

Polio “Plus”
Communication Training
For
Community Mobilization Coordinators



Facilitators' Manual
2011

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**POLIO "PLUS" COMMUNICATION TRAINING FOR
COMMUNITY MOBILISATION COORDINATORS:
2-DAY WORKSHOP AGENDA**

DAY 1	Content of Session	Method	Materials/Aids
Session 1 09.30-10.45 Time: 75 minutes	Registration, introduction, objectives of the training, norms for workshop functioning, cognitive pre-test	Participant introductions, flip chart of workshop objectives, norms developed on chart and posted on wall	White board, or flip chart and markers
Tea Break: 15 minutes			
Session 2 11.00-12.00 Time: 60 minutes	Stages of and barriers to behaviour change	Case Study	White board, or flip chart and markers
Session 3 12.00-12.30 Time: 30 minutes	Key BCC messages for polio in general	Brain-storming, lecture and discussion	White board, or flip chart markers
Session 4 12.30-13.00	Key BCC messages for underserved Muslim communities	Brain-storming, lecture and discussion	White board, or flip chart and markers
Lunch: 60 minutes			
Session 5 14.00-14.30 Time: 30 minutes	Key BCC messages for HRGs	Brain-storming, lecture and discussion	White board, or flip chart and markers
Session 6 14.30-14.45 Time: 15 minutes	Polio plus four convergent areas	Brain-storming, lecture and discussion	White board, or flip chart and markers
Session 7 14.45-15.15 Time: 30 minutes	Polio plus messages for RI and correlation with polio	Brain-storming, lecture and discussion	White board, or flip chart and markers
Session 8 15.15-15.45 Time: 30 minutes	Polio plus messages for nutrition and correlation with polio	Brain-storming, lecture and discussion	White board, or flip chart and markers
Session 9 15.45-16.15 Time: 30 minutes	Polio plus messages for hygiene and sanitation and correlation with polio	Brain-storming, lecture and discussion	White board, or flip chart and markers
Tea Break: 15 minutes			
Session 10 16.30-17.00 Time: 30 minutes	Polio plus messages for diarrhea management and correlation with polio	Brain-storming, lecture and discussion	White board, or flip chart and markers
Session 11 17.00-17.30 Time: 30 minutes	Summing up Day 1 and briefing for Day 2; Participants complete evaluation form of day sessions	Lecture and discussion	White board, or flip chart and markers

DAY 2	Content of Session	Method	Materials/aids
Session 1 09.30-10.00 Time: 30 minutes	Recap of Day 1	Key points covered, questions for participants, discussion	White board, or flip chart and markers
Session 2 10.00-11.30 Time: 90 minutes	Six Steps of IPC: GATHER	Lecture and exercise	White board, or flip chart and markers
Tea Break: 15 minutes			
Session 3 11.45-13.00 Time: 75 minutes	Verbal and Non-Verbal Communication	Lecture and Exercise	White board, or flip chart and markers
Lunch: 60 minutes			
Session 4 14.00-15.00 Time: 60 minutes	Effective Listening	Lecture and Exercise	White board, or flip chart and markers
Session 5 15.00-16.00 Time: 60 minutes	Role of CMC in BCC for Polio Eradication	Lecture and Exercise	White board, or flip chart and markers
Tea Break: 15 minutes			
Session 6 16.15-17.30 Time: 75 minutes	Summing up workshop, verbal feedback, cognitive post-test, participants complete evaluation form of day sessions	Lecture and discussion	White board, or flip chart and markers

1. ABOUT THE MANUAL

The users of the manual would include all those who would facilitate the training of Community Mobilization Coordinators (CMCs) of the SMNet. Broadly this will include Sub-Regional Training Coordinators, the line managers above BMC level, Training Institutions and trainers engaged in training on BCC messages for polio eradication.

The manual is designed as guidelines for trainers who would be training the CMCs of SMNet. The manual is designed in a modular form and consists of four interrelated modules.

Before getting into the specific modules, the basic concept of participatory training and role of the trainer is recapitulated in an **Introduction** section as well as ice breaking, workshop objectives and norms for workshop conduct. Module I covers the **Behaviour Change Process**, Module II, **Key Behaviour Change Communication (BCC) Messages for OPV**, and Module III, **Key Polio Plus BCC Messages for RI, Wash, Nutrition, Diarrhea Management and Their Correlation with Polio**. Module IV is on **Enhancing Communication Skills**, especially Interpersonal Communication Skills. The sessions have been developed as facilitator's notes detailing:

- objectives
- method
- time
- materials required
- learning aids
- the process

The modules detailed can be used in their entirety and sequence as developed, or extracted as specific training units dependent upon the capacity-building needs of a given group of CMCs.

2. INTRODUCTION

Training is a planned process to modify attitude, knowledge or skill through learning experience to achieve effective performance in an activity or range of activities to satisfy the needs of an organization. It is systematic development of the **knowledge/attitude/skill/behaviour** pattern required by an individual to perform adequately a given task or job. Training is required when there is a change in policy, programme, technology, methods, organizational structures, rules etc.

2.1 Participatory training

Participatory training is participatory because learning occurs through active involvement of trainees and it is they who develop the answers. It is training because learning opportunities are created by presenting new information together with analytical methodologies for the trainees to discuss and consider in light of their own work experience. Participatory training is completely different from traditional teaching.

Participatory training creates enhanced learning outcomes in any thematic area. Participatory training is especially useful for key BCC messages for Polio eradication because different CMCs have different levels of understanding and awareness of these messages. The participatory approach to training diffuses negativity because it provides opportunities for the participants to explore BCC issues in a supportive and motivating environment.

Teaching	Participatory training
<ul style="list-style-type: none"> ▪ Trainer centered approach ▪ Teacher is presumed to be more knowledgeable and experienced than the students ▪ Teachers role is to tell students what they need to know ▪ Teacher is the fountain of entire knowledge ▪ Learning is limited to teachers knowledge only ▪ Teacher shares his/her knowledge with the students by lecturing ▪ Students are passive, just listening and taking notes ▪ Students learn the right answers from the teacher ▪ Useful in giving new information ▪ Teacher is mechanical, everything decided beforehand ▪ Trainer has total control over the learning process 	<ul style="list-style-type: none"> ▪ Learner centered approach ▪ It assumes that both trainers and trainees are knowledgeable and experienced ▪ Trainers role is to ask questions, facilitate discussions and generate information ▪ He is a co-learner and acts as a facilitator ▪ Everybody's knowledge contributes in learning ▪ Everyone must reflect on his/her own, then share their ideas, experiences ▪ Trainees are active and analytical, asking questions and exploring alternatives ▪ Trainees develop their own answers, many different answers ▪ Useful in modifying skills and attitudes ▪ Two-way, interesting and informal ▪ Both trainers and trainees share control over the learning process; there is faith in learners wisdom

Many of the principles of participatory training draw on theories of adult learning. Because adults already know a lot, they learn best by building upon their experiences. They learn more by doing, than by listening. Adult learning theory stresses that adult learners need opportunities to think, to understand and to apply.

