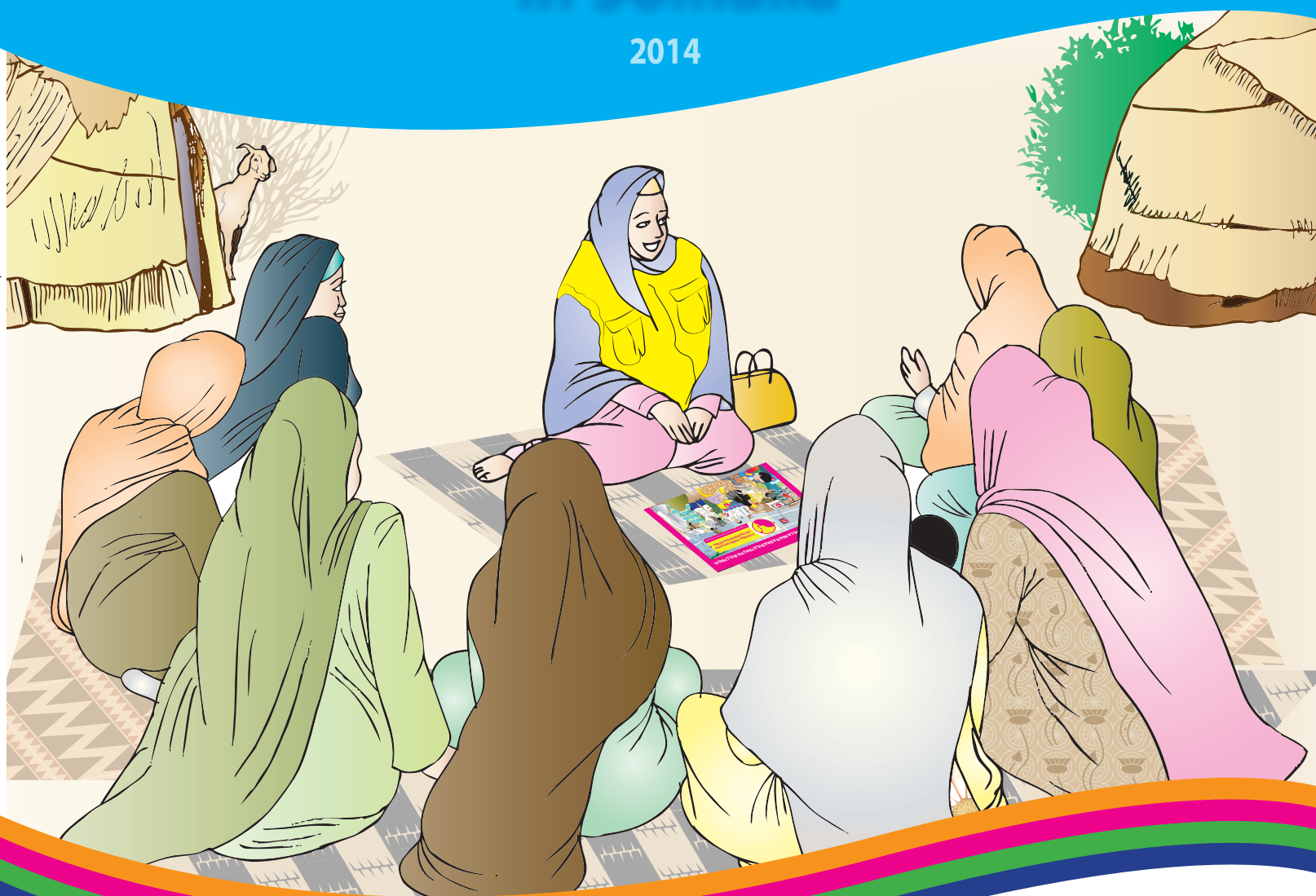


TRAINING MANUAL

Social Mobilization for Polio and other Supplementary Immunization Activities in Somalia

2014





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ACRONYMS

DFA	District Field Assistant
DOH	Directorate of Health
DPO	District Polio Officer (WHO)
DSMC	District Social Mobilization Coordinator (UNICEF)
EPI	Expanded Programme on Immunization
MOH	Ministry of Health
NID	National Immunization Day
OPV	Oral Polio Vaccine
SCZ	South Central Zone
SIA	Supplementary Immunization Activities
SIAD	Supplementary Immunization Activity Day/s
SMO	Social Mobilization Officer
SNID	Sub-National Immunization Days
RSMC	Regional Social Mobilization Co-ordinator
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WPV	Wild Polio Virus (as in Somalia now, 2013/2014)



KEY CONCEPTS

Facilitators and Trainers

Good facilitators actively draw out and build on the relevant knowledge, wisdom and life experience that learners, especially adult learners, come with. For trainers, the emphasis is often on teaching new subjects and knowledge. Facilitation includes training and more. It demands special skills, including the ability to create learning environments in which participants feel safe to share, question, reflect and learn from each other, through active participation. For these trainings, it is important that you do more facilitation than training.

Front line workers

All personnel, including staff and volunteers, working directly with community members at community level. They are on the “front line” of the battle against polio and other diseases.

National Immunization Day (NID)

On a NID, all over the country on the same day, ALL children under five years old are immunized against polio using the Oral Polio Vaccine (OPV). Parents, health workers, community mobilizers and community leaders need to work together to ensure that every child under 5 years old receives the vaccine at the same time.

Zero Dose Children

Those who have not received any vaccines against Polio or another disease (context dependent).

ABOUT THE MANUAL

This manual has been prepared to guide facilitators and trainers conducting orientation and familiarization sessions with frontline social mobilizers, health and allied workers engaged with Polio prevention and other supplementary immunization activities in Somalia. It has been produced to guide an initial workshop and to help clarify the roles and responsibilities of field workers. It guides a highly participatory approach in which all participants are actively involved. It includes ready to use (and copy) handouts for participants, extra material for trainers and the key facts that trainers, facilitators and field workers need.

Like any Manual, key to effective use and intended impact is how it is used in the field and with intended audiences. Section I details the fundamentals of Participatory Approaches and outlines commonly used methods which appear in the learning sessions. It serves as an overview of how the Manual should be used by facilitators and trainers, and adapted to fit their own contexts. Section II outlines the training sessions. Section III includes Trainer’s Notes and supplementary material and Section IV includes participant handouts.

A related issue is the follow-up and support mechanisms which need to be put in place, to support new trainees to be able to use their knowledge and training effectively in their work. You are encouraged to consider what could be done in your environment to help field workers effectively use their learning, including what support can be provided to field workers, to maximise the potential of the material and the training sessions.

The manual will be improved over time based on feedback from the field. Users are strongly encouraged to adapt the material for their own contexts.

INTRODUCTION

The manual aims to prepare Social Mobilizers and other community and health workers who interact directly with families, community groups, local leaders and other community members, for their work in the field. In Somalia, systems of district and community level workers are in flux and still being set up. Where available, district level Social Mobilizers should be coordinated by District Social Mobilization Officers (DSMOs).

Social mobilization uses different forms of communication to educate communities about important health (and other) issues. Social mobilizers actively encourage people to take up essential services like the Polio vaccine. Effective social mobilization is critical to ensure that parents and care givers can make informed decisions and accept immunizations and other life-saving interventions for their children. Social Mobilizers help community members understand why and how they should have their children immunized. They provide information about immunization opportunities, days and times and the action parents, carers and community leaders need to take.

The training aims to equip social mobilizers and allied workers with practical, hands-on skills they need for their work, including during Supplementary Immunization Days (SIDs), related activities and campaigns. The training is intended to be interactive rather than theoretical and it is the facilitator's responsibility to make sure this happens. The systematic, step by step approach outlined here will help social mobilizers to work effectively and achieve their objectives: To inform, educate and encourage parents, carers and other stakeholders to better understand, seek and take up potentially life-saving services and promote these services in their communities.

By the end of this training, participants are expected to:

- Have developed a better understanding of the dangers of polio and of available, life-saving polio prevention measures.
- Have a better understanding of the Polio situation in their region.
- Appreciate their own roles in polio eradication and understand the tasks that need to be carried out, how and why.
- Have developed essential communication skills and abilities.
- In teams, have developed and/or used a social map to guide local social mobilization activities.
- In teams, have developed a simple micro plan to guide all social mobilization activities.

PLANNING THE TRAINING

The most important factors in any training and in efforts to maximise the value and use of training in the field, are ensuring that the right people participate and that the trainers and facilitators are able and well prepared for their roles. Before planning in detail, make sure you invite participants who can and will use their learning and new skills. Other details can be sorted after this has been done. The anticipated duration of the training is three days¹. The training programme is structured around 7 key sessions and is expected to involve between 12 and 35 participants. They are likely to include Social Mobilizers, health and other community-level workers in the area (existing and new), who will use the training in their work.

Facilitators

It is more appropriate to think of those leading the sessions as facilitators rather than trainers. Although both share common characteristics, the emphasis is on actively engaging experienced adult learners (Social Mobilizers, health and community workers) in action-oriented learning to improve their field practice. This includes learning about new issues, subjects and methods (largely through training). But importantly, it also actively builds on the life experience, relevant work experience and knowledge that all adult learners bring to the training. Thinking of session leaders as facilitators (rather than trainers) emphasises these aspects.

1. Depending on local circumstances and context, this might not be possible. The manual is easily adaptable for shorter periods if necessary. Communicate with local staff and leaders to prioritise what is most important for your situation, if you cannot cover everything in the guide, in the time you have available.



Where possible, two people (co-facilitators) should co-facilitate each session. See Box 1 below for what makes a good facilitator. Most importantly, facilitators need to be good listeners, have experience facilitating and managing groups and be respected by the community (or have the potential for this). Depending on local circumstances, facilitators might include EPI Supervisors (Regional), WHO field staff, UNICEF EPI Officers or others with the necessary skills and competencies; and others like Participatory Development and Adult Learning Specialists.

Box 1: Qualities of a Good Facilitator

1. Respected by the community
2. Strong facilitation and leadership skills
3. Community knowledge and experience
4. Strong listening and communication skills
5. Good with people
6. Works well as part of a team
7. Takes initiative (doesn't just wait for instructions)
8. Committed to their work and responsibilities
9. Well organised and flexible
10. A critical thinker, asks questions
11. Open to learning from others and from experience

Box 2: Example Invitation

To: *All Participants to be trained on Social Mobilization for Polio and Supplementary Immunization activities*

Date: *June 5, 2013*

Subject: *Training of District Social Mobilizers and Allied Workers*

Training dates: *E.g. Monday 30 September*

Time: *E.g. 8:30 AM- 1:00 PM (as appropriate to local context and availability)*

Place: *Venue. Include a simple map or directions if necessary*

Thank you

Sign

Name

For information contact: *Your name and telephone number.*

Participants

Where possible, all participants including Social Mobilizers should:

- Have community work experience and/ or previous involvement in Polio/ routine EPI or other social mobilization or community development activities.
- Be local residents in the district they are representing.
- Be committed to learning, to actively participating in the training and to using their new knowledge and skills afterwards.
- Have strong interpersonal communication skills.
- Be available for the entire duration of the campaign, as far as possible.

Advance Preparation

All facilitators need to take time to prepare their sessions in advance. This involves:

- Understanding well the purpose (aim) and content of each session;
- Reviewing the content (what)and format/ methods (how) of each session and understanding different options for group work and other session activities; Preparing for activities and having all necessary training materials, handouts and other materials ready (paper, pens, posters or visuals etc.).
- Select and invite appropriate participants in advance, in communication with local leaders and others (see below).
- Choose a suitable venue at an accessible location for participants (see below).
- Invite and confirm the details with participants at least one week before the training starts(date, time and venue for the training sessions).

Ensure that all participants understand why they have been chosen to be involved and what is expected of them afterwards (using their learning, commitment etc.).

Invitation – See example in Box 2 above.

The date, time, venue and aim of the training should be explained to all participants in simple, clear language at least one week before the training starts.

Venue

- Where possible, consider the following when you select a place for the training (a venue):
- Quiet, with little noise and distractions (e.g. not near a generator/ car park/restaurant/ playground etc.).
- Enough space to move around
- Enough light
- Enough ventilation (air) – windows and light.
- Clean and ready to use
- Convenient for group exercises (e.g. chairs and tables that can be moved around)
- Basic facilities as far as possible (toilets for women and men, walls to stick paper on etc.).

Suggested Agenda 2: Three day Training Programme for Social Mobilizers and Allied Workers

DAY 1	
TIME	SESSION
8.30 am	Registration as participants arrive
8.30- 8:45 am	Brief Opening remarks from 1 key official (Government, WHO, UNICEF or local leader), if available (15 minutes)
8:45 – 9.45am	Session 1: Getting Started: Participant Introductions, Workshop Objectives , Fears and Expectations, Ground Rules
9.45 – 10:45	Session 2: Basic information on Polio Polio virus, Transmission and Germ cycle, Signs and symptoms, Prevention, Who is at risk? FAQs, Polio Update (Global and Country). Strategy for Polio eradication, Key challenges implementing strategy
10:45-11:00	Tea/coffee break
11:00- 12:00	Session 2- Continued
12: 15- 1:30 Pm	Lunch Break and Prayer
1:30- 2:10 Pm	Session 3: Roles and Responsibilities of Social Mobilizers and other frontline workers
2:10- 4:15 Pm	Session 4: Inter Personal Communication (IPC): Communication; Face-to-face Communication; What makes a Good Communicator. Up to and including Activity 4 (Session 5).
4.15 – 4. 30 pm	Tea Break
4.30 – 5:00 pm	Wrap up and Evaluation of Day 1: Standing in a circle ask each participant to share (in 2 mins. Each) one important thing they will take away from today. Facilitator ask 2 participants to work together to prepare a 10 mins. Summary presentation: Key Learning from Day 1.
DAY 2	
8.30 – 9.30	2 participants present a 10 minute summary of key learning points from Day 1. Facilitator: Questions and discussion on Day 1 activities
9:30- 10:45 Am	Session 4 :Continued
10.45-11:00	Tea/coffee
11:00 – 12:15 Pm	Session 5: Planning and Implementing Social Mobilization Activities. Activity 1 Group work
12:15- 1:30 Pm	Lunch and Prayer
1:30- 2:30 Pm	Session 5: Planning and Implementing Social Mobilization Activities cont. Activity 3, Developing/ Adding to a Micro Plan
2:30 Pm- 4:15 Pm	Session 5: Planning and Implementing Social Mobilization Activities cont. Activity 2, Developing Social Maps
4:15- 4:30 Pm	Tea/ Coffee
4.30 – 5:00 Pm	Wrap up and Evaluation of Day 2: Standing in a circle ask each participant to share (in 2 mins. each) one important thing they will take away from today. Facilitator ask 2 participants to work together to prepare a 10 mins. summary presentation: Key Learning from Day 2.



DAY 3	
9.00 – 9.30	2 participants present a 10 minute summary of key learning points from Day 2. Facilitator: Questions and discussion on Day 2 activities
9.30 – 10:45 Am	Session 6: Collecting and Using Essential Information: Data collection, field registers, Social Mobilizer Tally Sheet
10:45-11:00 am	Tea/Coffee
11:00 – 12.15	Session 6: Continued
12:15- 1:30 Pm	Lunch and Prayer
1:30- 2:30 Pm	Session 10: Closing the circle. Last Questions. Complete the end of Training course. In a circle with ball: each share one important thing you will take from the sessions and one commitment you make.
2:30 Pm	Workshop closure and tea/coffee



SECTION I:

Participatory Approaches

*Notes for trainers, to help
them prepare for sessions*



Working with Adult Learners: What makes a Good Facilitator or Trainer?

All learners, particularly adults, come with a lifetime of experience. Even if literacy levels are low, they bring other skills and strengths to training and learning processes. When participants are given the opportunity to actively participate in training activities, this helps to keep the training alive and appropriate to the group.

Thinking of those leading this training as facilitators rather than trainers emphasises the inter-active nature of the sessions which will use and build on the knowledge and life experience that all participants bring to the sessions.

Becoming a good trainer takes years and much practice. All trainers need to develop the following strengths and skills:

1. Have and demonstrate the right attitude

- Develop rapport and trust: A trainer who builds a good relationship with participants will have more success communicating with them.
- Be sensitive and responsive to local context: Remain sensitive to the “feel” or mood of the group, to make sure that the training is meeting people’s needs.
- Show respect for participants, their life experience and the knowledge and experience they come with.
- Make participants feel welcome, comfortable and safe.
- Deal with sensitive issues in an appropriate way.
- Be friendly and show that you care.
- Show respect for the time and energy that participants give (start on time, be organized, plan well, prepare your resources well).

2. Demonstrate key skills and abilities

- Up to 80% of human communication is non-verbal! Be aware of and responsive to non-verbal behaviour. E.g. If group energy is low, do an energiser or have a 5 minute break.
- Prepare well
- Present the material in appropriate ways
- Encourage participants to be active in sessions
- Relate the training to participants’ life experiences
- Relate the training to participants’ needs
- Guide particular activities and sessions clearly
- Be organised and flexible (adapt to group dynamics)
- Be able to manage groups and group work
- Listen actively, prompt participants, summarise learning as appropriate
- Challenge participants when necessary
- Use simple and clear language

3. Know your subject!

- Know enough about important issues
- Know what is most important and how to prioritise
- Don’t pretend to know everything! If you cannot answer a question well, say you will speak to colleagues and then let the participants know.

4. Know how to manage the group well

- Think carefully about what to include as there is rarely enough time to include everything that people want or need to know. Ask yourself: What issues and sessions are essential? How much detail is necessary? What could be kept for later (follow-up sessions if possible)? What resources can you refer participants to? Be realistic and honest about what is possible in the time available, and what is not.
- What is best way to manage your group? Group dynamics (how people in the group relate to teach other) can present a challenge to trainers. Quiet people need encouragement to participate more actively while dominant people might need carefully managing.
- Remind people of the ground rules developed at the start of the training. These generally include agreements about listening, respecting and being sensitive to others, allowing everyone to express their opinion, starting on time, mobile phones on silent etc.

- Remain sensitive to group dynamics at all times.
- Manage discussions and group work actively, for example by asking each member of the group to share their view about a particular subject or scenario if appropriate.
- If an individual continues to dominate inappropriately, speak to them individually during one of the breaks.

5. Be self aware

Be aware of your own limitations and know when to ask others for support. Becoming a good trainer is a lifelong learning process.

FACILITATING SESSIONS

Creating a learning environment

It is important for participants to feel as comfortable and safe as possible in the training setting. If there are any options, think about what location will be most suitable for the participants and for this particular training. Where will they feel most comfortable? Where can they get to easily? Is there enough space for the whole group to work together and for small groups to work together? How should the seating be arranged to maximise comfort and participation? What could you do to make the room more attractive and colourful? What resources might be useful and could be displayed around the room for participants to look at during breaks?

Before each day or session starts

- Check all facilities (the room, toilets and so on)
- Check necessary technical equipment and make sure you know how it all works (or have someone present who does)
- Make sure you have enough pens that work, flipchart paper, masking tape (to stick paper on the walls) etc.
- Confirm tea/meal and prayer times and options (tell participants at the start)
- What could you do to make the venue more attractive? Think about appropriate posters, leaflets, drawings, photographs, props and so on. Local organisations may be able to help if you do not have some readily available.

Most training programmes involve plenary (whole group) time as well as small group work.

In plenary



The whole group works together. Training workshops usually start and end with a plenary session. Plenaries give the trainer important opportunities to introduce new ideas, pull things together, deal with issues and questions that arise, summarise and make necessary announcements.

Group work



Working in small groups (ideally 4 or 5 participants) enables everyone to play an active role. People need to be clear about the aim of the group work and about what they are expected to achieve. Set a time limit for group work and monitor groups as they work, some always need more support than others. Prepare in advance a checklist of questions for group work. If the task is not clear or time-keeping is not effective, people quickly become bored and distracted when working in small groups.

The mix of participants in each group is important. At certain times, for example, you might want to have mothers together, fathers together and other community members together. Another time you might want mixed groups. Think about factors like levels of confidence, age, gender, life experience, familiarity with the issues etc.

Learning in the field





Depending on your group and aims, there may be opportunities to learn in the field (in the community). Like other sessions, this requires careful preparation so the aims of the learning exercises are clear and participants understand what they are expected to achieve. Whoever is involved (e.g. local leaders, grandmothers, school teachers or others), everyone needs to know that it is a learning exercise. You need to respect people's time and make sure the time and effort spent by everyone is worth it.

Ensuring effective feedback

Giving and receiving relevant, useful and appropriate feedback is important for everyone involved with training. Be clear about the importance of constructive feedback; We all learn through practice, through trial and error, through finding out about different ways of doing things by observing and listening to others, and by reflecting critically on our own practice and that of others. Feedback provides a mechanism for this.

When giving feedback:

- Start with something positive
- Be clear and brief
- Be sensitive

When receiving feedback:

- Be open to receiving feedback and listening in a non-defensive way, without interrupting.
- Try not to argue
- Ask questions if anything is not clear
- Think about how the feedback can help you improve your work.

