



Building Communication Skills CASE STUDIES, 2007, Issue 1

**Polio Eradication Initiative
UNICEF, Uttar Pradesh, India**



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*T*owards solutions exchange !

This first issue of '**Building Communication Skills- Case studies**' is a collection of few capacity building experiences from SMNet, UNICEF. They, in common, tell us story of change and renewed commitment to end polio from Uttar Pradesh and the whole world. The SMNet, a UNICEF initiative working on polio eradication, in 2007 made special efforts to train and empower women activists, mostly working as informal social change agents in underserved areas. Almost 2000 traditional birth attendants (TBA), Aapa (lady religious peer leader) and Anganwadi workers (AWWs) have been trained. This has led to greater protection of newborns, in special, who consistently remain under severe threat of polio.

The SMNet spearheads behaviour and social change mission through over 4200 field level community mobilization coordinators (CMC), over 450 Block Mobilization Coordinators (BMC) and almost 100 district and division level managerial staff. The prime goal remains mobilizing families and communities for universal administration of oral polio vaccine (OPV) in the identified high risk areas of Uttar Pradesh. The training programmes hone communication and mobilization skills in CMCs whereas the block, district and division level supervisors receive programme management skills training. There are specialized training managers, known as Training Coordinators at the division level, who manage formal and informal training activities for all levels. These training coordinators are technically supervised by a state-level programme communication officer based in Lucknow.

The SMNet training modules and materials used for frontline workers and managers have been widely appreciated and the polio partners within and outside India have used them. An independent study on CMC training effectiveness (UNICEF/SAARTHAK, 2005) indicated that the SMNet trainings are fully meeting the expectations. In 2007, the Communication-TAG held in May 2007, commended the SMNet and more particularly the precision of CMC's effectiveness and the tools they use in mobilizing the families and communities. Further, following the recommendations of the specialist committee, training work has been enriched.

This collection of case studies is intended for the government and non-government agencies working in public health and behaviour change communication. The experiences and stories of change are from various SMNet districts and we welcome your feedback and suggestions. For more information and materials on training and capacity building I encourage you to contact Mr. Bhai Shelly, programme communication officer (Training, Polio) in UNICEF office of Uttar Pradesh.

With best wishes for the new year,

Nimal Hettiaratchy,
(State Representative, UNICEF Office of Uttar Pradesh).

At a Glance

Training/ Capacity building in 2007

Training major focus-

- Improvement in newborn tracking and 100 % vaccination while seeking support of local partners like Traditional Birth Attendants (TBA), Anganwadi worker (AWW), Accredited Social Health Activist (ASHA) and Aapa (Muslim lady giving religious sermons).
- Negotiation skills training for improving CMC's capacity to handle stiff resistance in select districts.
- Improved management within SMNet and promotion of team spirit among polio partners.



Training in numbers-

- **400** new CMCs (average) every month received induction training whereas 1244 CMCs (average) per month received advanced skills on routine immunization and newborn care counseling through refreshers.
- Specialized negotiation skills training, driven by data on family dynamics, was organized for CMCs handling high Xrs
- **Almost 2000** TBA, AWW and Aapa (Muslim lady who gives religious sermons) have been trained leading to improvement in newborn tracking and vaccination.
- **13000** frontline functionaries from National Cadet Corps (NCC), teacher, urdu teachers, Pradhans, lekhpal etc were oriented by SMNet staff with the funds arranged by respective departments.
- **92** district and sub regional officers from National Polio Surveillance Project (NPSP), Health and SMNet received team building/ management training



Key outcomes-

- Improved newborn vaccination- since July 2007 the percentage of less than one month children receiving supplementary immunization activity (SIA) dose went up from 42 % to 74 % in November 2007.
 - TBAs mainly contributed in pre-booth IPC, booth day newborn vaccination and also as third team members. They have been motivating caregivers to initiate breastfeeding within an hour of birth, among other immunization seeking messages.
 - In Aligarh sub region, the training of 472 TBAs in 2007 resulted in 6% increase in newborn vaccination in the areas with TBA as partner.
 - In Firozabad, after TBA training, 80% newborns were vaccinated at the booth.
- Effective handling of stiff resistance cases- 34% decline in Xr families (between May and July 2007) after the specialized negotiation skills training was conducted in Varanasi.
 - A tool in place to examine family dynamics using which the training coordinators build a localized training curriculum with more contextualized learning materials (for example frequently asked questions [FAQz]).
- Holistic training of CMCs (Induction and refresher) enables them to promote not only OPV but also exclusive breastfeeding, personal hygiene and routine immunization behaviour among the caregivers.
- CMC trainings are meeting the objective fully. Only <3 % CMCs fall in danger zone (less than 50% score) during new CMC training whereas <1% does so during refresher training.