- To learn by thinking, trainees need to have responsibility to work out their own conclusions through collective efforts
- To learn by understanding, trainees need to relate the learning experience to their own values, beliefs and previous experience
- To learn by applying skills acquired during training, trainees need to use and test the new skill and receive feedback on their performance.

Adult learning therefore has to be:

- **Experiential:** Build on previous experience of the trainees
- **Peer learning:** Adults learn best from fellow workers
- **Participation:** Ensure active participation of all participants
- **Respect and encouragement:** Adults need encouragement and respect
- **Pace:** Adults learn at their own pace
- **Feedback:** Is must and should help for change

During participatory BCC training, activities are selected specifically to encourage trainees to engage with the material and become active and animated - to offer ideas, raise questions, build upon one another's statements and challenge one another's opinion. They learn from, and with, other participants, when they work together on collaborative analysis.

During participatory BCC training, the trainer's job is to facilitate rather than deliver information, explain or provide answers. BCC trainers initiate discussion, explore the topic further and then draw in the trainees for conclusions. They amplify some trainees' comments and summarize others; they compare and separate remarks and point out opposing views. They draw the threads of discussions together and relate them to the BCC training objectives.

Participatory BCC training is structured around the ability of trainees to reason, to analyze problems and to work out their own solutions. It emphasizes the process of inquiry and therefore participatory BCC trainings often end with questions as well as conclusions.

2.2 Role of a trainer

A BCC trainer must be knowledgeable in the subject matter, understand the needs of the trainees, make the training objectives clear and relevant, and select training material and activities most appropriate for achieving the set training objectives. Furthermore, the trainer must:

- Thoroughly understand the BCC technique and the steps for its implementation
- Know and understand the linkage of BCC programme
- Understand the nuances of each session and linkages with previous and future sessions
- Be well prepared for facilitating the sessions.
- Have some prior background information about the participants, the organizations they belong to and their previous work experience.
- Be fluent in the language easily understood by the participants.
- Enhance qualities of active listening and genuineness when interacting with the participants.
- Translate the ideas and suggestions of the participants into action.
- Be skilled in involving people in discussions, especially encouraging quiet and docile participants.

- Make each person comfortable and create a conducive learning environment for all the participants.
- Be familiar with the different participatory training techniques.
- Be able to manage sessions, anticipate and steer the group through controversial/ conflicting issues.
- Adhere to time limits to ensure maximum participation and completion of activities
- Bring closure to discussions and addressing queries when they arise
- Respect opinions and experiences of trainees and therefore listen carefully
- Encourage participants for their contribution and include them in learning
- Observe the participants carefully and understand said and implied meanings.
- Diagnose the problems
- Present challenges
- Restrain from reinforcing one's opinions and biases
- Restrain from generating a competitive feeling
- Underscore benefits of learning and create interest in learning
- Should summarize learning
- Be a friend, philosopher and guide, not a preacher

"I never teach my pupils. I only attempt to provide the conditions in which they can learn"

-Albert Einstein

3. PARTICIPANT INTRODUCTIONS

Objective: At the completion of the session, the participants would know all the other participants

Time: 40 minutes

Process:

1. Explain the purpose of the session.
2. Ask each participant to tell his/her name, name of the organization, experience, place etc. Add a few personal questions like hobbies, interests, favourite food, and favourite actor/actress so as to break the ice.

4. WORKSHOP OBJECTIVES

Objective: At the completion of the session, the participants would have described the objectives of the training

Materials: Flip chart and marker

Time: 15 minutes

Preparation: Write down the workshop objectives on a flip chart (Exhibit 1)

Process:

1. Explain the purpose of the session.
2. Elucidate the objectives of the workshop using the flip chart prepared beforehand.
3. Explain "how we plan to attain the objectives?" detailing the workshop design and sessions.

Exhibit 1

- **Learn steps of Behaviour Change Process**
- **Learn key BCC messages for Polio**
- **Learn key BCC polio plus messages for**
 - **Routine Immunization**
 - **Hygiene & Sanitation**
 - **Nutrition**
 - **Diarrhea Management**
- **Learn ways to enhance communication skills, especially IPC**

5. NORMS

Objective: At the completion of the session, the participants would have developed norms for functioning during the workshop

Materials: White board, and white board, markers (or flip chart and chart markers)

Time: 10 minutes

Process:

1. Explain the purpose of the session.
2. Initiate discussion among the participants on the need of having norms for the workshop.
3. Ask the participants to develop norms for the workshop.
4. List all the norms developed on a flip chart and paste it on the wall.
5. Facilitate understanding that respecting norms is everybody's responsibility

MODULE I: BEHAVIOUR CHANGE PROCESS

BEHAVIOUR CHANGE PROCESS

Objectives

At the completion of the session, the participants would be able to:

- Describe the stages of behaviour change process

Method

Case study

Time

60 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers)

Learning Aids

- Case study- Sabar ko hai khabar (Annex A)
- Exhibit 2 reproduced on a Flip Chart/ power point slide

