Capacity Development and Learning Strategy for the Social Mobilization Network

2010-2013

I. Purpose

UNICEF India, in collaboration with key partners, has been implementing communication and social mobilization interventions to support the Polio Eradication Programme since 2001. The programme has developed a 2010-2013 communication strategy to accelerate and intensify its support to ensure polio is eradicated by 2013. The 2010-2013 SMNet Learning Strategy will serve as a mechanism to implement the communication strategy, and to ensure that each of the 5,000-plus Social Mobilization Network workers in Uttar Pradesh and Bihar have the necessary set of competencies, technical skills, and motivation to help eradicate Polio.

The expected outcomes of the SMNet Learning Strategy are the following:

1. To improve the performance and effectiveness of the SMNet staff.
2. To identify standardized learning tracks for each level of the SMNet.
3. To achieve a more consistent level of capability in each level of SMNet.
4. To identify key performance indicators for staff at each level of the SMNet.

To implement this learning strategy, the following products have been developed as tools:

- **Competency profiles for all SMNet positions:** Competency profiles have been described for each post, with behavioral indicators associated to each functional and technical competency. These indicators offer objective criteria against which staff can be assessed and can assess themselves. See Annex 1: Competency Profiles.

- **Terms of Reference for all the SMNet positions:** The TORs of each SMNet function have been updated and redefined in consultation with the field, adding or excluding tasks and responsibilities for a more accurate job description. See Annex 2: Revised TORs.

- **Performance Evaluation Reports:** Revised PER forms have been established based on revised TORs, and inputs from focus group discussions during the Learning Needs Assessment. See Annex 3: Revised PERs.

- **Learning Tracks:** Based on the Learning Needs Assessments, standardized learning tracks have been identified for each level of the SMNet, which should be

considered the capacity development benchmark for all staff. Progress should be assessed against these tracks.

II. Background

The Social Mobilisation Network (SMNet) was created in 2001 to reach out to families and mobilize them to immunise their children under 5 against polio. Today, the SMNet is composed of over 5,500 staff across the highest risk areas of Uttar Pradesh (U.P.) and Bihar.

The SMNet is designed as a four-tiered structure – at community, block, district and sub-regional levels -. At the frontline, the primary responsibility of Community Mobilization Coordinators (CMC) is to regularly visit households in their assigned area and conduct interpersonal communication (IPC) and counseling with caregivers, advising on ways to prevent polio and encouraging them to immunise their children. They also track expectant mothers and eligible children under 5 and maintain links with community leaders to build a network of support for polio immunization.

Block Mobilization Coordinators (BMC) train, supervise and support CMCs in the field. They are supported by Sub-Regional Training Coordinators in their training duty. BMCs are supervised by District Mobilization Coordinators, who in turn report to Sub-Regional Coordinators.

Since its beginning, the structure and composition of the SMNet has been evolving as new issues and needs emerged. The Polio Eradication Programme itself has progressed through different stages of development, and so have the competencies and capacity requirements of its frontline workers. Being now closer than ever to the goal of eradication, the UNICEF Communication Strategy 2010-2013 will focus on intensive implementation to ensure the achievement of the eradication goal, followed by maintenance and consolidation.

Naturally, the learning strategy for the SMNet must incorporate the developments of the Communication Strategy. It must contribute to its realization through a consistent capacity building system that prepares frontline staff to successfully face the challenges that will lead to polio eradication.

III. Scope

This Learning Strategy is aimed to all the staff composing the SMNet, as listed below:

In Uttar Pradesh:

- 10 Sub-Regional Coordinators
- 10 Sub-Regional Training Coordinators
- 55 District Mobilization Coordinators
- 20 District Underserved Coordinators
- 497 Block Mobilization Coordinators
- 4,165 Community Mobilization Coordinators

In Bihar:

- 9 Sub-Regional Coordinators
- 4 Sub-Regional Training Coordinators
- 38 District-level Mobilization Coordinators (Social Mobilization Coordinators / Additional-SMC / District Underserved Coordinators)
- 246 Block-level Mobilization Coordinators (BMC/BUC/Grid BMC)
- 486 Community Mobilization Coordinators

Total number of SMNet staff as of March 2010 was 5,562 people. This strategy will also extend to the Anganwadi workers (AWWs) primarily in Bihar, the front line workers of Integrated Child Development Services (ICDS), - a partner of UNICEF in the Polio Eradication Campaign. The number of AWWs UNICEF works with in Bihar is over 60,000.

IV. Current Situation Analysis of Capacity and Training in the SMNet

The Learning Needs Assessment carried out in 2009-2010 that feed into this Learning Strategy is the first assessment of its kind that has been done on the SMNet. It is difficult to gauge the historical spectrum of capacity development and investment that has occurred in the SMNet since its inception, but trainings and orientation sessions have been part of the programme since then.

The current capacity building system in the SMNet is based on three types of training:

a) Induction Training: All new staff receives an introductory 3.5-day orientation workshops at the time of joining the SMNet, - a group of 15 to 35 staff is usually required to organize this Induction Training. This is immediately followed by a 2-day Field Orientation (only 1 day in Bihar). The format of this training is common for all line managers (BMCs and above). It is facilitated by Programme Officers and other office staff from the Polio Programme in the State Office, staff from the SMNet (SRTC, DMC and DUC) and the sub-contracting agency. The Induction Training for new CMCs follows a similar format, specifically adapted to their level, followed by a Refresher after two Polio rounds.

b) Need-based training: SRTCs detect training needs based on their own observation (e.g. programme indicators suggest low performance, which may be related to a learning gap). SRTCs then, with the support from the state office, design specific training workshops to address emerging learning needs. Additionally, other training modules are designed and implemented whenever new tools or subjects are introduced in the programme, - such as Expanded Underserved Strategy.

c) On-the-job training: All staff at supervisory level must provide supportive supervision to their teams, which specifically involves on-the-job training. Supervisors generally arrange random visits to the field and directly observe the performance of the team member, providing immediate corrective feedback when needed.