Timing and flexibility

Time keeping is very important! As the trainer you know what the whole programme looks like and it is your responsibility to move faster if time is short. Make the best use of available time and times of the day. For example, mornings are generally a good time for learning about new ideas (more theoretical), whereas afternoons and evenings - when people are often tired and find it harder to concentrate - are good for group work and practical activities. Include time for breaks and meals and be aware of relevant cultural factors like prayer breaks. Remember that time always gets more pressured as a training programme progresses. If you start slowly, you will probably not be able to cover everything planned. Work hard to start and finish on time each day and in each session.

How to plan and conduct a community meeting

1. Have a clear purpose: Why is the meeting needed? What do you help to achieve? (this is the Objective).
2. Invite community members as appropriate, depending on the objective and your target audience. In general, between 12 and 20 participants are recommended so everyone is engaged and you can have a good discussion.
3. Arrange logistics including:
 - a. A date/ day and time suitable to participants (e.g. when mothers are not too busy, if mothers are the target audience).
 - b. The venue (meeting place). It should be easily accessible to participants, comfortable; large enough for intended numbers and clean. It should have basic facilities like drinking water, toilets and chairs or mats.
 - c. Necessary materials, e.g. flipcharts and marker pens, posters, water or drinks etc.

For community meetings, approximately one hour is usually appropriate. Inform participants about the date, venue, time and purpose of the meeting in advance. Select a time suitable for intended audiences. Some days before the meeting, talk to community leader/s about it and what you are hoping to achieve. If you can get their support and they agree to support you during the meeting, this will help persuade community members about the importance of what you are doing and will give the meeting more status in the community.

Conducting the community meeting



- Greet everyone in a friendly, locally appropriate way.
- Welcome all participants and thank them for their time and ideas.
- Ask everyone to introduce themselves quickly (e.g. “I am Amina (name), a mother of 6 children”). If special guests like community leaders are present, introduce them appropriately.
- Start with a prayer or local song, if this is usual.
- Remind participants about the aim and purpose of the meeting.
- Highlight key questions or issues to be discussed.
- Go prepared with information about the polio programme, including visuals.
- Speak in simple, everyday language. Avoid technical words not familiar to community members.
- Make good use of visual materials like flipcharts, posters and props (real items e.g. a bucket of water and soap, dirty water, a water purification tablet etc.), to pass on messages effectively.
- Encourage questions and open discussion as far as time allows. Remind participants about related services they can access locally.
- Repeat and reinforce key messages and key discussion points.
- Remind people about planned follow-up steps or activities (e.g. a campaign or Immunization Days)
- Thank specific people who helped you to organize or conduct the meeting.
- Finish by thanking everyone for their time and participation.

Training Methods

A trainer’s role is to help participants to learn and discover things for themselves. People learn better when a variety of methods are used, when they feel respected and when they feel encouraged to participate.

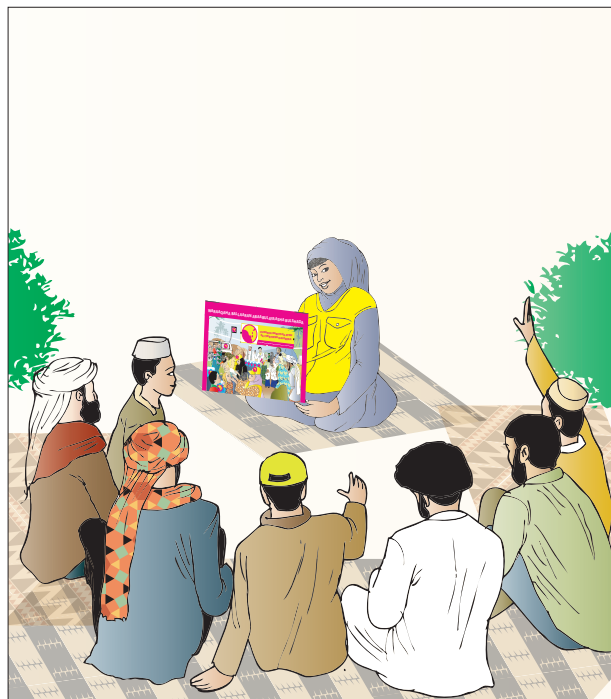
Be creative when considering possible training methods and draw on the experience, strengths and sources of creativity within the group. In many places, for example, forms of drama, poetry, music and storytelling already exist as powerful means of communication. These can often be fun and valuable ways of learning.

Common Methods

A Brainstorm - a quick activity (2-3 minutes) that involves all participants calling out what comes immediately to mind when they are asked about a specific topic. Importantly, there are no ‘rights’ and ‘wrongs’ in brainstorming, because people are not being asked to think in depth but, rather, to share what is on the “top of their head”. A brainstorm is often used to warm participants up (at the start of a day, or start of a topic), to get an idea of feelings about a particular issue, and to inspire further thought and discussion amongst the group.

You can start a brainstorm with something like: “We want to hear everyone’s ideas about XXX. Please share whatever comes into your head - there is no right and wrong”.

A Discussion (whole group or small groups, includes Focus Group Discussions, FGDs)



Discussions are more successful if they have a purpose and a focus. You could use a story (case study), a visual aid, or other material to focus a discussion. Questions like: “What is happening in the picture/video?”, “Why?”, “Have you experienced anything like this in your own lives?” or “Have you seen this in your community?” can get discussions going.

The trainer’s role is to encourage, talk a little, involve participants and guide the discussion (keep it relevant). It is often useful to note key points that are raised and summarize these at the end of the session. You can ask a (stronger) participant to do this if you are facilitating alone.

Discussions are useful if they enable participants to:

- Share ideas and learn from each other
- express what they feel is important
- put their own experience in context
- ask about things they do not understand, or things they are interested in
- learn new knowledge
- deepen their understanding about an important issue.

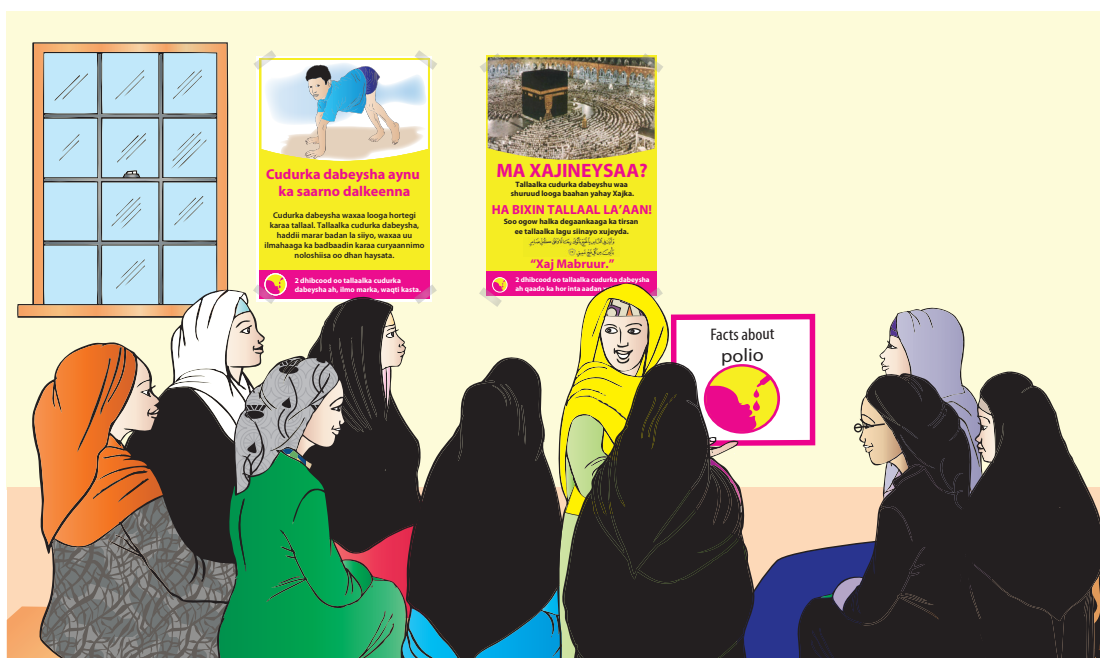
Buzz groups

Participants are divided into small groups of 4-6 people and discuss 1 or 2 particular questions or issues. The room fills with noise as each group “buzzes” with discussion. If appropriate, one member of each group can facilitate their group discussion (make sure everyone participates and no one dominates) and another can feed back the key points of discussion (in 1-2 minutes) to the wider group afterwards.

In small groups, everyone can participate actively and share their experience, feelings and/ or opinions on an issue. They will also learn from each other. As trainer you should move around the groups to make sure they are working well and that quieter group members are also speaking and being heard.

In the feedback afterwards, to avoid repetition, after a group has presented its key points other groups could just add new points that have not already been mentioned.

A Presentation

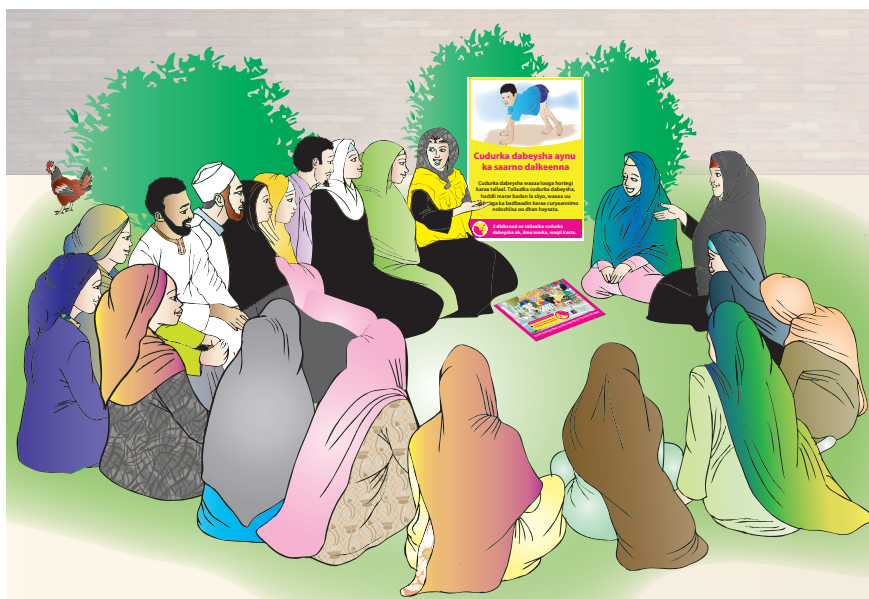


This involves passing on information in an organized and pre-prepared way. Presentations should be suitable for the audience, short, clear, broken into key points and illustrated with visuals if possible. A presentation is often supported by key points written on a flipchart, a poster or a handout for participants.

When preparing a talk or presentation:

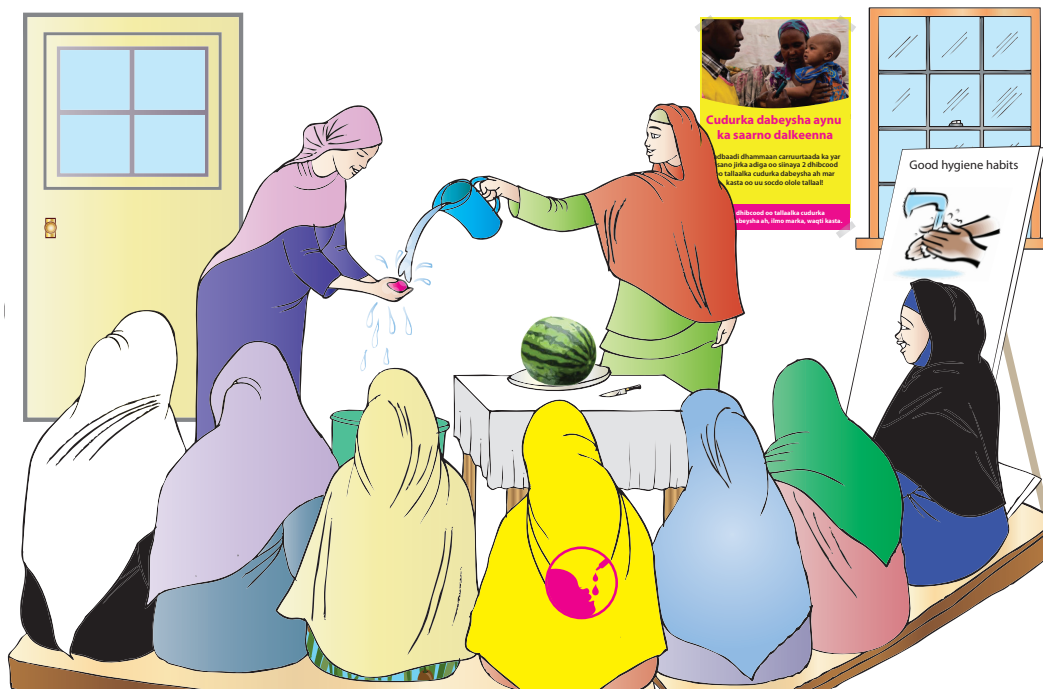
- Be clear about your aim (what you want/need to achieve and why)
- Break down what you want to say into a few clear points
- Use simple language and local concepts
- Think about how you will warm up your audience to the topic (e.g. with a 2 minute brainstorm, as above, or with a picture)
- Illustrate your talk with appropriate visual aids
- Prepare short notes or pictures to prompt yourself
- Keep it “short and sweet”
- Always leave time for questions and group discussion.

Community Dialogue



A community dialogue is a facilitated group process often involving collective problem identification and analysis, so the group can come up with its own solutions and ways of moving forward. It generally involves collective sharing of experience, of challenges and of what people have learned from their experience and that of relatives and friends, to stimulate deeper reflection and discussion about possible solutions and support mechanisms. The emphasis is on active listening and constructive discussion, to deepen understanding and consider options for moving forward that fit the local context. Community dialogues often involve a series of these discussions over time, rather than an isolated discussion. They lie at the heart of much participatory development on different issues and have been formalized into various approaches like UNDP's Community Capacity Enhancement (CCE) methodology. Good resources exist and can be adapted to different contexts. See for example Concern Worldwide's Community Conversations Trainer of Trainers Manual (2013).

A role play



In a role play participants act particular characters (roles) and prepare a short drama for the group. Role plays need careful thought and preparation. Be clear about: What are you trying to show? How? What does the/ my character need to illustrate? etc. They are usually based on scenarios (real life settings) and issues faced in participants' lives.

A role play can:

- Practice, get important feedback on and increase confidence in communicating something important.
- Learn from how others approach situations, and how to deal with issues that might arise.
- Practice and demonstrate appropriate (DO) or inappropriate (DO NOT) behaviour or skills.
- Give and receive useful feedback on real-life scenarios.
- Raise sensitive issues in a safe environment, because people are acting roles and not being themselves.
- Encourage honest reflection and discussion in a safe environment.

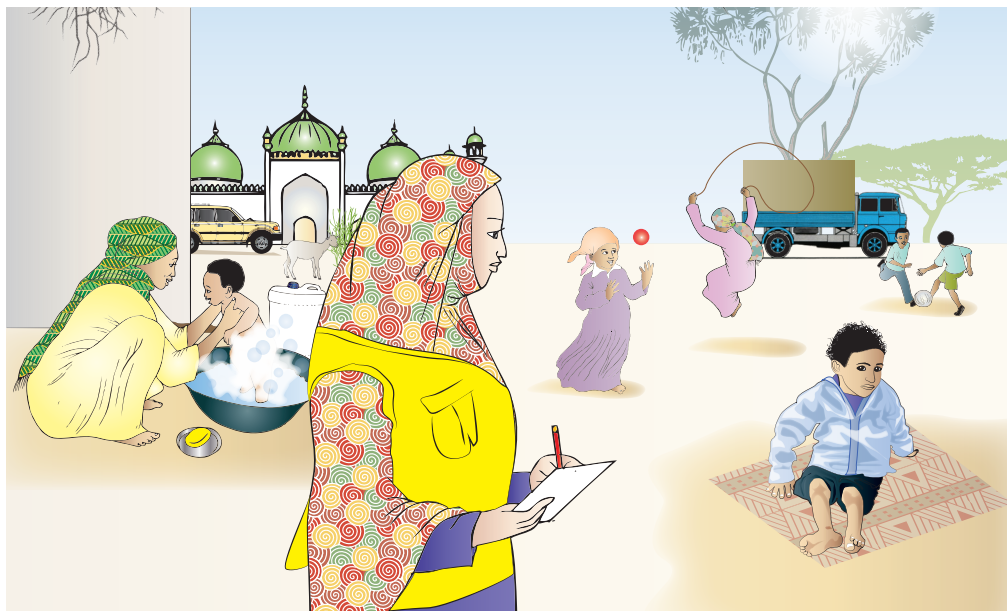
Making a role play useful:

- Be as clear as possible about the task: what is the aim of the role play?
- Make sure the groups understand the purpose of their role plays: What are they supposed to illustrate?

Which issues?

- Make sure individuals understand their role well and that they are not being themselves but are acting.
- Give people a few minutes to think about their own character and get themselves into role.
- Be clear about the time available and stick to this (allowing reasonable flexibility).
- Allow enough time for the group to discuss the role play when it is over. Be clear about when people are discussing in their roles, and when they are back being themselves.

A Case Study



A case study involves preparing and presenting a relevant true story or scenario (context and picture, in words), with some analysis, for learning purposes. Use a picture, photographs or visuals if possible (hand-drawn on a flipchart is fine). Case studies need a solid description of context. Consider questions like: What happened? What was the context? Who was involved? Why did it happen? What were the underlying causes? What could have been different? What could the key characters involved, or others, have done to help? What can we learn from this story?

In Polio prevention, for example, a case study could be based on past experience of missing some community members in a campaign: how and why did this happen? What were the key features of the local context where this happened? How could it have been prevented or better planned for?

If you have some strong participants who need more of a challenge during training programmes, you can ask 1 or 2 to prepare a case study mid-way through the training and to present it towards the end, for group learning and also to receive constructive feedback from the group about the case (story) itself and about how it was presented.

Other methods

Depending on the cultural context and local strengths, characteristics of the group, the time available and the aims of the training, other methods might include: Poetry; Music and songs; Drama; Street art, Puppets etc.

Using and adapting training materials



Training materials like this manual are just tools. What is important is how they are used. Materials often need to be adapted to suit particular contexts and participants. You always need to spend time getting to know new material before using it in the field. This might involve discussing it with more experienced trainers, colleagues and/or community members, to check its suitability and adapt as necessary.

Before using particular training material, ask yourself:

- Is this material relevant to our context? Does it need adapting or updating? Will local people relate to it?
- What is the potential benefit of the material? Will it help participants to understand and engage with the issue? That is, will it help to achieve the objectives of the training?
- What do I need to change to make the material more suitable for this particular audience? (Think about language level, fit with local context, balance between text and illustrations, assumptions being made etc.).
- How much time is required to use this effectively?
- Depending on your answers to the above questions, is the material worth using in my context or could I find something more suitable and useful?

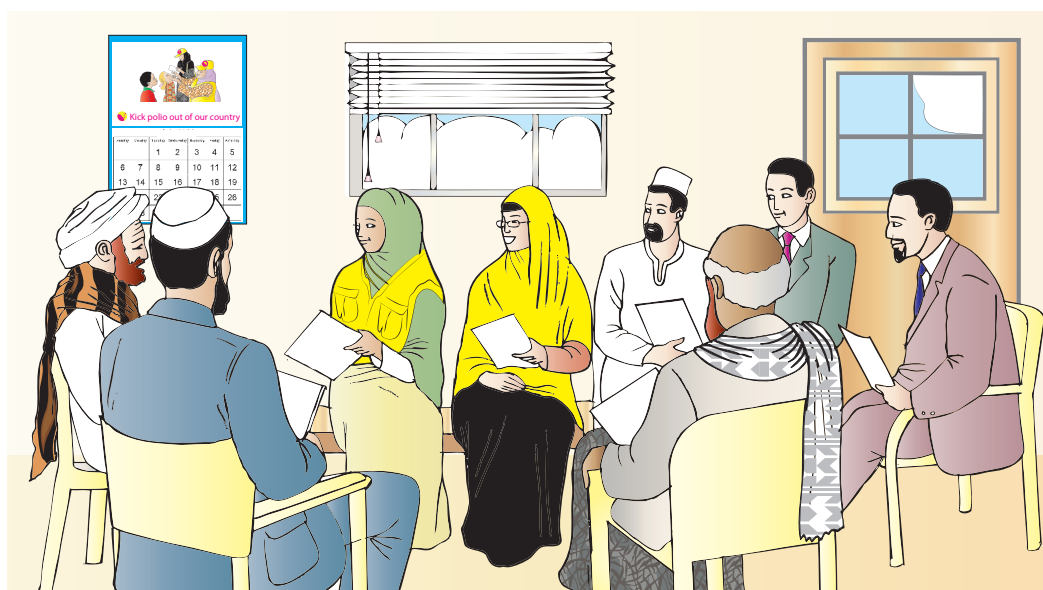
When adapting material always remember that it needs to be at an appropriate level for your target audience, and presented in a way (format) that participants will understand and relate to.

Try to use training materials:

- Attractive to intended audiences
- Simple, clear and easy to understand and use
- That include an appropriate amount of information (the minimum necessary)
- That include illustrations appropriate to context.

