

Polio "Plus"
Communication Training
For
Line managers of SMNet



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 10.00-11.00 Time: 60 minutes	One-way and two-way communication process	Lecture and exercise	White board, or flip chart and markers
Tea Break: 15 minutes			
Session 3 11.15-12.00 Time: 45 minutes	Barriers to communication	Exercise	White board, or flip chart and markers
Session 4 12.00-12.30 Time: 30 minutes	6 Ws of public speaking	Case study	White board, or flip chart and markers
Session 5 12.30-13.00 Time: 30 minutes	Demonstration for facilitating transfer of learning	Demonstration and discussion	White board, or flip chart and markers
Lunch: 60 minutes			
Session 6 14.00-14.30 Time: 30 minutes	Definition of Advocacy	Lecture and discussion	White board, or flip chart and markers
Session 7 14.30-16.00 Time: 90 minutes	9 steps for advocacy planning	Lecture and discussion	White board, or flip chart and markers
Tea Break: 15 minutes			
Session 7 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 this manual would include all those who will facilitate the training of Line Managers of the SMNet. Line Managers here would include Sub-Regional Coordinators, Sub-Regional Training Coordinators, District Mobilization Coordinators, District Underserved Coordinators and Block Mobilization Coordinators.

The manual is designed as a guideline for facilitators who would be training the Line Managers of SMNet. The manual is designed in a modular form and consists of five 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**, 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**, and Module V, **Advocacy**. In each of the modules, various aids have been provided on handling each session. 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 directly as developed or may be adapted so as to suit different target audiences.

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**
- **Learn how to plan an advocacy strategy**

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

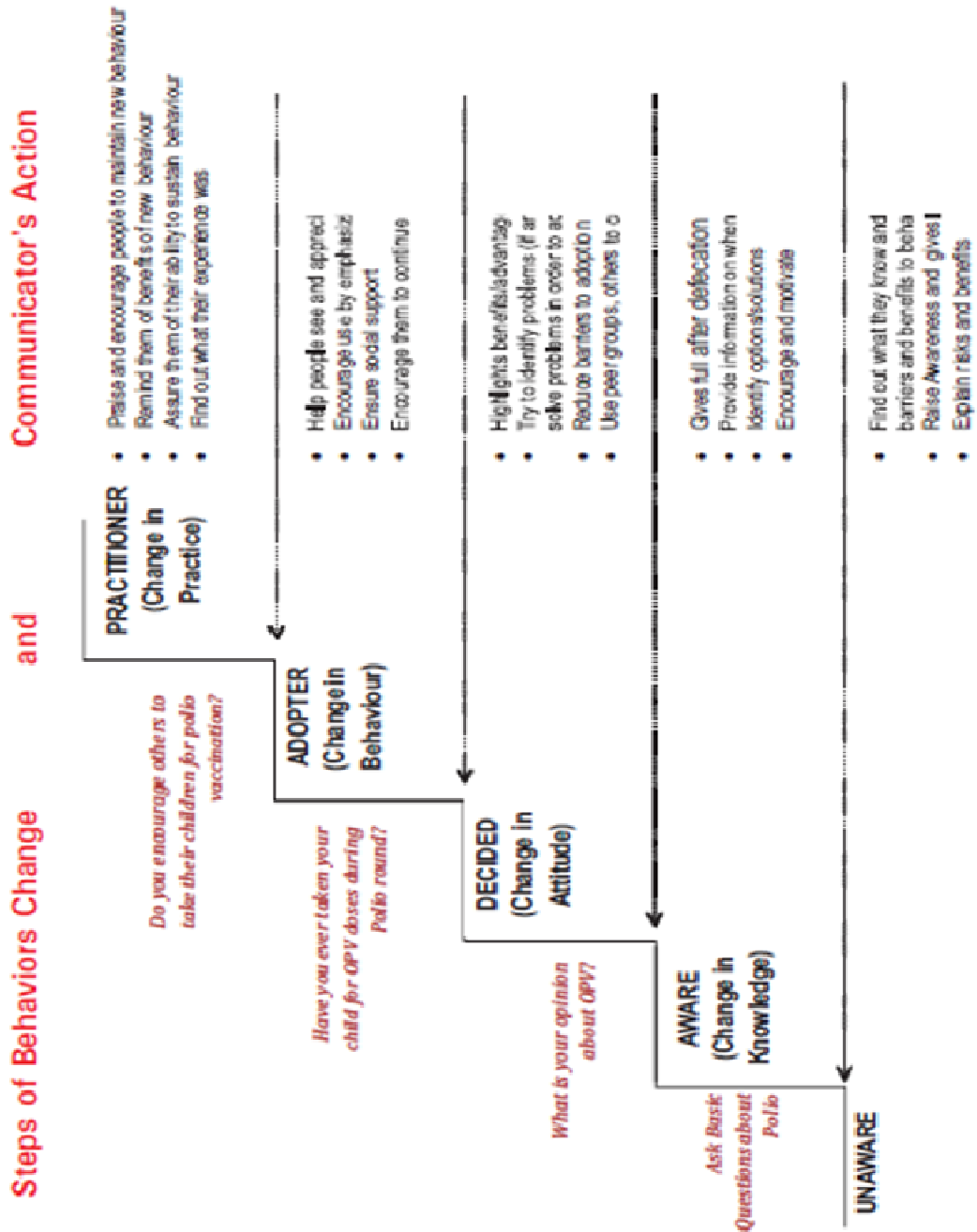
1. Explain the purpose of the session
2. Ask one participant to read out the case study.
3. Initiate the discussion among the participants "how the behaviour has changed".
4. Through discussion, delineate the stages of the change process.
5. Use Exhibit 2 to describe the stages of the process. Discuss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