IV.i. Current Situation in U.P.

Capacity in the SMNet is at a stage where revived investment in this area is critical. 70% of CMCs had incorrect or imprecise knowledge on polio messages, particularly low knowledge on why a child gets polio even after being vaccinated in every round, which has consistently come up as a question from communities. BMCs have even poorer knowledge in this area and on polio in general. On RI, CMCs are generally able to explain all the antigens required, but need more information on the side effects and how to manage AEFI. On messages related to diarrhea, hygiene, breastfeeding and safe motherhood, knowledge was largely incorrect. Behaviour change communication is clearly a priority area for learning in the most immediate phase of the new learning strategy.

There has clearly been a lot of work and energy that has gone into ensuring the SMNet has the skills and knowledge to undertake their functions. However, based on a desk review of current training materials, there is a lack of systematic **planning for learning priorities** that would enable the SMNet to focus developing a core set of skills. Line managers undertake 6 or 7 trainings in one year, sometimes on very specific issues, and it is likely that some training content can be combined into fewer, more comprehensive trainings, and supplemented by other learning activities as required. See Table of Current Training in U.P. at the end of this Section.

The only really systematic training provided to the staff is the introductory Orientation Workshop at the time of joining the SMNet. The rest of capacity building is provided as a reactive measure to an emerging need, - that is, performance gaps have to happen and then be detected in order to provide a solution.

Training implementation has been conducted to date by Training Coordinators, SRCs, DMCs and BMCs, meaning almost all levels of the SMNet have been expected to transfer knowledge and skills through training, which is a specialized skill, and not one they have all been recruited to do. In addition, the LNA has shown inconsistent levels of knowledge within the SMNet, with particularly weak knowledge at the BMC level. It is recommended that future training be conducted only by Training Coordinators, with other SMNet staff to be relieved of any training responsibilities, enabling them to focus on their core programmatic tasks, in addition to supportive supervision, management and coaching.

Trainings to date have not included a systematic and consistent **monitoring and evaluation process.** Some of the training modules include pre and post-tests, and some others request feedback from participants after conclusion, but there has also not been a formal process to assess the impact of learning and correlate the results of training activities with improved SMNet performance. SRTCs generally rely on random direct observation of the staff in the field to evaluate the impact of the training. Each Training Coordinator does it in his/her own way, with no validation of their findings.

Capacity building in the SMNet is based on training activities; it does not contemplate other structured learning approaches apart from the workshop format, - excepting on-the-job training and field orientation at the time of joining. The Learning Needs Assessment in U.P. proposed **alternative learning practices** to complement standard training modules (e.g., coaching and mentoring high-potential CMCs, or building a knowledge network). Formalizing this type of learning would require designing methodologies, specific objectives and assessment tools.

Training in U.P. since Dec. 2008

	STAFF CATEGORY					
	Sub-Regional Coordinator	Sub-Regional Training Coordinator	District Mobilization Coordinator	District Underserved Coordinator	Block Mobilization Coordinator	Community Mobilization Coordinator
Dec. 2008	Basic TOT	Basic TOT	Basic TOT for DMC/DUC/BMC (all sub-regions)	Basic TOT for DMC/DUC/BMC (all sub-regions)	Basic TOT for DMC/DUC/BMC (all sub-regions)	CMC Refresher Trainings
Jan. 2009						New CMC Induction
Feb. 2009						New CMC Induction
Mar. 2009						New CMC Induction
Abr. 2009						New CMC Induction
May. 2009						New CMC Induction
Jun. 2009	Management Trng.	Management Trng.			BMC Refresher (Agra SR)	New CMC Induction / Old CMC Refresher (A)
Jul. 2009	Orientation Expanded USS (all sub-regions) / RI TOT / State level Induction	Orientation Expanded USS (all sub-regions) / RI TOT / State level Induction	Orientation Expanded USS (all sub-regions) / State level Induction	Orientation Expanded USS (all sub-regions) / State level Induction	Orientation Expanded USS (all sub-regions) / State level Induction	New CMC Induction / Old CMC Refresher (B)
Aug. 2009			RI TOT (all sub-regions)	RI TOT (all sub-regions)	BMC and FV Orientation (on coordination) (D)	New CMC Induction
Sep. 2009						New CMC Induction
Oct. 2009		Zinc & ORS TOT (all sub-regions)			RI Training (all sub-regions)	New CMC Induction
Nov. 2009	New RI Format by NPSP (Moradabad district)	New RI Format by NPSP (Moradabad district)	New RI Format by NPSP (Moradabad district)	New RI Format by NPSP (Moradabad district)	New RI Format by NPSP (Moradabad district) / BMC RI Training € / CMC&BMC Orientation (Agra SR) / Data Workshop (Aligarh SR, Ghaziabad SR)	RI Refresher (half day on Payment day) All SRs / New CMC Induction / CMC&BMC Orientation (Agra SR) / Special CMC Refresher incl IPC & messages (Sitapur, LKN SR) / Old CMC Refresher (C)
Dec. 2009					Data Workshop (Bareilly, Moradabad, Agra, Meerut SRs)	
Jan. 2010						
Feb. 2010					Data Workshop (Lucknow, Kanpur SRs)	
Mar. 2010					Data Workshop (Varanasi, Allahabad and Gorakhpur SRs)	

IV.iii. Current Situation in Bihar

In spite of the earnest interest of the SMNet training team in Bihar in providing diverse refreshers to the staff as needs arise in different districts, the Learning Needs Assessment conducted in Bihar in 2010 demonstrated that the knowledge and skills of the SMNet staff in behavior change communication still needs much reinforcement. The LNA revealed that 68% of CMCs had incorrect or imprecise knowledge on **polio and RI** issues. At BMC level, only about 50% were able to deliver the right message on polio and RI. Like in U.P., the most difficult subjects for them to understand and explain were the concepts of why repeated vaccination is necessary (all CMCs and 75% BMCs failed on this question) and why a child gets polio even after being vaccinated in every round (66% CMCs and all BMCs failed this question).

