

TWO DAY REFRESHER TRAINING MODULE
ON
INTERPERSONAL COMMUNICATION
AND COMMUNITY MOBILIZATION
FOR FRONTLINE WORKERS

UNICEF PAKISTAN

**TWO DAY REFRESHER TRAINING MODULE
ON
INTERPERSONAL COMMUNICATION
AND SOCIAL MOBILIZATION
FOR FRONTLINE WORKERS IN PAKISTAN¹**

INTRODUCTION

This training module on interpersonal communication (IPC) and social mobilization has six sessions. UNICEF developed these modules to help train field-based or frontline workers (FW) to communicate effectively with the communities and clients they serve.

Despite the wide scope in their work, many of the communication issues FWs face and the interpersonal communication skills they need are basic, regardless of the sector in which they work. Thus, this training module can be adapted to a wide range of people, such as:

- community health workers at Basic Health Units
- in-charges of fixed EPI centers
- vaccinators
- Lady Health Workers and Lady Health Supervisors
- chairmen and members of the village health committee
- school management
- adolescent peer facilitators
- NGO field workers, and
- community volunteers

With effective communication skills, FW can easily build rapport and thus confidently engage communities, specific groups and individuals in meaningful and effective dialogue.

These training sessions may be adapted and integrated by others into a larger curriculum where communication is one of several elements of the training, provided

¹ Credit goes to Judith Graeff, PhD, former Communication for Development (C4D) Specialist and the C4D team at UNICEF Bangladesh for developing this module in 2007.

Teresa Stuart, PhD, former Regional Adviser, Communication for Development, UNICEF Regional Office for South Asia in Kathmandu, Nepal (2005-2008) edited and adapted the module for country-specific programmes. This module was re-adapted in 2012 for the Pakistan programme to introduce pneumococcal conjugate vaccine (PCV) as part of strengthening routine immunization in the country.

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due credit is given to UNICEF. For example, the training for Community Health Workers might be for 5 days, covering the basics of the Expanded Program on Immunization (EPI). The sessions on interpersonal communication could be adapted to the health context of the country and inserted into the curriculum. Please see Annex 1 (p. 40 - 45) for a typical Five-day Training for EPI Workers with the 6 sessions of this module inserted into the schedule.

This module covers the basic concepts, skills and steps in effective communication that will be provided in six sessions of 2 hours each, which would be good for two days. The first three sessions cover practical communication applications with dynamic group exercises and role playing:

- Session 1 - Local situation assessment
- Session 2 - The Power Walk and role of FW as change agent/facilitator,
- Session 3 - Relationship between personal attitudes and professional behaviour.

The other 3 sessions focus on learning and practicing interpersonal communication steps and skills. It also features lively exercises and role plays that bring out realities in communication at community level.

- Session 4 - One-on-one communication,
- Session 5 - Group facilitation
- Session 6 - Community mobilization

In adapting these sessions to the overall training curriculum, it is important to preserve the methods included in each session—especially to ensure that participants actually are allowed the time and the chance to practice. There are two skill practice sessions (Session 4 and Session 5), which, if facilitated properly, will give participants the opportunity to use what they have learned, get feedback, and try again. Trainers and participants alike often feel more comfortable talking about communication, rather than breaking it down into skills and trying to perform them. The facilitator should therefore refer to Annexes 4 and 5 to be sure he/she is familiar with and comfortable conducting practice sessions.

In addition, certain discussion questions, demonstration role plays, and practice sessions will need local content and specific details to align the exercise to the work

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the FW is being prepared to do. For example, there are four demonstrations in the module:

Session 1 - Group discussion using Participatory Rapid Assessment (PRA)

Session 2 - Social mapping;

Session 4 - One-on-one communication;

Session 5 - Group discussion using a communication material.

If the subject of the script provided is not appropriate for the particular sector being trained, the trainer should rewrite the script, making sure that the script still clearly demonstrates the skills and steps listed.

Lastly, since this module covers basic communication issues and skills common to most field-based workers, the session on one-on-one communication does not cover 'counseling steps'. As formally defined, counseling is a specialized area of expertise, and is not used by many types of field workers. While the skills covered in the one-on-one communication are also used in counseling, further training in counseling goes beyond the scope of this module.

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Figure 2: Communication steps

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ANNEXURE

Session 1

**TWO DAY REFRESHER TRAINING MODULE ON INTERPERSONAL COMMUNICATION
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Annex-1: Example of why, why, why exercise

Annex-2: Participatory Rapid Assessment (PRA) methods

Card sorting

Bean sorting

Social mapping

Daily routine

Session 2

Annex 1: Respect for Clients

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Annex 1: Flip charts for sessions 4-6

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Annex 3: Problem-Solving Approaches in One-On-One Communication

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Session 5

Annex 1: Purpose of Group Work

Annex 2: Communication Skills for Group Discussion

Annex 3: How to Plan and Conduct Group Discussions

Session 6

Annex 1: Purpose of Community Mobilization

**SESSION 1
LOCAL SITUATION ASSESSMENT**

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Facilitator's notes:

A formal situation analysis with national data, research findings, etc. should be covered in other parts of the training curriculum. Therefore, the participants should already have an idea about it.

Rationale:

Situation assessment encompasses critical reflection by the community (adolescents, men and women) on their own circumstances, issues, causes, interests and responsibilities. Using PRA and other interactive facilitation techniques, community workers can help a community increase its confidence and analytical capacity to come together for collective action.

Facilitator's notes:

A formal situation analysis with national data, research findings, etc. should be covered in other parts of the training curriculum. Therefore, the participants should already have an idea about it.

Objectives of the Session:

At the end of the session the participants will be able to:

- Understand the importance of gathering local information in their work
- Identify their role in involving community members in local situation assessment.

Time: 2 hours

Exercise-1: Filling out a Matrix on Communication Situation Analysis

Facilitator's notes - Exercise 1:

Through Exercise 1 the participants are expected to see that although they may have knowledge of the specific health situation in Pakistan Province/District, they do not yet have sufficient knowledge of the communication situation in their work location when it comes to reasons why mothers and caregivers practice or do not practice certain essential family actions that prevent childhood illnesses. (For example, in the village where the FW works, why do some women not practice exclusive breastfeeding; why do parents decide not to bring their children for routine immunization; etc.).

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Task 1: Analyze the underlying causes of the situation in the community (FW's local community)

Time: 45 minutes

Materials: Flipchart paper, marker pen

Matrix-1 Flip chart or VIPP card matrix

Program: Expanded Program on Immunization in District X Problem situation: Low EPI Coverage				
1.Participant Group	2. Current Behaviour	3.Recommended Behaviour	4.Barriers to Recommended Behaviour	5.Motivating Factors
Mothers	Do not bring child for scheduled routine immunization	Bring their child for scheduled routine immunization	Don't understand importance of RI	Free immunization services Vaccinator from same village
Husbands				
Mothers in-law				
Lady Health Worker				

Facilitation technique:

1. Divide participants into the same geographical area with the purpose of filling out the matrix (same village, same district, etc.).
2. Ask them to fill in Column 1 by identifying the specific participant group for each row (e.g., mothers and caregivers; husbands, etc.). For column 2, write down the current behaviour situation with regard to routine immunization (RI) among the participant groups in Column 1.
3. The participants will fill out column 3 by stating the recommended behaviour that will improve the problem situation.
4. Participants will describe barriers and motivating factors of the behaviour situation and list them in columns 4 and 5 respectively, after doing the exercise

below. The social and behavioral issues and underlying causes will be discussed through this exercise.

Exercise 2: Why, Why, Why exercise

Facilitator's notes - Exercise 2

If unfamiliar as to how to conduct the why, why, why exercise, see Session 1-Annex 1 for detailed facilitation instructions.

Facilitation technique:

- Use an example to demonstrate how to do the exercise. Select any issue from matrix-1 (e.g. low coverage in EPI, low breastfeeding rate, high incidence of diarrhea) and walk them through the analysis filling in the diagram.

Figure 1: Diagram for Why, Why, Why Exercise

Why?

Why?

Why?

Task 1: Analyze the Situation

- The participants now break into small groups (possibly by geographical locality or by issue) Now ask them to select an issue of their choice from the example in Matrix 1 above and analyze the situation related to that issue by using the why, why, why technique.
- Give the participants flip chart papers and marker pens and allow 15 minutes to complete the exercise.
- Ask the groups to make their presentations one by one.
- Review the findings with the participants and fill in gaps if there are any. The social and behavioral factors and underlying causes should now be clarified through this exercise.

Task 2: Discuss the existence of differences in perception

Time: 15 minutes

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Materials: Two VIPP cards

Facilitator's notes - Task 2:

1. At this point introduce the idea of community participatory assessment.
2. The exercise is on perspectives (who is right), and power (whose perspective will be acknowledged).
3. After every exercise fill in gaps (if any) in participants' responses.

Facilitation technique:

- Take a book (or any other object that has two different sides) that has different front and back covers.
- Have two participants sit facing each other with the book between them so that each participant only sees one side of the book.
- Ask those two people to describe what they can see from their respective side.
- Ask the participants: "Who is describing the object correctly?"
- The participants will say that they are both correct and that it depends on which side they are sitting. Then ask how this relates to the village context (different people, different perspectives)
- Go back to the role play. Ask one person to be a doctor (power position) and ask the other person to be a village woman.
- Ask them to have a dialogue about what they think is the best description of the book. But they can only look at their own side (enact that the powerful person's perspective dominates the description of the book).

Task 3: Demonstrate the participatory assessment method used in the EPI program

Time: 45 minutes

Materials: If social mapping is used indoors, large paper with different colored pens. Or, if participants can go outside, let them collect locally available materials (sticks, rocks, tins, paper, leaves, etc.) to make the map on the ground.

Social Mapping Exercise

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If a specific PRA or participatory rapid assessment method for the community has not been selected in the program, select the most appropriate one for demonstration. For example, Social Mapping works well in a training venue.

Facilitation technique:

- Explain the objectives of the exercise and the role of the participants;
- Explain the purpose and process of drawing the map;
- Decide the geographic area and subject which will be focused on the map;
- Initiate the process and hand over the stick to the community people;
- Encourage participants to draw the map on the ground with proper direction;
- Create opportunity for the people to draw it as they want, using whatever logistics they prefer (if necessary provide the logistics you have);
- Do not direct the people, in fact it is better to leave them to do it on their own;
- After they have finished, ask them to explain the map and validate with others;
- When participants confirm the validity of the map, request the initiator to copy the map on flipchart/brown paper;
- When discussion occurs amongst the people, listen carefully and take notes (discreetly);
- It is often necessary to have different groups (men, women, youth, and children) making maps of the same area.
- Later, compare the maps produced by different groups with the official area maps, if required

Facilitator's notes - Task 3:

1. Explain the concept and importance of the participatory assessment process through the Social Mapping exercise.
2. See Session 1 - Annex 2 for examples of other PRA methods.

If the participatory assessment process is planned in the project for community assessment, use the project designated technique for a demonstration. Use the next 45 minutes to walk the participants through it. But if the project has not specified a particular technique, use the social mapping exercise below. Two other participatory assessment techniques (bean sorting, card sorting and focus group discussion) are supplied in the annex (Session1- Annex2 and 3).

Task 4: Wrap up

Time: 15 minutes

Facilitator's notes - Task 4:

1. Discuss balancing community knowledge with technical information.
2. The matrix should remain on the wall of the training room.