New training materials



Title Resource Material for DUC

Type Training Binder

Use Collection of training module, presentation with special reference to influencers from the underserved communities.

- Title** Resource material for TC
- Type** Training Binder
- Use** Collection of training module, presentation with special reference to partners.



- Title** Behtar Paramarsh Kaise Karen (How to do effective counselling)
- Type** Flipchart
- Use** A teaching aid containing health topics like Polio, RI, new born care and effective counselling.

- Title** Jeevan Ke Sandesh (Facts for Life)
- Type** Booklet
- Use** A communication material containing key child survival messages.



- Title** BMC Diary
- Type** Work book
- Use** A tool to support planning, monitoring and documentation.



Women faith leaders handling rumor and myths

{Case study 1- Aapa or religious lady preacher training, Meerut, 2007}

Meerut, a historical city known to have launched the Indian freedom struggle in 1857, has been a challenge for polio managers over the past three years. Nearly 1785 households openly refused to administer the polio vaccine in January 2006. This figure of non acceptors has come down to 390 in January 2008. What was the magic bullet? Many and the most recent one is involvement of Aapas or Maulanis who are women faith leaders in the community. They have metamorphosed the preachings of



Quran with the life saving messages like exclusive breastfeeding, polio vaccination and routine immunization of newborns. A systematic training of 71 Aapas, beginning July 2007, has led to immediate gains for polio vaccination.

Who is Aapa ?

Aapa ji (also called Maulani, derived from Mullah Ji) is a respected woman who conducts Iztema and Milad among Muslim women. She delivers talk related to religion, morality and holy books. She acts as an opinion leaders of female members in Muslim community in underserved areas.

Training intervention with Aapa aimed at two things. One, increase in knowledge, awareness and skills of Aapa to deliver the key polio and newborn care messages in the light of religious preachings during Iztema. Second objective was to develop linkage between Aapas, Auxiliary Nurse and Midwife (ANMs), ASHAs and CMCs for promoting polio vaccination

during polio rounds and routine immunization sessions. Aapa training programme with TBAs was piloted by SMNet in Urban Meerut (Tarapuri and Tehseel blocks).

Key results of the training

Training resulted in cohesive teamwork at local level. CMCs contact Aapa three to four times in a month. They attend the iztema and help Aapa relay health messages. This has helped a lot in reducing the incidences of XR houses in urban areas (popularly termed as HOT 7).

A post-training small-scale study was conducted which clearly indicates that they are able to convince women folk on health messages using both technical and religious viewpoints. During the interviews, majority of them recognized that their knowledge, prior to training, was limited to tetanus injection which is given to pregnant women. The proud Aapas today confirm to know a wide range of health messages including iron folic acid (IFA) tablets, importance of iodized salt, check-ups of pregnant women at regular intervals, importance of exclusive breastfeeding, 6 antigens and importance of repeated OPV doses. They feel that the training has empowered them to deliver useful information to the community and to contribute to the holy cause of polio eradication.