Process

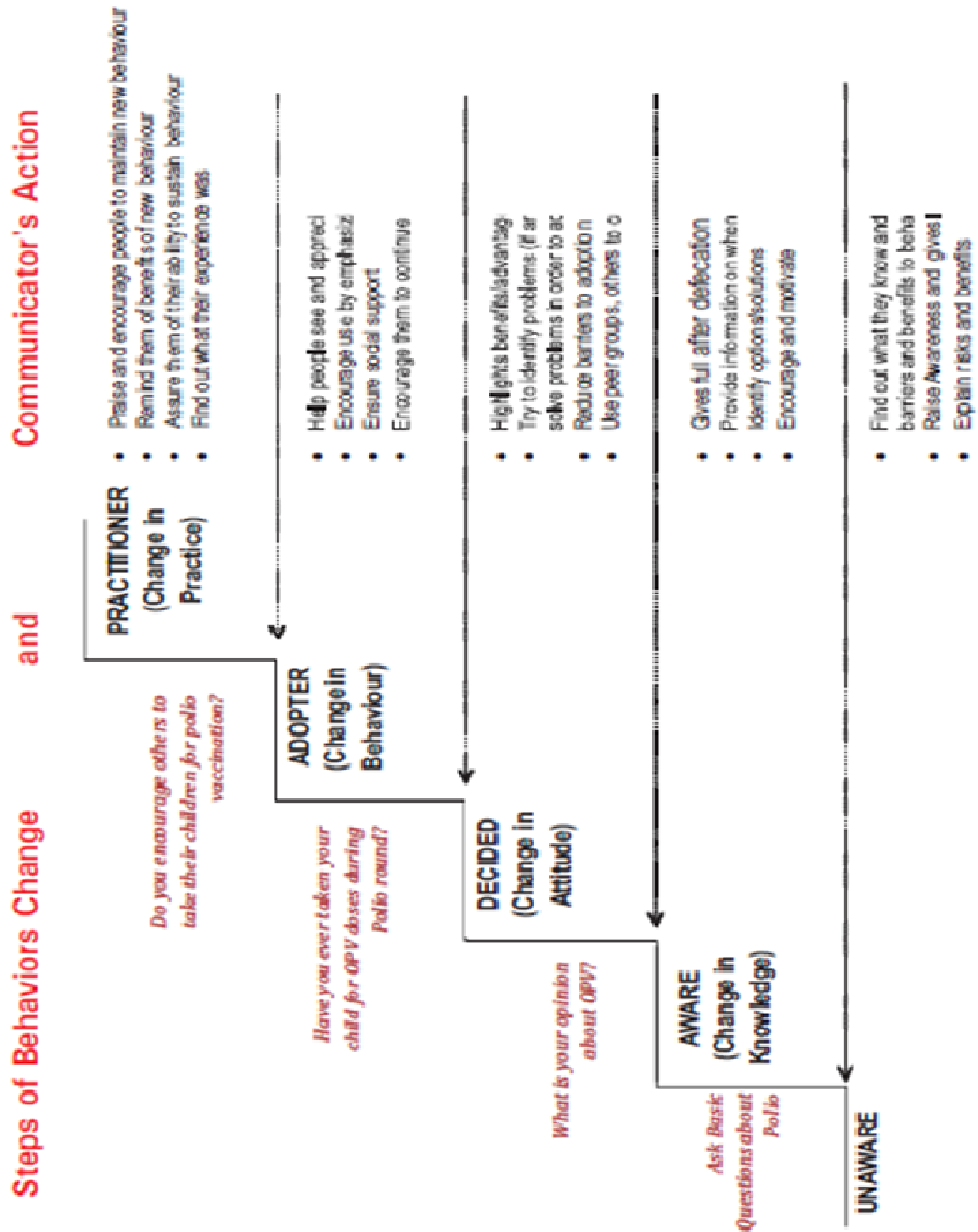
1. Explain the purpose of the session
2. Ask one participant to read out the case study.
3. Initiate the discussion among the participants "how the behaviour has changed".
4. Through discussion, delineate the stages of the change process.
5. Use Exhibit 2 to describe the stages of the process. Discuss giving more examples.
6. Summarize the session with the session objectives.

Discussion questions

- Does behaviour change happen in a day?
- What facilitates and what hinders the change process?

Exhibit 2

The Behaviour Change Process



Annex A

Case study: Sabar ko bhi Hai Khabar

My name is Sonu Sabar. I live in a remote village of Damudih panchayat of block Dumaria. Our village is mainly inhabited by tribal communities. There is my wife and three children in my family. There is no metal road in our village, so commuting to any place becomes difficult, especially during the rainy season. In spite of this problem, I have to go to the jungle for cutting wood. By selling wood I use to earn money for managing two times meal for my family. In fact, earlier I was addicted to country liquor and hence every day I spent money on it. This way even I didn't get time for taking bath once in a week. Very frequently all our family members used to fall sick.

Maino didi used to come to our village very frequently. She was attached to an NGO. She used to propagate messages on various issues like health & hygiene, education and cleanliness etc. in our village. Sometime I also took her company in the evening and used to be a part of the village meeting. However, in most of the time I didn't understand what she said as in the evening I remained drunk. Not only it's me, most of the villagers remained intoxicated during the evening. There was no doubt what Maino didi used to say I cherished but after noticing the reactions of the other villagers I used to get confused. They sat with a vacant look and no interest. I used to think, "Who is right! The villagers or Maino didi?" Finally one day I disclosed my confusions to Maino didi, "Didi, I want to get rid of this dilemma in my mind. You are the right person who can understand this." Didi asked, "What happened?" I said, "I am in a puzzle. Whom should I believe! When you say something that makes sense, because there is logic. Whatever you say, it's for our good. But at the same time I use to think are all these villagers fool? I have grown up with them. How can they be wrong? They do not pay attention to your words." "See Sonu, health, hygiene and education have a great role to play in our life. We cannot think about a better future keeping these issues aside" She realized my dilemma and continued, "You give it a serious thought and then certainly will get your answer."

Unfortunately I did not have the intelligence to understand her words. As time elapsed, I was on my own way of living and completely forgot about Manio didi's words. Due to our unhealthy and unhygienic lifestyle, very often we used to suffer from diseases like itching, loose motion or fever etc.

One fine evening, I tuned the radio set on. A drama '*Antardhwan*' (Inner Voice) was being broadcasted in Oriya at that time. The message of the drama reminded me the words of Maino didi. Although the drama was played by Santhali performers, whatever I could understand was exactly same with what Maino didi says in the meetings.

After a few days I was going to the Bhagabandi market. Suddenly I noticed a small crowd assembled at the road side. I thought, "Must be some spicy event is going on. Let's see." People actually assembled to see a *Nukkad Natak*. I also got mingled in the crowd. The theme of the street play was based on the role of healthy practices in our life. It was like a flash-back of what Maino didi used to say and what the radio jingle meant! Now I realized the role of cleanliness in our life. Instead of buying country liquor, I purchased soap. When I returned home, my wife shouted to see the packet in my hand, "Great! Once again you have bought liquor!" I smiled, "No dear, I have purchased soap with the unspent money." She was annoyed as she might be thinking it a misuse of hard earned money. That night she didn't talk to me.

The very next morning I called her and said, "Frequently we use to fall sick and rush to the doctor. We spend lot of money but again after some days we fall sick" I continued, "For God's sake, please listen to me. Start using this soap before having meal and after defecation. I am sure we shall get good result."

She was impressed and convinced with my words. From that very day we started using soaps. Initially we used to forget using soap every time before having meals and after defecation but very soon it became a practice. The best part was, my children also started following us. Very soon we started realizing the boon of hand washing with soaps. It impacted our lifestyle and we discovered that gradually our expenses on medicine and doctor were diminishing. One day I thought, "If such a small effort can bring about such a positive behavioral change in my life, it can impact my neighbor's life also!"