The wrap up discussion should be on how participants felt about having the assessment information come from them and not from an "expert".

SESSION 2

PERSONAL ATTITUDE AND PROFESSIONAL BEHAVIOR

Rationale:

A front line worker is always part of a social context, and does not work in a vacuum. Therefore, it is important to not only understand the power structures in the community, but also to be aware of one's own position, our attitudes and biases while working in this community. Whether we are male or female, educated or uneducated, old or young, occupying a position of [power or not, influences the way we interact with other people, and the way they perceive us. In addition, our personal attitude toward people - shaped by our social environment from birth - affects how we interact with others both personally and professionally. Awareness of our own deeply held attitudes and linking this with appropriate professional behavior will improve the way in which we communicate with different stakeholders.

Objectives of the Session:

At the end of the session the participants will be able to:

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- Describe the power structure in participants' community including problems of marginalized groups and role patterns.
- Confront own personal attitudes and prejudices regarding gender and power and describe how these would affect their work and relationship with their clients etc. and colleagues and community members.
- Describe appropriate professional behaviour for their posts.

Time: 1 hour 30 minutes

**Exercise 1: The Power Walk: Power Relations
and Achieving balance**

Time: 40 minutes

Materials: Flipchart paper, markers, small cards, paper and pens as needed

Facilitator's notes – Exercise 1:

1. When introducing the session, link power relations to the PRA results done in Session 1.
2. Typical Characters for The Power Walk for the EPI program can include: Orphaned girl aged 14, Grandmother taking care of orphans, Married girl aged 15, Unwed mother aged 14, Girl aged 16 looking after sick mother and siblings, village doctor, religious leader, Traditional healer, Shopkeeper (male), NGO worker (male and female), Health worker, CSW, Councilor, outreach worker, Female school teacher, Male leader of youth group, Village elder woman, Visually impaired young man, District director of Education.
3. Make sure the frontline worker, male and female are also some of the characters for the walk.
4. Key statements for The Power Walk could be:
 - I get to meet visiting government officials
 - I get new clothes on religious holidays
 - I have access to and can read newspapers regularly
 - I have time and access to watch TV
 - I have access to micro credit
 - I can speak in extended family meetings

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- I can negotiate condom use with my partner
- I went to secondary school or I expect to go to secondary school
- I will always be consulted on issues affecting young people in our community
- I can pay for treatment at a private hospital if necessary
- I eat at least two full meals a day
- I sometimes attend workshops and seminars
- I have access to plenty of information about how to maintain my family's and my own health
- I am not in danger of being sexually harassed or abused
- I have a regular means of livelihood
- I can question expenditures of community funds
- I have access to correct and ample information about HIV/AIDS
- I can serve on community committees

Facilitation technique for The Power Walk:

- Write the name of each character on a paper. Choose characters relevant to the project - include all groups mentioned in the situation analysis matrix in session. Make sure that the FW attending the training (both male and female) are also one of the characters as well as the people they interact with professionally, such as supervisor, clients, patients, etc.
- Put the pieces of paper in a box and have each participant choose one
- Have participants read their character to the group, so participants are aware of the "community" being represented.
- Have them think about their character (less than a minute)
- Request the participants to stand in a row at an open space for the exercise
- Ask participants to take one step forward if the statement applies to his/her given character, i.e. that the character would answer yes to the statement. If the character must answer "no", the participant remains in his/her place.
- Read out the statements
- Allow people to reflect and then take one step or stay where they are until all of the statements have been read
- When all the statements have been read have participants read again which character they played

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- Have participants remain in their positions to discuss the outcomes of the power walk and its implication for community level activities. Here are some questions to choose from:
 - o What characters are in front and why are they in the front?
 - o Why did those in the back not take steps?
 - o How do you feel about being the person in front or the person behind?
 - o Where are the women, the literate and illiterate in the group?
 - o Where is the FW? (Are the male and female FWs in the same position? Who are the people behind the FW? They are the ones who should get special attention)
 - o Notice that the community started out all in one line—just as we refer to “the community” as if it were a homogeneous group. After the Power Walk, notice the diversity of power in “the community” the FW serves.
 - o The spatial distance between participants symbolizes lots of real distances or inequities in communities. What are they? (Socio-economic, cultural, gender, rural/urban, status, etc.) Write the ideas on a flip chart.
 - o Discuss the importance of understanding your own position as a woman, man, elder, younger, rich person, poor person, educated non- educated etc. when communicating with others and involving the community in activities and decision-making.

Exercise 2: Gender

Time: 30 minutes

Materials: Flipchart paper, markers

Facilitator's notes – Exercise 2:

1. In this exercise participants will examine gender roles and their influence on their behaviour as FWs. This exercise offers an opportunity to discuss traditional gender roles, the behaviours, the responsibilities and rights of women and men, in relationships at home and at work.
2. End the discussion with the note that as we serve as frontline workers, we need to be sensitive about gender issues and be self-aware.

Facilitation technique:

1. Divide the participants in 4 groups (mixed men and women in each group).
2. Distribute flipchart paper and markers to each group. Give each group a different task:

Group 1 will make a list of all the advantages of being a girl/woman in (local country)

Group 2 will make a list of all the disadvantages of being a girl/woman in (local country)

Group 3 will make a list of all the advantages of being a boy/man in (local country)

Group 4 will make a list of all the disadvantages of being a boy/man in (local country)

3. In plenary have one member from each group report on the findings of his/her group. The other groups may give additions.
4. Lead a discussion incorporating these questions:
 - Was it difficult to think of advantages and disadvantages for the opposite sex? Why?
 - Were there any advantages and disadvantages of being a woman/man that surprised you? Which ones? Why?
 - How do these gender roles apply to the FWs' own personal lives?
 - How do these gender roles affect their work relationship with their clients and supervisors?

Exercise 3: Personal attitudes and the position of FW

Time: 30 minutes

Facilitator's notes – Exercise 3:

In this session it is important to keep the focus on self-reflection and the relation between the FW and their clients and stakeholders. Some important aspects which must be highlighted in the plenary discussion at the end:

- Who am I (as the communicator)?

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Participants understand their own social position vis-à-vis the people with whom they are communicating.

- Who are the people with whom I communicate?

Participants identify the range of social positions of the people with whom they communicate.

- Given my social position and personal attitudes, how do I relate to the people with whom I communicate?

Participants identify principles that will help them relate to the people with whom they communicate.

Task 1: Self-reflection

Now it is time to look at your personal attributes and their impact on your professional behavior as a front line worker. As the power walk clearly demonstrated it matters who we are in terms of gender, age, wealth and social position. The gender exercise showed that attitudes about gender are deep and influence our work relationships and effectiveness.

Facilitation technique:

1. Review the conclusions of Exercise 1 (the power walk and gender exercise) listed on the flip chart. Ask the participants to list key people in their local community with whom they are involved for their work (approximately 5 people).
2. Divide the participants into pairs and ask them to list 3 of their most important personal attributes on VIPP cards or pieces of paper. Hand the VIPP card/piece of paper over to the partner.
3. Now ask them to think back on the position occupied by the people on their list.
4. The partner then asks the following probing questions for each of the attributes his/her partner listed:
 - o Is your attribute similar to that of your clients/colleagues (how, why/not)?
 - o How do your clients see you/your attributes?
 - o How does this perception effect your ability to communicate with them?
 - o How do the stakeholders on the list see your attributes and how does this perception affect your ability to communicate with them?

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Now swap the roles of questioner and respondent around and repeat the exercise.

5. In plenary, summarize what special steps you can take as FW to communicate with these groups in a way which respects their attributes and position vis-à-vis the FW's attributes and position.

Task 2: Wrap up - professional behavior of FW

Time: 10 minutes

Facilitator's notes - Task-2:

Examples of personal statements:

"I will treat all patients with respect regardless of their presenting symptoms."

"As a male water and sanitation worker I will ensure that women meaningfully participate in community decision-making about locations and maintenance of water points."

"I will make every effort to visit all households, irrespective of their tribal affiliation, to encourage them to vaccinate their children."

Facilitation technique:

To sum up the lessons learned in this session, have each participant develop no more than 3 personal statements about how they will act as a FW now that they are more aware of social positions and their own attitudes. The statements should be as specific as possible.

SESSION 3

ROLE OF COMMUNICATION

Expanded Program on Immunization in Pakistan

Rationale: A critical aspect of most community-based development projects is the motivation of an informed community to analyze their problems/issues, decide upon and take action. This process usually needs a catalyst to inform and motivate people and guide them in the process of improvement. We usually call this “communication”. We will explore, in this session what role communication plays in routine immunization and what the FW can do as a communicator/catalyst. This will take a certain skill set—which is the purpose of this component of their technical training.

Objectives of the Session:

At the end of the session the participants will be able to:

- Talk about what communication is and what role it plays in the EPI program.
- Describe how they will use the two types of interpersonal communication (one-on-one and group discussion) as a FW in the EPI programme
- Identify some of the key communication skills they need

Time: 1 hour 45 minutes

Session 4: One-on-One Interpersonal Communication

Task 1: Define communication and importance of communication for achieving the goals of the Expanded Program on Immunization

Time: 15 minutes

Materials: VIPP board, VIPP card, overhead projector or pre-prepared flip chart

Facilitator's notes - Exercise 1:

At the end of the exercise show two slides on an overhead projector or on a pre-prepared flip chart:

Slide 1

What is communication?

Communication is a process through which information, ideas, feelings, opinions attitudes and values on a particular issue are shared with and among participant groups: stakeholders and beneficiaries.

Slide 2

Why communication?

- To bring about positive changes in knowledge, attitudes and practices of stakeholders and beneficiaries
- To sustain a project's intervention even after withdrawing project support

Exercise-1: Defining communication and importance of communication

Facilitation technique:

1. Divide the participants in small groups of 2-4 people.
2. Ask the participants to define communication (WHAT IS COMMUNICATION?) and importance of communication for successful implementation of the EPI program toward increasing coverage of routine immunization (WHY IS COMMUNICATION IMPORTANT IN THE EPI PROGRAM?). Give the participants 2 minutes to think.
2. Give each participant 2 VIPP cards (of 2 different colors) and one marker pen to write down their views on "what is communication" on one card and "importance of communication" on the other. Keep it to one sentence on each card.
3. Give the participants 2 minutes to write down their views on the cards.

Session 4: One-on-One Interpersonal Communication

5. Collect the cards and read out what the participants have written on them. Put up the cards on the VIPP board for review and comments by the participants.
6. Summarize the definition and importance of communication.