Common Training Resources

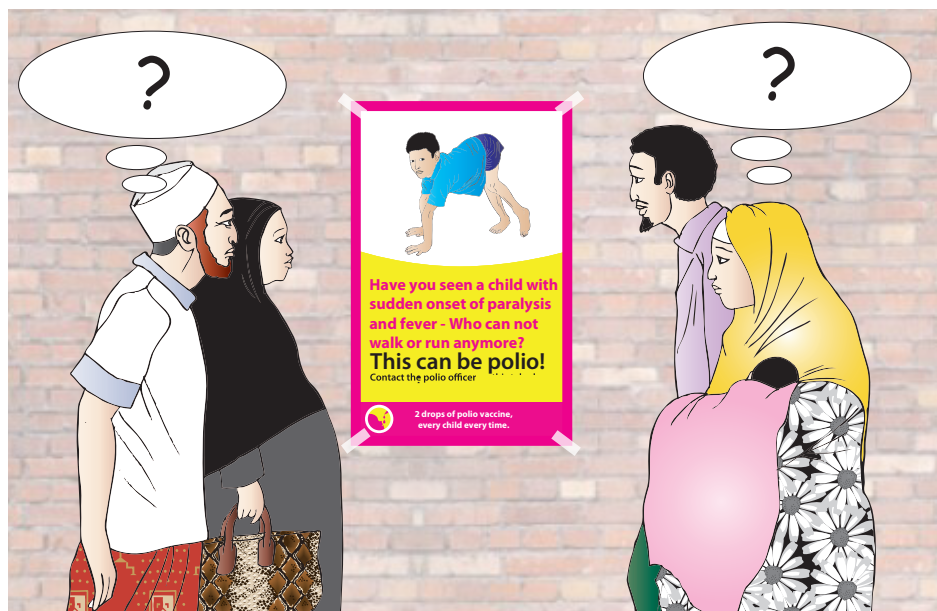
(i) Resource people.



These might include local leaders, health staff like a doctor or nurse, community workers who know the area well or who have good experience of the issues being discussed, traditional healers or traditional birth attendants, elders, researchers familiar with the context and issues, school teachers, religious leaders, women's leaders, youth leaders and others. They might include individuals famous in the local area (sports stars, community leaders etc.). Often such people are local experts respected by the community. You might invite them to participate or speak for 5 to 10 minutes at a community meeting, to open a workshop or session, or to give a 10 minute talk on a key issue, followed by questions and discussion. Sometimes, involving the right people can make a big difference to your work or campaign by giving it lots of credibility locally.

Your participants are also a key resource. Try to create opportunities for people to share and use their strengths, ideas, relevant knowledge and experience during the training.

(ii) Manuals and printed material



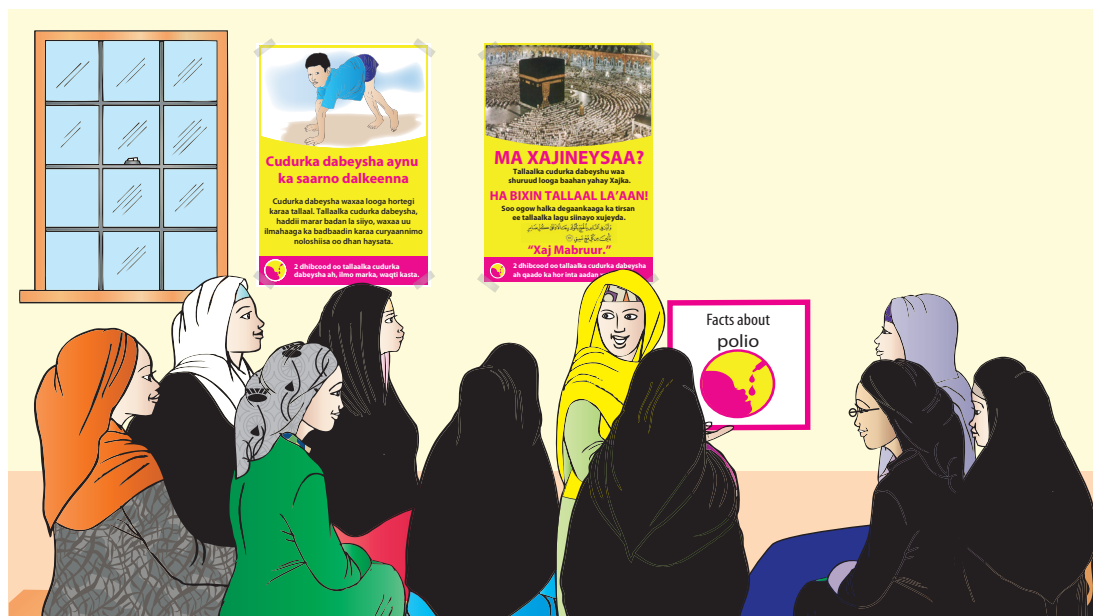
Training manuals and books are a key source of information for trainers and it is often not appropriate or necessary (and too expensive!) to give each participant a manual to take home. In general it is better to give participants a limited number of select handouts of necessary, relevant information. Everything distributed should be useful to the participants.

(iii) Handouts

The following tips will help to ensure that handouts are of value:

- Each handout must have a clear purpose. If you are unsure about this, it is probably not necessary
- Make handouts as simple and short as possible.
- Highlight key issues and avoid unnecessary detail. Do not try to include everything.
- Make sure presentation is appropriate to the audience and culture. For example: the balance of text and illustrations, types of illustrations, the symbolism of different colours and so on.
- In general distribute handouts at the end of the session, so people listen and participate – unless they are needed for the activity itself.
- Make sure you have enough copies
- If possible, give each participant a folder to keep their handouts in.

(iv) Visual aids: Flipcharts, leaflets etc.





Visual aids can be illustrations or real objects. In general, do not use an illustration if you can use the real object (a prop). Illustrations can help people to engage with and remember things and are often useful to start a discussion. When selecting visual aids remember to take into account local social, cultural and religious beliefs and practices. Also select visual aids that are relevant to the topic of the training session, the experience of the participants and the size of the group. If possible it is good for participants to use their artistic talents and create their own visual aids - this is a rich learning process.

Visual aids include:

- Flip charts: Large sheets of paper with key points that can be used to reflect and/or stimulate discussion.
- Props, e.g. a bucket, soap bar, cup, eating dish, cooking pan, lamp, local food etc.
- Drawings (local or from outside)
- Photographs
- Wall charts: Pictures, diagrams or graphs to go on a wall. They can include more information than posters because the trainer is there to explain them.
- Slides: using a projector.
- Flashcards: A series of cards with a few key words or pictures that are shown to a group to stimulate discussion.

(v) Videos

Videos can be useful for generating discussion, enhancing knowledge, keeping the attention of participants and ensuring a variety of activities. They need to be planned carefully and questions prepared in advance, to ensure that time spent on a video is worthwhile. Usually it is enough to show one part of a video, 10-20 minutes, rather than the whole thing. Effective use of a video needs good preparation.

If showing a video think about practical issues like the size of the screen and the group, the sound quality, making the room dark enough and the facilities available.

Before using a video consider the following:

- Your aim in showing it
- The time available, including for questions and discussion afterwards
- How to make the best use of available time. In general, 10-20 minutes of viewing time is enough for rich discussion, questions and learning.
- If you should set questions for participants to think about while they watch the video, to be discussed afterwards.
- How to warm participants up to the issues that the video covers, before it starts.
- Whether you need handouts or other material to complement the video (before, during, or after it).
- Facilities available: Is it realistic to show a video?

Pre and Post evaluation: The pre and post assessment questionnaire will be administered before the training starts, to gauge the participants knowledge levels before training and areas that the trainers need to focus on during the training, and the same questionnaire will be administered at the end of the training, to gauge how much the participants have learnt from the training. Instructions for the pre- training assessment will be included in the getting started session, while the instructions for the post assessment training will be included in the closing the circle session. For consistency purposes, a marking sheet will be inserted in the manual as part of the trainer's notes.



Polio	Correct	Not Correct	Not Sure
1. Food and water contaminated by faeces from an infected person are the main source of Polio virus to enter in the human body	✓		
2. Under five years children are the more likely to get infected by from Polio compared to adults	✓		
3. Polio drops can cure Polio		✓	
Polio in Somalia	Correct	Not Correct	Not Sure
4. Somalia is the only country that has a problem with Polio		✓	
5. During the Polio campaigns all the Children less than five years should be immunized.	✓		
6. Polio drops are 100% safe and halal	✓		
7. It is not safe to give children polio drops more than one time in their life.		✓	
Roles and responsibility of the community mobilizers	Correct	Not Correct	Not Sure
8. A very important role of a community mobilizer is to mobilize the community for Polio vaccine and clear the myths and misconception related to the Polio vaccine	✓		
Inter-person Communication; Face to face communication	Correct	Not Correct	Not Sure
9. Radios and TVs are very good examples of face to face communication		✓	
Planning and implementation of community mobilization activities	Correct	Not Correct	Not Sure
10. Parents and care takers of children are the primary target for Polio national Immunization days.	✓		



SECTION II:

Training Sessions

SESSION 1: Getting Started



Objectives:

By the end of the session, the participants will have:

- Been introduced to each other.
- Expressed their expectations and fears about the training.
- Reviewed the training objectives, agenda and methodology.
- Established the basic ground rules to enable the workshop run smoothly.
- Reviewed the logistics and other administrative arrangements.

Time: 1 hour

Material: Flip charts, Polio posters, Markers, Note-pads, Pens etc. Handout 1 (draft Agenda).

Methodology: brainstorming, group decision-making

Activity 1: Introductions

1. Sitting in one circle if possible:
2. Greet the participants warmly and introduce yourself. Mention clearly your role in the training and your specific contribution to the Polio/ EPI programme or related work.
3. Ask all participants to introduce themselves; mentioning their names and where they come from.
4. Briefly agree on ground rules for the training e.g coming and starting sessions on time, listening and respecting each other, active participation, keeping mobile phones on silent mode, one person talks at a time, asking when you do not understand something etc.

Activity 2: Participant's expectations and fears.

1. Put up two blank flip chart, one with the heading EXPECTATIONS and another with the heading FEARS.
2. Start with the Expectations; Ask participants to mention what they expect from the training. List the expectations without repeating what has already been mentioned.
3. After the expectations, move on to the fears. Ask participants to mention what they think might prevent them from regular and active participation in the training.
4. As a group go through the expectations and fears, clarifying what is possible and feasible in consideration of the time and available resources.
5. Expectations and fears that cannot be clarified should be noted in the "Parking Note" to enable the facilitators make further consultations.
6. Remember to revisit the expectations at the end of the training to see what have been covered and those that can be covered in follow-up meetings.



Activity 3: Review the training objectives

1. Post the (pre-written) Training Objectives on a Flip Chart for all participants to see. The objectives of this training are to enable participants:
 - Acquire basic information on polio.
 - Develop an understanding of the Polio situation in their regions.
 - Appreciate their roles in the polio eradication and emergence response.
 - Demonstrate strong communication skills, especially the Inter Personal Skills.
 - Acquire the skills to develop a social map and micro-plan to guide all social mobilization activities.

Activity 4: Logistics

People cannot participate well if they are worried about basic issues like safety, getting home afterwards, paying for their accommodation etc. It is important to spend a few minutes on these important practical issues at the start of every workshop, so people do not worry about them in the sessions.

1. Agree on realistic start and finish times each day, allowing time for prayer/ other as necessary.
2. Appoint a time-keeper each day, to make sure everyone comes back from their breaks on time!
3. Make sure everyone knows where the toilets, tea/ lunch rooms and breakout rooms are (as appropriate)
4. Make sure everyone has a trainer's local contact number, in case of unforeseen emergencies etc.
5. Nominate or as volunteers Nominate or ask volunteers who will be the "ears" and "eyes" for each day of the training. Their role would be to collect participant's views on the content presented for that particular day, the welfare, logistics and administrative arrangements.
6. The nominated persons will then present their findings in the first session of the next day. The purpose of this is to capture the participant's perception of the training and concerns on a daily basis.

Activity 5: Pre Training assessment.

1. Distribute the pre-training assessment and take the participants through the instructions: they need to write their name, tick only one answer and complete all the questions.
2. Re-assure the participants that the aim of the pre-training assessment is to enable the facilitators assess the participant's knowledge levels and devise a plan on how to assist them.

Wrap up:

Remind participants of the need to actively participate in the training, ask questions where they need clarification and be co-operative to ensure that the training runs smoothly.

FACILITATOR'S TIPS

Remember to register the participants for each day of the training.

Respect time

Use simple language

Be prepared for unexpected delays

Build trust and respect

Ensure the active participation of all participants

Be sensitive to local culture and context

Use locally acceptable examples

Keep momentum up, motivate your participants

Prepare all the necessary charts, handouts and presentations.

SESSION 2: Polio: Basic Information; the eradication programme and emergency response.



Objectives:

By the end of the session, participants will have:

- Understood the risks of polio, especially to children under five years.
- Identified how Polio is transmitted and prevented.
- Recognized the key components of the Polio Eradication Programme.
- Appreciated the key difficulties and challenges in the eradication of polio.

Duration: 1 hour 40 Minutes

Materials: flip chart, markers, the germ cycle visual (Handout 2), copies of work sheets, and copies of Polio FAQ pages (Handout 3); Polio Information Sheet (Handout 4), the visual Polio Transmission Cycle (F-Diagram, handout 5).

Methodology: Brainstorm, presentation, exercise (Worksheet), game and discussion

Activity 1: Key information on Polio (40 Minutes)

1. Put up a picture of a child who has been infected by Polio and ask the participants to brainstorm on what they know about Polio.
2. Write down all responses received on the flipchart. In a Brainstorm, nothing shared is wrong or not relevant. Importantly, participant responses provide the trainer with an understanding of the participants' knowledge about polio, related myths and misinformation.
3. Correct the participant's knowledge by giving them information on Polio, using visual aids like the Polio FAQs and germ cycle illustration. (See Section II). The information will include:
 - What is polio?
 - What is the Wild Polio Virus (WPV)?
 - How does the WPV affect children?
 - How does the Wild Polio Virus spread?
 - Who is most at risk of Polio infection?
 - What are the symptoms (first signs) of polio?
 - What can we do to prevent polio?
 - Why are we concerned about Polio?
 - Polio: The global perspective



Activity 2: Breaking the chain (1 Hour):

1. Introduction (read out to all): This game demonstrates how the WPV targets weak areas and children, and weak links in transmission routes. The strength and aim of any polio campaign is the potential to reach and cover (immunize) every child, every time.
2. Request 4-5 volunteers to step out of the room, informing them that they will be invited back inside after a few minutes.
3. While the volunteers are outside, the remaining participants are instructed to hold hands tightly and form a human chain. Be sensitive to culture, for example if some women do not want to hold hands with men, or vice versa, suggest an alternative.
4. The aim is not to allow the chain to be broken; the group should devise ways to stop those outside the room from breaking it.
5. When the group is ready, the trainer calls the volunteers in. They are instructed that when they hear the whistle blow (or another similar signal), they should try and separate participants and break the chain, within 2 minutes.
6. Participants try and stop the chain from being broken.
7. Repeat the same exercise two or more times, depending on the energy and time available.
8. After the game, guide a group reflection on the exercise using the following questions:
 - Did the chain break? Did anyone succeed in breaking the chain?
 - How and what strategies were employed by (i) the hand holding group/the chain and (ii) the volunteers?
 - What were the weak links in the chain?
 - What parts of the chain were strong?
 - What lessons do we pick from this game about the polio campaigns?

FACILITATOR TIP: Relate group reflections on the game to key factors which can cause reinfections: Poor Routine Immunization coverage, poor hygiene and sanitation, weak immunity among children, repeated diarrhea diseases, poor coverage in National Immunization Days (NIDs), and other aspects.

Wind-up this activity by presenting up to date details about the recent or current outbreak in participants' local district or state. Key information to present: where the Polio virus appears to have come from, when and where cases have been reported, how many cases have been reported, ages of children affected, previous and recent communication and/or immunization campaigns in affected areas. Emphasise the current Plan of Action and what this means for participants.

KEY LEARNING POINTS TO REMEMBER

- Polio is caused by the Wild Polio Virus
- Polio cannot be cured but it can be prevented
- Polio spreads through the faecal oral route (Handout 5)
- Taking two drops of the Oral Polio Vaccine (OPV) is the only way to prevent Polio
- Children up to 5 years old are most vulnerable to Polio.
- Polio paralyses for life, usually in the legs
- Polio can even kill children sometimes
- The Polio eradication programme is led by the Directorate of Health, in partnership with WHO and UNICEF.
- The community has a very important role to play, to make sure that all children are vaccinated against Polio.
- There are always challenges in implementing Polio immunizations and we need to consider those challenges when planning for effective social mobilization.

SESSION 3: Roles and responsibilities of frontline community workers



Objectives:

By the end of this session, participants will have:

- Appreciated the important role of front line workers in the Polio eradication and routine immunization activities.
- Understood their key roles and responsibilities.
- Recognized the roles of other partners in the Polio eradication and routine immunization activities.

Duration: 40 minutes

Methodology: Brainstorm and group discussion

Materials required: flipchart paper. Prepared flip chart with Social Mobilizers and vaccinator roles and responsibilities (See Handout 6)

Front line workers include Social Mobilizers, Health Workers and others working at community level to promote community health and well-being. They work directly with community members and so are on the “front line” of battles against polio and other diseases. Frontline workers are:

- The first point of contact for people in the village or community
- Someone known in the local community
- Someone respected and who has influence on community members
- Someone who can promote health and play an important role in the welfare (well bring) of children and families.

Activity 1: Roles and responsibilities (20 Minutes)

1. Ask the participants to brainstorm on what they think their roles and responsibilities are.
2. Display the prepared chart or handout (See hand-out 6) with key roles and responsibilities of social mobilisers on one chart, and of Vaccinators on the other one.
3. Explain the tasks of social mobilizers in the polio programme and describe their important role at community level.

Activity 2: Activities to be conducted at the community level (20 Minutes)

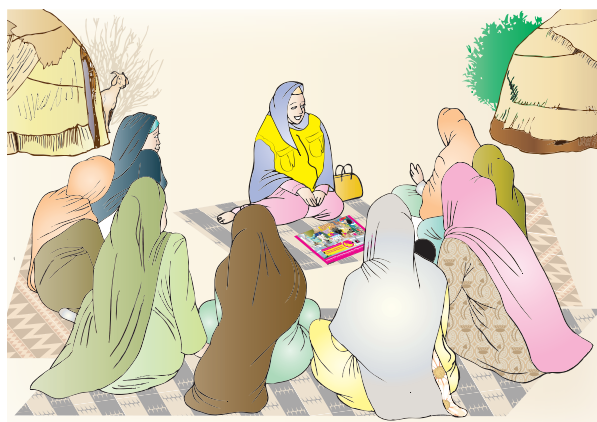
1. Ask the group to brainstorm what activities need to be conducted at the community level if we are to increase the coverage of polio campaigns and cover all target children in the community.
2. List down all key points that participants express.
3. Ask the group what challenges they expect to face and the solutions to these challenges.

KEY LEARNING POINTS TO REMEMBER

The key roles of community mobilizers are:

- Providing accurate & relevant information
- Creating motivation for change
- Demonstrating needed skills
- Referring to resources and services
- Reporting on your progress

SESSION 4 – Inter-Personal Communication.



Objective:

By the end of this session, participants will have:

- Defined communication
- Identified the differences between inter-personal and mass communication.
- Recognized the importance of interpersonal communication skills in social mobilization.
- Demonstrated skills in using the community mobilizers' flip chart.

Time: 3 hours

Methodology: group brainstorm, individual reflection, game, role play.

Materials: flipcharts and markers, handout 7 on messages and feedback, community mobilizers flip chart, handout on communication & ipc.

Activity 1: whisper game (10 minutes)

1. Ask participants to stand and form a circle.
2. Select a volunteer and ask him/her to think of an important message, write it on a piece of paper and keep it.
3. This person then whispers the message to the person standing next to him/her. After, the person who just heard the message whispers the message to the person on his/her right. Remind the participants that they can only whisper once.
4. Continue this process until the message is whispered to the last person.
5. Ask the last person to say the message aloud and compare it to the original message written on the piece of paper.
6. Compare the original message to the last message and participants' reactions when they received the message.
7. Explain to the participants that communication takes more than just one person saying something to another – it takes mutual understanding and requires feedback.

Activity 2: define communication (20 minutes)

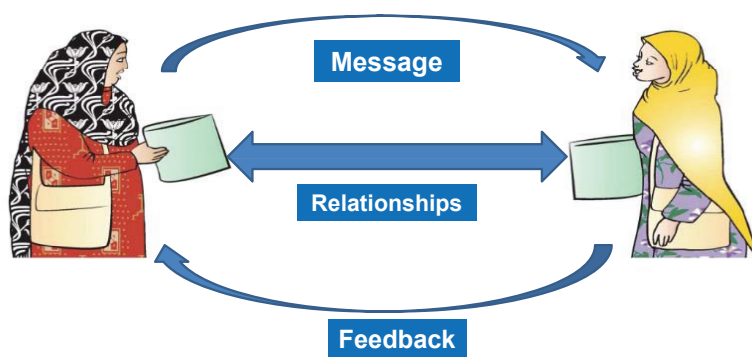
1. Define communication, with a focus on conversational communication.
2. Interpersonal communication is face-to-face verbal or non-verbal exchange of information and feelings between two or more people.