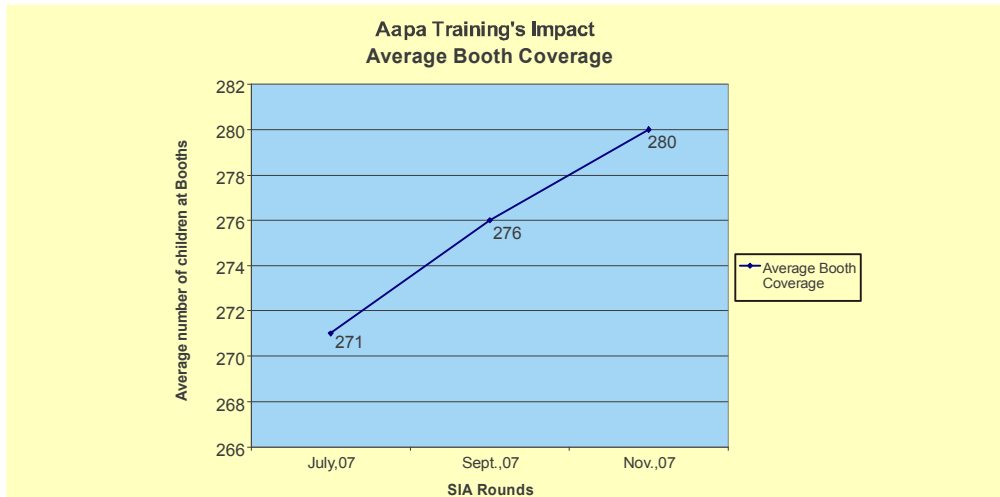
Key Findings (interviewers interacted with 13 Aapas, which is 20% of total number trained):

- 100% of Aapas said they were benefited after participating in the training.
- According to Aapas, CMCs contact them three to four times in a month.
- 13 Aapas altogether carried out about 124 Iztemas in CMC as well as non CMC areas after this training.
- 85% of Aapas recalled about Importance of colostrum and exclusive breastfeeding to infants up-to the age of 6 months.
- 61% of Aapas were convinced that Polio will be eradicated very soon.

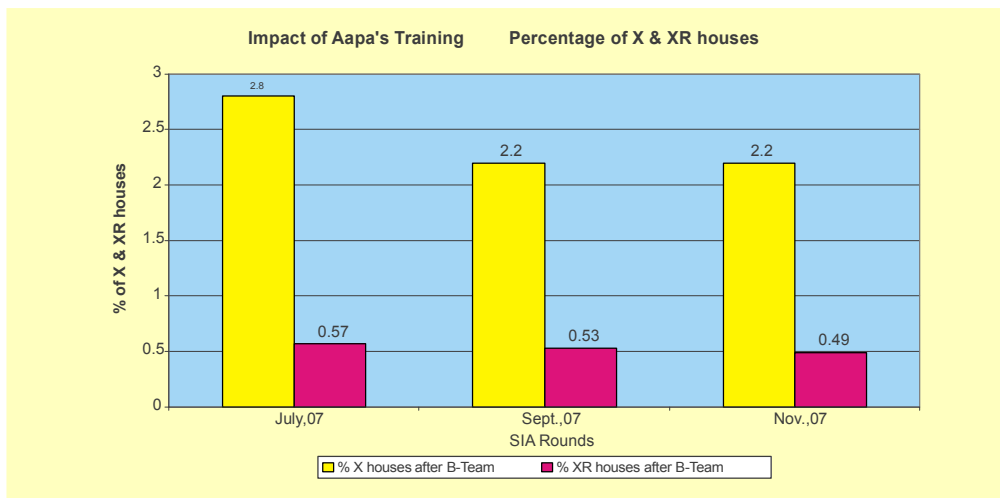
Impact on SIA Indicators:

Contribution of Aapa is evident from the SIA indicators. The chart on right side shows that booth coverage has constantly increased. Results of July 2007 (baseline), September 2007 and November 2007 SIA rounds have been analysed for the purpose. Average Booth coverage has increased from 271 to 280 in November SIA. The percentage of X and XR houses after B-Team has also decreased from these areas.





Impact on booth coverage in Aapa supported areas



Impact on missed (X) and resistant (X-r) houses

Lessons learnt and follow-up strategy

- Aapa training should be replicated in other high risk blocks of other districts.
- Aapa refresher training, especially for experience sharing, may be planned in near future.
- Regular contacts with Aapas for qualitative as well as quantitative feedback should be ensured by respective BMCs and CMCs. Also they should share with them latest polio updates and activities in the CMC areas.
- Flip books with pictorial presentations are also required, especially for Aapa trainings.
- A certificate of recognition should also be distributed. This will help building up a strong women's network in the support of campaign to eradicate polio.