Task 2: Identify what role HWs play as communicators in the EPI program

Time: 20 minutes

Materials: Flipchart paper, marker pen of different colors, VIPP cards

Facilitator's notes – Task 2:

1. The problem analysis matrix should remain on the wall of the training room. For Exercise-1 below, refer back to the matrix so that the participants suggest communication roles specifically related to the EPI program's objectives they are working in.
2. Possible answers to the role of FW as communicator:
 - Provide correct information
 - Undertake rumor control
 - Raise awareness about good hygiene and sanitation practices
 - Promote adoption of a new vaccine as part of routine immunization (RI)
 - Bring the views of the community out so that they are integrated into the objectives and activities of RI
 - Encourage mothers to breastfeed their babies exclusively until six months
 - Engage local leadership so that they support objectives
 - Help improve the relationship between the service providers and service users and/or between community members and elites
 - Build rapport with communities/households
 - Build linkage with Union Council members (local elected officials)
 - Gather accurate information and assist community in decision making/planning
 - Determine the barriers to adoption of routine immunization
 - Find out what motivates families/mothers to bring their children to health centers
 - Serve as a link between communities and service delivery
 - Identify who and where are the hard to reach and underserved members
 - Help hard core poor, underserved and marginalized members in raising their voices
 - Play supportive and problem solving roles
 - Facilitate a process to help the community to assess, analyze situation and prepare action plan
 - Monitor implementation of community action plan/annual plan
 - Identify gaps and reasons behind them
 - Work with project hierarchy to adjust project priorities and activities
 - Contact Union Council members/local stakeholders to minimize gaps as the Program is implemented

Exercise-1: Defining the role of communication

Facilitator's notes - Exercise 1:

- **One-on-One:** Being in direct communication or exchange of information between two people;
- **Group discussion:** Guided interchange among more than 3 people to problem solve, share information, agree on actions, etc;

Facilitation technique:

1. Participants can be divided into small groups or pairs, or asked to answer the question on their own. Ask them to identify the role of communication in the project. "How can communication help the EPI program in Pakistan achieve its objectives?" "How can communication mobilize communities to improve their well-being?" Have participants write three responses on individual cards, to be collected and read by the training facilitator in a plenary session. Cluster the cards on the board. They will be used later in the session.
2. (In plenary) Break interpersonal communication down into the two types and ask participants to define:
 - One-on-One
 - Group discussionHelp participants reach consensus on a definition for each type. Write the words (one-on-one; group discussion) on a VIPP cards and place on a clean board.
3. Ask the participants how they would use these 2 types of communication to fulfill the different roles generated in the first Task. Take each "role of communication" card and have participants agree whether this is best done by one-on-one, or group discussion—or sometimes, both methods are suitable. Place the card under the appropriate heading. If some roles are for both methods, place those cards between the two headings. At the end of the session, the "role of communication" cards should be in three clusters.

Task 3: Identify key communication skills for the FW

Time: 30 minutes

Materials: Flipchart paper

Facilitator's notes – Task-3:

1. In advance of the training, the facilitator needs to modify the role play scripts offered in *Annex 2* which demonstrates good and bad one-on-one communication sessions. The good example demonstrates the communication steps and skills listed below. The scenario for the role-play should be relevant to the FW's work—so if the model role play is modified make sure it also demonstrates the steps and skills below.
2. Communication steps:
 - Assess
 - Problem-solve and/or give information
 - Review actions/knowledge
3. Suggested communication skills to demonstrate:
 - Listening skills
 - Use of closed and open-ended questions
 - Use of the Q&A technique for assessments
 - Appropriate eye contact
 - Summarize
 - Use of communication material
4. Do the demonstrations of good and bad communication BEFORE discussing skills and steps. This avoids lecturing, and allows all participants to talk about what they saw, rather than a theoretical discussion.
5. Display the skills list (generated in discussion AFTER the demonstrations) in the training room for the duration of the training so that participants can modify it as learning occurs. Consider this is a draft.

Facilitation technique:

- The facilitator should play the FW in each demonstration so that the communication skills and steps are correctly done. Demonstrate bad communication session first through a prepared role-play (*see Session 2 Annex 1 for suggested script*) with one participant as the client.
- Immediately (no discussion) afterwards, announce that the facilitator will demonstrate a good communication session (*see Session 2 Annex 1*) with another participant as the client.
- At the end of the demonstrations, ask the participants to compare (to point out the differences between) the two role-plays. Write down their main points on flipchart paper.
- Review their points and if they missed any skills and steps that were demonstrated add them to the list.

Session 4: One-on-One Interpersonal Communication

1. Now, tell the participants that they will begin to draft a list of communication skills needed to be an effective FW. This is best done in plenary, so all can benefit from the debate. Refer to their observations and write down on a flip chart labeled "Communication Skills"—a draft. Remind participants that skills are observable actions/words. So, if they say, "FW was respectful to the mother," this needs to be converted to what participants actually saw and heard. "Was respectful" might be: "entered the hut and bowed", "called the woman by appropriate title", "accepted a seat/refreshment offered" and so on. The facilitator can also refer to the skills used (demonstration of PRA) in Session 1 to supplement the discussion.

Task 5:	Wrap up
Time:	10 minutes

Link the role of FWs as a communicator/change agent with necessary communication steps and skills. At the end of the session there should one flipchart listing the communication skills.

SESSION 4

ONE-ON-ONE INTERPERSONAL COMMUNICATION (IPC)

Rationale:

Facilitator's notes:

1. The facilitator will introduce the idea that this session is to focus on the actual steps and skills needed for good communication. Each participant will **PRACTICE** the use of one-on-one IPC steps and skills. In the subsequent session they will have a similar exercise on group facilitation steps and skills.
2. Note that this is not a session on counseling, but on essential one-on-one IPC skills. These basic skills are also used in counseling

Objective of the Session:

At the end of the session the participants will be able to:

- List the three communication steps and some communication skills important for effective one-on-one communication
- Demonstrate one-on-one IPC steps and skills

Time: 2 hours

Task-1: Review the use of one-on-one communication and introduction of IPC steps

Time: 15 minutes

Materials: Flipchart paper

Facilitation technique:

- Explain that they will now put a "magnifying lens" on what skills and steps are necessary for conducting effective one-on-one communication. The emphasis of this session will be to watch and practice specific steps and skills.
- Place the VIPP board with the cluster of cards under the heading "One-on-one Communication" of session 3 in front of participants.
- Ask them to review the role of one-on-one communication and allow them to add any points if they want to.
- Show them the draft list of communication skills. Explain that besides "skills" there are 3 steps necessary to structure a communication session.

Session 4: One-on-One Interpersonal Communication

- Introduce the three flip chart papers below (attach them to the wall or board for all to see). They should be blank except for the heading. Explain that these are communication steps and when conducting a communication session, FWs should go through these 3 steps to help structure an effective session. Some interpersonal communication models use 5, 6, or 7 steps (such as the GATHER model for counseling). This has been simplified to 3 steps.
- Using the examples from the demonstration role plays in Sessions 1 and 3, help participants define what the purpose of each step is. Also discuss how each step is important for a good session, and what are the problems if the steps are not correctly followed. This can be done in plenary, or if divided into groups, each group can put the purpose(s) on VIPP cards which can be taped to the flip charts.
- When participants are satisfied with their explanation of *asses*, *problem-solve* and *review*, tell them to watch for these steps in the demonstration to follow. The flip charts can be modified after a discussion following the demonstration.

Figure 2: Flip charts on communication steps

Assess	Problem-solve <i>Give information</i>	Review <i>Actions</i> <i>Knowledge</i>
Find out from client group their view of the problem.	Work with client group to brainstorm solutions. Fill information gaps.	Review decisions made, next steps, etc. Check if they have understood the information.

Session 4: One-on-One Interpersonal Communication

Task 2: Demonstration of one-on-one Interpersonal Communication steps and skills

Time: 20 minutes

Materials: 2 flipchart papers

Facilitator's notes - Task-2:

Prepare a role-play ahead of this session where the facilitator will act as the FW so that the communication skills and steps are demonstrated correctly. If the demonstration below is not applicable for the FWs in the training, prepare an appropriate role-play making sure the 3 steps and communication skills are clearly demonstrated. The role-play should take no more than 5 minutes. Participants not in the role-play will watch the role-play and observe which communication skills and steps are used. They could use the checklist to guide the discussion after this demonstration role play.

Demonstration : FW using one-on-one IPC skills

Kulsum is 2 years and 2 months old. She has very low weight and an acute ear infection. Kulsum is having frequent attacks of diarrhoea. The health worker at the FWC has given the mother instructions on wicking the ear and giving an antibiotic for the ear infection, including ORT. Now the CHW will assess feeding and counsel the mother about food, ORT, other fluid and when to return to the FWC. The CHW has chosen the afternoon after lunch (around 2 pm) as a time to visit the home because it is usually a quiet time. She enters the home and sits on the mat. She accepts pan from the mother and they chat.

CHW: It's good to see you again. How is Kulsum's ear infection today?

Mother: *(Kulsum is lying in mother's lap. Listless.)* She is still in pain. She kept me up all night. My husband is not sleeping either.

CHW: I'm sorry to hear that. It takes antibiotic a few days for an effect. Don't get discouraged. Keep giving the medicine as the doctor advised. *(Reaches over and touches the child.)* I see that Kulsum is still thin. How much has she been sick in the past year?

Mother: The only sickness she's had is this ear infection. But she's always been thin and weak. She doesn't have much appetite and she has diarrhoea all the time. Now the earache is making her restless and irritable.

CHW: So she doesn't have much appetite. What do you try to feed her?

Mother: I give her the dal and rice the family eats and I can give her eggs and fish when they are available. I try to give her milk everyday with a little sugar. She likes banana, so that is no problem.

Session 4: One-on-One Interpersonal Communication

- CHW: So you are giving her dal and rice, sometimes fish, eggs and milk for protein. This is good choice. The banana is also good, but there are a few kinds of food missing from her diet. She needs fruits and vegetables with Vit-A. These are usually yellow in colour like misthi kumra, mango, carrots, papaya. Green vegetables are also important for children. How often are fish and eggs available?
- Mother: If my husband gets good work, we have fish and eggs twice a week. But he hasn't had regular work for some months now.
- CHW: So how often can you afford to give her milk?
- Mother: *(smiles)* I know milk is important, but it is expensive, so I mix it with water so Kulsum gets some everyday.
- CHW: You're right that milk is important, but diluting milk can be dangerous if the water you use is not clean. Where do you get your water?
- Mother: They told us that our tube-well has arsenic, so now I go to the well at the end of the road.
- CHW: Do you boil the water before using it to drink?
- Mother: Not every time. It doesn't smell and it looks clean, so I didn't think it was necessary.
- CHW: We cannot be sure that it is clean. Kulsum is having diarrhoea all the time, so something is not right. You can boil the water for her and make sure you wash your hands before feeding her or preparing her food. Also, it would be better to give her milk less often, and give it undiluted. Diluting the milk dilutes its benefits and gives a chance for germs to enter her body.
- Mother: OK. I will try to follow your advice.
- CHW: Good! What will you try to do differently?
- Mother: I will stop putting water in the milk, but I can buy milk maybe only once a week. I must be more careful about our drinking water. I will make sure any water Kulsum takes is boiled.
- CHW: What about her diet?
- Mother: She needs more vitamins. I can add misthi kumra - it's not too expensive right now. We have papaya tree, so I can see if she will eat one.
- CHW: Good. I think if you can follow these things, we will see an improvement in Kulsum's appetite and weight. I'll stop by in a few weeks to see how she is doing.

Facilitation technique:

Session 4: One-on-One Interpersonal Communication

- When the demonstration is over, ask the participants to stay in plenary or divide into groups of 3-4 and discuss what communication skills and steps they observed in the role play. (See suggested questions below). Build on the contents of the flip charts from Session 2.
- Bring the groups together to refine the flip charts. The 3 flip charts on "steps" and one flipchart on "skills" for one-on-one communication.