One way of communication



Give example e.g. watching television, listening to radio

Two way communication



Give examples e.g. interaction between community mobilizers and a mother.

Emphasize that: The exchange allows a community mobilizer and a mother to receive immediate response or feedback that can lead to mutual understanding, agreement and action.

There are two types of IPC

- One-on-One Communication: Exchange of information, ideas, feelings between two people
- Group Communication: Guided interchange among three or more people

Objectives of IPC

- To increase awareness/ knowledge on Polio and related issues
- To promote positive attitude and behavior
- To take action and decrease the perceived threat in the communities
- To generate demand for the services

Components of IPC

- Knowledge (About your community, Polio programs, health services available, hygiene and sanitation. NIDs, etc)
- Skills (IPC, use of IEC materials, asking questions, referral, etc.)
- Attitude/Values (Commitment, respect, empathy, mobilization, dressing culturally appropriately etc.)

The health worker should remember that each time he/she is in contact with a client, communication is taking place and each of the above components guide the success of his/her the interaction with the client.

Activity 3: Strong and weak communication skills (30 Minutes)

1. Divide participants into groups of appx. 5-6 people .
2. Ask half of the groups (e.g. 2 groups out of 4) to develop a 3 minute role play to demonstrate strong communication in a community setting, and the other half of the groups to develop a role play showing weak communication in a community setting. The groups can each choose their own relevant setting, context, participants and issues.
3. Groups have 10 minutes to prepare their role play (they need this time to think carefully about what they want to demonstrate/act and how best to do this).
4. Each group has a maximum of 4 minutes to show the larger group their role play. Let all groups show their role plays before discussing them.
5. Plenary discussion: Allow at least 10 to 15 minutes to discuss what the groups did, saw, felt, the strengths and weaknesses of all the presentations. This is very important and should encourage all participants to think more deeply about how they engage with, meet and greet, facilitate discussions etc. in the community they work with. Prompt for reflection on why participants felt certain role plays were good or weak: about the relevance to their own community work, what could have been better etc. See Section I (Participatory Approaches) for issues to prompt on.

Activity 4: What makes a good communicator? (1 hour)

1. Divide participants into small groups of 4 people per group (for example if there are appx. 20 participants, there will be 5 small groups). In the small groups, each participant should think of someone they talk to if they are worried about something, want to share a problem with someone or if they need help (appx. 5 mins).



2. In their small groups, ask the participants to share the qualities of those people they selected to talk to. Another way of asking this is Why do you choose to speak with this person (and not others) when you need some help or have a difficult issue to deal with?
3. One spokesperson from each small group has 1 minute to report back to plenary. List on a flipchart all the qualities mentioned and underline those that many groups mention. Remind the group that these are the qualities of a good communicator.
4. If any of the qualities below have not already been mentioned, add them to the discussion:
 - They respect me
 - I can trust them, they will not tell other people about our discussion
 - I value their experience and/or knowledge
 - They are a true leader
 - They listen to me well and try to understand
 - They are supportive and make me feel better
 - They have good ideas to share
 - They had a similar experience before
 - They will not judge me or make me feel bad
 - They help me discover solutions and ways forward
 - They know a lot about this issue
5. In plenary, ask participants why we are discussing this issue when thinking about social mobilization and other community work:
 - What do we learn from the game as social mobilizers?

Activity 5: How to use the community mobilizers' flip chart (1 Hour)

A flip chart is a tool used by health workers/ Community mobilizers when explaining health related information to clients. Flip charts often consist of two sides; one with pictures meant for the client, as well as one with key messages for the health worker to highlight to the client.

Why use a flip chart?

- To make information simple for the community members to understand.
- To get the community members attention while sensitizing them
- To encourage two way communications between the community mobilizers and the people/person they are sensitizing.

KEY TIPS TO REMEMBER WHEN USING A FLIP CHART

- Familiarize yourself with the messages and pictures before you use it.
- Keep pictures facing the client and the text/messages facing your.
- Speak clearly and slowly so that the client can understand.
- Ask the client to interpret the pictures to generate a dialogue.
- Read text/messages, explain relevance of pictures if necessary, and refer to client's interpretation when possible.
- Be patient. Remember that they have not had the same training that you have received.
- Be prepared to answer questions that the patient may have at the end of your session.

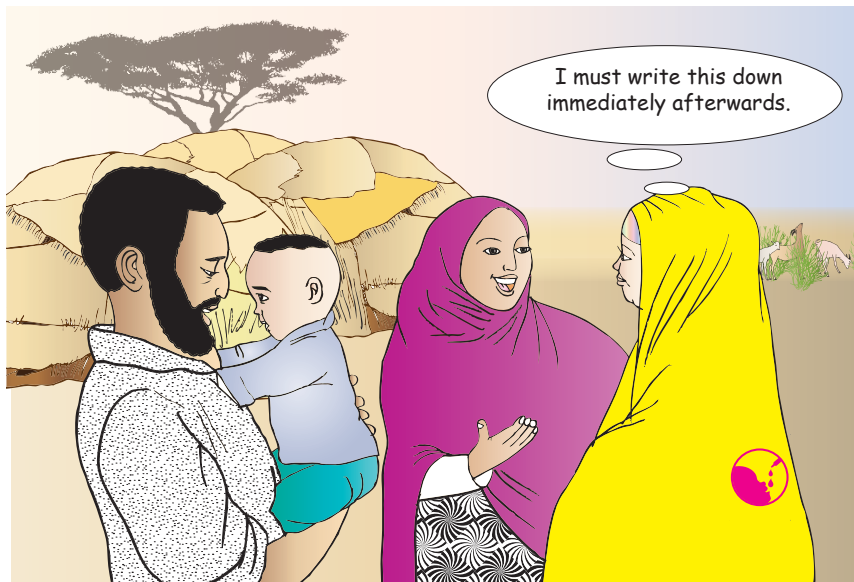
Activity: Role play

1. Divide the participants into groups of 4 or 5.
2. In their groups, they should pick a community mobilizer and community member.
3. Based on the information received above on how to use flip chart, they should demonstrate a session between a community mobilizer and community member on using a flip chart.

KEY LEARNING POINTS TO REMEMBER

- Inter personal communication is between two or more people.
- Mass communication reaches many households, communities or societies. Examples of mass communication include Television and radio.
- Active listening is a very important aspect of Inter-personal communication.

Session 5: Planning and Implementing Social Mobilization activities



Objectives:

By the end of the session, participants will have:

- Understood their roles, responsibilities and tasks for polio and/or other immunization activities and campaigns.
- Added resources to an existing social map of the local area, or develop one where possible.
- Added resources to an existing micro-plan, or developed one where possible.

Duration: 3 hours, 40 minutes

Materials: Flipchart of the 5 five Important Planning Questions, a sample social map on handouts (handout 8), to help participants see the value and develop their own.

Methods: Discussion and group work

Activity 1, Group work (30-40 mins.)

1. Display the flipchart with five planning questions mentioned below;
 - Who is my audience or target group?
 - Who is the community? What do I know about them?
 - Who are the key partners? What do I know about them?
 - What are my tasks?
 - What resources and tools can I use?
2. Ask the participants to work in small groups (3 to 4 participants) and consider how they would find answers to these planning questions:
 - a. How do I get to know my community/ target audience? For example, meeting and listening to local community members including community leaders; observing; meeting respected community leaders; social mapping; survey if appropriate; using existing studies where available.
 - b. How do I know my influencers and other partners? For example mapping of influencers, observing, select informal interviews with community members and/ or leaders etc.
 - c. How can we carry out the various social mobilisation activities?
3. Feedback and discuss in plenary.

Do I know my audience?

The target (primary) audience for Polio NIDs include mothers, fathers and carers of children from 0 to 5 years of age. This is because without their permission no child can be vaccinated. Secondary audiences are those who have influence over parents and carers.



Activity 2: Social Maps (1 hour, 30 mins.)

1. Distribute the Somali Social Map (handout 8).
2. Divide the room into 2 or 3 groups (appx. 8-10 members per group). Ask each group to develop a social map of their area, using the detailed .Appx. 20 minutes.
3. Put the maps on the floor with everyone standing around them all. Compare, note the differences and discuss. If appropriate, combine everything all the groups noted onto one of the social maps that the group chooses (if things have been included that the wider group feels are not relevant at all, these can be deleted). This way you will end up with one social map for and by the whole group.
4. At the end of the activity, clarify questions and reinforce the need to revisit the planning questions each time that a campaign is being planned.

Activity 3: Developing or adding to a micro plan (1 hour, 30 mins.)

- Brainstorm key elements of a micro plan.
- Ask the group who (which staff, agencies and others) should be involved and how.
- Distribute micro plan guidance notes or an example micro plan (from another context), as handouts or similar
- Ask the group to anticipate what their main challenges will be when (1) developing and (2) implementing their micro plan.
- Ask the group to consider ways of dealing with these challenges as effectively as possible.
- If feasible and if necessary, support the group to develop their own micro plan.

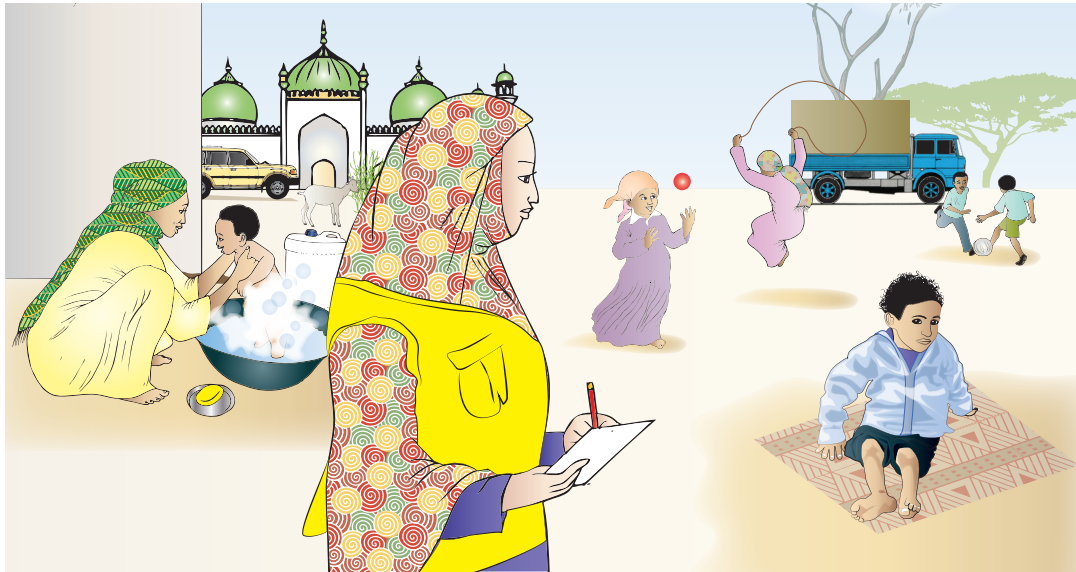
Wrap up

Remind participants that to reach our audiences better you need to know the community/area and people well. Key questions are: Where can we find those we most need to reach? What are the best ways to reach them effectively? What local leaders and communication mechanisms (e.g. story tellers, poets, drama groups, youth groups etc.) can we use? Emphasise the importance of-social mapping here.

KEY LEARNING POINTS TO REMEMBER

- The primary audience for the Polio NIDs is parents and other carers of children up to 5 years of age.
- The secondary audience is influencers of the parents such as community leaders, religious leaders, women and youth leaders, pharmacists, school teachers etc.
- Social mapping of the community helps to learn things about the audience including common behaviors, perceptions, practices, myths, resources, common gathering places for men, women and others, influencers to involve etc.. These factors provide important input for planning social mobilization activities for Polio eradication, vaccination and other health-related campaigns.
- It is important to work closely with local leaders like village elders and religious leaders, to win their support for the programme.

Session 6: Collecting and Using Essential Information



Objectives:

By the end of the session, participants will have:

- Understood the importance of collecting essential information and using it as intended.
- Identified the necessary forms, and how to complete them accurately.

Duration: 1 hour 30 Minutes

Methods: Demonstration, discussion and role play, brainstorm.

Materials: Flipchart and markers, SM Tally Sheet handout, monitoring form and any others ready for use by Social Mobilizers and allied field workers.

Activity 1 – Group brainstorm.

Ask participants why we need information about Polio and other social mobilization activities and campaigns. If not already mentioned, prompt for the reasons listed below;

- Collecting background information (data gathering)
- We need accurate information:
 - To plan
 - To record what happened
 - To follow-up
 - To account for time, resources and money spent
 - To learn
 - To improve future work and campaigns

Collecting background information from community members is important to all health and community work and all campaigns. As a general rule, only collect information that is useful or necessary and that will be used. Don't waste precious time of yours or your respondents.

Before you collect any information consider these questions:

- What exactly do you need to know?
- Why? (What will the information be used for? By who?)
- Who has the information you need?
- What is the best way for you to get it from them?
- What do you need to prepare in advance?
- What are the possible complications and how can you plan for them? (e.g. people not at home, transport, safety, time available etc.)



Plenary brainstorm

- What skills do you need for the above? Prompt for those listed below, after hearing initial responses.

Necessary Skills

- Establish good rapport based on trust: If your respondents (people who you are asking for information) do not trust you, they will probably not give you the information you need.
- Communicate well:
 - Ask short, simple questions.
 - Listen actively to what you are being told and respond appropriately. Always respond in a clear and honest way.
 - Record the response as necessary and appropriate. Sometimes you can do this immediately, e.g. if using the Social Mobilizer Tally Sheet (See handout 10) or similar. At other times, especially if you are trying not to place barriers between yourself and the community (pen and paper can be seen as barriers), or if the issue is sensitive, you may need to remember what was said and write it down immediately after the discussion.
- Make sure the information is passed on to those who need it and will use it, in an appropriate way. For example by completing the required forms or documents, and handing them over in good time (meet your deadlines).
- Be open to learning from experience. Everyone's data collection and note taking/ recording skills improve with experience. Be willing to learn from your own experience, from colleagues and from supervisors.
- Be willing to ask for support at any time. For example, if you have questions or do not understand something well. Ask colleagues, your supervisor, or friends and others as appropriate.

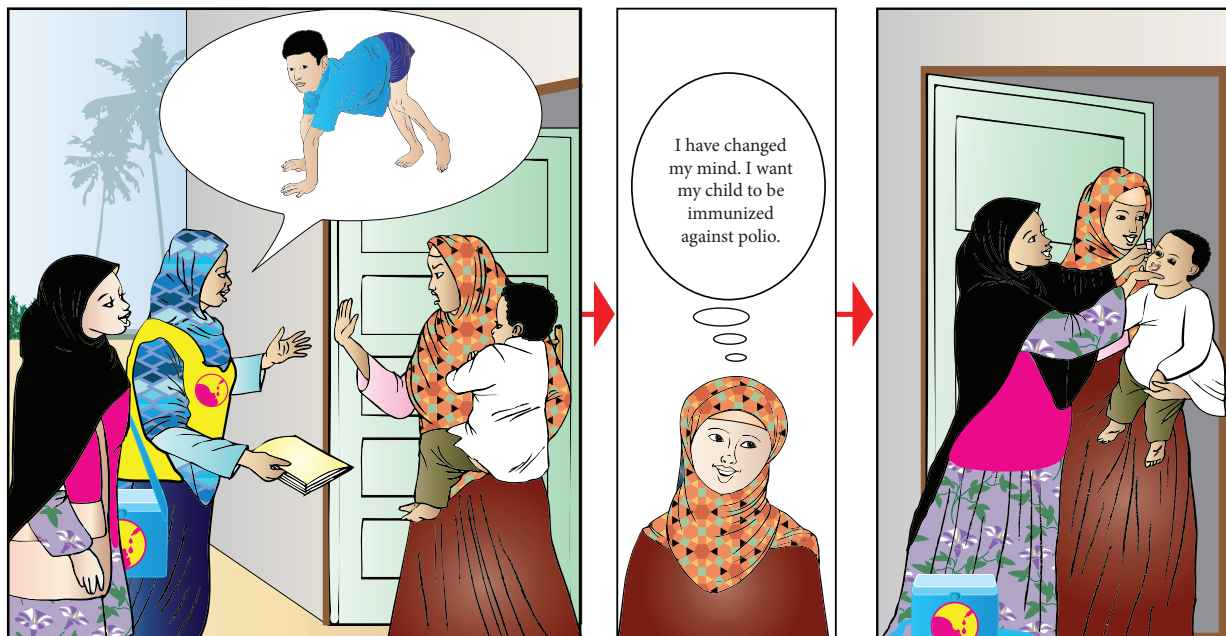
Activity 2: Role play

1. Distribute copy of the Social Mobilizer Tally Sheet (or others to be used) to each participant (handout 10).
2. Explain each point and ask if anyone has questions.
3. Ask participants to sit in pairs. Each person will have 5 minutes to be the Social Mobilizer, Health or Community Worker and their partner will be a community member.
4. After 5 minutes swap roles in the same pair. Try and get the information you need within 5 minutes, in appropriate ways. Act like a community member if you are one!
5. In plenary; Guide discussion with the questions below:
 - How did it feel to be the community member?
 - How did it feel to be the community mobilizer collecting information?
 - What did you learn from the exercise?
6. In plenary, first ask How did it feel to be the community member? Depending on what they share, this might include the importance of:
 - Careful planning and preparation
 - Being polite and respectful
 - Introducing yourself well
 - Explaining why the information is needed
 - Asking clear questions
 - Being honest
 - Being prepared to answer questions from community members
 - Recording the responses carefully
 - Understanding why the information is needed and what it will be used for

KEY LEARNING POINTS TO REMEMBER

- Before collecting information, consider the following:
 - What exactly do you need to know?
 - What will the information be used for and by whom?
 - Who has the information you need
 - What is the best way to get the information you require?
 - What do you need to prepare in advance?
 - What are the possible complications and how to plan for them?
- It is important to correct information only if you are going to use it.

SESSION 7: Closing the circle



Objectives:

The objectives of this session are:

- To facilitate feedback of the workshop.
- To conduct a post training assessment.
- To make closing remarks, call for action.

Duration: 1 hour

Methods: brainstorming, discussion

Materials: flip chart, markers, post training assessment questionnaire.

Process

1. Distribute the post training assessment questionnaire and ask the participants to fill it.
2. After 10 minutes collect the filled questionnaire.
3. Use the marking sheet to mark the assessment together with the participants. This is to enable the facilitator make corrections to the understanding of the different concepts.
4. Divide participants into groups to give feedback on the following ways:
 - Logistics and administrative aspects of the workshop.
 - What were the key learning points
 - How future workshops could be improved.
 - What immediate actions will they take immediately after the workshop?
5. Address any last minute questions that may arise, respond to the feedback given if necessary.
6. Thank the participants, facilitators, all who supported in making the workshop a success and close the workshop.



SECTION III:

Trainer's Materials

Note: The facilitator also needs a copy of all the Participant Handouts in Section IV

Pre and Post assessment form

Polio FAQs

The Germ cycle and Transmission routes

F diagram - Positive barriers stop the spread of disease and polio

Two way communication

GATHER – An Interpersonal communication (IPC) technique notes

Roles and Responsibilities of social mobilizers and Vaccinators

How to Use Communication Resources

Planning & Implementing

How to develop a Social Map



Name

District

Date

Polio	Correct	Not Correct	Not Sure
1. Food and water contaminated by feaces from an infected person are the main source of Polio virus to enter in the human body			
2. Under five years children are the more likely to get infected by from Polio compared to adults			
3. Polio drops can cure Polio			
Polio in Somalia	Correct	Not Correct	Not Sure
4. Somalia is the only country that has a problem with Polio			
5. During the Polio campaigns all the Children less than five years should be immunized.			
6. Polio drops are 100% safe and halal			
7. It is not safe to give children polio drops more than one time in their life.			
Roles and responsibility of the community mobilizers	Correct	Not Correct	Not Sure
8. A very important role of a community mobilizer is to mobilize the community for Polio vaccine and clear the myths and misconception related to the Polio vaccine			
Inter-person Communication; Face to face communication	Correct	Not Correct	Not Sure
9. Radios and TVs are very good examples of face to face communication			
Planning and implementation of community mobilization activities	Correct	Not Correct	Not Sure
10. Parents and care takers of children are the primary target for Polio national Immunization days.			

Polio: Frequently Asked Questions





What is polio?

Poliomyelitis (polio) is a highly infectious disease caused by the polio virus. It invades the nervous system, and can cause paralysis (arms and/or legs cannot move at all) or even death in a few hours.

How does polio spread in communities?

The polio virus (scientifically known as the wild poliovirus – WPV) enters the body through the mouth, in water or food that has been contaminated with faeces from an infected person. The virus multiplies in the intestine and is excreted by the infected person in faeces, which can pass on the virus to others.



What are the symptoms (signs) of polio?

Initial symptoms of polio are:

- Fever
- Fatigue/ tiredness
- Head ache
- Vomiting
- Stiffness in the neck
- Pain in the limbs.

Who is at risk of catching polio?

Polio usually affects young children under 5 years of age who have not had all their vaccinations.

What are the effects of polio?