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

TWO-WAY COMMUNICATION

Objective

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

- Distinguish between one-way and two-way communication

Method

Group Exercise

Time

60 minutes

Material required

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

Learning aids

Two copies of picture given in Exhibit 31 reproduced on a A4 size paper, Exhibit 31, 32 and 33 reproduced on flip chart/power point slides

Process

1. Do not explain the purpose of the session. Inform the participant that they would be doing a small exercise.
2. Ask for one volunteer. Sit the person with the back to the group.
3. Give the volunteer the sheet with the picture on it. No one else should be able to see the paper.
4. Tell the volunteer to explain verbally and give instructions to the group for drawing the picture. All the other participants draw the picture on their pads as told by the volunteer.
5. The volunteer is not allowed to turn around, gesture etc and the participants are not allowed to ask questions. The picture is drawn in silence. Also, the volunteer cannot repeat the instructions once given.
6. Ask for another volunteer and give the second copy of the picture. Ask the volunteer to face the group and give verbal instructions. He can use gestures and hand movements to explain the instructions and also the participants can ask for explanations. The volunteer may repeat instructions as many times also to clarify the doubts of the participants.
7. When the instructions are complete, show exhibit 31 and ask the participants to compare the two pictures drawn.
8. Initiate discussion among the participants, "Why were they not able to draw the picture in the first case and able to do so in the second case".
9. Lead the discussion to demonstrate the difference between one-way and two way communication. Use exhibit 32 and 33 to describe the difference.
10. Discuss the role of feedback and advantages of two-way communication.
11. Summarize the session with the session objectives.