Wake up call in the early hours

{Case study 2- TBA or Traditional Birth Attendants training, Agra, 2007}

Immunization of newborns is extremely important because most of the children die in the very first month due to various diseases. In India 1 out of 4 child is not able to celebrate her first birth day and one fourth of this doesn't complete even the first month. Majority of polio cases are also found in children below 1 year of age. There are evidences indicating that the newborns are not immunized due to numerous behaviour related challenges. Families lacking



awareness of the importance of new born vaccination, cultural barrier preventing them to take the child out of house before 45 days and apprehension that polio drops may harm newborns are some of the prominent barriers.

Caselet 1

"I like moving with teams during rounds and also during Inter-round period for IPC to families of newborns. I give health messages to them and community shows greater faith in me. From last few rounds 100% newborns have been vaccinated against polio, thanks to UNICEF for providing me valuable information."

Kamla, TBA, Ferozabad, sector III

In April, 2007 in Firozabad district (of Agra sub-region) it was noted that several newborns¹ in CMC areas could not be enrolled in the record book on time. The OPV immunization status of newborns in the two districts i.e. Firozabad and Farrukhabad was as low as 33% and 46% respectively. A high alert was raised in the partner forums leading to practical efforts of

¹ Newborn is a child less than 30 days

streamlining newborn tracking. Recognizing the critical role of TBA in newborn tracking and prompt vaccination, a short-term orientation of TBAs was organized which aimed at:

- enhancing their knowledge on Polio and immunization
- reinforcing TBA involvement in joint IPC visits prior and during the round
- improving tracking of new born & pregnant women and vaccination of newborns at the booth (the first opportunity in SIA).

	7 Oct 2007	28 Oct 2007
New born identified	687	472
New born vaccinated	513	354
% new born vaccinated	74%	75%

Training Process and results: The training generated immense interest as it began with reviewing the existing midwifery practices and not with polio messages. After half day's of training, the CMCs from respective areas also joined in the training. The aim was to build better coordination between CMCs and TBAs for newborn tracking, tracking of pregnant women and routine mobilization activities. In this training, the TBAs came to know about role and responsibilities of a CMC and recognized importance of timely newborn registration. As a result of the training, they jointly made a work plan for their respective area. BMCs followed up the same during their field visits. This training was held in May and after that the new born coverage has increased from **58 % to 75 %**. Below is the recent coverage of newborns in two rounds.



Ms. Shadana, TBA Firozabad counseling a XR family through a story taught in training

"You know in the last season in this village, all fields were infested with flies. They destroyed all the grain. After that all villagers decided to spray pesticides in their fields but Mustak Ali refused to spray because there was no pest in his fields. When the pesticide was sprayed the pests escaped to the Mustak Ali's field which was not treated with pesticides. In the following month the pests attacked all over again, because all of them were not treated at the same time. Polioviruses are similar to these pests, unless all children are vaccinated, we cannot eradicate polio"

Follow up of the training

In Agra sub-region, following the training workshops, a mechanism was developed to continuously track the newborns.

- For verification of field book entry of newborns, a checklist was developed. That checklist is filled by BMCs who compile and share regularly at the district level.
- Monthly meeting of CMC/ BMC/ TBA/ AAPA were held to discuss the vaccination status of new borns in that area.
- To supplement TBAs training, training of AWWs were also organized on new born tracking and vaccination. After this training the new born tracking increased and government counterparts appreciated it and suggested that this training be organized in non CMC areas.

Caselet 2

"Before April round, only 20 % newborns were vaccinated, but after the TBA training, 80% newborn came to polio booth. TBA Sadhana is also third team member and she supports me doing joint IPC with families".

**Ms. Praveen Begam, CMC,
Firozabad, Sector III**

TBA Training Analysis- key facts

- Nearly 53% TBAs were of age group 51-60 years, 33% TBAs were very old above 60 years of age, only 6 % TBAs were of age group 30-40 years.
- Almost all 93 % TBAs were illiterate, only one TBA (6%) was literate but was unable to write her name.
- Nearly 46% TBAs had been conducting deliveries for 11 to 15 years, 27% TBAs were conducting deliveries for more than 20 years, and one TBA had been conducting deliveries for last 45 years.
- Almost all TBAs reported that they have learnt this skill from their family members mostly from their mother-in-laws.
- Most of the TBAs were illiterate, so pictorial and group exercises were the only method of training.
- Few TBAs were very old > 60 years, their learning capacity was very low. There is not much difference in their pretest and post test scores.
- Presence of CMCs made this training more fruitful.
- Presence of external resource person made this training more effective.