The effects of polio are:

- One in every 200 persons infected with polio leads to permanent paralysis (usually in the legs).
- Among those paralyzed, 5% to 10% die when their breathing muscles are immobilized by the virus.

Is there a cure for polio?

No there is no cure for polio. Polio can only be prevented by immunization (Polio drops). A safe and effective vaccine exists – the oral polio vaccine (OPV). OPV is essential protection for all children. If it is given to a child several times, it will protect the child for life.

Why has polio returned to Somalia?

Until the recent outbreak, Somalia reported its last wild poliovirus (WPV) case in 2002. In 2005, the country experienced WPV from Nigeria, which resulted in an outbreak all over the country and a total of 228 casualties. With strong campaigns for polio immunizations, Somalia was able to stop the spread and became polio free again in 2007. Since then the country has been implementing preventive polio immunization activities (both through National Immunization Days and Child Health Days), to protect individuals and communities.

Since the end of 2009 when some local groups in South Central Somalia have banned mass immunization activities, many communities have become much more exposed to the Polio virus. Consequently there has been a significant drop in population immunity, as well as great population movement within and outside Somalia. To date, approximately 800,000 children in SCZ under 5-years old have not been reached by polio campaigns (through National Immunization Days or Child Health Days). Today, the largest known geographical concentrations of unvaccinated children in the world are in Somalia, making the spread of Polio very dangerous.

Is Somalia the only country in the world with polio today?

No. Polio still exists in a few countries but has almost gone from the world. Since the Global Polio Eradication Initiative beginning in 1998, thanks to mass immunization campaigns polio cases have fallen worldwide by over 99 per cent. Today only four countries have not managed to stop local polio transmission: Somalia, Nigeria, Pakistan and Afghanistan.

Why is polio spreading in Somalia?

Polio is spreading because many Somali children have not had their regular immunizations, including polio. This is why the National Immunization Days (NIDs) are so important to protect Somali children and communities. Even during NIDs, some children are usually missed. It is very important that **all children under five years of age are vaccinated against Polio in every campaign**, otherwise the disease will continue to spread and might even reappear in new areas, putting many thousands of children at risk.





What is the Government doing to protect children against polio?

The Government of Somalia working with UNICEF and the WHO, to implement National Immunization Days (NIDs) to immunize **ALL** children under 5 years with the Oral Polio Vaccine. Other international and local agencies are helping the government to plan and implement essential immunization activities, including against polio.

It is very important to reach the poorest and most marginalized children. They are the most vulnerable and have probably not been immunized.

What are National Immunization Days (NIDs)?

National Immunization Days (NIDs) are days all over the nation dedicated to immunizing **ALL** Somali children under five years old against polio, using the Oral Polio Vaccine. Vaccination teams come to communities with the polio vaccine for every child under five years old. It is very important that during NIDs EVERY child receives the vaccine.

For how long will these campaigns continue?

These campaigns will continue for as long as polio is still a threat in Somalia.

What will happen if these NIDs do not reach every child?

If the NIDs do not reach every child before the rainy season starts, then polio will spread faster and paralyze more children.

Should a child receive OPV during polio campaigns and during their routine immunizations?

Yes. The Oral Polio Vaccine (OPV) is safe and effective and every extra dose means a child gets extra protection against polio. Every child needs several doses of the vaccine to be completely safe against polio.

Why should children be immunized several times?

If a child has received the vaccine before, then extra doses given during the National or Sub National Immunization Days (NIDs/SNIDs) give extra protection against polio. Extra doses are good for your children.

How can you tell if a child has polio?

If a child under 15 years of age (and especially under 5 years old) suddenly shows signs of a floppy, or weak, arm or leg, tell your nearest health worker immediately. A sample of the child's faeces needs to be taken for analysis (in a clinic), to check for polio, and make sure the child gets proper and safe treatment. If you think any child in your area might have polio, report this to the vaccination teams during campaigns and as soon as possible. It is very important to act fast – polio is **VERY** infectious and spreads very quickly.

Why are children given oral polio vaccines?

The polio vaccine is the only protection in the world against polio, for which there is no cure. It is essential that every child under five in Somalia is immunized against polio during the current polio outbreak, even if they have been vaccinated before.





Does the Oral Polio Vaccine have any side effects?

The Oral Polio Vaccine is one of the safest vaccines ever developed. It is so safe it can be given to sick children and newborns. It is used all over the world, including in Muslim countries, to protect children against polio and has saved more than 5 million children from permanent paralysis (loss of movement) by polio. Somali children are much more at risk from polio than from any side effects from the polio vaccine.

Is OPV safe and halal?

OPV is safe and has been declared halal by Islamic leaders all over the world – for example the Grand Sheik Tantawi of Al-Azhar University, the Grand Mufti of Saudi Arabia.

Is it safe to give many doses of OPV to children?

Yes, it is safe to give many doses of polio vaccine to children. This is necessary to ensure full protection. In the tropics where the weather is hot, several doses (even more than 10) of polio vaccine are required for a child to be fully protected.

The vaccine is safe for all children. Each additional dose makes a child safer.

How many doses of OPV does a child need before they are fully protected?

OPV needs to be given many times to be fully effective. The number of doses needed to make a child safe depends on the child's health and nutritional status, and how many other viruses that child has been exposed to. Until a child is fully

immunized, he/she is still at risk from polio. This emphasizes the need to **make sure that all children are immunized during every National Immunization Day**. Every missed child is a place for the polio virus to hide and keep spreading and affecting others.

Is OPV safe for sick children and newborns?

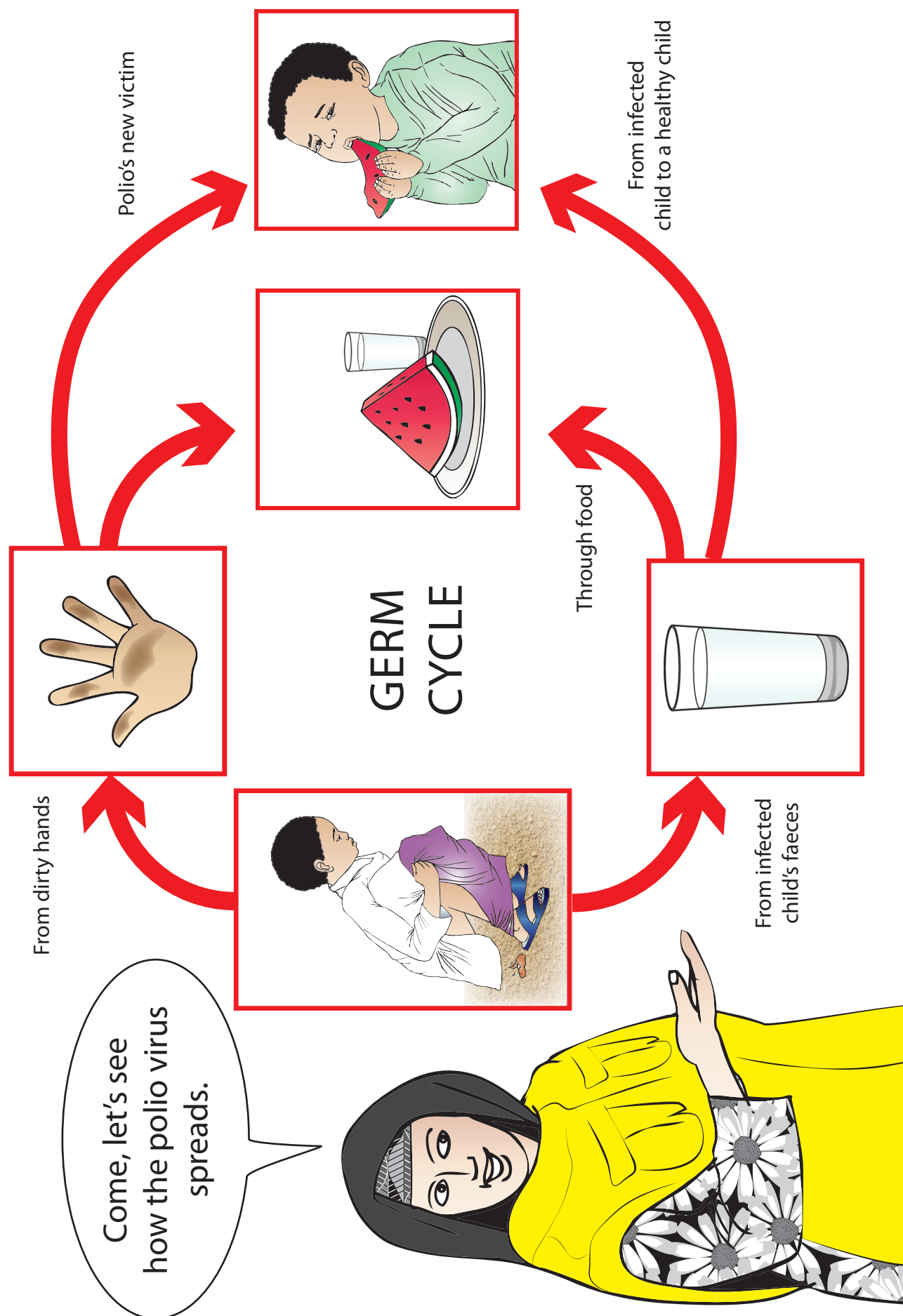
Yes. OPV is safe for sick children. In fact it is very important that sick children and newborn babies are immunized during the campaigns, because they are at greater risk (with lower immunity levels) than other children. **All sick children and newborns should be immunized during the coming campaigns to give them the protection against polio that they desperately need.**

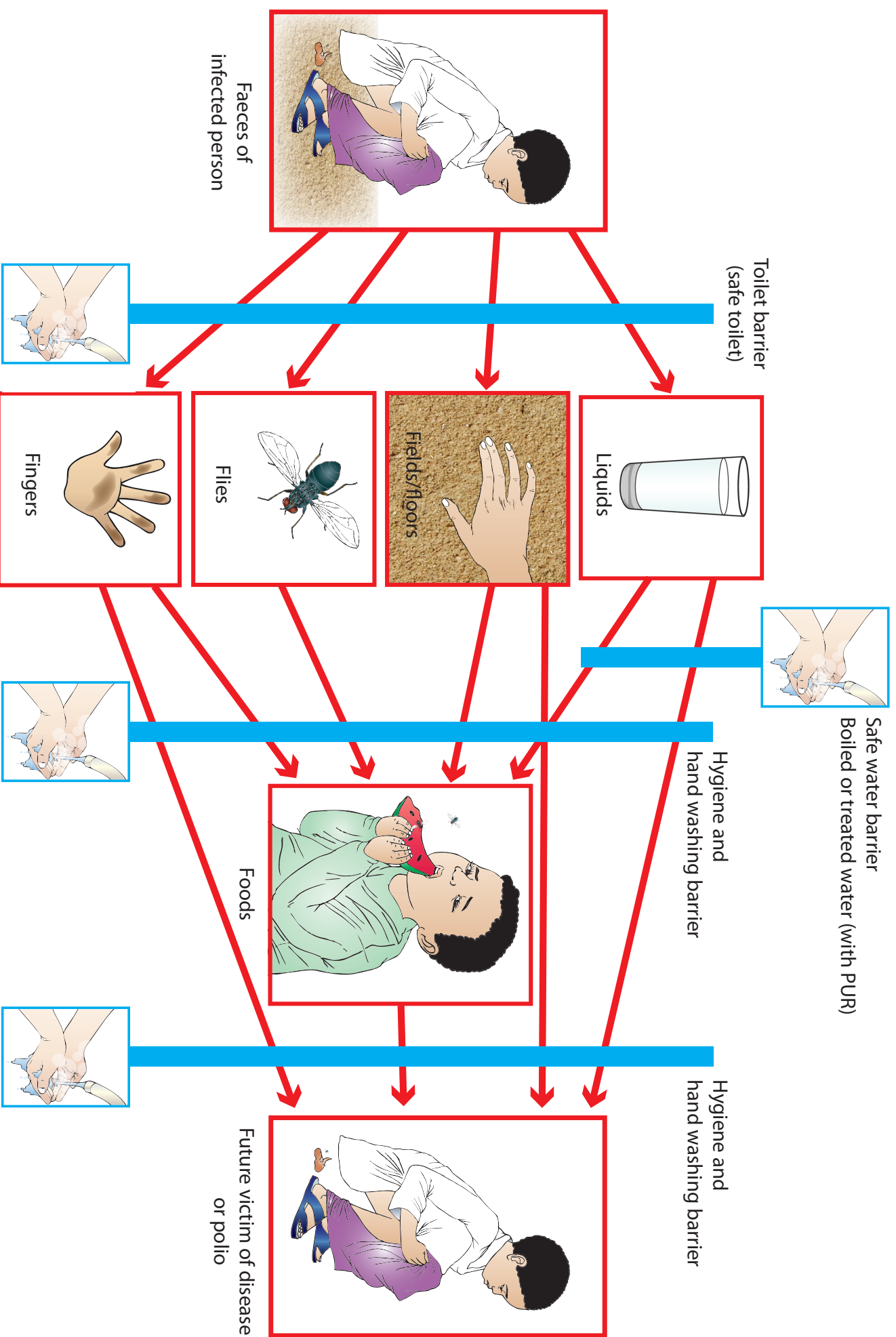
Will OPV also protect against other diseases?

Mothers and carers should remember that the Oral Polio Vaccine (OPV) is not a treatment for other childhood illnesses that a child may have before they are vaccinated. A mother or carer whose child gets a polio vaccine when they already have another illness, should take their child to the nearest health center for proper medical care. Parents should ensure that all their children are immunized against all common childhood diseases, including polio, at the correct time/ age.

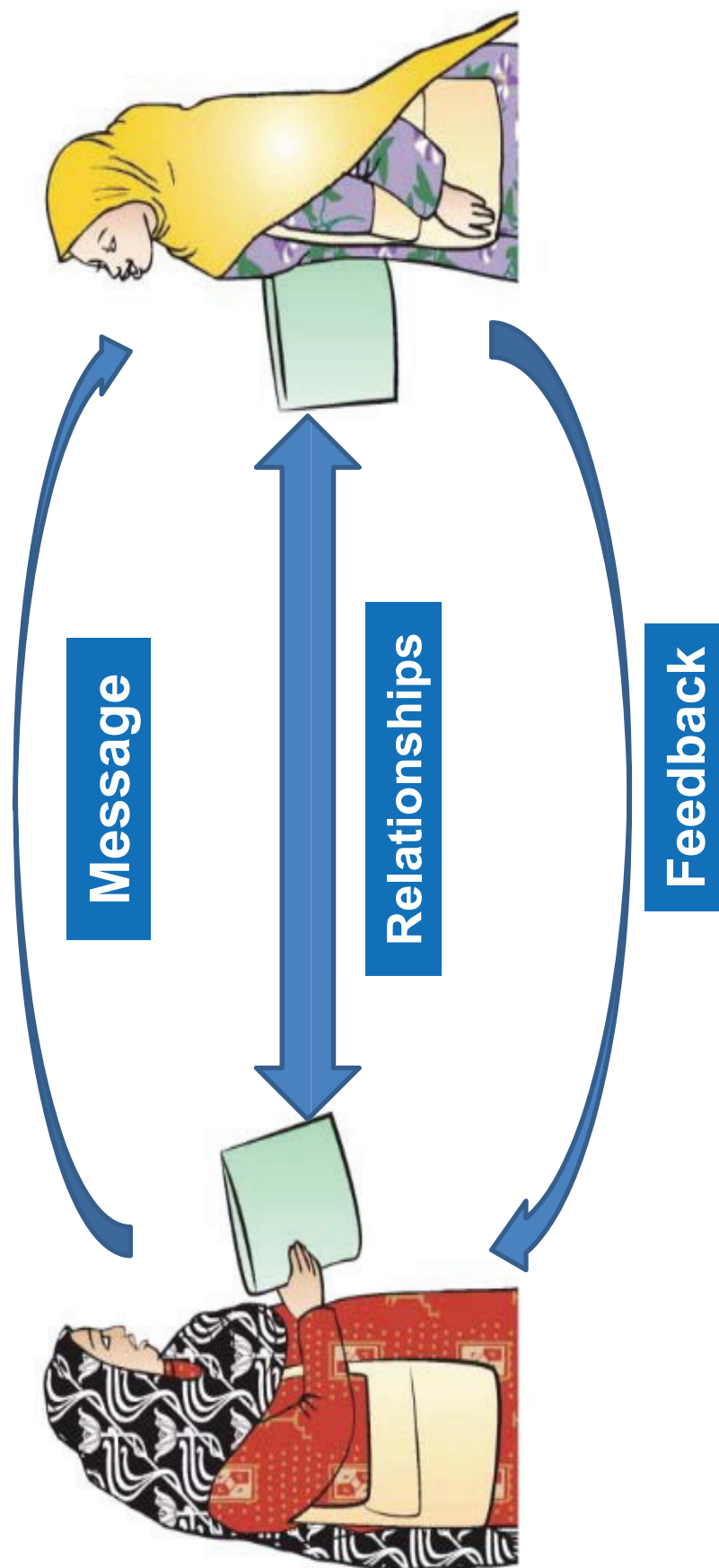


The Germ cycle and Transmission routes





Two way communication





GATHER – An Interpersonal communication (IPC) technique

GATHER makes sense in the English language, as a reminder to;

1. **G**reet 2. **A**sk 3. **T**ell 4. **H**elp in decision-making 5. **E**xplain and 6. **R**eturn.

When using the GATHER technique, remember all the qualities of a good communicator like being friendly, polite, respectful etc. as discussed earlier.

1. Greet

Whenever you visit a household, greet everyone in a way appropriate to the local context. Introduce yourself and the purpose of your visit.

- Introduce yourself. Example: I am (give your full name), a social mobilizer (or community worker, or community member, as appropriate), working with the team to tell community members about the polio (or other) campaign which will take place in your community next week. We all need to work together to make sure that all children under 5 years old⁶ get vaccinated during the campaign.
- Emphasise the benefits to the community and individuals within it. For example, “By vaccinating all children in the community, we will protect and save our community from Polio, a disease that cannot be cured. In Somalia today there is a polio outbreak and many children are suffering and will not be able to walk by themselves in the future. We need to work together to wipe out the disease forever!

2. Ask

After greetings and introductions, allow the parents to talk and ask if they have any questions. They are probably wondering who YOU are, why you are in THEIR community and not another one, and which local leaders you have contacted (that is, do their leaders know you are here?). Let community members share only what they feel comfortable sharing, and do not go into details about polio at this stage. After they have spoken and opened up enough, you can become more specific about child health vaccinations and polio

Listen

Active listening is a skill which involves encouraging others to talk and showing them (through behaviour and actions) that you take seriously what they are saying. It means giving others the space to express what they feel and to ask questions if they are not sure about something, in a safe space.

Tips for Active Listening

- Your body language should be positive and show the talker/s that you are interested in what they are saying.
- Sit at the level of the people you are talking to. If they are sitting on the floor, you should also sit there. Help them to feel relaxed.
- Listen carefully and pay attention. Keep your eyes on the person or group, not on any papers!
- If there is any interruption, try to remove it immediately. For example, do not write while people are speaking, but only after the session has finished.
- Allow people time to talk and ask questions. Do not hurry too much and do not keep looking at your watch!

REMEMBER

- Good communication skills involve:
- Effective and active listening, in which the provider provides verbal or non-verbal feedback that indicates to the caregiver that (s)he is being heard and understood.
- Re-phrasing what the caregiver has said to make sure it is correctly understood;
- Asking open questions: Open questions require more than one word answers.
- Making eye contact
- Providing complete attention;
- Being polite and showing respect to parents and carers.



Ask open questions which allow people to share information in detail, for example, “When you see children in your community with polio, how do you feel?” or “Why do you think some community members do not vaccinate their children?” Closed questions usually mean a Yes or No answer. For example, “Have you seen any children in your community with polio?” or “Do you know any local families who have not vaccinated their children against polio?” In general, do not ask community members questions that start with “Why?”, as these questions can feel threatening.

Example **Open questions**:

- What do you know about polio?
- Do you know why some people do not vaccinate their children?
- What do you think about the polio vaccine (drops)?

Example **Closed questions**:

- Have you immunized your child?
- Do you know that the Polio vaccine is very safe?
- Do you know anyone who has not yet vaccinated their child against polio?

Ask all questions in a sensitive and gentle way and do not make the person responding feel bad, even if they have done the wrong thing (e.g. not vaccinated all their children). Instead try and find out why they did what they did, in sensitive ways and using open, non-directive questions.

Respect all opinions and give the person a chance to tell you what they feel, or why they chose not to vaccinate, for example. If you hear this from them, you can respond to it using your knowledge about polio and the vaccine, in ways that might make the vaccine attractive to them. You might encourage them to speak with a certain Religious or community leader who is supporting the current campaign. Try to stay patient, some people need a long time to explain themselves! They need to feel listened to if they are to learn to trust you, and to listen to your advice about vaccines or whatever you are discussing.

3. Tell

Everything you say should be informed by your audience at the time. Think about:

- What they already know about the subject
- What they want to know
- How to pass on information simply and clearly
- What level of detail is appropriate for this audience (in general, the simpler the better)
- What specific fears or myths they might have about the subject

Do not pretend to know everything! If you are not sure about some information, tell the person clearly that you will return and answer their question after checking with others. We all have to do this sometimes.