Regarding messages on **convergent issues** (diarrhea, hygiene, breastfeeding and safe motherhood), the SMNet in Bihar has only received orientation on hygiene (hand washing and cleanliness) so far, but the message is not completely clear for 25% of the BMCs and 30% of the CMCs. Their knowledge on the rest of the topics is uneven among them and mostly imprecise. They are not required to incorporate the rest of the messages into their IPC yet, but they all request to receive additional training on convergent issues in order to improve their interaction with the community.

SRTCs are responsible for **detecting learning needs and plan training** activities accordingly, but they declare themselves unskilled in learning needs assessment and evaluation. Most Training Coordinators in Bihar come from previous postings within the SMNet and they have never received any training for Trainers. They plan training activities whenever they suspect faults in the performance if the staff, either by direct observation or through feedback from line managers. However, they acknowledge the **lack of a systematic approach** to this assessment. The lack of a Programme Officer-Training in Lucknow Office who is full-time committed to capacity development has also added stress to the process of planning and implementing training in the SMNet in Bihar.

A revision of the training activities delivered in Bihar during 2009 shows no consistency in the planning and allotment of training. Aside from Induction Orientation, there was **no training provided for line managers** beyond BMCs. Training activities were based on general need-based refreshers for BMCs, - delivered only in 4 sub-regions, - and CMCs, - only in 2 sub-regions. A Polio Refresher and a module on Underserved Strategies were conducted for BMCs and CMCs but only in one specific sub-region. See Table of Current Training in Bihar at the end of this section.

Refresher trainings are usually conducted by Training Coordinators along with SRCs, - plus the participation of DMCs if they are available. Some topics of the workshops rely on the presence of a technical expert (e.g. Officer from UNICEF's Health Section, for RI or Polio subjects) and in the absence of that expert, the topic might not be delivered at all.

Also like in U.P., there has been **no systematic record of training** materials (in soft-copy format), which makes it difficult and time consuming for Training Coordinators to access existing resources. Tracking of trainings delivered is also complicated since there is not a common centralized record system.

IV.iv. Training of Anganwadi Workers in Bihar

As detailed in the Learning Needs Assessment report of Bihar, AWWs share some of the learning gaps CMCs and BMCs have on behavior change messages on RI & polio, exclusive breastfeeding, safe motherhood, hygiene and diarrhea control. They generally have difficulty in explaining why repeated vaccination is necessary and why a child gets polio after being vaccinated in every round. Their knowledge on other polio and RI issues are normally not incorrect but not sufficiently structured. On exclusive breastfeeding, safe motherhood / newborn care, hygiene and diarrhea (including ORS) their knowledge is usually better than CMC's and BMC's, but still needs improvement and. Their skills in IPC are uneven since most veteran AWWs have received specific training on IPC more than one year ago, while newer AWWs haven't.

Orientation sessions are regularly delivered to all AWWs before Polio/SIA rounds; they are conducted by a BMC, - sometimes aided by an SRTC if present -, and a CDPO. Sometimes a Lady Supervisor (AWWs' supervisor) also participates. The length of the session is usually 2.5 to 3 hours. The agenda of the orientation is elaborated by BMC and CDPO together; it is the standard practice to base it on the list of tasks that AWWs must perform before, during and after the round. Some orientations go over specific BCC messages, but others just cover them briefly. Some include an initial recognition of those AWWs who excelled in the previous round and a revision of the individual cases of AWWs whose performance was poor (e.g. in bindi marking; data recording, etc.) or who didn't attend the first day of the round. The format of the agenda varies in specificity; some facilitators just write down a list of topics to cover while others include the content, duration and facilitator of each topic.

As for the methodology, some facilitators briefly explain the topic ask and ask questions to the whole group, which answers simultaneously. Some facilitators prefer to engage participants in role play, or randomly test participants on the topics delivered.

Recommendations for AWWs Orientation:

✓ Content: Should include BCC messages and individual quiz-questions to participants after the session, to evaluate their actual knowledge. IPC techniques should be included in the orientation.

- ✓ Agenda: Standardize the agenda format and contents (local issues apart), including detailed topics, duration and facilitators. A standardized agenda would be a useful guideline for those BMCs / CDPOs less skilled in elaborating contents, and it helps to ensure all relevant topics are covered.

- ✓ Methodology: The frequent use of role play and individual demonstrations keeps the attention of the participants and contribute to identify gaps that might otherwise go unnoticed in the crowd.

- ✓ Tracking excellent/poor performers: encouraging last round's poor performers to participate and perform a demonstration of the task in which they need to improve (e.g. bindi marking, newborn register, etc.) is a good practice since it targets specific AWWs that otherwise might go on making mistakes unnoticed.

- ✓ Feedback: Facilitators should encourage individual feedback from participants more frequently, not only at the end of the session but also after each topic is discussed.

- ✓ Motivation: Some CDPOs use the orientation as an opportunity to motivate the AWWs by recognizing and appreciating the importance of their work, which is a positive practice.