Exhibit 31

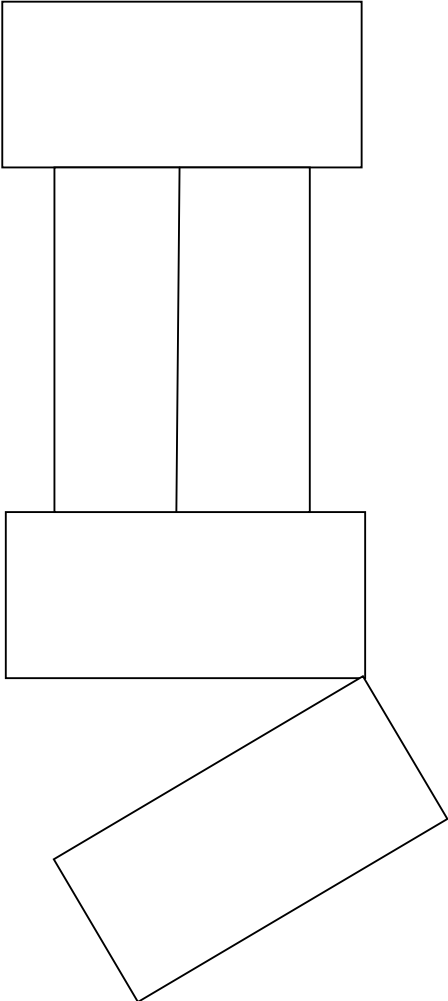


Exhibit 32: One way communication

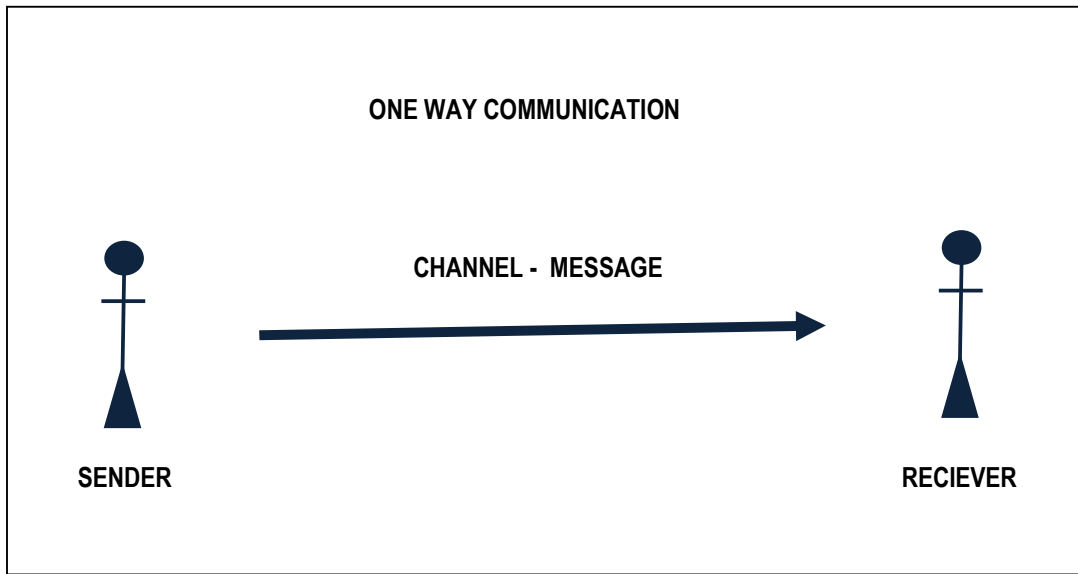
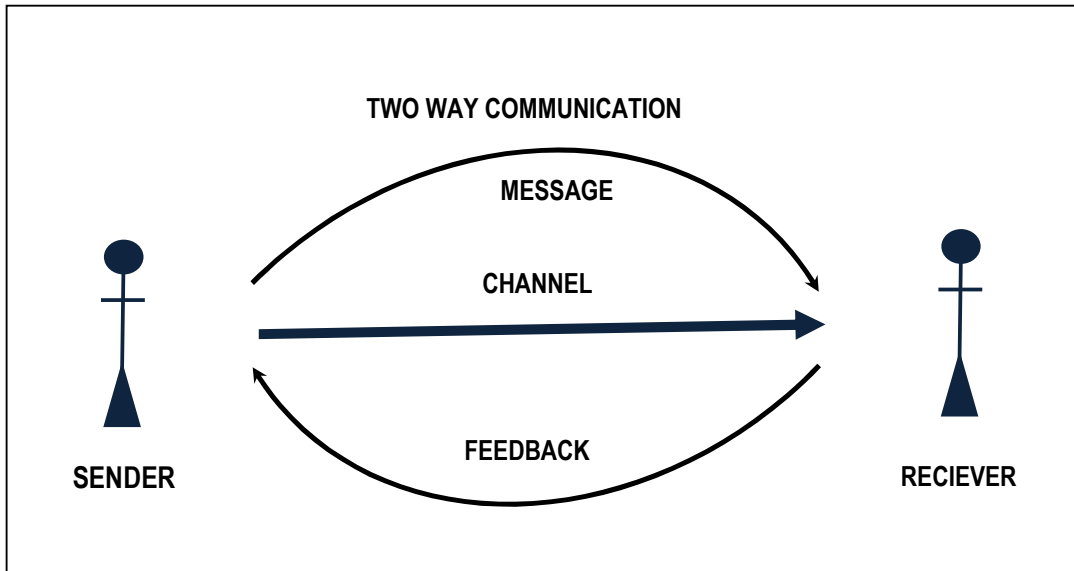


Exhibit 33: Two way communication



BARRIERS TO COMMUNICATION

Objective

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

- Describe barriers to communication

Method

Group Exercise

Time

45 minutes

Material required

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

Learning aids

The message in Annex 34 reproduced on a A4 size paper as well as a reproduced on Flip charts/power point slide. Exhibit 35 reproduced on flip chart/power point slides