4. Help, Facilitate and Encourage

Any parents who have doubts about the polio vaccine (or other, as appropriate), need more support and encouragement. Think about the best ways to provide this. For example, can a local religious or other leader help you by talking with them? Can a neighbour, or a mother who has already vaccinated all her children, help? To accept the polio vaccination or others, resisting parents will need factual information, as well as support and encouragement from their social environment.

5. Explain

The following will help you to explain and help community members to understand what you are saying:

- Use simple, appropriate (to audience) visual materials like a flipchart or pamphlet, if available.
- Picture-based materials are much better than writing! In general people remember about 10 % of what they hear, 50 % of what they see and hear, and 90 % of what they see, hear and do.
- Use local examples, simple stories, language and folklore etc.



6. Repeat/ follow-up your visit (If you are not able to do this, ask local health and community workers if they can follow up on their next visit)

Repeat visits help to build trust. Resistant families need to be met at least 2 times before vaccination days. Try to take someone with local influence with you, as above. Pay special visits to these families after they have received their doses. Ask about their children's health.

How to conduct effective Inter Personal Communication (IPC)

- Relationship and trust building
- Assess and know the needs of your audience
- Use simple, everyday local language and respectful words.
- Always respect the audience, be polite
- Use friendly body language and tone of voice
- Practice active listening
- Adopt a friendly approach
- Give complete and clear messages
- Ask useful questions, in appropriate ways
- Use appropriate IEC materials, especially ones with pictures
- Involve the audience in the session as much as possible
- Reinforce key messages several times
- Listen to questions and feedback
- Call for action as necessary

Roles and Responsibilities of social mobilizers and Vaccinators⁸

Social Mobilizers, Vaccinators and other community workers have a critical role to play in health promotion, the prevention of Polio and ensuring the uptake of vaccinations, all the time and in all of their work. This is even more important during vaccination and Polio prevention campaigns, as detailed below.

Before the Campaign:

- Contact local leaders to enlist their support, including:
 - The local Mullah/ Imam in the area to make announcements during prayers on Friday.
 - The local school/ madrasa to educate children on Polio
 - Ask village elders to make one village elder responsible for ensuring the safety of polio immunization teams (including supervisors and coordinators) in each village in the district
- Obtain a letter from Health Authorities or District Commissioners and organize a meeting of elders and other local leaders, to inform all about the polio campaign and its importance to the community. Take appropriate resources to leave with these leaders, e.g. simple, visual flyers and posters.
- Ensure that appropriate banners and posters are put up in places where target audiences will see them (e.g. at community meeting places, in schools, clinics, pharmacies etc.)
- Where possible, conduct house to house visits and register all eligible target children for polio vaccines.
- Communicate effectively with families and carers about the importance of Polio (and other, as appropriate) vaccinations.
- Arrange and conduct a mothers' meeting
- Plan how to meet with families and children who were missed during the last round and ensure all eligible children are vaccinated this time round.
- Plan for street announcements, using microphones to tell the community about agreed dates/ venue/ services to be provided, what action parents need to take and where (from whom) they can find out more or ask questions.



During the Campaign:

- Communicate with Religious Leaders to organise Mosque announcements and make sure they happen in good time, as planned.
- Ask a local leader or person with influence to vaccinate children in a refusal household or a new born.
- Accompany the vaccinator team as they go House-to-House
 - Ensure the team has easy access to the households
 - Ask the family if all children under the age of five years are present and available for vaccination
 - Ask the carers if any children are playing outside
 - Ask if there is a new born baby at home.
- Make a note of all the missed children's names, house numbers or exact location and the reasons they were missed, on one page.
- Make a list of all zero dose children vaccinated during this campaign.
- If possible, at the end of the day's activity ensure that the team re-visits the households where children were missed. If this is not possible on the same day, make sure all records about missed children and the location of their homes are used to plan follow-up field visits and vaccination campaigns (e.g. for Days 2 and 3 of a 3-day campaign).
- Do your best to help make sure that all children under five years of age in targeted areas are covered;
- After the team's first visit during the campaign, with the help of community workers and volunteers, find all children under-5 years of age who were missed during the first vaccination round and ensure they are vaccinated.
- Distribute visual leaflets (if available) to each household and to community leaders, religious leaders, pharmacies and other key places in the target area.
- Participate in evening debriefing sessions on challenges faced in the field. Include issues and challenges that emerged, approaches that were used, the role of local leaders or people of influence, problems faced by the social mobilisation team and what the team learned etc.

Immediately After the Campaign:

- Put together all the names and household locations of missed children and/ or refusal households. Give the complete list to your supervisor.
- Discuss challenges and success stories with the wider team.
- Consider how you can use learning from the experience to plan and implement future activities and work.

How to Use Communication Resources

Your greatest resources are usually human resources; consider how local leaders, elders, religious leaders, pharmacists, community leaders, grandmothers, Imams, school teachers and others might be able to support your work. What is the best way to reach these people, to secure their trust and to encourage them to participate in and actively support the campaign? Discuss these questions with the group. Encourage them to think about their own experience and how they have secured support in the past.

Paper materials and other items made to help with communication, social mobilization, activities and campaigns, are called visual aids. They might include T-shirts, caps, pens, posters, leaflets, children's drawings, maps and so on. When community members are themselves engaged in creating resources (like social maps, drawings etc.), they learn from the process and this is a good way to build support amongst different groups.

Use an already developed social map (where available) to identify important locations for posters and banners such as crowded areas like markets, main roads, health facilities, schools, public transport/ bus stops, popular shops, mosques etc. This should be done at least one week before the start of a campaign.

If a social map is not available, after speaking with community leaders and influential people and spending 1-2 hours in the community, you should know about suitable locations to display campaign materials like posters and banners.

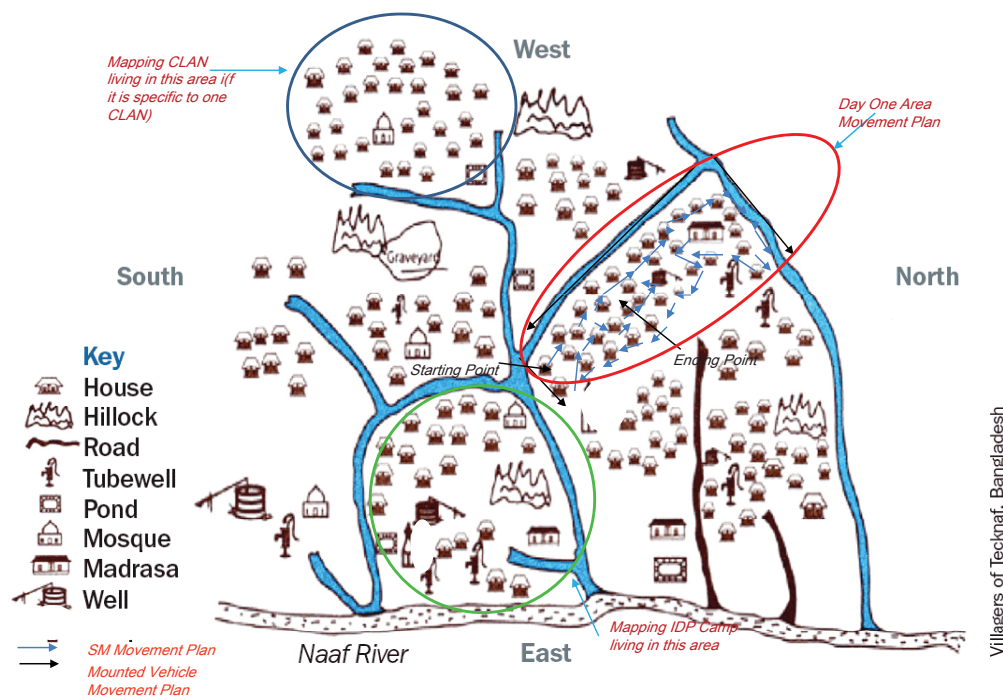
Visibility materials like T-shirts, posters, aprons and caps should be distributed appropriately 1 to 2 days before the campaign. EPI managers at Regional & District level usually help. Materials must be given to vaccinators and social mobilizers before the campaign starts.

Mosque announcements

Mosque announcements are a way to reach the whole community, through their recognised leaders. They are also a way of reaching religious leaders and, hopefully, of gaining their support.

Mosque announcements need to be organised and planned in advance, in liaison with Imams and others as appropriate. This should happen at least two weeks before the campaign.

Session 6 and 7: Planning & Implementing



How to develop a Social Map

Introduction: Social mapping is visual representation of a specific area (village, section, Sub-district) which includes important community and geographical information. It is useful to identify households with eligible children and important locations such as:

- * Human settlements (houses)
- * IDP camps
- * Mosques
- * Market
- * Schools
- * Bus stations
- * Health facilities
- * Traditional courts
- * Main roads
- * Water points
- * Check points

Benefits

1. It helps to identify social groups and individuals who can be contacted for supporting immunization, including during campaigns. These social groups/individuals can help provide valuable information to the health team, including

- A. Information about new-borns and/ or other eligible children
- B. Information on the best way to ensure community participation and to get information to people
- C. Information about the suitable timing/location of immunization sessions
- D. Support in overcoming refusals and encouraging participation



- E. Ensuring links with marginalise, hard-to-reach groups
 - F. Providing information on possible security/access issues
 - G. Possibly support negotiations about access
2. Identify informal carers, community leaders, elected representatives, tribal elders and other key stakeholders.
 3. How to ensure coverage of missed children (not at home during the campaign, first or subsequent rounds).

Guidelines for Community and Social Mapping

1. Develop a checklist regarding type of information required. It is particularly important to think about the issues that the immunization programme is facing (i.e. refusals in a particular population group, access/security problems, nomadic populations, etc.)
2. Invite a small group of willing people from the community, who know the area well and who are willing to share their knowledge, describe the physical area,
3. Chose a suitable place and medium (chalk, sticks, seeds, pens, pencils, etc.)
4. Help people get started, but let them draw the map themselves – it's their map!
5. Probe (ask questions), based on the checklist
6. Checklist items needed to develop a social map might include:

Location

1. Topography such as mountainous areas, riverine areas, desert areas which make provision of immunization and communication difficult
2. Geographical divides, roads, other seasonal factors (i.e. flood channels)
3. Environmental issues such as slums, middle income and high income areas
4. Sequence of houses in the community

- * Radio
- * TV
- * Text message/SMS
- * Street announcement
- * Mosque

Social set up

1. Identify the most influential, knowledgeable, and educated community leaders
2. Identify any other communal groups like CBOs, NGOs, credit groups, sports persons, informal carers, elected representatives, tribal elders, religious leaders like Imams, traditional healers etc.
3. Do any social or communal festivals or events take place? How often? What are they?
4. On which occasions do women and men congregate (meet)?
5. Are there any self-help groups?
6. Demographics such as population characteristics – nomadic movements and patterns, IDPs, refugees, minority groups, community activists or volunteers.

Local resources

1. Identification of communal/gathering places
2. Market areas
3. Mosques
4. Schools, including community-based Koranic ones
5. Health facilities
6. Water tanks/pumps
7. Railway tracks
8. Areas where there are problems with immunization coverage, where there might have been polio/polio cases outbreaks
9. Areas where there have been a high number of missed children (i.e. during SIAs)
10. Areas where there have been refusals (i.e. for polio and/or other)
11. Catchment area of community health/other extension workers.



These are key places where you can reach parents, or reach those who have an influence on them

Materials: Flip chart, markers, masking tape.

Conclude by explaining use of the map

- a) To identify households with children under 5 and locate them;
- b) To identify key community structures;
- c) To identify influencers in the community;
- d) To monitor and report. Social Mapping is most effective when the community itself is actively involved in creating the map and through discussions during this process.

Ideas:

- * Ask participants to sketch their section or village (later this can be used to demonstrate which strategy is more relevant to which area).
- * Ask them to prepare it carefully and to base their social mobilization plan on the information it includes.

1. Mapping of Influencers in the District

Who can help us achieve our objective in the community? Which people are most influential and have authority in the district? These might be faith leaders, clan leaders, story tellers, women's leaders, teachers, elders etc.

- * Identify partners (e.g. NGOs), religious institutions and leaders
- * Start with the highest authority in your district
- * Who has the most influence and power in the district? In particular communities?
- * Start from the District Administrator/Commissioner or similar. Contact him or her, brief them on your plans and try to secure their active support.

Do not ask for more than three things, e.g. to inaugurate (officially open) NIDS, to convene community meetings and to encourage the community to vaccinate children under five. Take material aids like leaflets with you and leave some with the leader. Reassure them about vaccine safety and importance, and ask local administrators to cooperate with the vaccination teams.

Hold meetings with local mosque leaders to plan and discuss what announcements can be made in the mosque.

- Trainers should request participants to identify and list local influencers.
- These lists should include leaders' names, role/positions and the target population they can influence.
- Collect this list from each team and incorporate it into the micro plan and campaign report.
- Contact these influencers to seek their support and cooperation in the areas listed below
- Ask the influencers to participate in community meetings

Meet with purpose!

Seek the commitment of influencers to the following:

- To inform people through local structures and according to local customs and culture.
- To report if no vaccination team visits an area.
- To support house to house visits and convince reluctant parents.

Ask what they think are the best ways to pass on key messages and use this in your strategy and campaign.

2. What social mobilisation activities can be used to reach out to communities?

- IEC displays
- Street announcements using a microphone
- Mosque announcements
- Meetings with religious leaders, village leaders etc.
- Meetings with mothers and community members.
- Inter Personal Communication

SECTION IV:

Participant Handouts

Pre and post assessment form

Polio Information

Polio FAQs

F diagram

Polio Update – Polio in Somalia

Roles and responsibilities of Social Mobilizers and Vaccinators

IPC/GATHER diagram/messages and feedback

IPC: GATHER Technique hand out

How to conduct effective Inter Personal Communication (IPC)

Handout XXX – How to Use Communication Resources

Example Somali Social Map

Social Mobilization Tally Sheet

Germ cycle

Visual supervision Handout

Two way communication

An effective Social Mobilizer



HANDOUT 1

Name

District

Date

Polio	Correct	Not Correct	Not Sure
1. Food and water contaminated by feaces from an infected person are the main source of Polio virus to enter in the human body			
2. Under five years children are the more likely to get infected by from Polio compared to adults			
3. Polio drops can cure Polio			
Polio in Somalia	Correct	Not Correct	Not Sure
4. Somalia is the only country that has a problem with Polio			
5. During the Polio campaigns all the Children less than five years should be immunized.			
6. Polio drops are 100% safe and halal			
7. It is not safe to give children polio drops more than one time in their life.			
Roles and responsibility of the community mobilizers	Correct	Not Correct	Not Sure
8. A very important role of a community mobilizer is to mobilize the community for Polio vaccine and clear the myths and misconception related to the Polio vaccine			
Inter-person Communication; Face to face communication	Correct	Not Correct	Not Sure
9. Radios and TVs are very good examples of face to face communication			
Planning and implementation of community mobilization activities	Correct	Not Correct	Not Sure
10. Parents and care takers of children are the primary target for Polio national Immunization days.			



POLIO INFORMATION

1. What is Polio?

Poliomyelitis, commonly known as Polio, is a highly infectious, seasonal viral disease. It invades the nervous system and can cause paralysis (loss of all feeling and movement, especially in the legs). Paralysis stays for life and can even cause death within a few hours some times.

2. What is the Polio virus?

A virus is an extremely small living thing that cannot be seen with the human eye, which causes disease and spreads from one person to another. The polio virus affects the stomach and intestines, as well as nerves and muscles (an entero-virus). It only affects humans.

3. How is Polio transmitted (spread)?

Polio is spread from person-to-person via direct contact with the virus, coming from the stomach and intestines. It is spread through the faecal/oral route (see Diagram), which is why hand washing with soap is so important. The Polio virus exits from the human intestine and cannot be seen by human beings. It is then found in the stool of infected people. The virus enters the body through the mouth and people get infected by:

- Eating food or drinking liquids that are contaminated with polio virus;
- Touching surfaces or objects that are contaminated with the polio virus and then placing their hand in their mouth;
- Having direct contact with an infected person; for example, exposure to the virus while cleaning a baby after passing stool, not washing hands properly, and handling or preparing food with unclean hands.

The virus then multiplies in the intestine, enters the bloodstream, and may invade nerve cells which can be damaged or destroyed. Polio viruses spread very easily in areas with poor hygiene.

Nearly all children living in households where someone is infected become infected themselves.

Children are most likely to spread the virus between 10 days before and 10 days after they experience the first symptoms of the disease. It is important to know that most people who are infected do not have symptoms (that is, we cannot see the virus and do not know that they have it), but they can still spread the disease. The incubation period is from 6 to 20 days.



Remember the 5 ‘Fs’ of Polio Virus transmission:

Field, Flies, Fingers, Food and Fluid

4. What is the faecal to oral route?

See Handout 2 The polio virus (scientifically known as the Wild Polio Virus - WPV) enters the body through the mouth, water or food that has been contaminated with faecal material from an infected person. The virus multiplies (grows) in the intestine and is excreted by the infected person in faeces, which can contaminate water, food and mud or the local environment. When children come into contact with these contaminated items, the virus can pass on to them.

5. What are the signs & symptoms of polio?

- Approximately 95% of persons infected with polio will have no symptoms (visual signs) and will develop a lifelong immunity (natural protection) against polio.
- About 4 to 8% of infected persons will have minor symptoms such as fever, fatigue, nausea, headache, flu-like symptoms, loose stools, stomach ache, stiffness in the neck and back, muscle pain and pain in the limbs;
- Less than 1% of polio cases result in permanent paralysis of the limbs (usually the legs). Paralytic polio begins with mild symptoms and fever. These symptoms are followed by severe muscle pain and paralysis, which usually develop during the first week of illness. Patients may lose the use of one or both arms or legs. Some patients may not be able to breathe because their respiratory muscles are paralyzed. Some patients who develop paralysis from polio do recover a little bit over time, but the degree of recovery varies greatly from person to person.
- Of those paralyzed, 5 to 10% die when paralysis strikes their respiratory muscles. The death rate increases in older patients and older children.

A diagnosis of polio is confirmed by laboratory testing of stool specimens.

6. Why is the Polio vaccination (drops) so important?

Polio can strike at any age, but affects mostly children under five years old, particularly newborn babies, sick children and those with low immunity. There is no treatment for polio disease. We need to keep ourselves safe through the OPV immunization. When administered several times, OPV helps to protect children.

7. How is polio prevented?

Polio can be prevented through immunization with the Oral Polio Vaccine(OPV). OPV is recommended for both routine immunization and supplementary campaigns for polio eradication. OPV is safe, not expensive and easy to administer.



8. How does hand washing help to prevent polio?

Polio spreads through the faecal-oral route (see diagram above). Hand washing with soap at four critical times prevents germs entering our body:

- Before preparing food & before serving food
- Before eating or feeding children
- After using the toilet
- After cleaning or disposal children's faeces.

9. Why are children given OPV many times?

All children under 5 years old must receive OPV during every campaign round, even if they have received it earlier. Immunizing all children at the same time builds a wall of immunity (protection) around the children and protects them all. If a child is missed, the protective wall is broken and children become more vulnerable to the Wild Polio Virus.

10. Does OPV do any harm? Can it be given to sick children?

OPV does no harm (there are no negative side effects) at all. It is used globally including in Muslim states like Saudi Arabia, which has eradicated polio.



HANDOUT 3

Polio: Frequently Asked Questions





HANDOUT 3

What is polio?

Poliomyelitis (polio) is a highly infectious disease caused by the polio virus. It invades the nervous system, and can cause paralysis (arms and/or legs cannot move at all) or even death in a few hours.

How does polio spread in communities?

The polio virus (scientifically known as the wild poliovirus – WPV) enters the body through the mouth, in water or food that has been contaminated with faeces from an infected person. The virus multiplies in the intestine and is excreted by the infected person in faeces, which can pass on the virus to others.



What are the symptoms (signs) of polio?

Initial symptoms of polio are:

- Fever
- Fatigue/ tiredness
- Head ache
- Vomiting
- Stiffness in the neck
- Pain in the limbs.

Who is at risk of catching polio?

Polio usually affects young children under 5 years of age who have not had all their vaccinations.

What are the effects of polio?

The effects of polio are:

- One in every 200 persons infected with polio leads to permanent paralysis (usually in the legs).
- Among those paralyzed, 5% to 10% die when their breathing muscles are immobilized by the virus.

Is there a cure for polio?

No there is no cure for polio. Polio can only be prevented by immunization (Polio drops). A safe and effective vaccine exists – the oral polio vaccine (OPV). OPV is essential protection for all children. If it is given to a child several times, it will protect the child for life.

HANDOUT 3

Why has polio returned to Somalia?

Until the recent outbreak, Somalia reported its last wild poliovirus (WPV) case in 2002. In 2005, the country experienced WPV from Nigeria, which resulted in an outbreak all over the country and a total of 228 casualties. With strong campaigns for polio immunizations, Somalia was able to stop the spread and became polio free again in 2007. Since then the country has been implementing preventive polio immunization activities (both through National Immunization Days and Child Health Days), to protect individuals and communities.