Training Bihar since Dec. 2008

	STAFF CATEGORY							
	Sub-Regional Coordinator	Sub-Regional Training Coordinator	Social Mobilization Coordinator	District Underserved Coordinator	Block Mobilization Coordinator	Block Underserved Coordinator	Community Mobilization Coordinator	US-Community Mobilization Coordinator
Oct.-Dec 08						Comm.&IPC (Patna SR)	Comm.&IPC (Patna SR)	
Jan. 2009					USS (Patna District)	USS (Patna District)	USS (Patna District)	
Feb. 2009							Training in Comm/IPC/Formats (Refresher?) (only Supaul +Saharsa Districts?	Training in Comm/IPC/Formats (Refresher?) (only Supaul +Saharsa Districts?
Mar. 2009								
Apr. 2009								
May. 2009					BMC/BUC Training (Comm,IPC etc) Muzaffarpur SR	BMC/BUC Training (Comm,IPC etc) Muzaffarpur SR	Training in Comm/IPC/Formats (Refresher?) only Khagaria + Saharsa Districts?	Training in Comm/IPC/Formats. (Refresher?) only Khagaria + Saharsa Districts?
Jun. 2009								
Jul. 2009			Polio Refresher *(training for BUCs)* (Patna SR)		Polio Refresher (Patna SR)	Polio Refresher (Patna SR)	Polio Refresher (Patna SR)	
Aug. 2009								
Sep. 2009								
Oct. 2009	Induction Training-I (Patna SR)	Induction Training-I (Patna SR)	Induction Training-I (Patna SR)	Induction Training-I (Patna SR)	Induction Training-I (Patna SR)	Induction Training-I (Patna SR)	Induction Training-I (Patna SR)	
Nov. 2009	Induction Training-II (Patna SR)	Induction Training-II (Patna SR)	Induction Training-II (Patna SR)	Induction Training-II (Patna SR)	Induction Training-II (Patna SR)	Induction Training-II (Patna SR)	Induction Training-II (Patna SR)	US-CMC Training (Refresher?) (Khagaria SR: Saharsa SR?)
Dec. 2009					BMC/BUC Refresher Training (Role, Formats, IPC,Mtngs) Khagaria SR	BMC/BUC Refresher Training (Role, Formats, IPC,Mtngs) Khagaria SR		US-CMC Training (Refresher?) (Saharsa SR)
Jan. 2010							CMC Refresher 1st batch (Khagaria SR)	
Feb. 2010					BMC Refresher (Muzaffarpur SR) *some SMCs attended*		CMC Refresher 2nd batch (Khagaria SR)	
Mar. 2010								

Learning Strategy SMNet
16/08/2010

VI. Principles of the Learning Strategy

VI.i. 2010-2013 Strategy

Polio Programme Objectives for 2010-2013 are as follows:

- Sustain and increase high levels of <u>community and political ownership</u> of the Polio Eradication Programme.
- Reduce the proportion of <u>missed children</u> in SMNet High risk areas, particularly those <u>from the highest risk groups</u> of underserved minority Muslims, nomads, slum-dwellers, brick kiln and construction workers
- Facilitate interruption of transmission by <u>promoting Routine Immunization</u>, exclusive breastfeeding, and the management of acute diarrhoea

Competency Profiles and Terms of Reference for each level of the SMNet are required to achieve these objectives are attached as in Annex 1. Training shall be designed based upon the skills identified in the competency profiles and TORs.

Based on the Learning Needs Assessment, which reviewed current capacities and gaps, **priority learning areas for all posts** have been identified as the following:

- Behaviour Change Messages
- Leading and Supervising
- Evidence Based Planning
- Communication and Advocacy skills
- Understanding the role of partners

All learning content should be developed by a professional organization experienced in applying effective adult learning methodologies to course content, and in monitoring and assessing the impact of learning activities. Methodologies should be mixed to ensure sufficient interaction between facilitators and trainers; case studies should be adapted to the environment and level of the learner, and resource materials should be distributed to complement each training for participants to refer back when required.

Training should be implemented by professional Training Coordinators in the field. SRTCs, DMCs and BMCs should not be expected to deliver training as this adds an unnecessary burden to their increasing workload, and cannot lead to consistent levels of training given the lack of time and resource investment possible to ensure each SMNet worker is also a skilled facilitator.

Additional Training Coordinators shall be recruited to adequately cover all the training courses to be offered, and they should be provided with TOTs in all learning programmes. The professional company/ies hired to design and deliver the TOTs should monitor these Training Coordinators for an initial period of time and coach them as Master Trainers to ensure maintenance of quality.

Management Training shall be directly implemented by a professional organization and programme resource people as this is for a distinct group of 50-60 SRCs and DMCs, and should be pitched at a senior level and directly delivered by an institution.

All training provided should be based on the learning tracks identified in Section VIII or based on an emerging programme or other need, but must be documented in the PERs, with learning objectives articulated.

Monitoring and Assessment

- Learning needs assessments need to be done periodically and built into TOTs so that Training Coordinators can conduct them.
- Training Coordinators shall be responsible for developing Training Plans based on the Learning Tracks, and shall report quarterly on the progress against the plan.

Evaluate the impact of the learning and training. Specific, evidence-based performance indicators should be used as a measurement of effectiveness and progress against learning objectives. Learning outcomes can be objectively assessed through specific tools as indicated in section IX.

VI.ii. Learning must lead to behavior change

Learning leads to enhanced knowledge of skills that should ultimately result in behavior change. However, the step between learning and behavior change is not always taken by the staff, which makes training and learning eventually unproductive. Network managers should promote and sustain change in the long term by encouraging and reinforcing learning and subsequent behavior change.

The mechanisms listed below are proposed as a means to reinforce learning and behavior change, as well as to encourage accountability and motivation among the staff.

a) Public recognition. This is the most frequent reward used by supervisors in the SMNet. During review meetings, the supervisor publicly acknowledges and

praises the achievements of the staff member. The rest of the team gives a round of applause. At CMC level, supervisor often use symbolic prizes, such as a paper crown, to reward those CMCs who have demonstrated outstanding performance. Such rewards are generally appreciated by the staff, particularly at CMC level where education requirements are the lowest in the network. At higher levels, however, these rewards alone have a limited impact on the staff since they have been in use for a long time.

b) Accreditation for the completion of learning/training. Simple written evidence that the staff member has successfully completed a training module (and passed post-test) can be a motivating factor.

c) Performance Evaluation Reports. Effective use of the PER system should include specific and objective comments on the individual's progression as a consequence of learning. Supervisors must show that they are aware of this progression.

d) Promotions. Learning and training must not necessarily lead to promotion, and promotion expectations should not be gratuitously raised among the staff. However, it would be fair for a supervisor to encourage a staff member to apply for a promotion, and to give positive references to the recruiter based on the staff's performance consequent to learning and behavior change.

e) Backstopping / Job Shadowing. Without excluding the possibility of a promotion, there are ways of rewarding and reinforcing staff members who have demonstrated outstanding performance as a result of learning. For example, a BMC could delegate the task of on-the-job supporting a new CMC to another veteran CMC who has demonstrated an exceptional performance and has shown interest in applying for the post of BMC in the future. In this case, this CMC would be backstopping his BMC and developing supervisory skills at the same time. Similarly, a DMC/SMC who has excelled in communication or training skills could be encouraged to help his/her SRTC in designing or delivering a workshop on such skills. There are other examples of job shadowing already happening in the SMNet, such as DMCs/SMCs who have been included by their supervisors in higher level partners' coordination meetings so they can attain a broader perspective on the programme.