Facilitator's notes - Demonstration:

1. Suggested questions:

- How did the CHW use the communication steps to reach a solution with the mother?
- When did the CHW ask questions to get information before giving advice?
- Summarizing is an important communication step. At what points and how did the CHW summarize?
- Was the health advice given complete and correct? Did the CHW use understandable language for the mother?
- Did people see the communication steps? (Refer to flip chart on steps)
- Did they use the communication skills? (Refer to flip chart on skills)

Task-3: Practice of one-on-one communication

Time: 45 minutes

Method: Practice sessions (role-play - feedback - role play)

Materials: List of steps

Facilitator's notes - Task-3:

Practice role plays differ from other types of role play in that the facilitator will focus on skills used and will interrupt for feedback and allow the participant to try one more time to incorporate the feedback

Now it is time to practice the steps and skills listed on the flipcharts.

Session Process:

Session 4: One-on-One Interpersonal Communication

1. Break down the practice role-play so that only step (assess, problem-solve, review) is practiced at a time.
2. For each of these steps the participants should use the communication skills from the flip chart that is hanging on the wall.
3. The practice sequence for each participant will be role-play - feedback - role play before allowing another participant to practice. After setting the scenario, there is NO SCRIPT, as the FW is to attempt conducting a session on their own.

Facilitation technique:

- Select one person to be the FW and another person to play the client.
- Specify the communication step that the person playing the FW should do using as many of the skills/messages as possible.
- Instruct those observing the role play to watch for which of these skills/messages are used.
- Let the role play run only until 2-3 skills or messages are demonstrated. (up to 2 minutes)
- Interrupt the episode to solicit feedback. Ask the 'FW' what skills he/she tried to use and how easy/difficult it was. Ask 'caregiver/client' what her feelings were. The feedback from other trainees should focus on what behaviours from the guideline the actor exhibited, and what behaviours he/she can add, eliminate or improve. (3-5 min.)
- Summarize the feedback, stating what behaviours the actor is to repeat and/or change. (1-2 min.)
- Repeat the role-play with the same actors and scene using the feedback from the observers.
- Choose a new 'FW' and a new 'client' and select another communication step. Continue with the role play-feedback-role play sequence until all the 3 communication steps have been practiced.

Facilitator's notes:

- Out of the two practice sessions (sessions 4 and 5) make sure that as many of the participants as possible practice at least once.
- Refer to annex for instructions on how to conduct a practice role play. (*Session4-Annex2*): "Role play as a tool".

NOTE: Depending on the skill level of participants, their interest, and time available, the facilitator can conduct quick drills on specific skills. These exercises are explained in *Session 4 Annex 3*. Skill drills:

Session 4: One-on-One Interpersonal Communication

1. Open and closed-ended questions
2. Probing questions

Task-4:	Wrap up
Time:	15 minutes
Method:	Discussion

In a plenary, sum up the session, explaining the communication skills necessary to help clients do practices, and summarize the communication steps used for effective communication.

SESSION 5

FACILITATION SKILLS FOR GROUP DISCUSSION (OR GROUP LEARNING)

Rationale:

Different forms of interpersonal communication each have their strengths and areas of particular usefulness. Keeping in mind the lessons learned in Session 2 about power structures and roles within the community, group communication is a way in which many different voices and concerns can be heard.

Facilitator's notes: Since facilitating group discussions can be complicated and challenging, it is important to practice the use of different facilitation skills and steps before actually going into the community. In this session, which builds on the IPC skills applied in session 4, the FW will have the chance to adapt these skills to group settings.

Objectives of the Session:

At the end of the session the participants will be able to:

- Explain the appropriate use of group discussion (in the context of the project/target behaviour)
- Identify group facilitation skills and steps
- Practise group facilitation skills and steps

Time: 2 hours

Session 5: Facilitation Skills for Group Discussions or Group Learning

Task-1: When is it appropriate to bring groups of people together?

Time: 15 minutes

Materials: Flipchart paper

Facilitator's notes – Task 1:

1. Review the cluster of cards under "Group discussion" (Session 3) to see if there is anything to add. By the time Session 5 is conducted, participants will have been in training for several days—learning technical information, etc.—so they might have new or more specific ideas about how group discussion could be used.

2. **Suggested** responses (these are general—have participants be specific to their EPI Program):

Bringing people together in groups is a good way to

- Provide correct information and undertake rumor control.
- Raise awareness about certain situations and their consequences.
- Promote behavioural change.
- Draw out the views of the community so that these are integrated into the objectives and activities of the EPI program.
- Engage local leadership so that they support project objectives.
- Help improve the relationship between the service providers and service users, and between community members and elites.
- Plan and monitor implementation of activities with community members.

3. It is important for the demonstration role play to be rehearsed at least once. Well before the session, the facilitator should ask enough participants to play each of the parents and for them to read the script. As before, the facilitator should play the role of FW so that all skills and steps are correctly done.

Facilitation technique:

- Explain that, just as they did for one-on-one communication, they will now put a "magnifying lens" on what skills and steps are necessary for conducting effective group discussion. Place the VIPP board with the cluster of cards under the heading "Group Discussion" of Session 3 in front of participants.
- Ask them to review the role of Group Discussion in communication and allow them to add any points if they want to.
- Show participants the 3 flip charts on Communication Steps that were developed in the context of one-on-one communication. Ask them if they feel these steps are different in a group discussion? What is the same, what is different?

Session 5: Facilitation Skills for Group Discussions or Group Learning

- Show participants the flip chart on Communication Skills. Again, ask if these skills are still valid for group work. What is the same, what is different?
- Remind participants that they will be seeing a demonstration of a group discussion after which the steps and skills can be modified from their observations.
- It is possible to add an additional flip chart for specific skills needed for group discussion.

Figure 4: Flip charts on communication steps

Assess <i><u>What is the problem/who is/are affected/where</u></i>	Analyze <i><u>Why is it happening/How to solve/Who can help</u></i>	Act <i><u>Decide on actions/ agree on next steps, etc.</u></i>
Find out from client group their view of the problem by discussing what, who and where.	Work with client group to brainstorm the causes of the problem, what steps to take to solve, and who can help solve.	Work with client group to decide and agree on actions to be taken/nexy steps.

Task 3:	Demonstration of facilitation skills for group discussion (or group education)
Time:	45 minutes
Materials:	3 flipchart papers

Facilitator's notes - Demonstration:

1. Certain communication skills and steps and effective use of a communication material will be demonstrated here. If the script provided is not appropriate for your project feel free to rewrite it but make sure it clearly demonstrates the communication skills and steps listed.
2. Build on the contents of the flip chart from Session 2. They should look at one-on-one communication steps and skills and discuss what is the same and what is different between one-on-one and group facilitation.
3. Separate out communication skills from steps and enter them on different flip charts as you did in the session on one-on-one communication.

4. At the end of the session you should have the flip charts filled out as well as possible for group facilitation--flip charts on steps and flip chart on skills.

3. Demonstration: a FW using group facilitation skills and steps

Before the demonstration, explain that group facilitation is more than just question and answer between the FW and individual members of the group. Facilitation is encouraging questions and answers from and between group members. This aids in problem-solving and gives the opportunity for a positive example in the community to share his/her experience. The FW is not the sole authority for effective actions! See *Session 5 Annex 4* for further discussion.

Demonstration role play: Regular attendance of primary school students.

(Note: Develop a Role Play relevant to EPI)

In a primary school of a village, some students belonging to the catchment area were identified as irregular students. The teacher responsible for that catchment area calls a meeting with the parents to discuss this issue and to see what can be done to ensure regular attendance of those students.

About 6-8 parents (both fathers and mothers) assemble at the School Management Committee (SMC) Chairperson's residence for the meeting. They all sit down on chairs. The teacher enters and also sits down on a chair.

Teacher: Asaalam—ou—allicoum. *(parents return greeting.)* How are you? Thank you for coming. Today, I'd like us to talk about the importance of regular attendance of children at school. This is a very important issue, don't you think? *(Some parents nod their heads while others say "yes".)*

Teacher: How often are your children attending school? *(Parents say they are attending)*

Teacher: Good! Glad to hear this. Have any of your children had difficulty attending school?

Parent 7 (mother): My daughter was sick for a week last month, but otherwise, she attends.

Teacher: Let me share our records with you of the children who attend school regularly and those who do not *(she reads the list out aloud).*

Session 5: Facilitation Skills for Group Discussions or Group Learning

Parent 1 (*father - with a surprised look on his face*): That name you have just read out - Arif - did you say he is the one in grade V? I am his father. I don't understand why you say he is irregular! He goes to school every morning and comes back home in the afternoon. My wife tells me this.

Teacher (*checking the list again*): Well, the records clearly show that he attended school only Two day last week. I am sorry.

Parent 1: I don't understand this. I am confused. How can this be?

Teacher (*looks around the group of parents*): What do you think? Can you help him understand this?

Parent 2 (*mother - turning to Parent 1*): Did you have no idea that he was doing this?

Parent 1: I didn't. I thought he was going to school.

Teacher (*looking around the group*): How could he have found out?

Parent 3 (*mother*): My daughter is in grade IV. Everyday, I ask her about what she has learnt at school and if there was any homework. (*Turning to Parent 1*) Do you not do that?

Parent 1 (*miserably*): I never thought I needed to do so.

Teacher: There are many among you who have the same problem. Why do you think your children are skipping school like this? (*Teacher looks around the room and calls on a father who wants to speak.*)

Parent 4 (*father - looking at the teacher*): I have the same problem. You have read out my son's name as one who is irregular. I did not know that he missed school once last week! I have never been to school, what do I know about school learning and homework?

Teacher (*looking around the group*): Do you agree with him that not having gone to school yourself means you cannot help your children to go to school regularly?

Parent 3 (*looking at parent 4*): I don't agree. I too cannot read but I still ask my daughter about her studies and make sure that she has enough time left after chores to do her homework. Sometimes I ask my daughter to read to me from her school book.

Teacher: That's right. The important thing is to interact with your children. By talking with them and asking them questions, you can understand if school interests them and whether they go to school everyday. But let us keep discussing this. Why do you think children do not attend school regularly?

Session 5: Facilitation Skills for Group Discussions or Group Learning

Parent 5 (*mother*): My daughter can not go to school everyday. I need her with me at home to help me with chores. Those days I don't send her to school.

Teacher: (*looking at the mothers in the group*) How do you feel about this? Do you do the same thing?

Parent 2 (*turning to parent 5*): I don't think you are being fair to your daughter. I too need my daughter to help at home, but her education is too important. I manage the best that I can while she is at school. She helps me before and after school, and I think that is enough.

Parent 6 (*mother - sadly*): At least your daughter wants to go to school. My son is in grade II, but he is very irregular. He skips school not because my husband and I don't talk to him about school or that we want him to help us with chores a lot. He just doesn't want to go to school.

Teacher (*looking around the group*): That is certainly a problem! What do you think of his son's problem?

Parent 4: Did you ask him why he does not want to go to school?

Parent 6: Yes, we did. He says he does not enjoy the school. He says that his teachers are not very friendly and they hit students who have not finished their homework. The seats are not comfortable and the classroom is dirty.

Parent 2: My daughter says the same thing! There is no nice place for her to go to the toilet.

Teacher (*talking to the group*): It is true that the school needs improvement. (*With an expression of embarrassment on her face*) I admit that sometimes we teachers tend to be a bit too strict with the children. We are just maintaining discipline. But we are getting training in new teaching methods, so this might help. We are discussing with the SMC how to make school more attractive, but there are many limitations. We can only improve the school with your active support and participation.

Parent 1: But you are running the school! It is your school. Why do you ask us to help?

Teacher: Is that how you all feel? That parents don't have a say in the running of the school?

Parent 6 (*looking at parent 1*): I don't think you are right. Our children attend this school, so how can it be only their school? It is ours too.