Since the end of 2009 when some local groups in South Central Somalia have banned mass immunization activities, many communities have become much more exposed to the Polio virus. Consequently there has been a significant drop in population immunity, as well as great population movement within and outside Somalia. To date, approximately 800,000 children in SCZ under 5-years old have not been reached by polio campaigns (through National Immunization Days or Child Health Days). Today, the largest known geographical concentrations of unvaccinated children in the world are in Somalia, making the spread of Polio very dangerous.

Is Somalia the only country in the world with polio today?

No. Polio still exists in a few countries but has almost gone from the world. Since the Global Polio Eradication Initiative beginning in 1998, thanks to mass immunization campaigns polio cases have fallen worldwide by over 99 per cent. Today only four countries have not managed to stop local polio transmission: Somalia, Nigeria, Pakistan and Afghanistan.

Why is polio spreading in Somalia?

Polio is spreading because many Somali children have not had their regular immunizations, including polio. This is why the National Immunization Days (NIDs) are so important to protect Somali children and communities. Even during NIDs, some children are usually missed. It is very important that **all children under five years of age are vaccinated against Polio in every campaign**, otherwise the disease will continue to spread and might even reappear in new areas, putting many thousands of children at risk.





What is the Government doing to protect children against polio?

The Government of Somalia working with UNICEF and the WHO, to implement National Immunization Days (NIDs) to immunize **ALL** children under 5 years with the Oral Polio Vaccine. Other international and local agencies are helping the government to plan and implement essential immunization activities, including against polio.

It is very important to reach the poorest and most marginalized children. They are the most vulnerable and have probably not been immunized.

What are National Immunization Days (NIDs)?

National Immunization Days (NIDs) are days all over the nation dedicated to immunizing **ALL** Somali children under five years old against polio, using the Oral Polio Vaccine. Vaccination teams come to communities with the polio vaccine for every child under five years old. It is very important that during NIDs EVERY child receives the vaccine.

For how long will these campaigns continue?

These campaigns will continue for as long as polio is still a threat in Somalia.

What will happen if these NIDs do not reach every child?

If the NIDs do not reach every child before the rainy season starts, then polio will spread faster and paralyze more children.

Should a child receive OPV during polio campaigns and during their routine immunizations?

Yes. The Oral Polio Vaccine (OPV) is safe and effective and every extra dose means a child gets extra protection against polio. Every child needs several doses of the vaccine to be completely safe against polio.

Why should children be immunized several times?

If a child has received the vaccine before, then extra doses given during the National or Sub National Immunization Days (NIDs/SNIDs) give extra protection against polio. Extra doses are good for your children.

How can you tell if a child has polio?

If a child under 15 years of age (and especially under 5 years old) suddenly shows signs of a floppy, or weak, arm or leg, tell your nearest health worker immediately. A sample of the child's faeces needs to be taken for analysis (in a clinic), to check for polio, and make sure the child gets proper and safe treatment. If you think any child in your area might have polio, report this to the vaccination teams during campaigns and as soon as possible. It is very important to act fast – polio is **VERY** infectious and spreads very quickly.

Why are children given oral polio vaccines?

The polio vaccine is the only protection in the world against polio, for which there is no cure. It is essential that every child under five in Somalia is immunized against polio during the current polio outbreak, even if they have been vaccinated before.





Does the Oral Polio Vaccine have any side effects?

The Oral Polio Vaccine is one of the safest vaccines ever developed. It is so safe it can be given to sick children and newborns. It is used all over the world, including in Muslim countries, to protect children against polio and has saved more than 5 million children from permanent paralysis (loss of movement) by polio. Somali children are much more at risk from polio than from any side effects from the polio vaccine.

Is OPV safe and halal?

OPV is safe and has been declared halal by Islamic leaders all over the world – for example the Grand Sheik Tantawi of Al-Azhar University, the Grand Mufti of Saudi Arabia.

Is it safe to give many doses of OPV to children?

Yes, it is safe to give many doses of polio vaccine to children. This is necessary to ensure full protection. In the tropics where the weather is hot, several doses (even more than 10) of polio vaccine are required for a child to be fully protected. **The vaccine is safe for all children.** Each additional dose makes a child safer.

How many doses of OPV does a child need before they are fully protected?

OPV needs to be given many times to be fully effective. The number of doses needed to make a child safe depends on the child's health and nutritional status, and how many other viruses that child has been exposed to. Until a child is fully

HANDOUT 3

immunized, he/she is still at risk from polio. This emphasizes the need to **make sure that all children are immunized during every National Immunization Day**. Every missed child is a place for the polio virus to hide and keep spreading and affecting others.

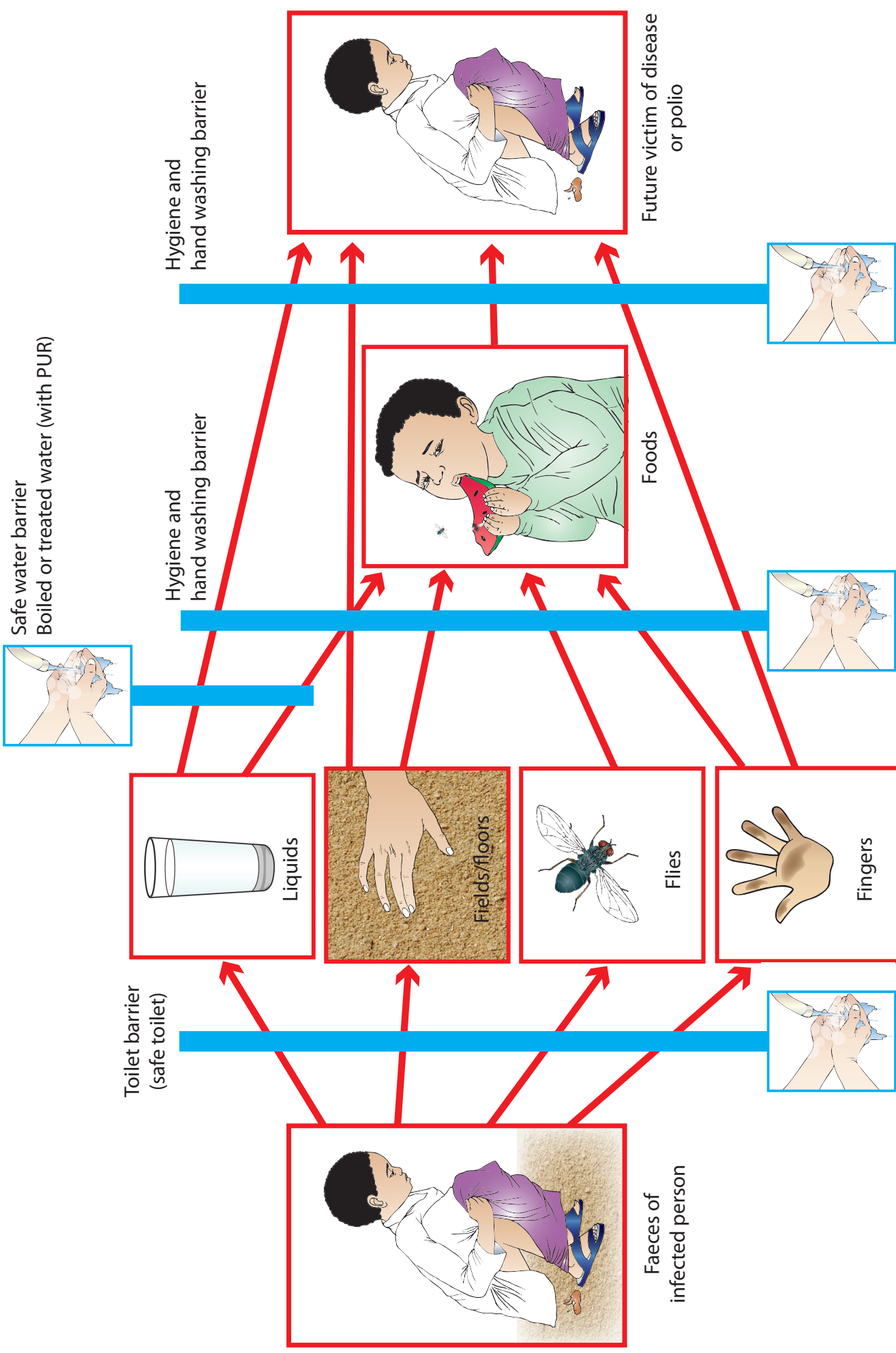
Is OPV safe for sick children and newborns?

Yes. OPV is safe for sick children. In fact it is very important that sick children and newborn babies are immunized during the campaigns, because they are at greater risk (with lower immunity levels) than other children. **All sick children and newborns should be immunized during the coming campaigns to give them the protection against polio that they desperately need.**

Will OPV also protect against other diseases?

Mothers and carers should remember that the Oral Polio Vaccine (OPV) is not a treatment for other childhood illnesses that a child may have before they are vaccinated. A mother or carer whose child gets a polio vaccine when they already have another illness, should take their child to the nearest health center for proper medical care. Parents should ensure that all their children are immunized against all common childhood diseases, including polio, at the correct time/ age.





Positive barriers stop the spread of disease and polio

Why has polio returned to Somalia?

In 2013, a total of 192 Wild Polio Virus (WPV1) cases were confirmed in South Central Somalia, with Banadir the centre of the outbreak. Two cases were also confirmed in Puntland in 2013 and another 4 cases have been confirmed in Puntland this year (2014). One of these children died from Polio in 2014. This is an alarming situation which calls for effective and fast action.

However before 2013, Somalia was doing well and reported its last indigenous (local) wild polio virus case in 2002. But in 2005, the country experienced WPV from Nigeria which resulted a dangerous outbreak of polio all over Somalia and a total of 228 confirmed polio cases. With an intensified polio immunization response, Somalia was able to stop the spread of polio and became polio free again in 2007. Since then the country has continued to implement preventive polio immunization activities (both National Immunization Days and Child Health Days), to boost and sustain immunity in the country.

The virus is spreading again because since the end of 2009, local groups controlling most of South Central Somalia have banned mass immunization activities and the immunization activities and campaigns of UN agencies and others has been negatively affected. This has caused a significant drop in population immunity, at a time of major population movement within and outside Somalia. Movement from conflict ridden areas means that the virus can easily spread to new areas. Today, approximately 25% of all Somali children, or 800,000 Somali children under 5-years, mainly in SCZ, have not been reached by polio campaigns (through NIDs or CHDs). As a result Somalia hosts the largest known geographically concentrated groups of unvaccinated children in the world. This remains an extremely worrying situation which makes many Somali children vulnerable to the disease.

Is Somalia the only country with polio?

No. Polio still exists in a few countries – but it has almost gone from the world. In 1988, governments launched the Global Polio Eradication Initiative to stop polio forever. Since then, because of worldwide mass immunization campaigns, polio cases have fallen by over 99 per cent globally. Today only four countries have not stopped local polio transmission: Nigeria, Pakistan, Somalia and Afghanistan.



Why is polio spreading in Somalia?

Polio is spreading because many Somali children and communities miss their routine immunizations, due to the high levels of insecurity and some local groups which do not allow immunization campaigns. This is why the National Immunization Days (NIDs) are so important to protect our children and communities. However even during NIDs, some children have been missed. Unless we ensure that all children under five years of age are vaccinated against Polio immediately, the disease may continue to exist and might even reappear later in new areas.

What is the Government doing to protect children against polio?

The Government of Somalia working with UNICEF and the WHO, is conducting National Immunization Days (NIDs) to immunize ALL children under 5 years with the oral polio vaccine. In addition to UNICEF and the WHO, other international and local agencies are helping the government to plan and run the immunization campaigns. It is critical to reach the poorest and most marginalized children. They are most vulnerable and least likely to be immunized.

What are National Immunization Days (NIDs)?

A National Immunization Day (NID) is a day when all over the nation on the same day, ALL children under five years old are immunized against polio using the Oral Polio Vaccine (OPV). Vaccinators come to the community bringing the polio vaccine for every child under five years of age. On NIDs it is critical that parents, health workers, community mobilizers and community leaders work together to ensure that every child under 5 years old receives the vaccine.

Social Mobilizers, Vaccinators and other community workers have a critical role to play in health promotion, the prevention of Polio and ensuring the uptake of vaccinations, all the time and in all of their work. This is even more important during vaccination and Polio prevention campaigns, as detailed below.

- Contact local leaders to enlist their support, including:
 - The local Mullah/ Imam in the area to make announcements during prayers on Friday.
 - The local school/ madrasa to educate children on Polio
 - Ask village elders to make one village elder responsible for ensuring the safety of polio immunization teams (including supervisors and coordinators) in each village in the district
- Obtain a letter from Health Authorities or District Commissioners and organize a meeting of elders and other local leaders, to inform all about the polio campaign and its importance to the community. Take appropriate resources to leave with these leaders, e.g. simple, visual flyers and posters.
- Ensure that appropriate banners and posters are put up in places where target audiences will see them (e.g. at community meeting places, in schools, clinics, pharmacies etc.)
- Where possible, conduct house to house visits and register all eligible target children for polio vaccines.
- Communicate effectively with families and carers about the importance of Polio (and other, as appropriate) vaccinations.
- Arrange and conduct a mothers' meeting
- Plan how to meet with families and children who were missed during the last round and ensure all eligible children are vaccinated this time round.
- Plan for street announcements, using microphones to tell the community about agreed dates/ venue/ services to be provided, what action parents need to take and where (from whom) they can find out more or ask questions.



- Communicate with Religious Leaders to organise Mosque announcements and make sure they happen in good time, as planned.
 - Ask a local leader or person with influence to vaccinate children in a refusal household or a new born.
 - Accompany the vaccinator team as they go House-to-House
 - Ensure the team has easy access to the households
 - Ask the family if all children under the age of five years are present and available for vaccination
 - Ask the carers if any children are playing outside
 - Ask if there is a new born baby at home.
 - Make a note of all the missed children's names, house numbers or exact location and the reasons they were missed, on one page.
 - Make a list of all zero dose children vaccinated during this campaign.
 - If possible, at the end of the day's activity ensure that the team re-visits the households where children were missed. If this is not possible on the same day, make sure all records about missed children and the location of their homes are used to plan follow-up field visits and vaccination campaigns (e.g. for Days 2 and 3 of a 3-day campaign).
 - Do your best to help make sure that all children under five years of age in targeted areas are covered;
 - After the team's first visit during the campaign, with the help of community workers and volunteers, find all children under-5 years of age who were missed during the first vaccination round and ensure they are vaccinated.
 - Distribute visual leaflets (if available) to each household and to community leaders, religious leaders, pharmacies and other key places in the target area.
 - Participate in evening debriefing sessions on challenges faced in the field. Include issues and challenges that emerged, approaches that were used, the role of local leaders or people of influence, problems faced by the social mobilisation team and what the team learned etc.
-
- Put together all the names and household locations of missed children and/ or refusal households. Give the complete list to your supervisor.
 - Discuss challenges and success stories with the wider team.
 - Consider how you can use learning from the experience to plan and implement future activities and work.

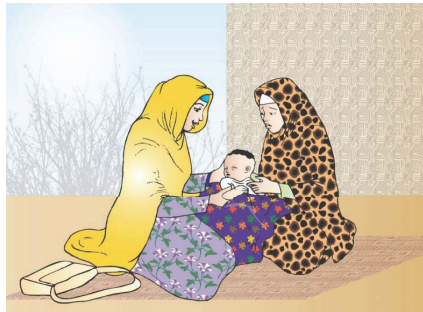
GREET your clients politely and with a smile

- Welcome them using local language to make them feel comfortable.
- Introduce yourself and ask how you can help.



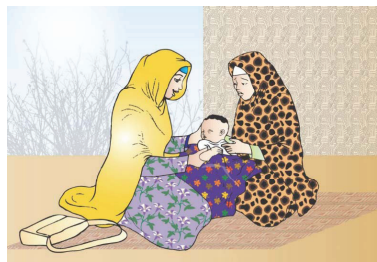
ASK your clients about reasons for coming.

- Help them explain how they feel and what they need.
- Ask them about their experience with past ailments, medications, treatments, and about their lifestyles.
- Listen well, show empathy and avoid judgments and opinions.



Tell your clients about their choices.

- Tell them to explain to you how they feel.
- Tell them to go for tests incase this is required.
- Tell them what their problem is and give them different options available for treatment.



HELP your clients choose treatment options that suit them

- Help them to understand their available options.
- Offer advice or recommend a choice, but avoid making the client's decision.



EXPLAIN fully how to carry out the client's treatment option.

- Give clients printed material to take home.
- Provide all the necessary information regarding the client's preferred option.
- Tell clients to come back whenever they wish or if side effects bother them.
- Ask clients to repeat instructions and make sure they understand.
- Explain when to come back for routine follow-up
- Provide additional information on how clients can care for themselves





IPC: GATHER Technique hand out

1. Greet the target audience (community / family/ individual)
 2. Ask the target audience about their wellbeing
 3. Tell the target audience the purpose of your visit (gathering)
 4. Help the target audience in deciding their acceptance towards the desired behavior change
 5. Explain with reasons the effects and effectiveness of the desired behaviour change
 6. Return to the community as an observer or problem solver or motivator (if need be) to ensure sustained change in desired behavior
-
- Whenever you visit a household or in gatherings, Greet everyone in their local tradition
 - Introduce yourself and explain the purpose of visit or gathering
 - Request for 10 minutes of their time to talk about Polio and related issues
 - Be informal during conversation make sure that they do not feel threatened
 - Maintain a friendly behavior and environment It is important to ask people about their wellbeing and establish a relationship with them.
 - While talking with families and communities treat each individual respectfully and interact with them equally
-
- Ask some relevant questions to assess the need for IPC and to learn about the family.
 - Do not make the family/ community or gathering uncomfortable with sensitive questions.
 - Use open ended questions to seek information
 - Listen to what they have to say (about their life, problems, apprehensions etc.)

Information which you require to determine the IPC messages are

- Have you heard about Polio or seen anyone with Polio?
- Can you please share What you know about Polio?

Information such as below is crucial for the polio campaign

- a. How many households are present here/ or families staying here
- b. How many children under five are here
- c. How many new born children are here



HANDOUT 8

Listening is a skill. Listening means:

- Paying attention and understanding
 - What others are saying
 - Encouraging others to talk
 - Giving others space to express what they feel
 - Respecting what the other person is saying and not negating her/ him
-
- You should tailor your contents according to the needs / context of community individuals you are interacting with. Say things which would be of interest to the group
 - While telling them about Polio messages keep in mind:
 - a. get the attention of the audience
 - b. speak in simple language, avoid jargons learnt in the trainings
 - c. ensure you are audible, not too low or high tone
 - d. Give local examples
 - e. clearly deliver the messages
 - f. clarify any doubts
 - g. You should prepare yourself with all the information about the subject (polio) ahead of time. so that you can answer potential questions and tackle fears and myths related to the subject (Polio)
 - h. Avoid too much information which might not be relevant; it may confuse people. (Always follow keep it short and sweet (KISS) concept). This should create curiosity in the audience to learn more.
 - i. Do not pretend to know everything or tell something which you are not sure of, not confident about. Say clearly that you will return and provide the required information after consulting your senior coordinator or colleagues. (being honest is more important, this would enhance your credibility than giving wrong information)
-
- In the process of behaviour change, it is necessary to help the person to have complete knowledge and help in bringing about attitudinal change.
 - You should help the audience to
 - Voice out personal beliefs and fears
 - Clarify myths and misconceptions
 - Trust you as a social mobiliser to help them in immunizing their children
 - Understand the benefits of the immunization to their children and the overall communities.
 - Facilitation and encouragement will be required so that people are able to take a decision on acceptance / adoption of the desired behaviour change



HANDOUT 8

- In this step, you need to determine what needs to be explained to the audience, what are they looking for. Some topics for explanation are as below:
- You will need to explain the risks of the Polio disease to their children, how it can spread like wild fire.
- Explain the importance to reach every child in each of the campaigns to increase the herd immunity.
- Explain the need for repeated doses of OPV for their children
- Explain the faecal oral route with examples and importance of hand washing
- Safety of OPV for all communities.
- Others as they come up from the field.
- Make sure you have relevant IEC materials to show and to leave behind for the audience reference. It is very important for registering the message and will have a high recall value.
- It is desirable to use local and contextualized examples, simple analogies, languages and folklore while explaining.

Thank the audience for their cooperation in the previous round and congratulate them for immunizing their children under five with OPV.

Repeated visits help in winning trust and thus facilitate the process of bringing about the behavioral change

In the return visit you will be able to identify the problem (if any) faced by community / family individual which they may have faced.

Address any questions and take feedback for follow up.