On the other hand, managers should also be aware of external factors that may act as constraints to reach the desired outcome. In spite of the learning accomplished and the consequent behavior change displayed, environmental factors such as influencers' attitudes or government policies may still hinder the consecution of the desired goal.

VI.iii *Learning* versus *training*

For the description of this learning strategy we will use the term *learning* rather than *training*, assuming that *training* implies a passive attitude, - training is done to the employee by the organization, while during *learning* the individual plays an active role in the act of acquiring knowledge or skills. In fact this active role begins at the learning needs assessment stage. Thus, the organization is not the only one accountable; the individual also becomes accountable for participating actively in the process of learning.

Another connotation of the term training is that of a classroom training course, while learning goes beyond standardized practices and looks into alternative methodologies such as mentoring, backstopping, job shadowing, exposure visits, sharing knowledge and others.

VII. Assumptions

The learning strategy is formulated under the following assumptions:

a) A better way of assessing the impact of learning and training is necessary. The programme has provided training to the SMNet staff and has developed extensive monitoring to ensure they are performing their tasks effectively in order to reach programme objectives. Tracking of the training delivered is currently being practiced to some extent (number of trainees, number of workshops, pre and post-tests, etc.) and quantitative performance indicators are checked after the trainings. However, there should be a more a systematic and methodical way of measuring the success of this capacity building approach in terms of performance quality and validating learning against the specific skills and behaviors required for the SMNet staff.

b) Systematic Management Training is needed for all staff performing supportive supervision, - SRC, SRTC, DMC, DUC and BMC levels. The BMC particularly is the weakest link of the SMNet in terms of supervisory and managerial capacity. They directly supervise and the CMCs, whose role constitutes the foundation of the SMNet. Failure in effective supportive supervision leads to under-performance and low motivation among the CMC team.

c) The issues generated by the gender imbalance already existing in the SMNet can be addressed through learning. Gender imbalance is a characteristic of the SMNet due to the nature of the role of CMCs and their acceptance by the community. At higher hierarchical levels this imbalance is only justified by the lack of suitable female candidates. Including learning on Gender Sensitization and on identifying and coaching high-potential candidates (especially at CMC level) in the Management Training should lead to a more gender-balanced team.

d) Learning and training can contribute to greater retention, promotion and motivation among the staff of the SMNet. Supervisors should be equipped with skills to effectively motivate their teams and retain and develop staff, - especially outstanding performers. These topics should be included in the Management Training for all Supervisors.

VIII. Proposed Learning Tracks for the SMNet

In order to systematize learning in the SMNet, specific tracks are suggested for each level of staff, based on the learning priorities resulting from the Learning Needs Assessments conducted in U.P. and Bihar and from the overall goals of the SMNet.
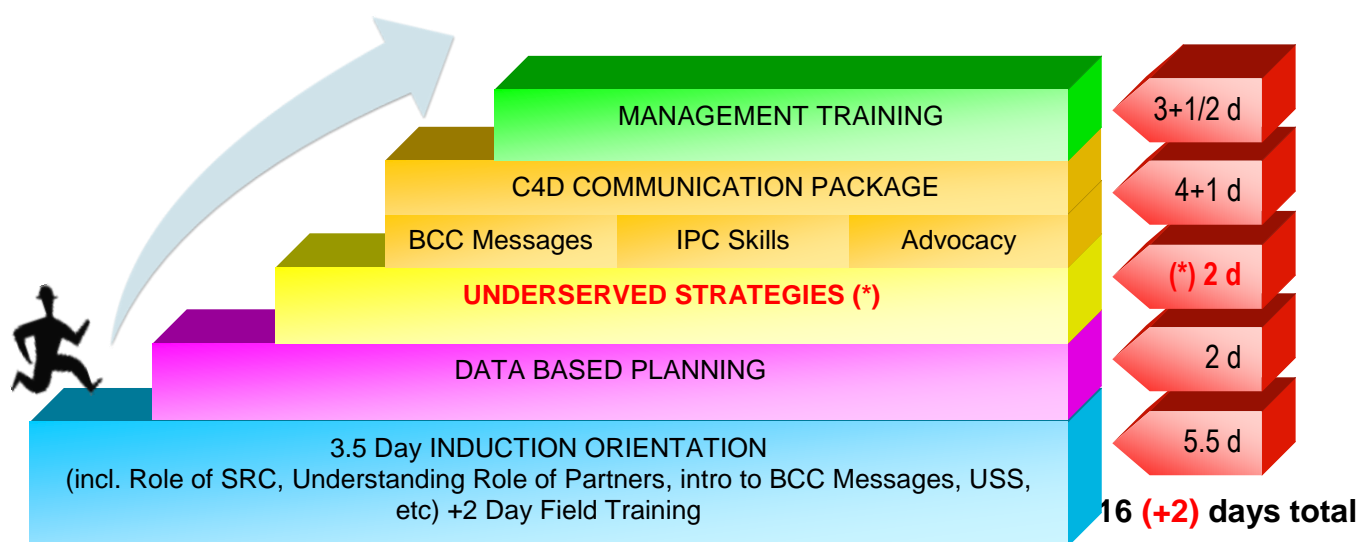
The illustrations below illustrate suggested "learning packages" for each post of the SMNet. This model proposes learning as blocks that should be completed by the staff during the approved training period, as opposed to the current practice of organizing workshops whenever a gap is detected among the staff in a particular district or sub-region. This learning blocks model also implies a more rational manner of organizing and allocating the training, since it brings together related subjects under one common broader theme. This should allow the staff to better assimilate and establish the connection between related topics, such as IPC skills and BCC messages.