I made a plan. I started washing my hands or taking bath with soap outside my home so that everybody could see that. As a result, villagers started playing pranks on me, "Sonu has become richer nowadays or Sonu should consult a psychiatrist!" They used to say. Instead of getting annoyed I used to enjoy because I realized that I was successful in drawing their attention. Finally, some villagers came to me and asked, "We are noticing that since last few days you have been using soap. May we know the reason?" I greeted them and requested to have seat. "See brothers, most of us are poor people. Sometimes whatever we earn we spend that entirely in medicine" I explained, "But not for a single time we think why we fall sick so frequently. It happens due to some unhealthy practices. If we keep ourselves clean and maintain good hygiene, we shall keep absolutely fine!" I advised, "Actually, the solution is in our hand. You people also start using soap before having meal and after defecation." They were a bit confused. Probably they were thinking, "Is it possible! Can we really protect ourselves from diseases by practicing mere hand washing with soap?" I could read their face and suggested, "If you are not convinced with my opinion, please visit our Village Information Center at Mr. Chhotarai Hansda's house. You can see the books and posters over there. Have a look at them and then you decide who is right and who's not!" I kept on counseling them and after some days eight families of my neighborhood started hand washing with soap. Other people still were in dilemma, however, I strongly believe that they will also follow suit very soon.

MODULE II: KEY BCC MESSAGES FOR OPV

KEY BCC MESSAGES FOR OPV IN GENERAL

Objectives

At the completion of the session, the participants would be able to:

- Describe the key BCC message of OPV in general

Method

Brain storming, lecture and discussion

Time

30 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers), LCD projector and computer

Learning Aids

Exhibit 3, 4, 5 and 6 reproduced on flip chart/ power point slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participant on “what is the key message for OPV”.
3. List the responses on the white board/flip chart. Discuss the responses.
4. Show Exhibit 3. Discuss the key message and develop a shared understanding of the message among the participants.
5. Discuss the target audience for the message.
6. Initiate discussion among the participants on “why this is the key message”.
7. Show Exhibit 4 and facilitate shared understanding of the rationale for the message.
8. Initiate discussion among the participants on “What are the additional messages along with the key message?”
9. Show exhibit 5 and discuss each of the explanatory messages.
10. Show exhibit 6 and discuss the results of the 2010 KAP study for this topic and discuss the implications of the findings.
11. Summarize the session with the session objective.

Exhibit 3: Key BCC Message for OPV in general

*For complete protection against Polio,
your children up to 5 years of age
should be given two drops of OPV every time*

Exhibit 4: Why this Message?**Polio is**

- a viral infection
- generally affects children below 5 years of age
- affects the nervous system
- can cause paralysis or even lead to death

Oral Polio Vaccine (OPV)

- is only method of preventing the spread of polio virus
- children up to 5 need to be given OPV every time it is offered

Exhibit 5: Additional Explanatory Messages

1. Polio is an incurable disease.
2. Your newborn child must be vaccinated with two drops of OPV immediately after his/her birth.
3. You must ensure that your children up to 5 years have been given two OPV drops at every polio round until he/she turns five.
4. You should give OPV to your child in each round because if you miss the rounds then chances of getting polio increases
5. OPV is a safe vaccine and it is not harmful to take it multiple times.
6. Even if your child is suffering from minor ailments such as fever, cough, cold, diarrhea or some other illness on the day of polio vaccination, your child should still be vaccinated and it is safe to do so.
7. You should also encourage your elder children to take their brother/sister up to 5 years for OPV during the polio round.
8. You should also encourage your neighbors and relatives to get their children up to five years age vaccinated with OPV.
9. The symptoms of polio are the onset of fever and floppy limbs, or the inability to move. If you notice these symptoms in your child, report it immediately to the nearest health centre.

Exhibit 6: KAP study 2010 finding

**97% of parents in High Risk Areas (HRA) and 86% among High Risk Groups (HRG) thought that polio can be prevented
89% of HRA parents and 69% of HRG parents mentioned OPV as the only prevention method but
62% of HRA and 48% of HRG parents thought that polio could be cured**

KEY BCC MESSAGE FOR OPV AMONG UNDERSERVED MUSLIM COMMUNITIES

Objectives

At the completion of the session, the participants would be able to:

- Describe the key BCC message of OPV for underserved Muslim Communities

Method

Brain storming, lecture and discussion

Time

30 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers), LCD projector and computer

Learning Aids

Exhibit 7, 8 and 9 reproduced on flip chart/ power point slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participant on “what is the key message for OPV among underserved Muslim community”.
3. List the responses on the white board/flip chart. Discuss the responses.
4. Show Exhibit 7. Discuss the key message and develop a shared understanding of the message among the participants.
5. Discuss the target audience for the message.
6. Initiate discussion among the participants on “why this is the key message”.
7. Show Exhibit 8 and facilitate shared understanding of the rationale for the message.
8. Initiate discussion among the participants on “What are the specific additional messages along with the key message”.
9. Show Exhibit 9 and discuss each of the specific explanatory messages among underserved Muslim community.
10. Summarize the session with the session objective.

Exhibit 7: Key BCC Message for OPV among underserved Muslim communities

***“Children are the future of tomorrow
and parents have a responsibility
towards their upbringing and good health”
(Hadith 4292; Bukhari 5263)
You can demonstrate this by
giving complete dosage of OPV drops to your child***

Exhibit 8: Why this Message?

An analysis of refusal data shows that

- **Resistance to OPV is highest in underserved (largely Muslim) communities.**
- **Religious influencers are critical to bringing about acceptance.**

Exhibit 9: Additional Explanatory Messages

- 1. Prophet Muhammad (PBUH) said, “Consider your body respect-worthy before it is inflicted with illness.” (Tirmizi Kitabujahad, Hadith 2255).**
- 2. A good person should take care of their self and family member’s health and not ignore it.**

KEY BCC MESSAGE FOR OPV AMONG HRGs

Objectives

At the completion of the session, the participants would be able to:

- Describe the key BCC message of OPV for High Risk Groups

Method

Brain storming, lecture and discussion

Time

30 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers), LCD projector and computer

Learning Aids

Exhibit 10, 11, 12 and 13 reproduced on flip chart/ power point slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participant on “what is the key message for OPV among HRGs”.
3. List the responses on the white board/, /flip chart. Discuss the responses.
4. Show Exhibit 10. Discuss the key message and develop a shared understanding of the message among the participants.
5. Discuss the target audience for the message.
6. Initiate discussion among the participants on “why this is the key message”.
7. Show Exhibit 11 and facilitate shared understanding of the rationale for the message.
8. Initiate discussion among the participants on “What are the specific additional messages along with the key message?”
9. Show exhibit 12 and discuss each of the specific explanatory messages among HRGs.
10. Show exhibit 13 and discuss the results of the 2010 KAP study for this topic and discuss the implications of the findings.
11. Summarize the session with the session objective.

Exhibit 10: Key BCC Message for OPV among High Risk Groups

*Wherever you are, wherever you go,
ensure your children up to 5 years get complete dosage
by giving OPV every time to ensure full protection
against life crippling polio*

Exhibit 11: Why this Message?