Process

1. Do not explain the purpose of the session. Inform the participant that they would be doing a small exercise.
2. Ask for seven volunteers. Send the volunteers out of the room and ask them to wait.
3. Show the Exhibit 34 in the flipcharts/ power point slide to the participants so that they read the message. Remove exhibit.
4. Ask six participants to be the observers. Two of them would be observing additions to the message; another two would be observing removals from the message and last two would be observing the body language of the volunteers while passing on the message. Ask the remaining participants also to be observers and remain silent throughout the process.
5. Call one of the volunteers who have been standing outside. Give him/her the A4 sheet with the message. After he has understood the message, take back the sheet. Don't give much time to the volunteer.
6. Call the second volunteer to the room and ask the first to convey the message to the second volunteer. After the message is conveyed, the first volunteer goes back and sits at his/her place in the class.
7. Repeat the process, second conveying to third, third to fourth, till seventh. After the sixth has conveyed the message to the seventh, ask the seventh participant to write the message on a flip chart/white board. Again show exhibit 34 to all.
8. Initiate discussion on "why the intended message could not reach the last participant"
9. After discussing for a few minutes, ask the observers to share their observations.
10. Initiate discussion on "what are the reasons for communication going wrong". List the responses on the white board /flip chart. Lead the discussion to bring out various barriers to communication. Build on the discussion providing insights into other barriers in exhibit 35.
11. Show exhibit 35 and discuss each of the barriers, its effect on communication and ways to mitigate barriers.
12. Summarize the session with respect to session objectives.

Exhibit 34

The CMO has informed that there is a health camp to be organized in Hardoi on 12.10.2010 at 10.00 Am that happens to be the second Monday of the month. The District Collector has given his content for being the Chief Guest of the health camp. You have to ensure that all the arrangements are made at the camp and all the local doctors are invited to the camp. All the ASHA and ANM have to be present at the camp. The Health Secretary has informed that the Local MLA, who could also be the health minister, may also come to the camp. The Health Secretary is presently in Lucknow and the MLA would also be in Lucknow till 10.10.2010 and information about the MLA coming to the camp would be known on 11.10.2010 when the CMO meets the Health Secretary in Lucknow. The BDO would be taking care of the food arrangements for the guests and all the ASHA and ANMs have to reach the camp venue by 9.00 AM. The CMO would be coming and personally inspecting the preparation at 9.30 on 12.10.2010. You have to ensure that the ANM and ASHA prepare a welcome song for the guests to be sung at the camp inauguration. The BDO has to arrange for the bouquet for the guest.

Exhibit 35

Barriers	Effect of barrier on communication	Ways to mitigate barriers
Different assumption	If the message is not clear, there might be a possibility that the different people understand a particular thing in different ways.	You should try to give messages which are clear and specific, without use of abbreviations. Use appropriate words which are understood by the community
Different point of view	People do hold different opinions about the same subject because of their background, previous knowledge etc	You should appreciate and understand the opinion put forward by the receiver, so that he/she might not feel out of place. Try to see things from the other person's point of view and then deliver messages
Emotions	Strong feeling for a particular subject/ issue might induce subjectivity and hamper the reception of the message	While giving the message you should be sensitive about the feelings of community/family/ individual on the topic and accordingly deliver the message
Misunderstanding of Language	The message may get distorted if it is not provided in the language understood by the receptor	You should try to use local language and analogies as much as possible
Lack of attention	Message may not be transmitted properly if the receiver lacks attention	The messages to be communicated should not be too preachy. You should encourage questions to gain attention.

Barriers	Effect of barrier on communication	Ways to mitigate barriers
Poor clarity of speech	If the voice/speech of the sender of is not audible/clear then the messages may get distorted	Speak clearly and loud enough so that you can be heard well by the audience
Prejudice	If the sender has a preconceived notion about a subject, the message may get distorted	You should always have an open mind about the people with whom you are communicating
Conflicting body language	If the body language of the sender is not appropriate it might hamper the communication	You should always <ul style="list-style-type: none"> • maintain eye contact • keep your body posture upright • don't make negative expressions while interacting with the community
Sending discouraging feedback	If the receiver is not able to understand the message, then he/she would provide negative feedback, which breaks the communication loop	When you get this kind of feedback you should not get discouraged but rather think of alternatives to overcome the barrier.
Cultural difference	The message may not be communicated properly if the sender and receiver are from different cultural backgrounds	You should try to give the message in the same context as the receiver.
Lack of trust	If the receiver does not have trust on the sender then the message may not get transmitted	Before giving the message you should build a rapport with the receiver
Too much information	If the message is over loaded with information then receiver might not be able to comprehend and understand the message	Your message should be crisp and to the point. Break the information into shorter message
Use of difficult words	If the message contains technical terms then receiver might not comprehend the information.	Avoid using technical language. Use words/ terms locally understood by the community.