- Induction Training, which includes the Field Orientation session, is at the base of the learning blocks of every post. This orientation should preserve its broad scope in order to familiarize the staff with their own roles and responsibilities in the framework of the polio eradication programme and the SMNet goals and activities. Understanding the Role of Partners is proposed here as a new addition to the orientation.

- In the next level, Communication Training has been reformulated as package that comprises the core competencies necessary across all staff levels: Advocacy, Interpersonal Communication (IPC) and Behavior Change Communication (BCC), which will include under its scope training on Routine Immunization, Polio, Exclusive Breastfeeding, Mother and Newborn Care, Hygiene and Acute Diarrhea Control.

- Specific Training on Underserved Strategies has been maintained as a separate training activity for all posts down to BMC level. Not yet agreed whether USS will be delivered as a separate workshop only for DUCs, and included as a module in the C4D Communication Package for the rest of the staff, - or as a separate workshop for all staff levels (*).
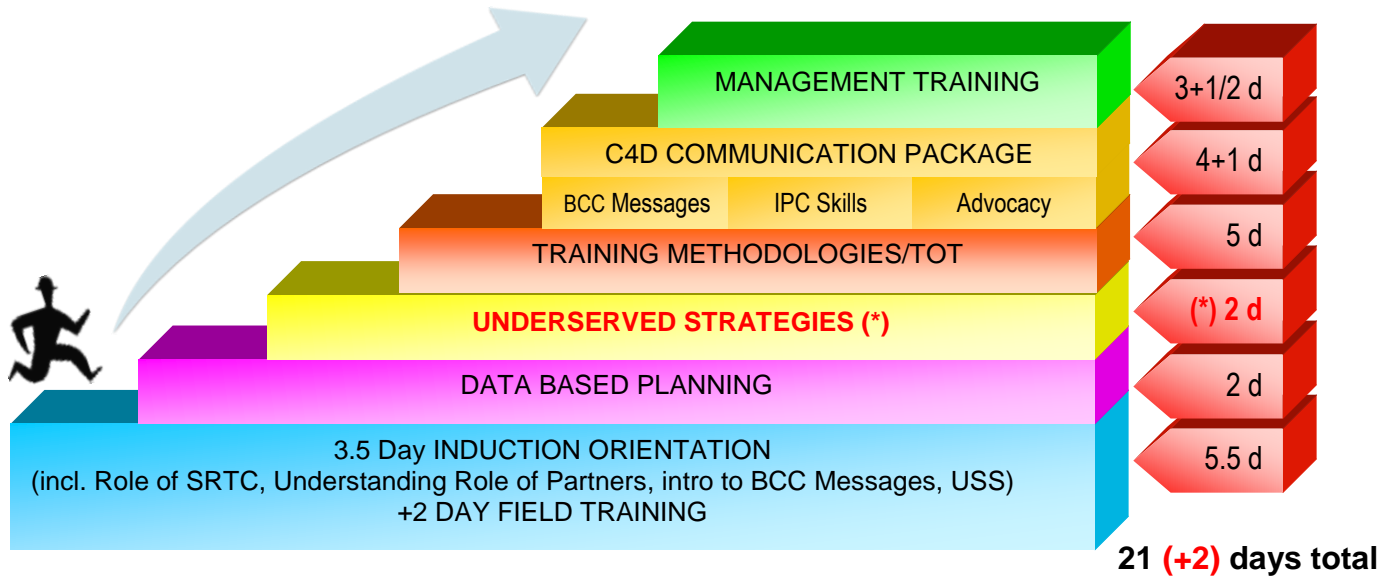
- Training on Data-based Planning on Interventions, - that was recently incorporated to BMCs training schedule in U.P, - is proposed for all posts down to BMC level.

- Specific Training Methodologies will be part of the learning track for SRTCs, as it has been identified as a priority in the learning needs assessment.

- Training of Trainers is recommended for BMC level in order to enhance their skills to deliver effective orientation for CMCs and AWWs.

- A new Management Training package should be incorporated for all supervisors down to district level. This new improved training initiative will replace the previous management workshop delivered to SRCs and SRTCs in U.P. alone, and will take in enhanced methodologies.

- Additional learning methodologies, such as on-the-job training (supportive supervision), knowledge networks, job shadowing, backstopping and individual coaching for high-performing staff at CMC level, are recommended as support systems of this learning model.

1) **SRC Learning Blocks**

MANAGEMENT TRAINING	3+1/2 d
C4D COMMUNICATION PACKAGE	4+1 d
BCC Messages / IPC Skills / Advocacy — UNDERSERVED STRATEGIES (*)	(*) 2 d
DATA BASED PLANNING	2 d
3.5 Day INDUCTION ORIENTATION (incl. Role of SRC, Understanding Role of Partners, intro to BCC Messages, USS, etc) +2 Day Field Training	5.5 d

16 (+2) days total

2) SRTC Learning Blocks

Block	Days
MANAGEMENT TRAINING	3+1/2 d
C4D COMMUNICATION PACKAGE	4+1 d
BCC Messages — IPC Skills — Advocacy	
TRAINING METHODOLOGIES/TOT	5 d
UNDERSERVED STRATEGIES (*)	(*) 2 d
DATA BASED PLANNING	2 d
3.5 Day INDUCTION ORIENTATION (incl. Role of SRTC, Understanding Role of Partners, intro to BCC Messages, USS) +2 DAY FIELD TRAINING	5.5 d