Parent 4: I agree. We should be able to have some voice in schooling in this village.

Teacher (*looking around the group*): That's right. This school is for all of us. As a teacher, our role is to guide the children's learning, but we need you and the

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community to show an interest and be involved in your children's education. The problem of poor attendance is something teachers, parents and community members need to address together.

Teacher: I'm sorry, but our time is up. This has been a useful discussion. You have brought out some important issues about student attendance that I had not thought about.. What have you learned tonight? (*Looks around the room.*)

Parent 4: I learned that even if I cannot read and have never been to school, I can still ask my son about what he did in class. I should take some responsibility for my son's learning.

Parent 5: Parents must sacrifice for their children's education. I have more work to do at home because my daughter should not miss so much school.

Parent 1: Children don't like coming to school because it is dirty and has no toilet. I don't know how long I will keep my daughter in a school like that even if education is important. I don't see what parents can do about that.

Teacher: What you are bringing out are the many ways parents can support their children's attendance in school. Showing an interest, asking questions, checking their homework if you can, letting school attendance be a priority for you are all things we have discussed tonight. How we can improve cleanliness at school is something we can discuss at our next meeting. I will ask our SMC Chairman to come next time. Please share our discussion with other parents and urge them to attend next month's meeting. Thank you for coming.

Facilitation technique:

Ask the participants to stay in plenary or divide into groups of 3-4 and discuss what communication skills and steps they observed in the role-play.

Suggested questions:

- How did the Teacher use the communication steps to reach a solution with the group of parents?
- When did the Teacher ask questions to get information before giving advice?
- Summarizing is an important communication step. At what points and how did the Teacher summarize?
- Was the advice given complete and correct? Did the Teacher use understandable language for the group?
- Did people see the following steps after greeting and introducing the purpose of the visit: i) assessment, ii) problem solve/give correct information, iii) review.

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- How did the Teacher use the following skills: open ended questions, balanced eye contact, probing for more information, summarizing, good body language, correct professional behaviour, listening skills.
 - After discussion, make any (correct) changes to the skills and steps flip charts.
-

Task-4:	Practicing the group facilitation skills and steps
Time:	45 minutes
Method:	Practice sessions (role-play - feedback - role play)
Materials:	List of steps

Session Process:

1. Break down the practice role-play so that only step is practiced at a time.
2. For each of these steps the participants should use the communication skills from the flip chart.
3. The practice sequence for each participant will be role-play - feedback - role play before allowing another participant to practice. The practice should be facilitated by the trainer. If there is more than one trainer, two practice sessions can be done simultaneously in separate locations.

Facilitation technique:

- Select one person to be the FW and 6-8 participants to play 'community members'.
- Specify the communication step that the person playing the 'FW' should do using as many of the skills/messages as possible.
- Instruct those observing the role play to watch for which of these skills/messages are used.
- Let the role play run only until 2-3 skills or messages are demonstrated. (no more than 1-2 minutes)
- Interrupt the episode to solicit feedback. Ask the 'FW' what skills he/she tried to use and how easy/difficult it was. Ask the 'community members' what their feelings were. The feedback from other trainees should focus on what behaviours from the guideline the "FW"

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used, and what behaviours he/she can add, eliminate or improve. (3-5 min.)

- Summarize the feedback, stating what behaviours the 'FW' is to repeat (these are the good ones) and/or change (changes include doing a skill better or add/subtracting something. The 'FW' then repeats the same scenario as before, making changes according to the feedback. (1-2 min.) When time is up, the 'FW' sits down.
- Choose a new 'FW' and a new 'community members' and select the next communication step. Continue with the role play-feedback-role play sequence until all the 3 communication steps have been practiced.

Facilitator's notes:

- Out of the two practice sessions (sessions 4 and 5) make sure that as many of the participants as possible practice at least once.
- Refer to annex for instructions on how to conduct a practice role play. (*Session 4-Annex 2*): "Role play as a tool".

Task-4: Summing up the session

Time: 15 minutes

Method: Discussion

In a plenary, sum up the session re-emphasizing the issues discussed, and urge participants to use the group facilitation/education skills in the field practices of the training. Discuss what skills are the most important and what are the most difficult.

SESSION 6

COMMUNITY MOBILIZATION

Rationale:

Community mobilization is a capacity-building process through which community members, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to influence families to adopt desired practices and improve their quality of life. As a frontline health worker in the EPI programme, your role is to be the catalyst for this process.

The purpose of this session is to pull together the key elements of the comprehensive technical and communication training just gone through. This session is leading the community through assessing, analyzing and planning the activities to achieve the project objectives.

This session gives the participants the opportunity to practice the skills learned for communication and apply them to the project activities.

Objectives of the Session:

At the end of the session the participants will be able to:

- Describe the FW's role as a facilitator in mobilizing the community.
- Apply what they have learned in sessions 1-5 on how to work with the community to assess, analyze and plan for action.

Time: 2 hours

Task 1: Puzzle

Time: 20 minutes

Materials: Marking pen, colored A4 paper and scissors

Session 6: Community mobilization

Facilitator's notes :

Before the session prepare a puzzle for each group. Take an A4 paper and write a relevant message (e.g. exclusive breast feeding for 6 months or wash hands after defecation), and cut into 8 different shapes. Mix the pieces up and lace the pieces on each table.

The facilitator should observe for power relations, exclusion, dominance, degree of participation etc.

Ask each group to put the puzzle together in 1 minute but they are not allowed to speak during the exercise.

At the end of 1 minute stop the exercise, and ask participants how they felt trying to put the puzzle together. Draw out issues on the need for communication, dominance and the need for communication for problem solving.

The facilitator should point out how the principles just discussed should be kept in mind when they are working with communities.

Task 2: Community assessment, analysis and planning for action

Time: 120 minutes

Materials: Brown Paper, pencil, signature pen, stick (mapping), picture cards, beans (for voting) – depending on the assessment method chosen

Facilitator's note - Exercise 2:

The important part of this exercise is for the facilitator to emphasize the communication skills, not the content of what is discussed by the villagers.

Before starting the exercise prepare a community action plan matrix as a hand out (see Session 6, Annex 2)

Exercise 2:

Facilitation technique:

Session 6: Community mobilization

- Divide the participants into about 4 groups with no more than 6-7 in each
- Now each group will be a community that will go through assessment, analysis and planning
- One participant will play the role of FW and the rest will be villagers. The FW will change for each of the steps (assessment, analysis and planning)
- Assign the villagers different roles (e.g., poor woman, religious leader, tea stall owner, UP chairman etc).

Assessment:

- Assign one participant to play the role of the FW (try to select someone who has not had the chance to role play during the training period). This FW should use the assessment technique that was demonstrated in session 1 (mapping, transect walk, card sorting etc) and lead the villagers through it to determine WHAT the problem/issue is, WHO are affected and WHERE the affected are
- Allow 20 minutes to do the assessment.
- During this time the facilitator should circulate, spending equal time among the groups and observing the communication skills being used (refer to the flip chart on group facilitation skills)
- Stop the session after 20 minutes and have 10 minutes of feedback regarding the communication skills being used

Analysis:

- A second FW will facilitate the analysis session, taking the problems identified in the assessment session and lead the villagers through the why, why, why exercise (session 1, task 1)
- Allow 20 minutes to do the assessment.
- During this time the facilitator should circulate spending equal time among the groups and observing the communication skills being used (refer to the flip chart on group facilitation skills)

Session 6: Community mobilization

- Stop the session after 20 minutes and have 10 minutes of feedback regarding the communication skills being used

Action Planning:

- A third FW will take the villagers through action planning, using the CAP matrix. In real life, a village will have 3 or 4 problems to address, but for this exercise, just one problem will be taken. For the problem identified, the FW will solicit responses and discussion about these questions:
 - What is the problem?
 - How can we solve: What activities?
 - Who will carry out the activities and how?
 - When and how often?
 - What resources are needed?
- Allow 20 minutes to do the assessment.
- During this time the facilitator should circulate spending equal time among the groups and observing the communication skills being used (refer to the flip chart on group facilitation skills)
- Stop the session and have 10 minutes of feedback regarding the communication skills being used

Depending on how this session fits with the larger technical content of the training, it might be appropriate to have each group present the content of their action plan with technical people there to review and comment.

Task 3:	Wrap up
Time:	10 minutes
Method:	Discussion

Session 6: Community mobilization

Facilitator's notes - Exercise 3:

1. As much as possible draw upon what has been discussed and learnt through sessions 1-6.

Ask the participants to name the main thing they have learned after having gone through all sessions. This can be done verbally, or participants can write their idea on a card to be collected and read by the facilitator.

ANNEXURE

Field Worker's Training on EPI

Duration: 05 (five) days.

Venue of training:

Date:..... to

Batch no.:

Facilitators:

Day - 1

Time	Session no.	Subject	Method	Materials
08.00 - 08.30	-	Registration	-	Registration Form
08.30 - 09.45	01	Inauguration & EPI in Pakistan	Lecture/Pre sentation Pre-test	Training evaluation Questionnaire, Transparency
09.45 - 10.00	T E A B R E A K			
10.00 - 11.30	02	7 Preventable diseases	Small group work and Discussion	Transparency, Flip paper, Marker
11.30 - 01.00	03	Antibody and vaccination schedule, Administering Vitamin- A capsule at EPI center	Question and Answer (Q&A), Discussion	- Do -
01.00 - 02.00	L U N C H B R E A K			
02.00 - 04.00	01	Local Situation Assessment Session 1	See "Essential IPC Skills..."	

Session 1, Annex 1

			training module	
04.00 - 04.30	-	Review of whole day session and Q & A		
04.30 - 05.00	T E A B R E A K			

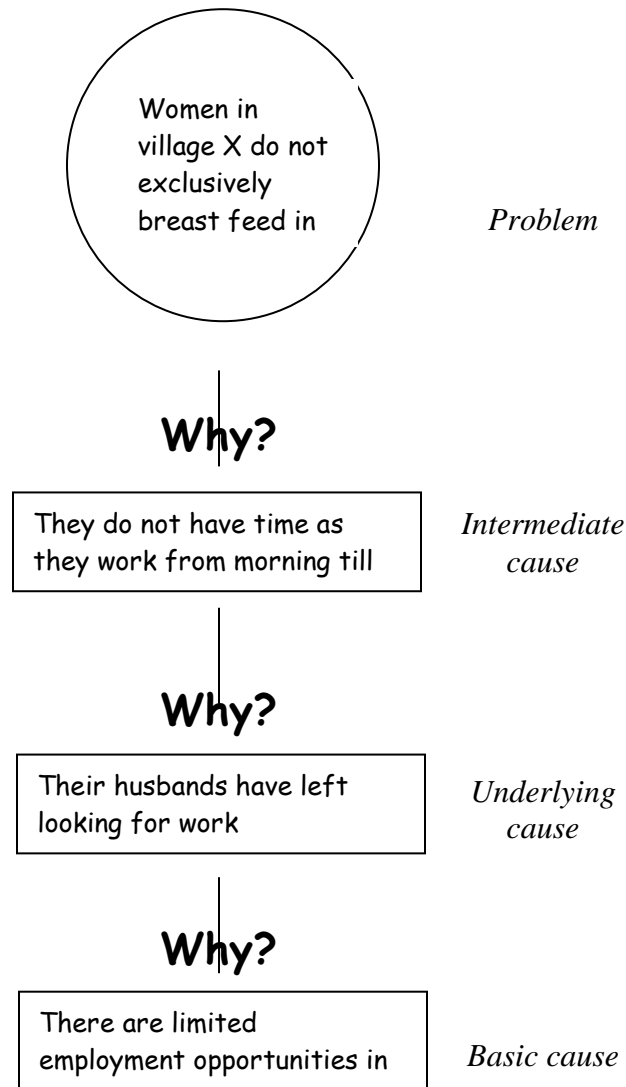
Day - 2				
08.30 - 08.45	-	Review of last day's session	Participatory discussion	-
08.45 - 10.00	05	Safe injection and removal of sharp wastes (Theoretical and practical)	Q & A, Discussion, Demonstration and learning by doing.	Flip chart paper, Transparency, Safety box, AD syringe, vaccine
10.00 - 10.15	T E A B R E A K			
10.15 - 11.45	04	Cold Chain	Q & A; Discussion; Demonstration and learn-by-doing	Flip paper, Transparency, Marker, Vaccine Carrier, Thermometer, Ampule cutter.
11.45 - 01.30	02	Role of Communication in EPI Programme Session 2	See "Essential IPC Skills..." training module	
01.30 - 02.15	L U N C H B R E A K			
02.15 - 04.30	09	EPI forms and Reporting, Learn by doing.	Q & A, fill out forms	Flip paper, Marker, Transparency, Women and Children Register, Women and Children Card, Tally Book, Report Book.
04.30 - 04.45	T E A B R E A K			
Day - 3				
08.30 - 09.00	-	Review of last day's	Participatory	-

