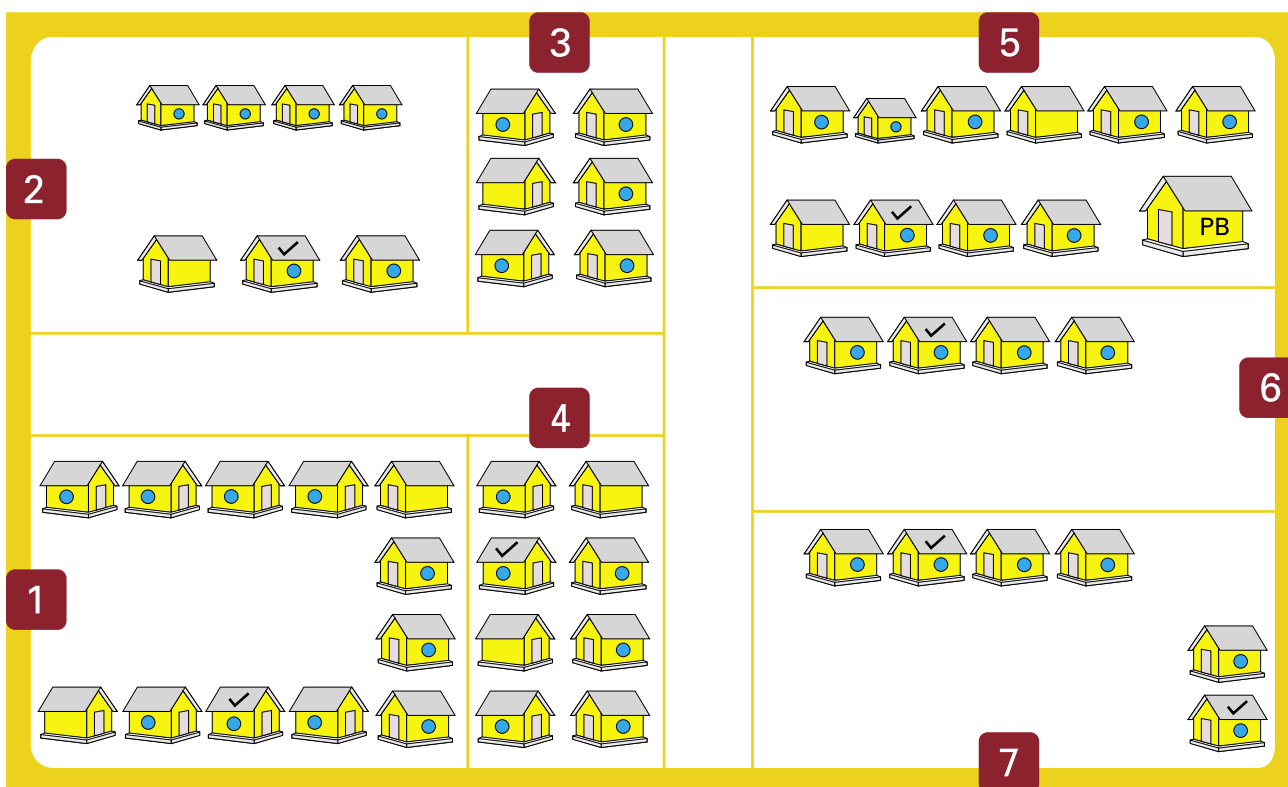
PICTURE 1: SAMPLE RESOURCES MAP



NOTES



PICTURE 2A: GRID MICRO-PLAN: A SAMPLE



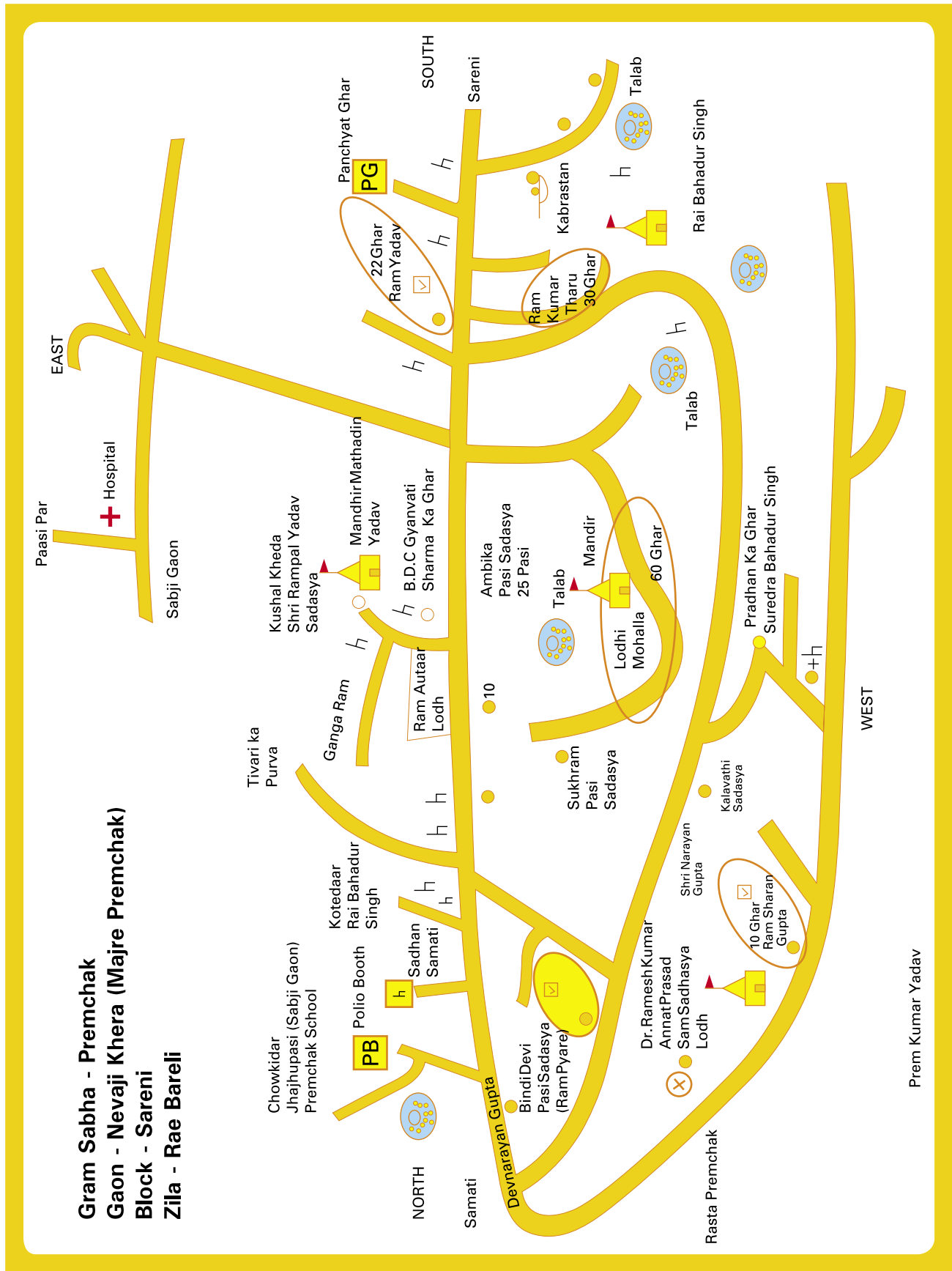
■ WHAT is Grid Micro-plan?

- A strategically made Resource map by the village volunteer.
- A tool to systematically engage community and neighbourhoods.
- This divides volunteer area into small planning units with less than 50 households and reinforces micro-planning for interpersonal communication.

PICTURE 2B: GRID MICRO-PLANNING: HOW DOES IT HELP IN ORGANIZING HOUSE TO HOUSE WORK

1. The community partner, within a sub-area, should be **allotted 50 or less** households as their responsibility.
2. The community partner, within a sub-area, should be given the target of enumerating all pregnant woman and children under 3 years of age to whom the key messages should be given.
3. The village volunteer/community partner should link up the household with all essential mother and child care services given through the Health Worker (ANM) and Anganwadi worker.
4. If there are adolescents above the age of 10 years in these households, they must be encouraged to attend youth meetings. Appropriate messages on HIV and knowledge on how to protect themselves must be imparted to adolescents.
5. All children under five years of age in these households must be given Polio drops on Polio booth days.

PICTURE 3: ACTUAL MAP OF A VILLAGE (FROM U.P.)



ANNEXURE 7

EVALUATION OF TRAINING PROGRAMME

1. To what extent did you achieve your learning objective during the workshops?
(Please put an "tick mark" on the continuum)?

Not at all achieved Some what achieved Fully achieved

2. What were, for you, the highlights of the 5 days?

- Child Rights.
- Two Way Communication.
- Interpersonal Communication.
- Non-verbal Communication.
- Village Level Communication Planning.

3. Has the training increased your knowledge on Inter Personal Communication?

Fully increased Some what increased Not at all increased

4. Has training increased your IPC skills.

Fully increased Some what increased Not at all increased

- | | | | |
|--------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| • Interaction – Learning – Listening – Observation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Asking open questions-non-verbal communication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Motivation Techniques using six principles of effective communication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understanding behaviour change communication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Village level communication planning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Workshop style.

Participative Non-Participative





This module will be available with all the UNICEF offices in India.

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