PUBLIC SPEAKING

Objective

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

- Describe six “Ws” of public speaking.

Method

Case study

Time

30 minutes

Material required

White board, white board, markers (or flip chart and flip chart markers), LCD projector Laptop, CD player and TV

Learning aids

Video case study A (ineffective public speaking), Exhibit 36, 37 and 38 reproduced on flip charts/ power point slides.

Process

1. Explain the purpose of the session
2. Show the video case study A.
3. Initiate discussion among the participants, “Was it an effective public speaking? Why or why not”. List the responses and discuss the shortcomings.
4. Initiate discussion to define public speaking. Show exhibit 36 and develop a shared understanding of ‘Public speaking’.
5. Lead the discussion further to bring out the ways of effective public speaking. Show exhibit 37 and discuss various points for effective public speaking.
6. Show exhibit 38 and discuss each of the points of 6 Ws of effective public speaking.
7. Refer participants to the results of the 2010 KAP study in their Resource Manual for a summary of the most important sources of communication in HRAs and for HRGs and discuss the implications of the findings.
8. Summarize the session with the session objective.

Exhibit 36: Public speaking

What is Public Speaking?

Public Speaking is speaking to a group of people in a structured manner with the intention to inform, influence, or entertain the audience.

Exhibit 37: Essentials of effective public speaking

- **Research a topic** – Good speakers stick to what they know. Great speakers research what they need to convey their message.
- **Focus** – Help your audience grasp your message by focusing on your message. Stories, humour, or other “sidebars” should connect to the core idea. Anything that doesn’t need to be there should be edited out.
- **Organize ideas logically** – A well-organized presentation can be absorbed with minimal mental strain. Bridging is key.
- **Employ quotations, facts, and statistics** – Don’t include these for the sake of including them, but do use them appropriately to complement your ideas.
- **Master metaphors** – Metaphors enhance the understandability of the message in a way that direct language often cannot.
- **Tell a story** – Everyone loves a story. Points wrapped up in a story are more memorable, too!
- **Start strong and close stronger** – The body of your presentation should be strong too, but your audience will remember your first and last words (if, indeed, they remember anything at all).
- **Incorporate humor** – Knowing when to use humor is essential. So is developing the comedic timing to deliver it with greatest effect.
- **Vary vocal pace, tone, and volume** – A monotone voice is sleep-inducing
- **Punctuate words with gestures** – Gestures should complement your words in harmony. Tell them how big the fish was, and show them with your arms.
- **Utilize 3-dimensional space** – Chaining yourself to the lectern limits the energy and passion you can exhibit. Lose the notes, and lose the chain.
- **Analyze the audience** – Deliver the message they want (or need) to hear.
- **Connect with the audience** – Eye contact is only the first step. Aim to have the audience conclude “This speaker is just like me!” The sooner, the better.
- **Interact with the audience** – Ask questions (and care about the answers). Solicit volunteers. Make your presentation a dialogue.
- **Obey time constraints** – Maybe you have 2 minutes. Maybe you have 45. Either way, customize your speech to fit the time allowed, and respect your audience by not going over time.
- **Craft an introduction** – Set the context and make sure the audience is ready to go, whether the introduction is for you or for someone else.
- **Exhibit confidence and poise** – These qualities are sometimes difficult for a speaker to attain, but easy for an audience to sense.
- **Act and speak ethically** – Since public speaking fears are so common, realize the tremendous power of influence that you hold. Use this power responsibly.

Exhibit 38: Six W's for effective public speaking

Who are you speaking to? What are their interests, pre-suppositions and values? What do they share in common with others; how are they unique?

What do you wish to communicate? One way of answering this question is to ask yourself about the 'success criteria'. How do you know if and when you have successfully communicated what you have in mind?