Other Facts

- Out of 30 TBAs trained, 11 TBAs are third team member .
- Out of 30 TBAs trained, 21 TBAs are influencer in biphasic and joint IPC.
- Out of 30 TBAs 25 TBAs are supporting in IPC and vaccination at booth.



One Mission, One Team

{Case study 3- Team building workshop, Moradabad, 2007}

In the recent past, partners working in polio programme of the Moradabad Subregion have exhibited a very cohesive working style following the mantra of “one team one mission” in their effort to eradicate polio. This has been well reflected during partner meetings. After the team building workshop organized on August 24th, 2007 it has been uniformly observed in all the four districts - Moradabad, Jyotibaphule Nagar, Rampur and Bijnor that partners are able to arrive at decisions more swiftly and congenially. The workshop was



attended by Government District Immunization Officer (DIO), NPSP (SRTL, SMO, SSMO), UNICEF [SRC, TC, District Mobilization Coordinator (DMC), District Underserved Coordinator (DUC)] and CORE officials.

The team building workshop envisaged addressing the foundations of team effectiveness particularly for the polio team of Moradabad subregion. The workshop offered experiential learning insight to district managers from the four districts. Though efforts towards good team building had been in practice in the sub-region over the past few months, however participants felt that this workshop had brought in qualitative improvement for collaborative efforts. The teambuilding workshop had been helpful in bringing solidarity and cohesiveness among partners. **Information sharing has been more effective and prompt.** The minor issues occurring in the field are resolved with much ease and participants have specific examples in this regard. Clarity towards common objective has helped.

Considerable improvement in the SIA indicators for the September 2007 round in comparison to August including increased influencer movement, increased booth coverage and reduced remaining X in the sub-region suggest a positive impact of such workshops. The overall improved coordination within the teams and among the partners has contributed greatly in achieving good results.

Testimonies of Change

The team building workshop has brought in impressive changes in our work styles.

Dr. Usha, Dy. CMO, J.P.Nagar.

Now we are more democratic, transparent and open with our teammates.

Dr. Bhupendra Tripathi, SMO, Moradabad.

The team-building workshop has really helped in strengthening the supervisor-supervisee relationship. Now participants are able to visualize and understand the expectations of supervisors and supervisee; their following behaviour, and respond accordingly.

Sakeel Ahmad, DMC, Rampur.

Now we are able to share space with colleagues, proactive in taking up and delegating responsibilities as per requirement.

Saiyad Ali, SMC, PCI.

Team building workshop was a very good initiative towards channelising all energies towards common objective.

Dr. Vibhor Jain, SRTL, NPSP, Moradabad.



Winning heads and hearts

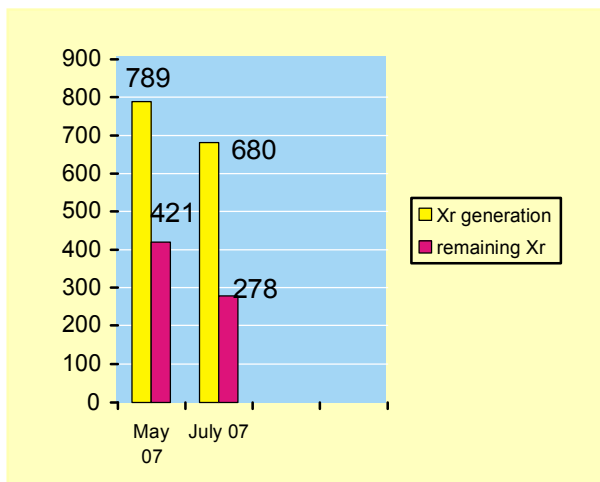
{Case study 4- Negotiation skills training, Varanasi, 2007}

Varanasi, the world famous temple city has been a battleground for polio eradication since the campaign began in Uttar Pradesh. The SMNet has built up a strong team of community mobilizers who, with the support of block and district level coordinators engage community through various means and ways. In 2007, the local managers noted a serious trend of vaccine avoidance in urban Varanasi. A load of 3,500 resistant families, of which about 1,000 were in CMC areas, was a major obstacle for the team. The



situation here was different from other places in Uttar Pradesh, because the majority of resisting families were economically, socially and educationally better off. Thus, there

was a clear need of localized strategy to overcome the situation. The SMNet team developed a response package which included a renewed IPC (interpersonal counselling) training of community mobilizers.