The community is

- very receptive to immunization

but

- mobile nature of the communities makes it difficult to immunize the children of these communities

Exhibit 12: Additional Explanatory Messages

1. Even though you might be travelling during the polio rounds, if you have a child up to 5 years, you must ensure he/she has been given 2 OPV drops every time.
2. You should not miss the rounds even if you are travelling because if doses are missed the chances of getting polio increases.
3. You can get your child immunized with OPV by the transit teams at bus stands, railway stations and important junctions/crossroads.

Exhibit 13: KAP Study 2010 findings

- 99% of parents in HRA said they immunized their children under 5 during the last polio round as opposed to 94% of parents in High Risk Groups (HRG) in migrant communities
- The differences were narrowed when asked if they intended to immunize their children under 5 in the next round:
99% for HRA and 97% for HRG

MODULE III:

**KEY POLIO PLUS BCC MESSAGES
FOR ROUTINE IMMUNIZATION,
SANITATION AND HYGIENE,
NUTRITION, DIARRHEA MANAGEMENT
AND THEIR CORRELATION WITH POLIO**

CONVERGENCE AREAS FOR POLIO PLUS MESSAGES

Objectives

At the completion of the session, the participants would be able to:

- Describe the four convergence areas for polio plus messaging

Method

Brain storming, lecture and discussion

Time

15 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers), LCD projector and computer

Learning Aids

Exhibit 14, 15 and 16 reproduced on flip chart/ power point slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participant on “what are the other issues to be addressed to make OPV effective and why”.
3. List the responses on the white board/flip chart. Discuss the responses.
4. Show Exhibit 14. Discuss the key message and develop a shared understanding of the message among the participants.
5. Discuss the target audience for the message.
6. Initiate discussion among the participants on “why are these convergence areas”
7. Show Exhibit 15 and facilitate shared understanding of the rationale for the message.
8. Initiate discussion among the participants on “What are the specific additional messages along with the key message”.
9. Show exhibit 16 and discuss each of the additional explanatory messages for polio plus.
10. Summarize the session with the session objective.

Exhibit 14: Key Polio Plus BCC Message

***Polio attacks children with lesser immunity,
hence to boost your child's immunity, in addition to
OPV,
adopt the following 4 care practices:
Routine Immunization,
Early and exclusive breast feeding,
Good Hygiene & Sanitation
and
Diarrhea Management***

Exhibit 15: Why this Message?

Polio attacks children with lesser immunity. Because the immunity is reduced the child:

- does not have natural ability to fight diseases
- is affected by other killer diseases
- is constantly suffering from diarrhea
- is exposed to fecal-oral disease transmission because of not practicing safe hygiene and sanitation practices.

Exhibit 16: Additional Explanatory Messages

1. Routine Immunization vaccinates and helps the child fight against Polio and other deadly diseases.
2. Exclusive breast feeding for the first 6 months helps in building your child's natural ability to fight diseases and infections.
3. You and your family members should wash your hands with soap at least four critical times to prevent the spread of diseases including polio:
 - a) before cooking or serving food
 - b) before eating and feeding the child
 - c) after disposal of child feces
 - d) after defecation
4. ORS and zinc supplement should be given immediately to control diarrhea. And also give polio drops if it is scheduled during that time.

KEY MESSAGE FOR ROUTINE IMMUNIZATION IN POLIO PLUS MESSAGING

Objectives

At the completion of the session, the participants would be able to:

- Describe the key BCC message on Routine Immunization for polio plus messaging

Method

Brain storming, lecture and discussion

Time

15 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers), LCD projector and computer

Learning Aids

Exhibit 17, 18 and 19 reproduced on flip chart/ power point slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participant on “what is the key message for RI in support of OPV”
3. List the responses on the white board/flip chart. Discuss the responses.
4. Show Exhibit 17. Discuss the key message and develop a shared understanding of the message among the participants.
5. Discuss the target audience for the message.
6. Initiate discussion among the participants on “why these message”
7. Show Exhibit 18 and facilitate shared understanding of the rationale for the message.
8. Initiate discussion among the participants on “What are the additional explanatory messages along with the key message”
9. Show exhibit 19 and discuss each of the additional explanatory messages.
10. Summarize the session with the session objective.

RELATION BETWEEN RI AND POLIO

Objectives

At the completion of the session, the participants would be able to:

- Explain the correlation between RI and Polio

Method

Facilitated discussion

Time

15 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers)

Process

1. Explain the purpose of the session
2. Initiate discussion among the participants on 'what is the correlation of RI and Polio'.
3. List responses on the flip chart/white board. Discuss the responses.
4. Facilitate shared understanding of the correlation. Use exhibit 18 for explaining the correlation.
5. Summarize the session with the session objectives

Exhibit 17: Key BCC Message for correlation of Routine Immunization and Polio

***Polio virus mostly attacks children with lesser immunity,
hence vaccinate your child
against the other 5 deadly diseases, apart from Polio,
to boost his/her immunity
to make OPV more effective***

Exhibit 18: Why this Message?

- Polio attacks the child with lesser immunity.**
- **If the child falls sick because of the various other diseases his/her immunity is reduced**
 - **And thus, she/he is more susceptible to becoming infected with polio virus**

Exhibit 19: Additional Explanatory Messages

- 1. Early protection is critical. RI (timely and scheduled) is especially important in the first year of the child.**
- 2. You must take your child for RI 5 times before his/her first birthday and follow the advice of trained health workers for timely immunization of your child.**
- 3. If the child is not immunized he/she is very likely to get polio, measles, diphtheria, tetanus, tuberculosis, whooping cough, night blindness and many other diseases that can result in stunted growth, permanent disability, or may even lead to death.**
- 4. You should keep your child's immunization card with you, safely, at all times and get your child immunized regularly. Whenever the health worker/CMC/BMC asks for the immunization card then you should always show it to them.**

KEY MESSAGE FOR NUTRITION FOR POLIO PLUS MESSAGING

Objectives

At the completion of the session, the participants would be able to:

- Describe the key BCC message on nutrition for polio plus messaging

Method

Brain storming, lecture and discussion

Time

15 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers), LCD projector and computer

Learning Aids

Exhibit 20, 21 and 22 reproduced on flip chart/ power point slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participant on “what is the key message for nutrition in support of OPV”
3. List the responses on the white board/flip chart. Discuss the responses.
4. Show Exhibit 20. Discuss the key message and develop a shared understanding of the message among the participants.
5. Discuss the target audience for the message.
6. Initiate discussion among the participants on “why these message”
7. Show Exhibit 21 and facilitate shared understanding of the rationale for the message.
8. Initiate discussion among the participants on “What are the additional explanatory messages along with the key message”
9. Show exhibit 22 and discuss each of the additional explanatory messages.
10. Summarize the session with the session objective.