How can you best convey your message? Language is important here, as are the nonverbal cues. Choose your words and your nonverbal cues with your audience in mind. Plan a beginning, middle and end. If time and place allow, consider and prepare audio-visual aids.

When? Timing is important here. Develop a sense of timing, so that your contributions are seen and heard as relevant to the issue or matter at hand. There is a time to speak and a time to be silent. 'It's better to be silent than sing a bad tune.'

Where? What is the physical context of the communication in mind? You may have time to visit the room, for example, and rearrange the furniture. Check for availability and visibility if you are using audio or visual aids.

Why? In order to convert hearers into listeners, you need to know why they should listen to you - and tell them if necessary. What disposes them to listen? That implies that you know yourself why you are seeking to communicate - the value or worth or interest of what you are going to say.

DEMONSTRATION

Objective

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

- Describe the training method of demonstration

Method

Brain storming, lecture, demonstration and discussion

Time

30 minutes

Material required

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

Learning aids

Exhibit 39 and 40 reproduced on flip charts/ power point slides.

Process

1. Explain the purpose of the session
2. Initiate discussion among the participants on "What is demonstration". List the responses and discuss the responses.
3. Show exhibit 39 and develop a shared understanding of 'Demonstration'.
4. Explain the process using simple demonstrations like using a pen, using the LCD projector etc. Discuss "what are the things that you have to frequently demonstrate to your subordinates".
5. Initiate discussion among the participants, "what a trainer has to do to make the demonstration more effective?" List the responses and discuss the responses.
6. Show exhibit 40 and discuss means of making the demonstration more effective.
7. Summarize the session with the session objectives.

Exhibit 39: What is demonstration?

Demonstration is a Training method where:

The trainer, by actual performance,
shows the learner what to do and how to do it
and with his associated explanations
indicates why, when and where it is done.

(Glossary of training terms)

Uses: Showing correct/incorrect actions, procedures, etc.

Exhibit 40: How to make demonstration more effective?

- Learn the correct procedure.
- Break the procedure into small-small sequential steps.
- Show each of the step clearly, one at a time and explain.
- Discuss common errors/ mistakes and also demonstrate the same. Discuss the effects of the errors/mistakes.
- Conduct the demonstration 2-3 times to reinforce the process.
- Ask the learner to then demonstrate so that feedback is received on the learning.
- Troubleshoot if there are any problems.
- Give a checklist/flow chart of the process so as to help the learner in actually performing the task.

MODULE V: PLANNING AN ADVOCACY STRATEGY

ADVOCACY

Objective

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

- Describe Advocacy

Method

Brain storming, lecture and discussion

Time

30 minutes

Material required

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

Learning aids

Exhibit 41 and 42 reproduced on flip charts/ power point slides.

Process

1. Explain the purpose of the session
2. Initiate discussion among the participants on "What is Advocacy". List the responses and discuss the responses.
3. Show exhibit 41 and develop a shared understanding of 'Advocacy'.
4. Initiate discussion among the participants, 'what does advocacy involve and when is it used'?
5. List the responses and discuss the responses.
6. Show exhibit 42 and discuss various issues involved in advocacy and its usage.
7. Summarize the session with the session objectives.

Exhibit 41: Advocacy

Advocacy is the deliberate process of influencing decision-makers and their decisions to support, at scale, the fulfilment of children's rights. Advocacy initiatives influence those decisions and support their effective implementation and enforcement. Advocacy involves delivering evidence-based conclusions and recommendations through direct engagement with decision makers and/or those who influence them.

As defined by UNICEF, "advocacy is a means of seeking changes in governance, policies, attitudes, power, social relations, and institutional functioning. Its goal can be to promote human rights, social justice, a healthy environment, or to further the opportunities for democracy by promoting children and women's participation. Advocacy requires organizing and organization. It represents a set of strategic organized activities and actions that, at its most vibrant, will influence the policies, practices and decisions of others".

Exhibit 42

ADVOCACY CAN INVOLVE...	ESPECIALLY WHEN IT...
Awareness raising, communications and media promotion	Delivers persuasive, evidence based and solution oriented recommendations to decision makers and those who influence them
Communication for Behaviour Change	Creates an enabling environment for the effective implementation of policy changes to protect rights of children and women, as well as for voices to be heard at the highest level
Public Information and Communication	Enhances the organisation's image, visibility and position in public by promoting organisation's credibility and legitimacy as an advocate
Campaigning and Lobbying	Creates and mobilises public pressure to influence decision-makers to make changes in policy, practice or behaviour.
Social mobilization	Has the purpose of engaging society, especially the marginalised, as allies and partners in overcoming barriers and/or implementation/adoption of programmes to protect children and women

DEVELOPING AN ADVOCACY STRATEGY

Objective

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

- Explain 9 steps of developing advocacy strategy

Method

Brain storming, lecture and discussion

Time

90 minutes

Material required

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

Learning aids

Exhibit 43 to 52 reproduced on flip charts/ power point slides.