Session 1, Annex 1

		session	discussion	
09.00 - 10.30	06	Adverse Events Following Immunization or AEFI	Question and Answer; discussion; demonstration and learn-by-doing	Flip chart paper, marker and transparency
10.30 - 10.45	T E A B R E A K			
10.45 - 12.45	03	"Personal Attitude and Professional Behaviour" Session 3	See "Essential IPC Skills..." training manual	
01.00 - 02.00	L U N C H B R E A K			
02.00 - 03.30				
03.30 - 05.15	04-	One-on-One Interpersonal Communication Session 4	See "Essential IPC Skills..." training module	-
05.15 - 05.30	T E A B R E A K			
Day - 4				
08.30 - 09.00	-	Review of last day's session	Participatory discussion	-
09.00 - 12.30	07	Vaccine dilution and Routes of Vaccination, Organizing and managing vaccination session.	Question and Answer, Discussion, Demonstration and learning by doing.	Flip paper, Transparency, Safety box, AD syringe, Vaccine, Mony Flag, Mony Table Cloth etc.
12:30 - 01:30	L U N C H B R E A K			
02.15 - 04.15	05	Facilitation skills for Group Discussion Session 5	See "Essential IPC Skills..." training module	
4:15 - 4:40	T E A B R E A K			

Day - 5				
08.30 - 09.00	-	Review of last day's session	Participatory discussion	-
09.00 - 11.00	06	Community Mobilization in EPI Session 6	See "Essential IPC Skills..." training module	
11.15 - 11.30	T E A B R E A K			
11.30 - 12.00	-	Preparation for field visit with check list	Discussion; transport to field	Check list
12.00 - 02.00	L U N C H B R E A K (en route to field)			
02:00 - 04.30	Field	EPI Registration, Interpersonal Communication and Group Meeting.	Home Visits in community and/or community group	Registration book, pen, note book, flip chart.
04.30 - 05.00	-	Discussion of field visit	Open discussion, review of checklist observations	Flip chart paper
05.00 - 05:15		Post evaluation of training	Written test	Training evaluation questionnaire.
05:15 - 05:45	Closing Session and Tea Break.			

Example of Why, Why, Why Exercise



- Select any issue (e.g. women in village X do not exclusively breast feed in the first six month) and walk the participants through the analysis filling in the diagram as shown above.
- The facilitator asks the question: Why don't women in village X exclusively breast feed?

Session 1, Annex 1

- The group comes up with an answer, e.g.: Because they do not have time as they work from morning till evening.
- The facilitator asks the second question: Why do they have to work from morning till evening?
- The group then comes up with the answer: The men have left the village looking for work. So it is the women who have to work to feed their families until their husbands return or send money home.
- The facilitator asks the third question: Why did the husbands have to leave the village to find work?
- The group comes up with the answer: Because there are limited employment opportunities in their village.

The conclusion that can be drawn from this exercise is that one of the underlying causes of the issue (women in village X do not exclusively breast feed in the first six month) is economic forces which drive its men to go to other places to find work.

Card Sorting exercise

The purpose of this exercise is to:

1. Develop analytical and problem-solving skills related to an issue.
2. Develop an ability to evaluate causes and effects of the problem/situation related to the issue.
3. Identify positive and negative situations related to the issue
4. Identify ways the negative situations can be prevented

Facilitation technique:

- Divide into small groups of 5-8 people.
- Give the first set of cards and ask the groups to sort them into two piles: positive and negative. If they cannot decide which category a card falls into, ask them to set it aside.
- Ask the participants to discuss the reasons for deciding upon the positive and negative; ask why they are positive, and why they are negative.
- Give the participants the third set of activity cards - the solutions to the problems - and ask them to match the content of the third set to the problem. (Which activity will help solve the problem?)
- Ask the participants to discuss (i) if they think the activity cited in the fourth card is possible to begin in their community and (ii) how they would go about doing it.

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Examples of the kinds of cards to be used:

To Be Made Into Cards - Preferably Visual Cards

Table: Identifying Possible Child Growth and Development Problems and Solutions

Examples of Weak Situations or Practices	Examples of Optimum Practices	Activity to Go from Weak to Optimum Practice
Early Childhood Health		
Child with polio	Child getting the polio drops	
Child not being immunized due to tight schedule of parents	Child being immunized on time	
Child breathing with great difficulty at home several days	Parent taking ill child to health center	
Child with goiter or obviously a slow thinking	Child eating iodized salt	
Child bumping into something at dusk or at night	Child eating leafy green vegetables	
Child eating from a plate with flies all around it	A plate of food with a woven cover on it	
Give less fluid food because the child has diarrhea	Give Child with diarrhea water and fluid food	
Child drinking water from an unprotected source	Child drinking boiled water from protected source	
Give child drug for fever immediately when the child start to have slight fever	Give child drug for fever when the temperature is above 38.50C	
Have the baby eat with adults three times after weaning	Continue to feed the baby with mild after weaning at 1-year	
Feed baby only breast milk until one year	At fourth month, give fruit juice to the baby	
Do not go outside to avoid	Take child outside to have	

Session 1, Annex 2 PRA methods

the baby getting cold	sunshine from time to time	
Leave fertilizer and pesticide bottle on the ground and tell the child not to touch them	Put hot water pot and pesticide bottle on the table that child cannot reach	

Social Mapping exercise

If PRA is not planned in the project for community assessment, select the most appropriate one for demonstration. For example, Social Mapping.

Facilitation technique:

- Explain the objectives of the exercise and the role of the participants;
- Explain the purpose and process of drawing the map;
- Decide the geographic area and subject which will be focused on the map;
- Initiate the process and hand over the stick to the community people;
- Encourage participants to draw the map on the ground with proper direction;
- Create opportunity for the people to draw it as they want, using whatever logistics they prefer (if necessary provide the logistics you have);
- Do not direct the people, in fact it is better to leave them to do it on their own;
- After they have finished, ask them to explain the map and validate with others;
- When participants confirm the validity of the map, request the initiator to copy the map on flipchart/brown paper;
- When discussion occurs amongst the people, listen carefully and take notes (discreetly);
- It is often necessary to have different groups (men, women, youth, and children) making maps of the same area.
- Later, compare the maps produced by different groups with the official area maps, if required.

Bean Sorting exercise

The Bean sorting exercise is a participatory method/tool, mainly used for finding out the percentage/ number of different segments/classes on any issue/subject. It is a very easy method and can be used even by the poor and illiterate. The facilitator should play the role of the FW so that the participatory assessment process is correctly demonstrated. The participants will play the role of community members. The roles should be based on the contents of matrix-1

Facilitation technique:

- This technique could be used to find out, for example, the community's perception of how many rich, middleclass and poor people live in the village.
- Sit with 15-20 participants who are aware about the economic condition of the households of their community
- Explain the objective of the exercise
- Ask the participants how many classes of people live in their community (probable answer- very rich, upper middle, middle, poor, landless, etc.)
- Now ask them, under what criteria they are differentiating these classes (discuss elaborately and come to a consensus about the criteria)
- Now give the participants the round VIPP cards of different sizes and ask them to select a card for each group. Request them to put the names of the classes (i.e., rich, poor, etc) on the respective VIPP cards. (When the participants will, in their turn, conduct this exercise in the village they may have to ask the villagers to use symbols to show the classes if they are illiterate).
- Ask anyone among them to clearly explain which card has been selected for which class and under what criteria.
- Place the cards on the ground. Give the participants seeds equal to the number of households in the community/village. For example, if there are 100 households in their community give them 100 seeds.

Session 1, Annex 2 PRA methods

- Now ask the participants to place seeds on each card equal in number to the number of households in the class represented by that card. Allow interaction and arguments among the participants (do not interrupt), until they come to a consensus. If necessary, facilitate the process with open questions.
- After all the seeds have been placed, ask the participants to review their findings by asking if they agreed with the distribution of the seeds.
- Now ask one of the participants to paste the VIPP cards on the brown paper and put dots under each card equal to the number of seeds.
- Write the name of the village/place, the exercise and the date on top of the brown paper. Ask the participants to write their names at the bottom of the brown paper.

Daily Routine

(Materials: Flipchart paper/ brown paper, marker/ sketch pen, picture of women and men working)

Daily routines are used to identify daily labor patterns and workload. It is possible to discuss both work type and distribution of workloads throughout the day, and for comparative analysis between the daily routine of different individuals.

Daily routines show comparisons, not only with regard to variations in individual workloads over time; but also between men and women, or women from different backgrounds. Seasonal variations are also notable in relation to agricultural activities. With regard to gender, differences are notable between the young and the old, the rural and the urban, professional and domestic, etc. Significant differences in perception can be found through an examination of women's and men's ideas regarding how much time is required by men and women to complete their respective work (e.g., men think women take longer to complete their tasks than men and vice versa).

Facilitation technique:

- Play the role of the FW and ask the participants to play the role of community people.
- Explain the objectives of the exercise and their role.
- The participants will prepare a routine/ chart of their daily activities (from when they get-up from bed in the morning and till they go to bed at night).
- Separate groups can be formed with male and female participants or there may be mixed groups, depending on their interest/consent
- Ask the participants to draw a chart/table on the flipchart/ brown paper with 3 columns. Ask them to write 'Time' in the first column 'Activities of Women' in the second column and 'Activities of Men' in the third column (a separate chart may list women and men's usual activities that the participants can draw from).
- Those who cannot tell time by looking at clocks can divide it into Morning, Noon, Afternoon, Evening and Night or as they like.
- In the Activities columns they will write all the activities carried out by the specific group during the mentioned time.

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- Those who are illiterate may use different symbols/ pictures for indicating time and activities.
- After this task is done, the groups will present their routines to the larger group and discuss the results;
- After presentation, ask the participants about their feelings. Particularly, ask the male participants about their feelings/ attitude towards the workload of the women.
- Daily routines may be prepared for special groups according to gender, profession or age, as needed.
- Thank the participants for their co-operation.