RELATION BETWEEN NUTRITION AND POLIO

Objectives

At the completion of the session, the participants would be able to:

- Explain the correlation between nutrition and Polio

Method

Facilitated discussion

Time

15 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers)

Process

1. Explain the purpose of the session
2. Initiate discussion among the participants on 'What is the correlation of nutrition and Polio'
3. List responses on the flip chart/white board. Discuss the responses.
4. Facilitate shared understanding of the correlation. Use exhibit 21 for explaining the correlation.
5. Summarize the session with the session objectives

Exhibit 20: Key BCC Message for correlation of Nutrition and Polio

**Polio virus mostly attacks children with lesser immunity,
hence breastfeed your child
exclusively for the first 6 months
to build your child's natural ability
to fight diseases and infections**

Exhibit 21: Why this Message?

Polio attacks the child with less immunity.

- **If the mother does not exclusively breastfeed, the child does not have natural ability to fight diseases which is enhanced by mother's milk.**
- **Thus, the child is more prone of being affected by polio.**

Exhibit 22: Additional Explanatory Messages

- 1. You should ensure initiating breast feeding within the first hour of your child's birth.**
- 2. Your newborn child must be fed the thick yellowish milk - colostrums, as it is very nutritious and helps build your child's natural immunity against infections.**
- 3. The first breast milk has all the required nutrients and water that a child needs to grow well. Therefore, do not give your child any other food or drink, not even water, honey, goat's milk, ghetto etc.**
- 4. Any other liquid or food and may cause life threatening diarrhea. Because of this even water should not be given to the child until six months.**
- 5. Continue exclusive breastfeeding even if the mother is unwell until the time doctor instructs not to do so.**
- 6. If your child is unwell, breastfeed the child more than normal days as the child will need more nutritious and easily digestible food.**

KEY MESSAGE FOR HYGIENE AND SANITATION FOR POLIO PLUS MESSAGING

Objectives

At the completion of the session, the participants would be able to:

- Describe the key BCC message for hygiene and sanitation for polio plus messaging

Method

Brain storming, lecture and discussion

Time

15 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers), LCD projector and computer

Learning Aids

Exhibit 23, 24, 25 and 26 reproduced on flip chart/ power point slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participant on “what is the key message for hygiene and sanitation in support of OPV”.
3. List the responses on the white board/flip chart. Discuss the responses.
4. Show Exhibit 23. Discuss the key message and develop a shared understanding of the message among the participants.
5. Discuss the target audience for the message.
6. Initiate discussion among the participants on “why this message”.
7. Show Exhibit 24 and facilitate shared understanding of the rationale for the message.
8. Initiate discussion among the participants on “What are the additional explanatory messages along with the key message”.
9. Show exhibit 25 and discuss each of the additional explanatory messages.
10. Summarize the session with the session objective.

RELATION BETWEEN HYGIENE AND SANITATION AND POLIO

Objectives

At the completion of the session, the participants would be able to:

- Explain the correlation between hygiene and sanitation and Polio

Method

Facilitated discussion

Time

15 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers)

Process

1. Explain the purpose of the session
2. Initiate discussion among the participants on 'What is the correlation of hygiene and sanitation and Polio'.
3. List responses on the flip chart/white board. Discuss the responses.
4. Facilitate shared understanding of the correlation. Use exhibit 24 for explaining the correlation.
5. Show exhibit 26 and discuss the results of the 2010 KAP study for this topic and discuss the implications of the findings.
6. Summarize the session with the session objectives

Exhibit 23: Key BCC Message for correlation of Hygiene & Sanitation and Polio

**Polio virus mostly attacks the children with lesser immunity,
Hence you and your family members
should wash your hands with soap at least 4 critical times
to prevent the spread of diseases including polio**

Exhibit 24: Why this Message?

Polio attacks the child with lesser immunity.

- **If the children and their family members do not practice safe hygiene and sanitation practices, then they are exposed to fecal-oral transmission route of the spread of polio virus.**

Exhibit 25: Additional Explanatory Messages

1. **Poor sanitation and unhygienic practices including direct contact with stools can spread the polio virus.**
2. **All your family members, including children should wash their hands with soap at least 4 critical times so that you are safe from polio and other diseases:**
 - a. **before preparing or serving food**
 - b. **before eating food or feeding the child**
 - c. **after defecation**
 - d. **after disposal of baby's feces**
3. **Hand washing should be done with water and soap.**
4. **The feces of babies and young children should be safely disposed in toilets.**
5. **You and your family members should not practice open defecation.**
6. **Use a sanitary toilet for defecation.**
7. **Do not construct toilets close to hand pump/drinking water sources.**
8. **Drink only safe water from identified safe drinking water sources.**
9. **Store drinking water in a covered pot and do not put your hand or finger in drinking water. Use a dipper to take out water from the pot.**
10. **Keep your drinking water source/hand pump surroundings clean and leak proof.**
11. **Food should be kept covered and do not allow flies to sit over food**
12. **Fruits and vegetables should be properly washed before eating or cooking.**

Exhibit 26: KAP study 2010 findings

**66% of HRA parents and 56% of HRG parents are aware that washing hands with soap can kill germs and diseases causing microbes
but
Only 37% of HRA parents and 23% of HRG parents know about the spread of the polio virus through the fecal-oral transmission route**

KEY MESSAGE FOR DIARRHEA MANAGEMENT FOR POLIO PLUS MESSAGING

Objectives

At the completion of the session, the participants would be able to:

- Describe the key BCC message for diarrhea management for polio plus messaging

Method

Brain storming, lecture and discussion

Time

15 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers), LCD projector and computer

Learning Aids

Exhibit 27, 28, 29 and 30 reproduced on flip chart/ power point slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participant on "what is the key message for diarrhea management is support of OPV".
3. List the responses on the white board/flip chart. Discuss the responses.
4. Show Exhibit 27. Discuss the key message and develop a shared understanding of the message among the participants.
5. Discuss the target audience for the message.
6. Initiate discussion among the participants on "why this message".
7. Show Exhibit 28 and facilitate shared understanding of the rationale for the message.
8. Initiate discussion among the participants on "What are the additional explanatory messages along with the key message".
9. Show exhibit 30 and discuss each of the additional explanatory messages.
10. Summarize the session with the session objective.

RELATION BETWEEN DIARRHEA MANAGEMENT AND POLIO

Objectives

At the completion of the session, the participants would be able to:

- Explain the correlation between diarrhea management and Polio

Method

Facilitated discussion

Time

15 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers)

Process

1. Explain the purpose of the session
2. Initiate discussion among the participants on 'What is the correlation of diarrhea management and Polio'.
3. List responses on the flip chart/white board. Discuss the responses.
4. Facilitate shared understanding of the correlation. Use exhibit 25 for explaining the correlation.
5. Show exhibit 29 and discuss the results of the 2010 KAP study for this topic and discuss the implications of the findings.
6. Summarize the session with the session objectives

Exhibit 27: Key BCC Message for correlation of Diarrhea Management and Polio

**Polio virus mostly attacks children with lesser immunity,
Hence ORS and Zinc supplement should be given
immediately to your child
to control diarrhea.**

Exhibit 28: Why this Message?