Declining X-r generation and X-r remaining in CMC areas after training

IPC Training initiative, initiated in May 2007, was based on the ACADA model (Assessment, Communication Analysis, Design & Action) of communication. For the assessment of the problem a short study was done in the five most problematic blocks - Bhelupur, Jan Kalyan, Durgakund,

Sigara, Townhall and Chaukghat. One of the key objectives of the study was to find out the difficulty faced by while communicating and engaging with families. In May 2007, during a polio round, the data was collected from 20 families of 10 CMC areas using the methodologies of observation and interview. Information gathered was about families concerns about Polio, IPC skills shown by the team and CMC and so forth.

A sample question taken from the locally-developed FAQ

Question

We will not administer polio drops to our child as it is the govt's strategy to reduce the population. Govt. is making our children impotent through this vaccine and after 20 years our children will not be able to produce children.

Answer

- If this was the intention of the govt., it would neither have used so many people in this program nor would have reached house to house for immunizing the children. It would have easily mixed this vaccine in water or eatables like salt etc and would have reached all the households.
- This vaccine is being administered since 1960 and each and every child being delivered in hospitals is getting this. Each one of us has taken this vaccine. Initially this was only given to prevent polio but when this disease could not be tackled, the doses are being given in the campaign to eradicate polio which started from 1995. If this vaccine caused impotency, more than half the population would have been impotent as so many of us have taken this vaccine.
- Through this vaccine only polio has been eradicated in Saudi Arab almost 18 – 20 years ago. If this vaccine created impotency, youths there in the age group of 20 would not be reproducing children. On the contrary, people going on Hajj (whether old or child) have to take polio drops as a compulsion else would not be allowed to enter Arab country.
- You are not immunizing your son or daughter with the polio drops but what is the guarantee that the person s/he marries would not have taken this vaccine. If the person would have taken this during his/her childhood what will be the way out for you. All this is only myth and misconception, you may consult a doctor or a religious leader.



The **communication analysis** after the study showed that the CMC had the answer to maximum questions asked by X families but she was unable provide them with satisfactory answers. She was aware of all the influencers but was unable to identify an appropriate influencer for the family. CMCs lacked confidence since they had to visit the same unconvinced families in each round. The basic problem was that each and every family had different questions about OPV doses but they would not ask unless they were effectively provoked. Many families would also shut the door on the team.



Based on the above analysis a refresher training was **designed** for the CMCs of those areas. For this, different case studies based on situations, backgrounds, status of the families etc. was selected from the field and a new set of the FAQs was prepared. The motive of the training was to put the CMCs in the same situation they faced in field and prepare them to answer correctly. A completely new set of FAQ was developed and it has been given to the CMCs for daily use.

Action was taken in June 2007 when 26 CMCs participated in the refresher training. Using appropriate methods (Case Study, Small group discussions, Games and Role Plays), trainers honed negotiation and IPC skills and transferred the knowledge to CMCs.

After the training a meeting was organized with the Block Mobilization Coordinators (BMCs) of the respective CMCs to tell them the learning of their CMCs during the training and the follow up process.

After this process-rich training the local unit found it very encouraging (See above graph: May 2007 is pre training and July 2007 post training). The generation of Xr in participant CMC areas was low and the conversion was high.

Apart from the data we can see the result in a participant CMC's comment "***Kam se Kam ab hum in parivaron ke samne khade to ho pa rahe hain warna lagata tha ki kab ye na kahate aur hum agle ghar ko chale jate***" (At least now we can stand at the door of these families otherwise earlier we thought, the moment they say no, we can move to the other family).

This case study shows that if a training design is prepared on the basis of a good problem study, the chances of succeeding is much higher. This ACADA process may be replicated to address many kinds of communication and capacity building challenges.