Respect for Clients

(Time: 40 minutes. Materials: Flipchart paper, marker pen, colored dots)

Facilitation technique:

- Divide the participants into two groups - FW and community
- Divide community people into project participant groups
- Put colored dots on the foreheads of the participant groups according to their "class". For example Union Council Chairman, government officials, community leaders and elites - red; the poor/sex workers/HIV AIDS patients - black; community people: women - blue; community people: men - green. None of the community people will know what colored dots they have on their own foreheads
- Give instructions to the two groups about a scenario where the FW will "visit" and ask questions and the community people will respond and ask questions. The questions may be on project related issues, e.g., girl education, child marriage, health etc :
- Tell the FWs to behave in the following manner (as relevant) towards the black and blue dot groups.
 - Interrupt and prevent the client from finishing his/her sentence
 - Change the subject frequently
 - Put the client down, by ignoring her/his concerns, points or opinion
 - Laugh when the client is serious
 - Ignore when the client asks some question
 - Talk to someone else while the client is talking
 - Give advice you were not asked for
 - Be shocked or offended by what the client says
- Tell the FWs to Listen carefully, handle with due respect and compliment frequently the red dot and green dot groups
- Tell the community group to ask questions and interact with the visitors.
- Lead a plenary session about the reaction to the exercise.
 - Ask the "community" if the "FWs" were paying appropriate and adequate respect to the different groups.

Session 2, Annex 1

- Ask the "groups" how they felt when the FWs did or did not respect them.

Demonstration Role Play of a Bad Communication Session

Shefali is the mother of a two year old girl and a baby boy of six months. One afternoon she hears a knock on her door. She opens the door to find the 'shasthya shebika apa' (the FW).

The FW (busily taking out a notepad): I have come to ask you some questions, Shefali.

Shefali: Yes Apa, come in.

The FW (drawing up a stool and sitting down): I am here to find out what you know of birth registration.

Shefali does not reply but stands waiting for the FW to continue.

The FW: You have two children - a daughter and a son?

Shefali: Yes.

The FW: How old are they?

Shefali: My daughter is two years old and my son is six months.

The FW (writes down the answer and then asks): Do you know anything about birth registration?

Shefali: No, I don't.

The FW: So you have not registered your children?

Shefali: No, but -

The FW (interrupting her): You were not present at any of the courtyard meetings last month, were you?

Shefali: No.

The FW (disapprovingly): You know that by missing these meetings you miss learning about what you should do for yourself and your children.

The FW (getting up and heading for the door): Alright then, what you need to do is go to the Upazila Health Complex and get the registration form that you should fill out for both children. You should do this as soon as possible because you should have done this when they were born.

Shefali nods her head.

The FW: Birth certificates are going to become very important in Pakistan. Everyone is going to need one and so do you.

Shefali sees the FW out.

Demonstration Role Play of a Good Communication Session

Shefali is the mother of a two-year old girl and a baby boy of six months. One afternoon she hears a knock on her door. She opens the door to find the 'shasthya shebika apa' (the FW).

The FW (*smiling at Shefali*): Assalamu-alaikum, Shefali. How are you today?

Shefali: Wa-laikum assalam, Apa. I am well. Please come in.

The FW: Come let us sit down together. I want to discuss how you might register your children. The govt has recently passed a law that all people's births must be registered. I am visiting households today to make sure you understand the reasons behind birth registration and how to do it.

Shefali draws up two stools for the FW and herself. They sit down.

The FW (*takes out her notepad and pen and looks at Shefali*): So Shefali, tell me what you know about birth registration.

Shefali: I don't know anything about it, Apa.

The FW: What do you remember from what I said about it at the courtyard meetings?

Shefali: I don't remember anything about it.

The FW: I don't recall seeing you at the meetings last month. Were you not able to come to the meetings?

Shefali: No, I was away for the whole month visiting my mother, and she lives far away.

The FW: I see. Well then, I shall explain the matter to you briefly now. But first tell me, how many children do you have?

Shefali: I have a daughter and a son.

The FW (*writes down the answer and looks up to ask*): How old are they?

Shefali: My daughter is two years old and my son is six months.

The FW (*finishes writing. She puts away her notepad and then explains*): It will be important to register them as well as getting a certificate for yourself and your husband. Birth registration is going to be very important for everyone from now on. By letting the govt know when your baby was born and who their parents are you will get a certificate that can be used for

your whole life to prove their age to enter school, get married at the right age and to get a passport if he goes abroad to work.

So, now that you know how important birth registration is, what do you think you should do?

Shefali: I don't know. Please tell me what to do.

The FW: For your children you need to go to the nearest Upazila Health Complex and collect the registration form and someone will help you fill it out. Can you go to the Health Complex soon?

Shefali: Yes, Apa. I shall go tomorrow.

The FW: Good. I shall come shall come the day after tomorrow to see if you have been able to do so. I shall also bring with me the forms that you need to register yourself and your husband. Your husband needs to be here when I come with the forms. Will you two be home that day in the late afternoon after *Asr* prayers?

Shefali: Yes, Apa.

The FW (*getting up smiling*): I have to leave now. Thank you for your time. Allah Hafiz, Shefali.

Shefali (*sees the FW out the door*): Allah Hafiz, Apa.

Flip Charts for Sessions 4, 5 & 6

Role of IPC
<ul style="list-style-type: none">▪ Provide correct information and undertake rumour control▪ Raise awareness about situation and consequences▪ Promote behavioural change▪ Engage local leadership so that they support project objectives▪ Help improve the relationship between the service providers and service users▪ Bring the views of the community out so that they are integrated into the project objectives and activities▪ Help improve the relationship between the service providers

Communication Steps
<ul style="list-style-type: none">▪ Assess▪ Problem solve <i>give information</i>▪ Review <i>actions, knowledge</i>

Communication Skills
<ul style="list-style-type: none">▪ Listening skills▪ Use of open and closed ended questions (probing)▪ Conflict resolution▪ Use the Q&A technique for assessments▪ Summarize▪ Eye contact▪ Use of communication material▪ -----

Practice Role Play

When the training purpose is to teach communication skills such as counseling, interpersonal communication (IPC), group facilitation and demonstration, role play is a good way to build the skills through actual experience, rather than through discussion and instruction. (Let's learn by doing). Practice role plays differ from other types of role play in that they are interrupted frequently for feedback and repeated to allow for practice.

Facilitation technique: Discuss with participants what are important skills/behaviours for the type of communication being trained (IPC, group facilitation, etc.). Draw up a list of no more than 5 communication skills and messages this role play will focus on. (For example, during a vaccination session (in EPI) the 5 items for a HW might be: 1. Greet care giver. 2. Tell care giver which vaccine is given today and how many vaccination sessions are remaining for her child 3. Verify caregiver knows when to come back for next shot. 4. Advise what to do if fever or abscess develops. 5. Give words of encouragement.) This list then becomes the guideline trainees not in the role play will use to observe the performance.

Select role play participants, use props to create the scenario. Instruct the person playing the service provider/counselor to use as many of the 5 skills/messages as possible. Instruct trainees observing the role play to watch for performance of these skills/messages. Let the role play run only until 2-3 skills or messages are demonstrated. (up to 2 minutes) *Facilitator interrupts the episode to solicit feedback.* Ask the 'service provider' what skills he/she tried to use and how easy/difficult it was. Ask 'caregiver' what her feelings were. From other trainees observing the role play, their feedback should focus on what behaviours from the guideline the actor exhibited, and what behaviours he/she can add, eliminate or change. (3-5 min.) Facilitator then summarizes the feedback, stating what behaviours the actor is to repeat and/or change. (1-2 min.) Note that one role play-feedback-summary sequence should take no more than 10-15 min.

Role play is repeated with the same actors and scene. For maximum learning, the actors need to practice following the feedback received. If time permits (especially if complex counseling skills are being trained), repeat the role play until all behaviours and messages on the guideline have been demonstrated. Never give an actor more than 2-3 changes to incorporate

into a repeated role play episode. If the actor is having difficulty performing the behaviours, it is better to ask him/her to watch others do the role play (for modeling purposes) then he/she can try again.

The facilitator should also maximize the learning of those trainees not participating in the role play. If involved correctly, trainees using the observation guideline and providing comments during the feedback sessions will learn to identify 'best practices' even though they were not actually participating in the role play. Thus, as the role play sessions continue, new actors should be able to capitalize on their observational learning and demonstrate correct communication more readily than participants early-on. (Learning through observation).

Problem-Solving Approaches in One-On-One Communication

The problem-solving approach is used in one-on-one communication methods and is extensively used. It guides the service provider to gather information in an organised way; helps to gather complete information so that a problem can be correctly identified; and helps avoid using solutions, treatments or drugs that are not needed. This approach helps to:

- Recognize the problem and getting deeper into it;
- Identify the extent and nature of problems, if it is real, perceived or subjective;
- Find appropriate solution that can be done by individuals or community
- If needed, seek care from institutional support

Communication Skills Drills

Open and closed questions:

Closed questions are those which can be answered with "yes" or "no".

"Do you breastfeed?", "Do you understand?" "Does your child have a fever?"

Open questions must be answered with fuller sentences—where the respondent is providing information or an opinion. "What are you feeding your baby?" "What should you do if your wife/daughter-in-law continues to bleed a day after delivering her baby?"

Although many people know the difference between these two types of questions, they have trouble using open questions in a real communication session. Here is a drill for participants to practice in their local language.

Drill:

1. Select a topic relevant to the participants' work: oral rehydration, breastfeeding, or care seeking for community health workers, vaccination for EPI workers, sanitation and hygiene practices for WATSAN workers, bio-security practices for agricultural extension workers, etc.
2. After explaining the difference in the two types of questions, walk around the room, asking randomly selected participants to ask either an open or a closed question on the topic. Do this as quickly as possible: Just walk, point and say: "open", "open", "closed", "open", "closed" to each person—so that one does not know which question he/she will be asked to produce.
3. Mix this exercise with asking for an open and a closed question from the same person. This way, they produce the two types of questions themselves.
4. Checking for understanding: **ALL** FWs need work on opened ended questions to find out if clients/parents/community members have understood the information. The common tendency is to ask closed questions, "Do you understand?" "Is it clear what you need to do?" rather than open questions such as, "What will you do next time your child has a fever?" "How will you remember when to come back for

the next vaccination?" Run the same drill as above having participants produce different open questions for checking for understanding.

Probing questions:

A probing question is used when the respondent did not provide enough information or did not understand the first question. It is a way to dig deeper into the issue being discussed so that the FW has complete information. FWs should learn to prepare possible probing questions BEFORE a communication session, so they are ready to probe if information is lacking. What, when, how often, difficulties, reaction from others, are guide lines for probing questions.

Drill:

Prepare beforehand several scenarios relevant to the FWs' work. Here is an example from child feeding. A) Extent of exclusive breastfeeding

B) Weaning practices

C) What foods are best for (specify age group of child)

Give one topic to each pair (several pairs will have the same scenario). Have pairs write 5 probing questions on the topic using the guidelines above (others are also possible).

Back in plenary, have all pairs in each scenario read their questions to see the variety/range of possible questions. Then, have one pair role play the Q&A session to demonstrate the complete info one gets from asking good probing questions. (The person playing the client/parent should give minimal answers so that the FW must "probe" to elicit the information.)

Q&A using a communication material

When provided with a communication material such as a flipchart, picture cards, poster, leaflet, etc. FWs have a tendency to "deliver the messages" in the material rather than using an interactive method of using the material.