Polio attacks the child with lesser immunity.

- **If the child is constantly suffering from diarrhea, then the effectiveness of the OPV given during an episode of diarrhea is reduced.**
- **This would make the child more susceptible to getting infected with polio virus.**

Exhibit 29: KAP study 2010 findings

- **77% of HRA parents have heard about ORS and 63% of those within HRG**
- **75% of HRA parents know how to prepare ORS and 59% within HRG**
- **59% of HRA parents have used ORS in the past when their children under 5 had diarrhea and 44% within HRG**
- **Knowledge of Zinc as a companion with ORS for treating diarrhea is very low with only 2% of HRA and 1% of HRG parents saying that they have heard about it**

Exhibit 30: Additional Explanatory Messages for Diarrhea Management

1. For infants less than 2 months, the symptoms for diarrhea are change in consistency
2. Children under 2 months who have diarrhea should be immediately given O.R.S and taken to a doctor or health worker
3. If a child older than 2 months and up to 5 years defecates more than normal loose and watery stools 3 or more times then he /she is suffering with diarrhea.
4. If you notice blood in the stools do not delay in seeking advice from your health worker/doctor.
5. Because of dehydration, untreated diarrhea may lead to the child's death.
6. During diarrhea, to prevent dehydration give your child ORS till the diarrhea stops.
7. Prepare ORS solution by mixing the contents of 1 sachet of ORS in a clean container with 1 litre of safe drinking water. After each episode of diarrhea, give the child additionally half to one cup of ORS solution in small amounts repeatedly. The ORS solution can be used for maximum of 24 hours and if not consumed within 24 hours then you must dispose of it.
8. Additionally, start and continue zinc supplementation at the same time as ORS for 14 days, even after diarrhea has stopped, to prevent a relapse. If you stop the zinc supplement before 14 days the treatment will be less effective.
9. Children between 2 and 6 months should be given a half tablet every day by mixing it in a clean spoon with breast milk.
10. Children over 6 months should have 1 tablet every day mixed in clean water. Care should be taken that the tablet is completely dissolved before giving it to the child. Older children can chew it directly.
11. Children between 2 and 6 months with watery stools should be first breast-fed (more than normal) then given ORS solution and zinc supplement in a spoon.
12. ORS treatment for all children between 2 months and up to 5 years should continue until the diarrheal is finished. The Zinc supplement should be given for a full 14 days.
13. During diarrhea, your child needs to be continuously breastfed and, if older than six months, then according to his or her age, he/she should be given food regularly. If the child is still been fed with mother's milk the same should be continued.
14. While recovering he/she needs to have more food than usual to replenish the energy and nourishment lost due to the illness. This will make your child stronger and help OPV drops work more effectively.
15. Ask your health worker to provide you with zinc supplement.

MODULE IV: ENHANCING COMMUNICATION SKILLS

SIX STEPS OF IPC-GATHER

Objectives

At the completion of the session, the participants would be able to:

- Explain the GATHER approach for IPC

Method

Film appreciation

Time

90 minutes

Material required

White Board, white board markers (or flip chart and flip chart markers), LCD projector, computer.

Learning aids

Astha film on IPC, Exhibit 31 to 37 prepared on flip chart/slides

Process

1. Explain the purpose of the session.
2. Initiate discussion among the participants on what are the steps one has to take in IPC.
3. List responses on the flip chart/white board. Discuss the responses.
4. Facilitate shared understanding of the six steps of IPC. Use exhibit 31 for discussing the six steps.
5. Discuss each of the steps in detail. Use exhibit 32 to 37 for discussing each of the steps.
6. Summarize the session with the session objectives.

Exhibit 31

- **Greet** the target audience (community/ family/ individual)
- **Ask** the target audience about their well being
- **Tell** the target audience your purpose of visit & convey BCC messages
- **Help** the target audience in deciding their acceptance towards the desired behavior change
- **Explain** with reasons the effects and effectiveness of the desired behavior change
- **Return** to the community as an observer or problem solver or motivator (if

Exhibit 32**Greet**

1. Whenever you visit a household, **greet** everyone as far as possible in their local tradition.
2. Introduce yourself and your organization.
3. Be informal during conversation.
4. Do not sit with an open register, the community might feel threatened.
5. Maintain a friendly behavior.
6. While talking to community, **treat** each individual well and interact with them.

Exhibit 33**Ask**

1. It is important to **ask** people about their well being and establishing a relationship with them.
2. Listen, what they have to say (about their life, problems, apprehensions etc).
3. Listening is a skill. Listening means –
 - a. Paying attention and understanding what others are saying
 - b. Encouraging others to talk.
 - c. Giving others space to express what they feel.
 - d. Respecting what the other person is saying and not negating
4. When you are trying to understand the client's perception/ understanding/ knowledge about a particular behavior, try asking question which needs an explanation/description as answer (open ended question) instead of question which can be answered in Yes or No (close ended question).

Exhibit 34**Tell**

1. You should clearly **tell** the purpose of your visit.
2. You should also **tailor** your contents according to the needs/ context of community/ individual you are interacting. Say things which would be of interest to the group.
3. While telling them about the BCC messages, keep in mind
 - a. What they already know about the subject
 - b. What they may want to know
 - c. What specific fears and myths they have about the subject (desired behavior change)
 - d. Which step of behavior change they are currently at
4. You should prepare yourself with all the information about the subject so that you can answer potential question and tackle fear and myths related to the subject
5. Avoid too much information which might not be relevant or may confuse people.
6. Do not pretend to know everything or tell something which you are not sure of. If not confident about some information, say clearly that you will return and reply to the required information after consulting your senior.

Exhibit 35**Help**

1. In the process of behavior change, it is necessary to **help** the person to have complete knowledge and bring an attitudinal change.
2. You should help them analyze their current behavior, understanding the benefits of correct behavior and risks of not practicing correct behavior
3. The help to bring about the attitudinal change should be in form of encouragement to –
 - a. Overcome personal beliefs and fears
 - b. Social obstructions
 - c. Myths and misconceptions
 - d. Understand the intricacies of the subject
 - e. Find solutions to challenges in form of lack of amenities/ resources/ skills/ support required for the behavior change
4. Facilitation and encouragement would be required, so that people are able to take a decision on acceptance / adoption of desired behavior change.

Exhibit 36**Explain**

1. You would need to explain the various benefits and risks of the desired behavior change.
2. You may also have to explain why age old practices which may not have lead to any mishaps earlier might affect their well being in future. Thus they should change to desired behavior.
3. Explanation should be followed by visual materials and demonstration as far as possible, as it said that
“I hear... I forget, I see... I remember, I do... I learn”
4. It is desirable to use local & contextualized examples, simple analogies, languages, folklores, etc.