21 (+2) days total

3) DMC/SMC Learning Blocks

Block	Days
MANAGEMENT TRAINING	3+1/2 d
C4D COMMUNICATION PACKAGE	4+1 d
BCC Messages — IPC Skills — Advocacy	
UNDERSERVED STRATEGIES (*)	(*) 2 d
DATA BASED PLANNING	2 d
3.5 Day INDUCTION ORIENTATION (incl. Role of DMC/SMC, Understanding Role of Partners, intro to BCC Messages, USS, etc) +2 DAY FIELD TRAINING	5.5 d

16 (+2) days total

4) DUC Learning Blocks

Block	Days
MANAGEMENT TRAINING	3+1/2 d
C4D COMMUNICATION PACKAGE	4+1 d
BCC Messages / IPC Skills / Advocacy — UNDERSERVED STRATEGIES	2 d
DATA BASED PLANNING	2 d
3.5 Day INDUCTION ORIENTATION (incl. Role of DUC, Understanding Role of Partners, intro to BCC Messages, USS, etc) +2 DAY FIELD TRAINING	5.5 d

18 days total

5) BMC Level Learning Blocks

Block	Days
C4D COMMUNICATION PACKAGE	3+1 d
BCC Messages / IPC Skills / Advocacy — UNDERSERVED STRATEGIES (*)	(*) 2 d
DATA BASED PLANNING	1 d
3.5 Day INDUCTION ORIENTATION (incl. Role of BMC, Understanding Role of Partners, intro to BCC Messages, USS, etc) +2 DAY FIELD TRAINING	5.5 d

10.5 (+2) days total

6) CMC Learning Blocks

Individual coaching for
high-potential CMCs

C4D COMMUNICATION PACKAGE

BCC Messages   IPC Skills   Advocacy

Post round refresher

3 Day INDUCTION ORIENTATION
(incl. Role of CMC, Understanding Role of Partners, intro to BCC Messages, USS, etc)
+1 DAY FIELD TRAINING

On the job

3+1 d

2 d

4 d

10 days total

The table below shows the sequence of mandatory training activities for new staff at each level. The column on the right shows the total number of training days, including Induction & Field Orientation.

List of Trainings for new SMNet staff										Total days
SRC	Induction & Field Orientation		Data-based Planning	(Underserved Strategies)		Communication Pack.Training	Management Training	Comm. Trng Follow-up	Mgnt Trng Follow-up	
# Days	3.5 + 2		2	2		4	3	1	0.5	**16 (+2)**
SRTC	Induction & Field Orientation		Data-based Planning	(Underserved Strategies)	Training Methodologies	Communication Pack.Training	Management Training	Comm. Trng Follow-up	Mgnt Trng Follow-up	
# Days	3.5 + 2		2	2	5	4	3	1	0.5	**21 (+2)**
DMC	Induction & Field Orientation		Data-based Planning	(Underserved Strategies)		Communication Pack.Training	Management Training	Comm. Trng Follow-up	Mgnt Trng Follow-up	
# Days	3.5 + 2		2	2		4	3	1	0.5	**16 (+2)**
DUC	Induction & Field Orientation		Data-based Planning	Underserved Strategies		Communication Pack.Training	Management Training	Comm. Trng Follow-up	Mgnt Trng Follow-up	
# Days	3.5 + 2		2	2		4	3	1	0.5	**18**
BMC	Induction & Field Orientation		Data-based Planning	(Underserved Strategies)		Communication Pack.Training		Comm. Trng Follow-up		
# Days	3.5 + 2		1	2		3		1		**10.5 (+2)**
CMC	Induction & Field Orientation	Post-2 round Refresher				Communication Pack.Training		Comm. Trng Follow-up		
# Days	3 + 1	2				3		1		**10**

Note: Final number of days may vary depending on the decision on the training on Underserved Strategies, - if delivered as a module within the C4D Communication Package or as a separate workshop.

IX. Learning Objectives, Outcomes and Indicators

The following table provides a list of the learning activities proposed across the levels of staff of the SMNet, along with the related overall goals of the SMNet. Specific learning objectives are described for each activity, as well as specific measurable indicators. The last column recommends tools for evaluation the learning objectively and measurably.

Post	Learning Activity	Related SMNet Goal	Learning Objectives	Specific Results Indicator	Impact Assessment
SRC **SRTC** **DMC** **DUC** **BMC**	**INDUCTION-ORIENTATION TRAINING** 3.5 Days	*To ensure the SMNet staff is adequately trained in order to perform their work at the quality standard described in their competency profiles*	- Acquire knowledge on UNICEF, SMNet and Polio Eradication Program, Epidemiology and Routine Immunization, BCC, USS and IEC, Mobilization Activities, Recording, Reporting, Monitoring and Documentation, HR and Financial Guidelines. - Understand the specific tasks and responsibilities of their respective posts - Acquire specific Understanding of the Role of Partners	- Able to identify and explanation of the different elements of the Programme.	- Quiz tests during the orientation. - Focus group interviews to assess retention at the end of the orientation. - Pre/Post-test.
	FIELD ORIENTATION 2 Days		- Understand specific tasks and responsibilities of their respective posts. - Identify colleagues, partners and Gov't counterparts in their respective areas.	- Identification of partners and counterparts.	- Focus group interviews to assess understanding at the end of the orientation. - Direct observation of posterior action in the field.