Process

1. Explain the purpose of the session
2. Initiate discussion among the participants on “what are steps for planning an advocacy strategy”.
3. List the responses and discuss the responses.
4. Facilitate shared understanding of the nine steps of developing an advocacy strategy. Use exhibit 43 for discussing the nine steps and illustrate with examples participants have used in past or are currently planning.
5. Discuss each step in detail. Use exhibit 44 to 52 for discussing each of the steps.
6. Summarize the session with the session objectives.

Exhibit 43:

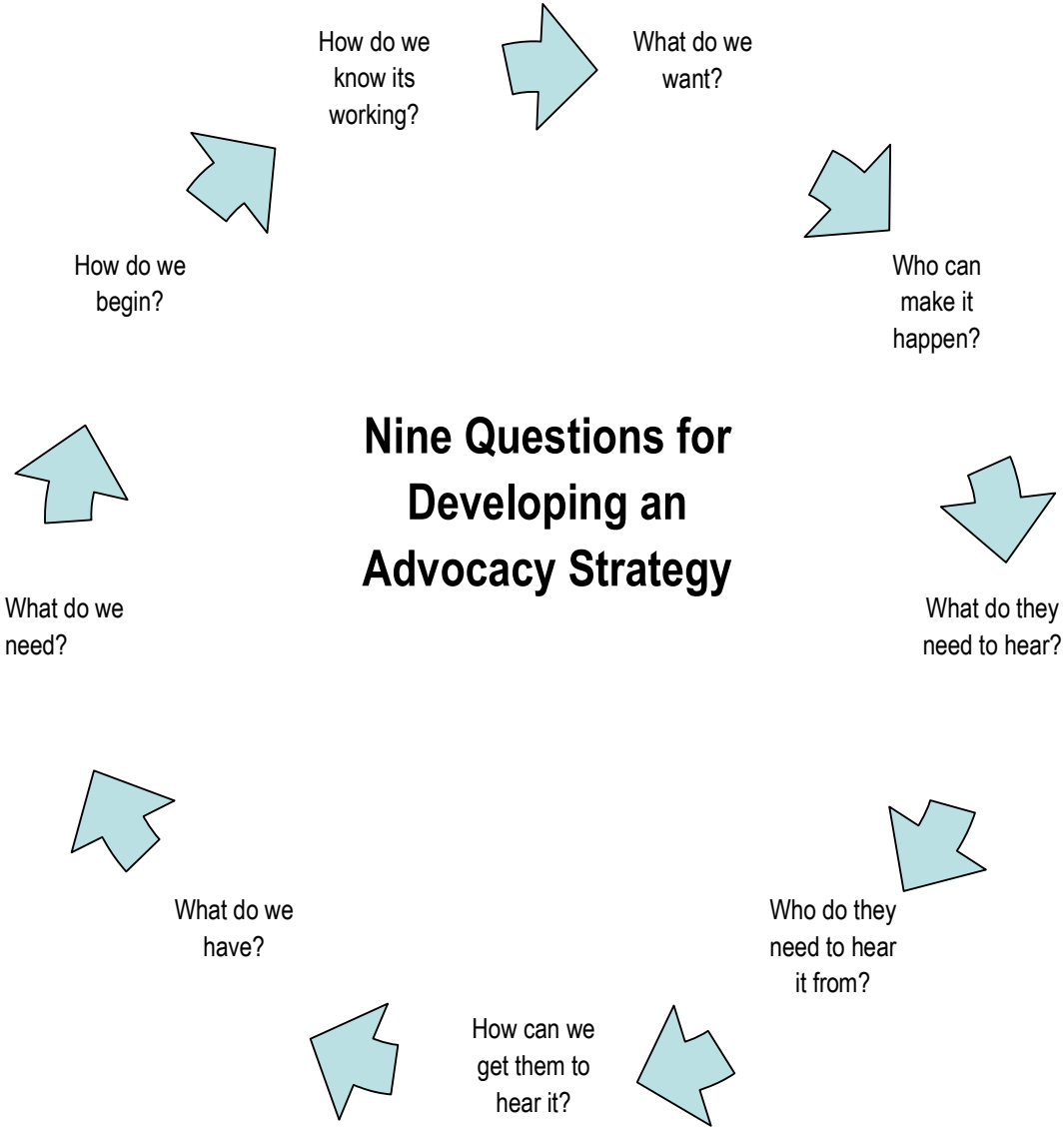


Exhibit 44

What do we want?