Exhibit 37**Return**

1. It is necessary to **return** to the village and see how things are going.
2. Repeated visit helps in winning trust and thus ease the process of bringing about the behavioral change.
3. In the return visits you would be able to identify the problems (if any) faced by community/ family/ individual which may hamper the process of behavior change.
4. You should help the community in their thinking/ problem solving/ implementation process after during the repeated visits.
5. You should not do the things for them which they can/should do themselves. You should only play the role of facilitator and motivator.

VERBAL AND NON-VERBAL COMMUNICATION

Objectives

At the completion of the session, the participants would be able to:

- Demonstrate four ways of using encouraging non verbal communication

Method

Demonstration and discussion

Time

75 minutes

Material required

White Board, white board markers (or flip chart and flip chart markers),

Preparation

On day 1, Select 2 participants and brief them about the demonstration to be conducted for day 2 (Exhibit 40).

Learning aids

Astha film on IPC, Exhibit 38, 39 and 40 prepared on flip chart/slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participants on “what is non-verbal communication”.
3. Facilitate understanding of non-verbal communications among the participants. Summarize using Exhibit 38.
4. Ask the selected participants to do the demonstration.
5. After the selected participants have demonstrated the same, debrief the each of the demonstration so that participants identify the four types.
6. Discuss each of the four identified ways and explain the effect of each of the type of non-verbal communication.
7. Discuss which form of non-verbal communication hinders and which encourages.
8. Explain the four ways of using encouraging non-verbal communication. Use exhibit 9.
9. Summarize the session with the session objectives

Exhibit 38: Non-verbal communication**Non-verbal communication**

Showing your attitude through your

- Posture
- Expression
- Emotional response

Exhibit 39: Four ways of using encouraging non-verbal communication**Four ways of using encouraging non-verbal communication**

Posture: Keep your head level

Eye contact: Pay attention

Physical barriers: Remove barriers

Taking time: Don't rush

Exhibit 40: Demonstration for using non-verbal communication

The demonstration would be done by two selected participants. Inform the participants of the demonstration well in advance, which would be better if done on Day 1 with the demonstration being conducted on Day 2. Explain that they would be helping the other participants in the learning process and brief them about the demonstration.

One of the participants has to act as a mother (Rekha) and the other as the CMC visiting the mother. The CMC has to say about 4-5 lines to the mother like "Namaste, Rekha. How is the breastfeeding going for you and the baby? For each of the demonstration, the same lines have to repeated, and said in the same way.

1. Posture

The mother is sitting on the floor. The CMC keeps standing and talks.
The mother is sitting on the floor. The CMC sits and talks.

2. Eye Contact

The CMC looks the mother and talks.
The CMC looks away, does something else and talks.

3. Physical barriers

The CMC sits behind a table/chair and talks or keeps writing notes while talking.
The CMC removes the table/chair puts the notes down while talking.

4. Taking time

The CMC talks very fast, shows signs of impatience and looks at the watch.
The CMC takes time while talking.

EFFECTIVE LISTENING

Objectives

At the completion of the session, the participants would be able to:

- Describe effective listening

Method

Group Exercise

Time

60 minutes

Material required

White Board, white board markers (or flip chart and flip chart markers),

Learning aids

Exhibit 41, 42 and 43

Preparation

Reproduce the text given in exhibit 41 on a flip chart.

Process

1. Explain the purpose of the session
2. Ask all the participants to sit in a circle.
3. Call the participant in the circle and give him/her the message written on the paper. Give him a minute for reading the message. After the participant has read the message take the paper back and ask him to go back to the circle. The first participant has to then whisper the message to the second participant in the circle. The second then whispers to the third, third to fourth and so on till the last participant. Ask the last participant to write the message on the white board/ flip chart for all the participants to see. Ask all the participants to then take their respective seats
4. Ask for another 6 volunteers. Again ask them to sit in a circle. Call the first volunteer and give him ample time to read and understand the message. Ask him to go back and sit in the group. He has to whisper and message to the second volunteer. The second participant can whisper back questions and ask explanations from the first and has to repeat the message to the first volunteer. Repeat the process till the fifth volunteer. After the sixth volunteer has repeated the message to the fifth volunteer's ear, ask him to write the message on the white board/flip chart for all the participants to see.
5. Show exhibit 41 to show all the participants the original message.
6. Initiate discussion on why the message got distorted in the first instance while largely it remained intact in the second instance.
7. Lead the discussion to differentiate between hearing and listening. Use exhibit 42 and facilitate understanding of the listening process.
8. Initiate discussion among the participants on "What should one do for effective listening". List responses and discuss.
9. Lead the discussion and show exhibit 43 and facilitate shared understanding of means of effective listening.
10. Summarize the session with the session objectives.

Exhibit 41: Message

Yesterday the Naxalites have kidnapped the collector of Bareilly at 10 am in the morning. They have taken him to the forest and a meeting will be organized by the government tomorrow at 4 pm at Lucknow to discuss the situation, which will be headed by the home minister. The naxalites have demanded the release of their six comrades and given a deadline of 10 pm Friday.

Exhibit 42: Listening process**THE PROCESS OF LISTENING**

- Hearing
- Focusing on the message
- Comprehending and interpreting
- Analyzing and Evaluating
- Responding
- Remembering

Exhibit 43: Effective listening**EFFECTIVE LISTENING**

- Understand the complexities of listening
- Prepare to listen
- Establish eye contact with the speaker
- Focus on ideas or key points
- Admit your biases
- Accept responsibility for understanding
- Encourage others to talk
- Ask questions and seek explanations
- Take notes effectively
- Avoid negative mannerisms

ROLE OF CMC IN BCC MESSAGING FOR POLIO ERADICATION

Objectives

At the completion of the session, the participants would be able to:

- Describe the role of CMC in BCC for polio eradication

Method

Discussion

Time

60 minutes

Material required

White Board, white board markers (or flip chart and flip chart markers),

Learning aids

Exhibit 44 prepared on flip chart/slides

Process

1. Explain the purpose of the session
2. Initiate discussion among the participants on what is their role in BCC for polio eradication.
3. List responses and discuss each of the responses.
4. Using the responses, facilitate a shared understanding of the role of CMC in polio eradication.
5. Show exhibit 44 and discuss the results of the 2010 KAP study on role of CMC and discuss the importance of her role in polio eradication activities.
6. Summarize the session with the session objectives.

Exhibit 43: KAP study 2010 findings on role of CMC

- **CMCs are the most important HRA information source for Polio (78%), followed by Television (57%), Family Members (42%), Hoardings & Posters (32%), Vaccinators (29%) and AWWs (17%)**
- **95% of HRA parents reported that the CMC visited their household in the previous month**
- **CMCs also had very high ratings on Trustworthiness (97%) and Knowledgeability (93%)**
- **80% of HRA parents said the CMC informed them of polio round in advance**