HANDOUT 9

How to conduct effective Inter Personal Communication (IPC)

HOW TO CONDUCT EFFECTIVE INTER PERSONAL COMMUNICATION (IPC)

- Build honest and trusting relationships (rapport)
- Assess the needs of the audience/s
- Make sure the timing is appropriate (suitable seasons, times of day when mothers and children are usually home etc.)
- Always act with kindness and respect for your audience.
- Be aware of your own non-verbal communication and do your best to make people feel comfortable, safe and at ease (not worried or anxious).
- In the field remember to use your observation skills, body language & tone of voice appropriate and to practice active listening.
- Always be friendly.
- Give complete and clear messages in ways your audience will understand. Use pictures and visuals whenever possible.
- Ask suitable questions, depending on who you are speaking with.
- Use appropriate communication materials (more pictures and less writing).
- Involve the audience in the session as much as possible.
Do not lecture!
- Reinforce and repeat key messages.
- Ask for questions. Listen to, document and share all feedback
- Be clear about follow-up steps and call for action as appropriate



Handout XXX – How to Use Communication Resources

Your greatest resources are usually human resources; consider how local leaders, elders, religious leaders, pharmacists, community leaders, grandmothers, Imams, school teachers and others might be able to support your work. What is the best way to reach these people, to secure their trust and to encourage them to participate in and actively support the campaign? Discuss these questions with the group. Encourage them to think about their own experience and how they have secured support in the past.

Paper materials and other items made to help with communication, social mobilization, activities and campaigns, are called visual aids. They might include T-shirts, caps, pens, posters, leaflets, children's drawings, maps and so on. When community members are themselves engaged in creating resources (like social maps, drawings etc.), they learn from the process and this is a good way to build support amongst different groups.

Use an already developed social map (where available) to identify important locations for posters and banners such as crowded areas like markets, main roads, health facilities, schools, public transport/ bus stops, popular shops, mosques etc. This should be done at least one week before the start of a campaign.

If a social map is not available, after speaking with community leaders and influential people and spending 1-2 hours in the community, you should know about suitable locations to display campaign materials like posters and banners.

Visibility materials like T-shirts, posters, aprons and caps should be distributed appropriately 1 to 2 days before the campaign. EPI managers at Regional & District level usually help. Materials must be given to vaccinators and social mobilizers before the campaign starts.

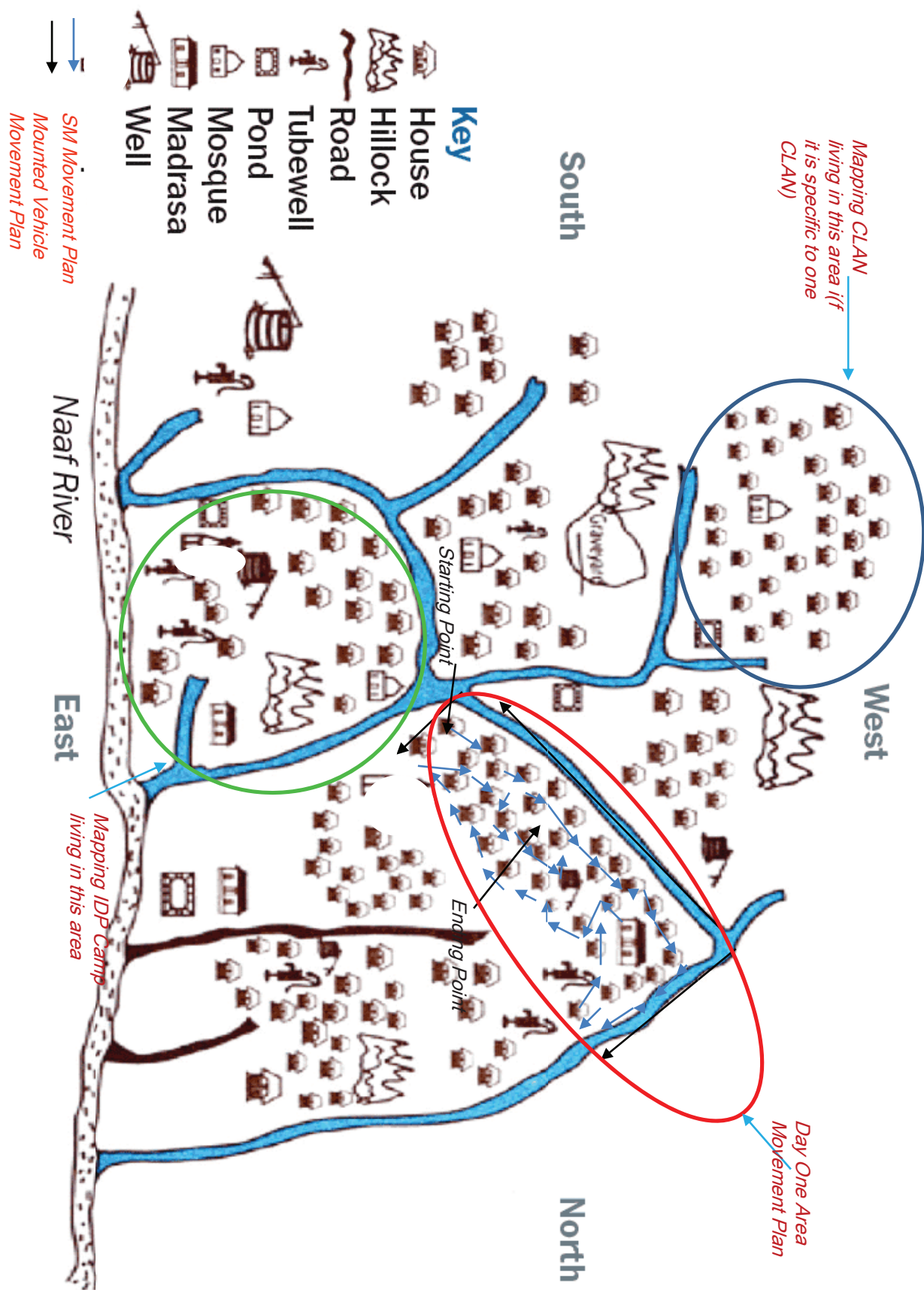
Mosque announcements

Mosque announcements are a way to reach the whole community, through their recognised leaders. They are also a way of reaching religious leaders and, hopefully, of gaining their support.

Mosque announcements need to be organised and planned in advance, in liaison with Imams and others as appropriate. This should happen at least two weeks before the campaign.

HANDOUT 11

Example Somali Social Map

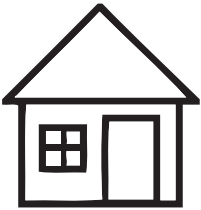





Villagers of Tecknaf, Bangladesh



HANDOUT 12

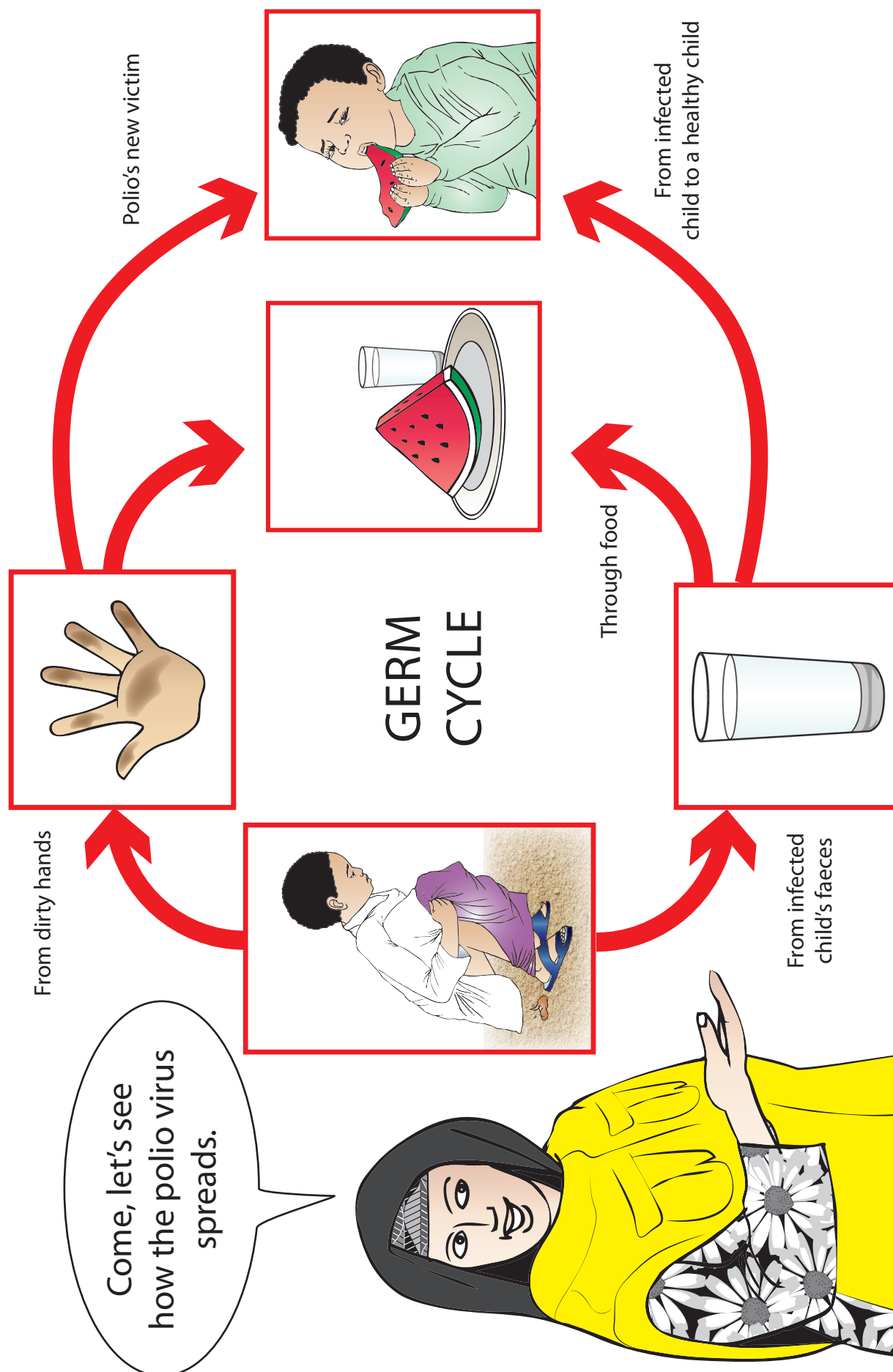
Social Mobilization Tally Sheet: Family details Pre-campaign house to house social mobilization

Name of Community Mobilizer:						
Name of District:						
Name of DSMC:						
Name of Area/Village:						
Campaign (Month):						
Activity Date:						
House No	Number of people in the house		Number of newborn children in the house born after finishing last campaign		Number of children under 5 years old in the house	
						
		Total		Total		Total
1	ooooo		ooo		oooooooooooo	
2	ooooo		ooo		oooooooooooo	
3	ooooo		ooo		oooooooooooo	
4	ooooo		ooo		oooooooooooo	
5	ooooo		ooo		oooooooooooo	
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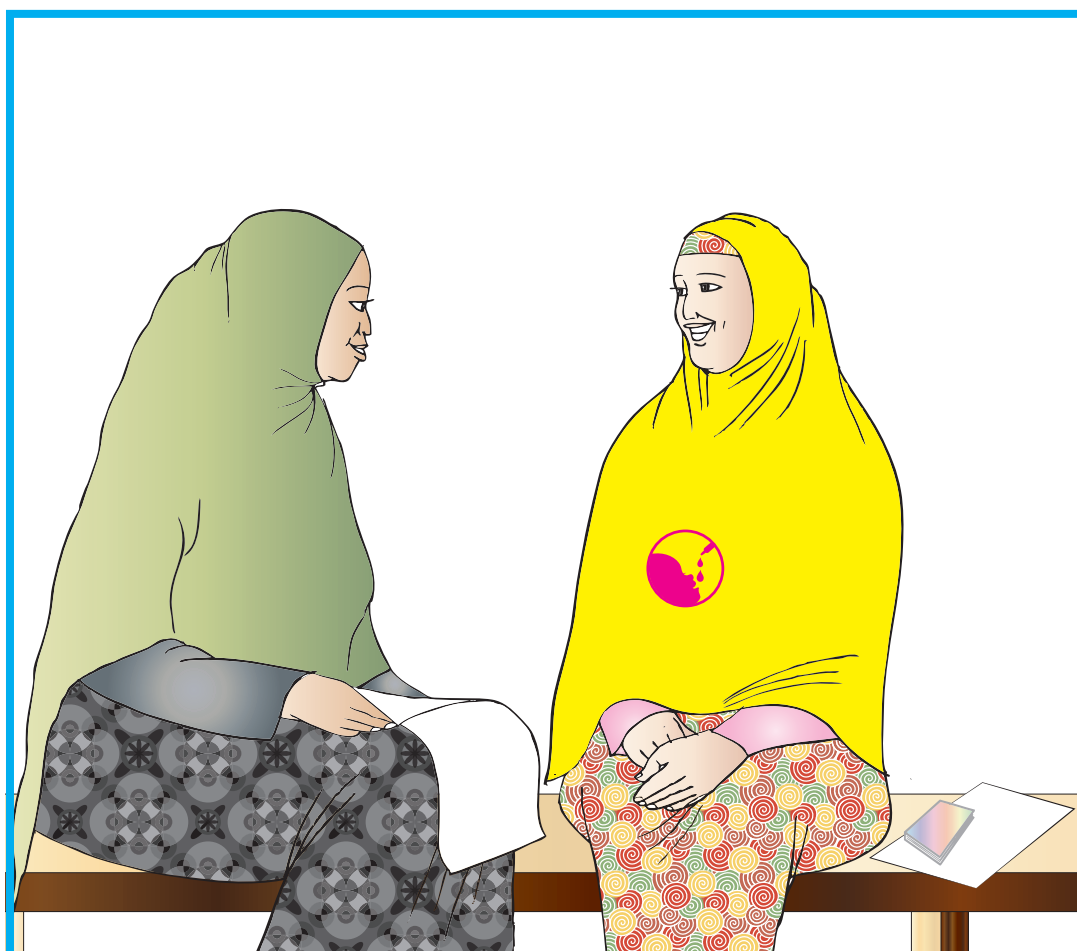
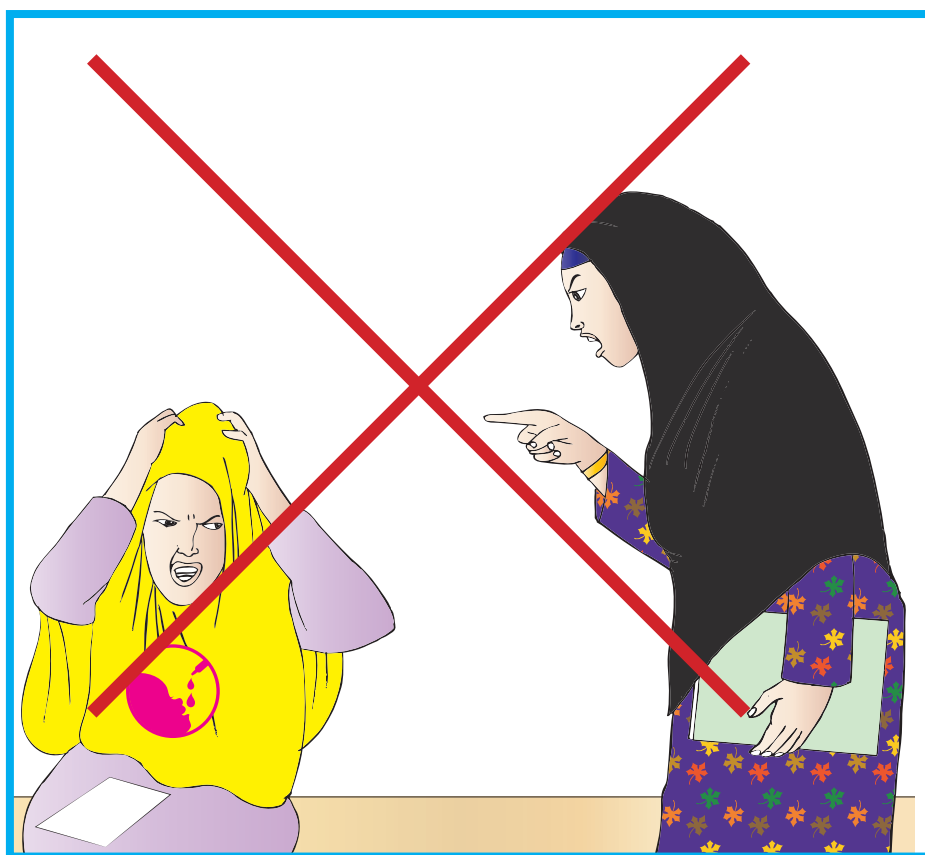
HANDOUT 12

18	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
19	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
20	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
21	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
22	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
23	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
24	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
25	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
26	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
27	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
28	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
29	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
30	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
31	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
32	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
33	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
34	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
35	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
36	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
38	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
39	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
40	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
41	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
42	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
43	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
44	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
45	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
46	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
47	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
48	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
49	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
50	○ ○ ○ ○ ○		○ ○ ○		○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Grand Total						



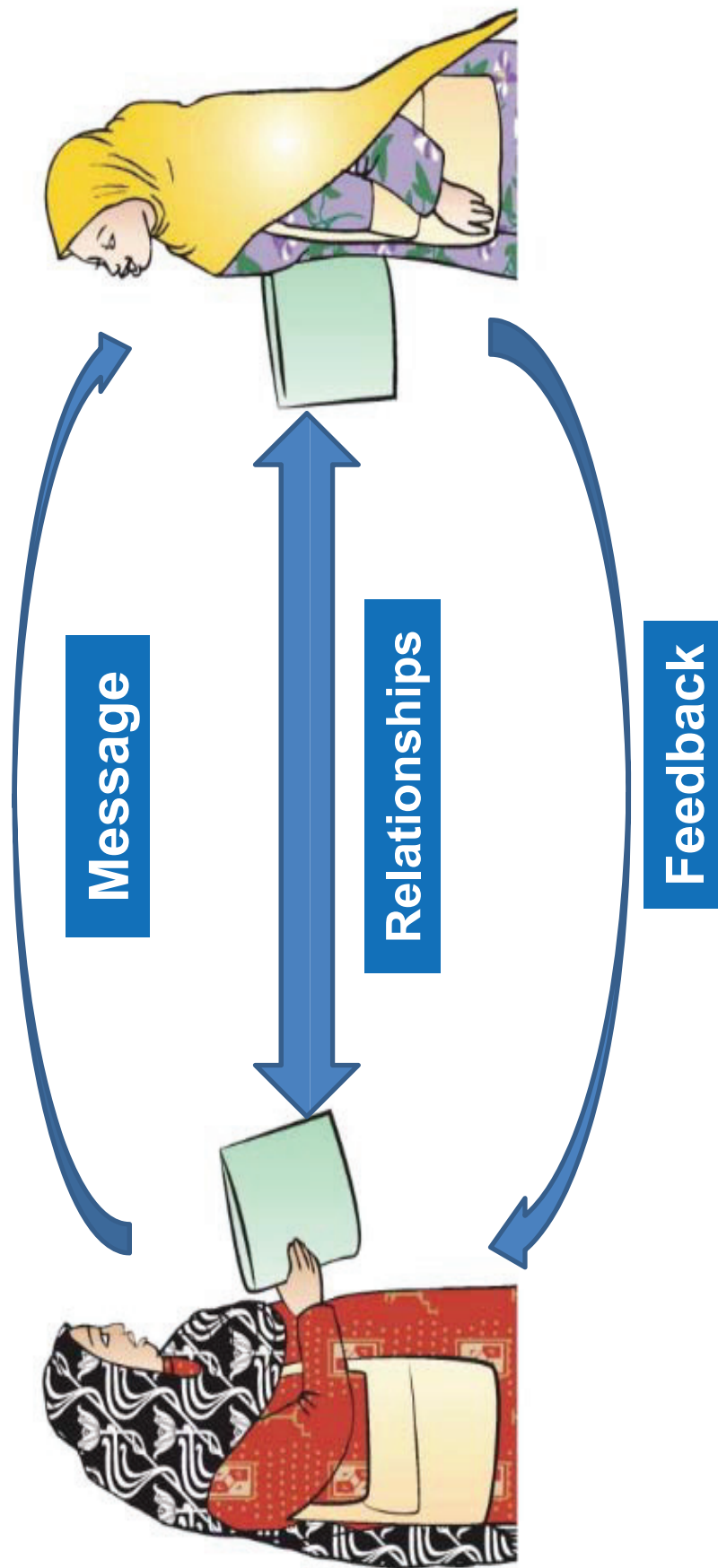


HANDOUT 14





Two way communication



AN EFFECTIVE SOCIAL MOBILIZER

Attitudes/ values	Skills	Knowledge
Be respectful	Communication skills (verbal and non-verbal)	About the community: socio-cultural, religious practices, beliefs, behaviors.
Be trustworthy (people can trust you)	Building relationships& partnerships.	Key influential leaders.
Be honest	Speak in simple, everyday language.	Key social issues.
Be friendly	Know how to use your materials.	Health services available.
Show empathy, tolerance and patience	Be a good story teller.	Polio information/ facts
Be professional	Facilitate and conduct meetings well.	Polio programme details and National Immunization Day (NID) details.
Be polite	Have referral skills.	Routine Immunization (RI) details.
Be on time	Know how to fill out the necessary forms and pass them on, as needed	Typical hygiene & sanitation.
Be helpful/ share ideas		Good understanding of IEC materials
Be committed, or “ready to go an extra mile” to help your community		







TRAINING MANUAL

**Social Mobilization for Polio
and other Supplementary
Immunization Activities
in Somalia**

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Nairobi, Kenya
UN Complex, Gigiri, Block Q**