Post	Learning Activity	Related SMNet Goal	Learning Objectives	Specific Results Indicator	Impact Assessment
SRC **SRTC** **DMC** **DUC** **BMC**	**UNDERSERVED STRATEGY**	*Reduce the proportion of children missed out within the highest risk groups of nomads, slum-dwellers, brick kiln and construction workers.*	- Enhanced understanding of the characteristics and need if HRGs. - Adapt strategy to approach these groups.	- Number of Underserved groups located and tracked. - IEC material specifically designed for these groups. - Indicators of success of interventions specifically for these groups. E.g.: reduction of proportion of children missed out.	- Pre and Post-Tests - Survey / focus group interviews - After some time: direct observation of interaction with USS groups: quality and specificity of messages delivered.
	DATA-BASED INTERPRETATION AND PLANNING OF INTERVENTIONS	*To ensure effective evidence-based planning of interventions* *Communication indicators should be available in a user-friendly format and reviewed in order to identify communication bottlenecks and plan the most relevant and targeted communication activities for the next round*	- Enhanced capability to analyze field data. - Enhanced capability to interpret key indicators and plan local communication strategies accordingly. - Acquire practical knowledge of results-based management (RBM) planning matrix.	- Staff is able to interpret data correctly and use it to plan specific interventions - Supervisors are able to support their teams in planning effective interventions based on evidence - Participants attain a broad vision of the programme at their respective geographical level	- Demonstration after the training: presentation of case studies, group analysis of plans. - Direct observation on the job: analysis of the success of the specific intervention planned.

Post	Learning Activity	Related SMNet Goal	Learning Objectives	Specific Results Indicator	Impact Assessment
SRC **SRTC** **DMC** **DUC**	**MANAGEMENT TRAINING**	*To ensure high quality of performance and motivation of the SMNet teams through supportive supervision and team management*	- Enhanced Management skills - Increased accountability for the results of the team - Acquire awareness of motivation issues and instruments - Acquire gender sensitization	- Completion of planned activities on scheduled time. - Decrease in team turnover rate - Completion rate and quality of performance evaluation reports - Decrease in rate of under-performing supervisees. - Number of high-potential female team-members under special coaching	- Feedback questionnaire immediately after training asking participants if they have enhanced their knowledge/skills and likelihood of using these after the training. - Pre and Post-Tests - Memo from participants describing how they intend to use their enhanced knowledge/skills. - After some time: direct observation of interaction Supervisor-team, e.g. dealing with conflict

Post	Learning Activity	Related SMNet Goal	Learning Objectives	Specific Results Indicator	Impact Assessment
SRC **SRTC** **DMC** **DUC** **BMC** **CMC**	**COMMUNICATION TRAINING (Advocacy, BCC, IPC)**	*To successfully approach and mobilize community and partners for polio eradication*	- Enhance ability to communicate with other with confidence and credibility, when meeting with families, at community meetings, and with partners/Gov't counterparts. - Enhanced ability to use IPC and its tools (flipbook, brochures, IEC material)	- Participants are able to apply successful communication guidelines to their discourse - Participants are able to use the right communication aids when doing IPC or interacting with partners at their respective level	- In-classroom observation of IPC role play using aids - Direct observation of IPC and speeches on community meetings, in the field
	RI, POLIO AND CONVERGENT ISSUES (Breastfeeding, Safe Motherhood, Hygiene and Diarrhea)	*To leverage behavior change in areas that will help sustain interruption of transmission: good hygiene practices, routine immunization, exclusive breastfeeding and the management of acute diarrhea*	- Enhanced knowledge of the technical content of each behavior change message. - Understand to whom to deliver each message.	- Participants understand the message for each topic and are able to explain them to others - Participants advice the community on these issues with accuracy and credibility. - Supervisors are able to assess the knowledge of their staff on these topics.	- Demonstration of message delivery - Pre and Post-test - Direct observation of IPC delivery; - For supervisors: agree on performing a certain number of IPC sessions weekly/monthly

Post	Learning Activity	Related SMNet Goal	Learning Objectives	Specific Results Indicator	Impact Assessment
SRTC	**TRAINING METHODOLOGIES / DEVELOPMENT SKILLS**	*To ensure the SMNet staff is adequately trained in order to perform their work at the quality standard described in their competency profiles*	- Increased knowledge on Training methodologies - SRTC creatively adapts methodologies and tools to training and coaching staff - SRTC is able to assess the learning needs of the staff - SRTC is able to evaluate the impact of training - Increased confidence when training supervisees	- Learning needs of the staff are identified - Training delivered is tracked and documented - Training reports on impact of training	- Feedback questionnaire immediately after learning activity, asking participants if they have enhanced their knowledge/skills and likelihood of using these after the training. - Pre and Post-Tests - After some time: direct observation in delivering training. - Survey to trainees on the quality of the participant as a trainer - Increased impact of learning among trainees (measurable through tests, surveys, etc.).

Post	Learning Activity	Related SMNet Goal	Learning Objectives	Specific Results Indicator	Impact Assessment
BMC	**TRAINING OF TRAINERS**	*To ensure the SMNet staff is adequately trained in order to perform their work at the quality standard described in their competency profiles*	- BMCs are able to create an orientation agenda and to effectively conduct orientation training sessions for CMCs and AWWs	- The orientation agenda includes all subjects to deliver in a rational way - The training session covers all planned subjects - Trainees' performance increases after the training	- Feedback questionnaire immediately after learning activity, asking participants if they have enhanced their knowledge/skills and likelihood of using these after the training. - Pre and Post-Tests - After some time: direct observation in delivering training.

Post	Learning Activity	Related SMNet Goal	Learning Objectives	Specific Results Indicator	Impact Assessment
CMC	**INDUCTION ORIENTATION** 3.5 Days	*To ensure the SMNet staff is adequately trained in order to perform their work at the quality standard described in their competency profiles*	- Acquire knowledge on the SMNet, the Polio Eradication programme and role and responsibilities of the post.	- CMC can explain specific tasks and responsibilities of her job.	- Post-test - Focus group interview - Demonstration through role play
	FIELD ORIENTATION 1 Day		- Become familiar with the geographical area of the HRA. - Acquire practice in using the Field Book and Resource Mapping. - Identify community influencers.	- CMC can identify colleagues, partners and influencers at community level	- Direct observation on the job
	REFRESHER MODULE 2 Days		- Enhance IPC Skills - Reduce errors in data collection and recording	- Completion, and Reduction of errors, in data collection and recording.	- Pre and post tests - Demonstration of use of Field Book, Forms, IPC, etc. - Direct observation on the job

Learning Strategy SMNet
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