A participatory method allows the FW to know to what extent the client/community member is understanding and internalizing the information. To simplify "participatory", start with a Q&A approach. As FWs gain

communication experience outside the training venue, they will vary the method.

Drill:

1. Break into small groups of 4-5 participants and give each group the communication material being used in the training. Have each group generate 5 questions on the information/pictures in the material which will get the client to talk about the topic, to review information, to explain what are good/bad practices, etc. A mixture of open and closed questions is OK. If the communication material does not have much information (eg. a poster), each group can cover the whole material. If it is a flipchart, however, give each group different pages of the flipchart from which to generate questions. Another idea is to have one group generate questions which "check for understanding".
2. In plenary, have each group (or selected groups) present a demonstration role play of the FW using the communication material and the questions generated by the group.
3. Discuss the mix of questions (open/closed) and observations of the client's understanding, interest in the topic.

Purpose of Group Work

Group discussion with family members and neighbours is a form of education about the project/behavioural objective through which information is discussed with the group for encouraging behaviour change.

- In group discussion, more than one person is involved. Offer examples of group discussions.
- Group discussion is conducted at household level or under a tree or at a tea stall.
- Group discussion is direct and depending on the number of members in the group, there are opportunities for feedback. If there are a few people in the group, everybody can express their reactions. But if the group is big the opportunity for feedback or to respond becomes difficult. The level of interaction could vary if it is within the family or in mixed groups.

Group discussion is useful for:

- Calling family members, neighbours together
- Provide information to family members and neighbours
- Receive information from family members and neighbours on their practices
- Make family members and neighbours aware about any new issue
- Help family and neighbours learn from each other's knowledge and experiences
- Make a new concept/practice acceptable to family members and neighbours
- Ensure family members'and neighbours' participation on an issue

Discuss and enter on the flip chart (used in session 3).

Communication Skills for Group Discussion

Communication skills

Qualities of communicators

- Gender sensitive
- Attentive to power relations and group dynamics
- Polite/Respectful (culture, religion, traditional practices)
- Humble (non-authoritarian)
- Focus on positive aspects, solutions
- Empathy

Listening

- Maintain eye contact with the members of group
- Do not interrupt discussion
- Encourage through verbal and non-verbal expressions
- Summarize group's statement before asking questions or commenting

Questioning

- Open-ended to get a full answer
- Use probing (additional open-ended questions to test hypothesis, elicit additional information) after any closed ended questions
- Avoid topics and questions irrelevant to the session

Building Rapport

- Greet the group
- Use the names and address properly everybody in the group
- Create conversation with a few members of the group

Delivering Messages

- Use correct and complete information
- Use simple language and non-specialist terms
- Focus information on priority issues for the group
- Use positive examples from community

Using BCC Materials

- Know the content of the BCC material
- Position materials for participants to see
- Engage participants by asking open-ended questions

- Use relevant materials
- Maintain eye contact with the members of the group

Engaging Participants

- Use question and answer
- Balance eye contact around the group when speaking
- Try to include passive participants and encourage them to talk
- Reinforce participants with verbal and non-verbal expressions
- Avoid rebuke on non-compliance of advice

Below is a diagram of how a FW can get a *flow of dialogue* going among group members. FW might ask a question, and then ask others to react to the answer given—or give another opinion. Ask participants to see to what extent they see group members interacting with each other in demonstration role plays.

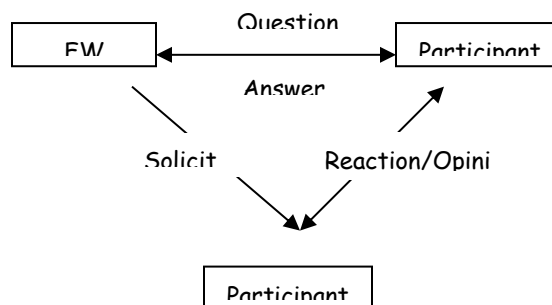


Figure 3: Group facilitation technique

Communication Steps

- Greet, and introduce self and topic
- Create favourable environment ensuring privacy if appropriate
- Assess problems with the beneficiary/member of participant group/client
- Problem solve and provide appropriate messages using positive examples from the community if known
- Agree upon actions for client/FW/family members
- Review forward actions and check for understanding

Session 5, Annex 2

- Close session by giving thanks, encouragement

Communication Skills Drills for Group Discussion

Open and closed ended questions: See drill in Session 4 Annex 4. "Communication Skills Drills for One-on-One Communication".

Probing Questions: See drill in Session 4 Annex 4. "Communication Skills Drills for One-on-One Communication".

Q & A using a communication material: See drill in Session 4 Annex 4. "Communication Skills Drills for One-on-One Communication".

Listening skills and balanced eye contact: This is a sequence of behaviours that a group facilitator uses to demonstrate listening and to engage group members in the discussion. The specific skills are: **summarizing** questions, answers and comments and using **balanced eye contact** whenever the facilitator is speaking.

It is best to train a "facilitation sequence" at a time. The essence of the sequence is for the facilitator to look at a participant when he/she is speaking (facilitator listening) and to look around at all participants whenever the facilitator is speaking.

Prepare a relevant example before starting the drill. Explain the facilitation behaviours in the sequence, then demonstrate sequence below. Afterwards, have participants describe the sequence of behaviours. It's even better if a participant can be trained ahead of time to demonstrate the sequence, then the facilitator can comment. (behaviour in bold). Have other participants try sequence—either in plenary or in two groups.

1. Leader—**looks around the room at all participants while asking a question.** "I'd like to hear how you are preparing weaning foods. Who can tell us what she does?"

Leader—**selects a participant from those volunteering/or selects someone who has not spoken.** Leader—**looks at participant while he/she answers the question.** "I buy xxx in the market. I cook it xxxx. After it cools, xxxxx."

Leader—**looks around the room at all participants while he/she acknowledges response and summarizes the contents.** "An interesting answer. Mrs. Y buys dal and cooks it xxxx."

Leader—**looks around the room and continues.** "Does anyone do something different?"

Especially if it is a large group, it is important for the facilitator to repeat a participant's question before responding so that all can hear and remain interested in the session.

2. Participant: "Why must we bring our baby so many times to the clinic for shots when he isn't sick?"

Leader—**looks at participant during the asking of the question. Then steps back and addresses the entire group.** "The question is, why must parents make so many trips to the clinic with a baby who is not sick?"

Leader—**moves head and makes eye contact with all group members while answering the question.** "There is a series of shots to be given to all infants under the age of 12 months which prevent certain illnesses. Etc."

How to Plan and Conduct Group Discussions

Note down on flip chart and handout:

Pre-meeting Preparation

- Select topic appropriate for the participants
- Select appropriate time, area and place
- Select number and type of participants
- Inform audience and ensure their presence
- Inform influentials of the village
- Prepare logistics
- Make sitting arrangements
- Select an assistant (if necessary).

Conducting group discussions

- Prepare yourself for the issues to be discussed
- Greet the audience (observe the environment and make it congenial, ask about well-being, welcome newcomers, review previous session, make sure duration of the session is known by participants)
- Introduce topic (keep the continuation of previous meetings and topic)
- Explain the issue
- Use question and answer to convey message
- Use appropriate BCC materials at appropriate time and demonstration session, if necessary and applicable
- Use logistics
- Use positive examples from community or participants, if appropriate
- Capture reflection and feedback of the group and ensure most group members' participation
- Summarize
 - Review information from participants and BCC materials
 - Suggest/review actions agreed upon by participants
- Allow few minutes for other pertinent questions from the participants
- Closing (closing within specific time limit, thanking, encouraging, appraising, informing about return visit or next meeting).

Purpose of Community Mobilization

- Community including hard core poor, poor and marginalized have clear understanding about the local situation
- Community have understanding about the project
- Community, particularly the hard core poor, poor, marginalized express their views and demand to duty bearers (public, private, local government institutions) within a community, thus increasing their participation in decision making
- Community, particularly the hard core poor, poor, marginalized reach consensus on the most appropriate development pathway/action plan
- Community able to mobilize and use local resources to implement development plan/action plan where necessary
- Community express its development priorities/needs to outside duty bearers (public and private sector, LGI))
- Duty bearers outside the community listen more effectively to community view points, so that they can be included in the decision making process.

1. Importance of community mobilization in development to

- Foster community based action
- Establish link between communities and service providers and other external support systems
- Address broad range of problems
- Raise demand for and sustain progress towards a particular development objective

2. Ways to mobilize community

- Household visit
 - Courtyard meeting
 - Tea stall/grocery shop session
 - Focus group discussion (with adolescent, non school going children, working women, pregnant mother, lactating mother etc.)
 - Interaction with marginalized group
 - Popular theatre/folk media
 - Fair
 - Video show/film show
-
- Set objectives for each mobilization activities (participatory)
 - Conduct preparatory discussions (about date, time, place, one to one and group)
 - Set the agenda and plan logistics
 - Facilitate the meeting

Session 6, Annex 1

- resolve conflict
- assure women and hard core poor participate in the meeting (fixed day, time and location of the meeting in consultation with the women and hard core poor)
- Meeting documentation and action points
- Follow up (follow up the action points to be completed/done, how it was done, community views about the result)

Planning and Problem Solving

Through this exercise the FW will learn to prepare cluster/ward map with the community for problem solving and planning.

Objectives of facilitation:

- With the participation of all the households in a cluster of 20-50 HHs draw a cluster map, assess water and sanitation situation in the map
- Use the map as planning and monitoring tool by the FW as well as by the community members

Facilitation technique:

- Ask one of the participants to volunteer to facilitate the task as leader.
- Other participants will act as the community members of various ages and socio- economic groups, school students, SMC members
- Leader will describe the objectives to the community members
- Assist participants to add to the map all HHs identifying, poor, poorest, middle, rich and women headed families, HHs with disable person (indicators in Annex-...), important land mark, areas of open defecation, flood affected areas, types and status of latrines (pit with and without lid, ring slab with and without gooseneck, hanging, open) and water points at HHs, school and market places (functioning/non functioning, arsenic affected/not affected, existence of platform and drainage system with water point), ponds, institutions particularly schools, religious institutions, markets. Participants (community members) will select symbol/color for different indicators. The community members will draw the map on the ground.
- No influence over the villagers. Let them do by their own hand.
- Now the villagers will draw the map on the brown paper.
- After drawing, the villagers will describe the physical map in their own words. The leader will facilitate the discussions to assess the situation and identify the problems by raising following questions to other participants
 - What do you see?
 - Who are the people do not have water point?
 - Who are the people do not have access to public water point?
 - Who don't have sanitation facilities?

- Why they don't have facility/ access?
- Where people do open defecation? Who does it? Why?
- Is it because of lack of resources? Lack of spaces? Lack of awareness?
- What do you want to do to ensure safe water supply?
- Assist representatives to reach consensus by raising following issues
- What do you want to do for behavioural change:
 - Courtyard meeting,
 - HH visit,
 - Tea stall/grocery shop session,
 - Focus group discussion,
 - Group meeting with CBOs, local club,
 - Meeting with SMC
 - Meeting with market committee
- What do you do for sanitation promotion?
- How many poorest families need sanitation support from UP?
- How many water points you need at community, school and market places
- What support you need from:
 - Community
 - Local government
 - Local administration
 - NGO
 - DPHE
 - DPE

Community Action Plan

What is the problem?	Activity	By When?	Who is the responsible?	Support needed	Progress

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