I am a supportive supervisor, and not a boss

(Case study 5- Supportive supervision and Field orientation of under-skilled CMCs, Moradabad, 2007)

As per SMNet policy, every BMC/CMC joining SMNet goes through a structured module of induction training, on the job support and refresher training. These trainings enable them to work efficiently and effectively for the desired results. But sustained results may be expected only when these BMCs and CMCs are able to update their skills and keep track of the latest developments and challenges within the programme. The arising fatigue from the work-load and regular



rounds adds to the challenge. We need to have a cost effective mechanism, which may be helpful in contributing for the capacities and mindset of field staff to work effectively. In 2007, SMNet consultant policy regarding field orientations was reinforced and the SMNet team in Moradabad is proud to share some salient results.

The weak CMCs/ BMCs facing skill challenges were identified. These were identified by their respective supervisors based on one or more of the following criteria's:

- *The CMC/ BMC area is showing comparatively poor indicators for more than three rounds without any significant/visible reason.*
- *Poor coordination levels, as exhibited by particular CMC/ BMC with colleagues/ supervisors/ partners.*
- *Poor survey, field book records, IPC, as per checklists filled by supervisors.*
- *Poor knowledge level/ performance as assessed by supervisors.*

Once identified proper plans for the field orientation were chalked out for these CMC/ BMCs in the four districts of Moradabad subregion. It was agreed that the overall first phase of orientation/ counseling to these CMCs/ BMCs should be completed by September round. For the purpose the overall responsibility was shared among the TC, DMCs and



DUCs with proper support from TOT BMCs. Focused orientations were carried out on technical knowledge on polio and health messages; technical knowledge and skills related to mobilizing underserved communities; interpersonal counseling and group mobilization skills; reporting. In the process counselling of senior/old BMCs who are skilled and knowledgeable but were exhibiting poor interest in the programme was also taken up. Above efforts resulted in the significant improvement of the performance which was well reflected in SIA indicators of following September round. Changed attitude towards work and improved performance was well observed and acknowledged by their respective supervisors and partners who visited their field.

Delighted by the new experience!!

*“It is entirely new experience for me” says the recharged **Kausar Ali, BMC, Hasanpur, J.P. Nagar**. He admits that the counseling cum orientation session with TC and DMC, JP Nagar had helped him a lot in quitting the reluctance and negative attitude that was cropping up within him.*

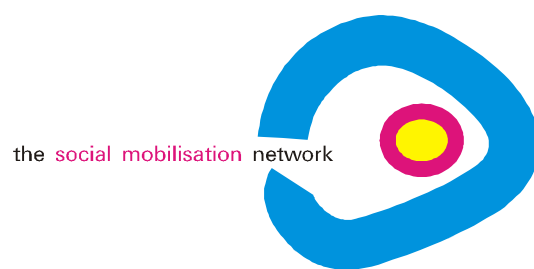
Kausar, BMC since 2002, is efficient and knowledgeable who has five years experience in the programme. He performs with quality and actively participates as trainer in all kind of trainings organized for CMCs and partners. However, he was feeling discouraged and de-motivated because he felt his efforts were being neglected as no step has been taken to promote him either by the sub-region or state office.

*A detailed one-to-one session with him in the field, helped in the problem analysis and suggestive talks including possible actions required at his end helped in resolving the issues. Technically “**Appreciative enquiry**” was effective in the case.*

Abbreviations

SMNet	Social Mobilisation Network
CMC	Community Mobilisation Coordinator
BMC	Block Mobilisation Coordinator
DMC	District Mobilisation Coordinator
DUC	District Underserved Coordinator
SRC	Sub Regional Coordinator
TC	Training Coordinator
OPV	Oral Polio Vaccine
IPC	Interpersonal Communication
RI	Routine Immunization
TAG	Technical Advisory Group
TBA	Traditional Birth Attendant
AWW	Anganwadi Worker
ASHA	Accredited Social Health Activist
NCC	National Cadet Corps
NPSP	National Polio Surveillance Project
SIA	Supplementary Immunization Activity
FAQ	Frequently Asked Questions
ANM	Auxiliary Nurse and Midwife
IFA	Iron Folic Acid
DIO	District Immunization Officer
SRTL	Sub Regional Team Leader
SMO	Surveillance Medical Officer
SSMO	Special Surveillance Medical Officer
Dy. CMO	Deputy Chief Medical Officer
SMC	Social Mobilisation Coordinator
ACADA	Assessment, Communication Analysis, Design and Action
TOT	Training of Trainers





A **unicef**  INITIATIVE