Any advocacy effort must begin with a sense of what we want to achieve. To answer this, we need to understand the problems, issues and solutions. Among the solutions (or results), some distinctions are important. What are the long-term goals and interim outcomes? What are the content outcomes (e.g. policy change) and what are the process outcomes (e.g. building a sense of community/trust among participants)? These goals and outcomes can be difficult to determine, but need to be defined at the start, in a way that can launch an effort, draw people to it, and sustain it over time.

To know what we want, involves:

- Analyzing the situation to identify possible areas for advocacy
- Choosing priorities for advocacy

Exhibit 45

Who can make it happen?

Once we have a sense of what we want, it is necessary to understand who are the people and institutions you need to move? This includes those who have the actual formal authority to deliver the goods (legislators for example). It also includes those who have the capacity to influence those with formal authority (i.e., the media and key constituencies, both allied and opposed). In both cases, an effective advocacy effort requires a clear sense of who these audiences are and what access or pressure points are available to move them.

Knowing who can make it happen involves:

- Identifying stakeholders to understand who is involved
- Identifying who has power to make the changes
- Understanding how they can make it happen

Exhibit 46

What do they need to hear?

Once we have a sense of who/what the target audiences are, reaching these different audiences requires crafting and framing a set of messages that will be persuasive. These messages must always be rooted in the same basic truth, but should be tailored differently to different audiences depending on what the audiences are ready to hear. In most cases, advocacy messages will have two basic components: an appeal to what is right and an appeal to the audience's self-interest.

Knowing what they need to hear involves:

- Developing evidence-based messages that are tailored towards target audiences

Exhibit 47

Who do they need to hear it from?

The same message can have a very different impact depending on who communicates it. Who are the most credible messengers for different audiences? In some cases, these messengers are “experts” whose credibility is largely technical. In other cases, we need to engage the “authentic voices,” those who can speak from personal experience. What do we need to do to equip these messengers, both in terms of information and to increase their comfort level as advocates?

Knowing who they need to hear it from involves:

- Mapping targets with influencers
- Strategically choosing messengers or communicators

Exhibit 48

How can we get them to hear it?

There are many ways to deliver an advocacy message. These can range from lobbying specific groups to wider campaigning. The most effective means can vary from situation to situation. The key is to evaluate them and apply them appropriately, weaving them together in a winning mix.

Getting them to hear it involves:

- Choosing appropriate mediums for message delivery
- Identifying opportunities in the decision-making process
- Lobbying and negotiating
- Working with the media
- Working with partners

Exhibit 49

What do we have?

An effective advocacy effort takes careful stock of the advocacy resources already there to be built upon. This includes past related advocacy work, alliances already in place, staff and other people's capacity, information and political intelligence. In short, you don't start from scratch, you start from building on what you've already got.

Knowing what we have involves:

- Taking stock of advocacy resources already in place that can be built upon

Exhibit 50

What do we need to develop?

After taking stock of the advocacy resources you have, the next step is to identify the advocacy resources you need that aren't there yet. This means looking at alliances that need to be built, and capacities such as outreach, media, and research, which are crucial to any effort.

Knowing what we need to develop involves:

- Identifying gaps in internal advocacy capacity to identifying gaps and develop ways to address them

Exhibit 51

How do we begin?

What is an effective way to begin to move the strategy forward? What are some potential interim outcomes that will bring the right people together, strategize about the larger work ahead, and create something achievable that lays the groundwork for reaching the advocacy goal?

Knowing how we begin involves:

- Setting goals and interim outcomes
- Developing and implementing an advocacy action plan

Exhibit 52

How do we tell if it's working?

As with any journey, needs to be continually checked along the way. It is important to be able to make course corrections and to discard elements of the strategy that are not working once they are put into practice. The question is answered by monitoring and carefully evaluating the results of each of the earlier eight questions (i.e., are we aiming at the right audiences; are we reaching them, etc).