



Interpersonal Communication For Immunization

Transforming Immunization
Dialogue

Participants' Manual

Interpersonal Communication for Immunization Package



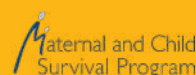
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This Resource

This resource is available on the Internet at:

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Foreword

In recent decades, child mortality has dropped dramatically. Vaccines have been a major contributor to improvements in health by protecting children and adults against diseases that once maimed and killed. The scourge of smallpox has been eradicated, the last mile of polio eradication is close, as is the elimination of maternal and neonatal tetanus. Yet, despite the availability of vaccines, many countries face continuing constraints to achieving universal vaccination. One of the key challenges is ensuring sustainable demand for vaccination at family and community levels. The value that community members place on vaccination is a major contributor towards good health. The Global Vaccine Action Plan (2011–2020) acknowledges the importance of community attitudes and practices, as reflected in one of its six strategic results: “Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility.”

Although most children do receive the recommended vaccinations, too many still miss out: almost 20 million globally do not receive the full schedule of essential childhood vaccines. The reasons are complex. In some places, health services are not easily accessible – and when accessible, may not be convenient to users – and/or reliable. In some cases, health worker’s behaviors or attitudes may limit the uptake of vaccination services. Caregivers’ and children’s experiences with immunization services may be unpleasant for various reasons and this can explain why many children who receive the first dose of vaccines (e.g. BCG or DTP1), drop out. In other instances, children miss recommended vaccinations because their parents or guardians have concerns or misunderstandings about vaccines, lack information on the benefits of vaccines, or do not understand what they need to do to get their children vaccinated and protected.

Frontline Workers (FLWs), including facility-based professionals, community health workers (CHWs) and community volunteers (CVs), are a critical source of information about vaccination. Research shows that FLWs are the most influential source of information about vaccines for caregivers and families of children. Because of their critical role in providing essential information about vaccination services, FLWs must have effective interpersonal communication (IPC) skills. They also need positive attitudes towards the people they serve and their work, an understanding of the importance of communication, and an ability to operate in an environment that enables them to communicate effectively to build trust and confidence. When equipped with the relevant skills and supported by their supervisors, FLWs can be very effective in influencing attitudes and promoting uptake of vaccination services. Across countries, FLWs engage communities in dialogue, mobilize community leaders and provide communities with health services and knowledge about healthy practices. However, the limited IPC skills of FLWs remains a challenge and requires focused efforts to enhance their capacity to communicate effectively with care givers and community members that they serve, and a system that supports and values the practice of these important competencies is vital.

UNICEF, together with Bill & Melinda Gates Foundation (BMGF), Centers for Disease Control and Prevention (CDC), Emory University, GAVI, the Vaccine Alliance (GAVI), International Pediatric Association (IPA), John Snow Inc. (JSI), the United States Agency for International Development’s flagship Maternal and Child Survival Program, World Health Organization (WHO) and other partners, remain committed to closing the gap by facilitating a process of empowerment through the development and roll out of a comprehensive ‘IPC for Immunization’ package.

UNICEF and partners are pleased to introduce this IPC for Immunization package and invite national and sub-national programme managers, partners and FLWs to adapt it to their local context and use it to guide their work with caregivers and communities. A range of resources are in the package, including participant’s and facilitator’s manuals, an adaptation guide, a supportive supervision manual, FAQs, flash cards, videos, audio job aids, a mobile application, and a monitoring and evaluation (M&E) framework. These resources are available both online (IPC.UNICEF.Org) and offline in four global languages. It’s hoped that through this package and instructional-design approaches, FLWs will improve their capacity to effectively communicate and successfully promote demand for immunization and other health services; empathize with caregivers; address questions and concerns through counselling; and clearly communicate key messages regarding the timing and importance of further vaccinations and practical information on where and when they should be obtained.

UNICEF extends gratitude to partners, colleagues and the advisory group who contributed their time, expertise and experience to the preparation of this package. Special thanks to Johns Hopkins University Center for Communication Programs for helping to develop the package, to the UNICEF regional and country colleagues and the FLWs for their support, valuable feedback and collaboration in developing the package. Through this partnerships and support, UNICEF will continue to enhance the capacity of the immunization workforce, institutions, and teams that will help communities to value, demand, trust and improved understanding to the right to immunization services.

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Abbreviations And Acronyms

- AEFI adverse event following immunization
- FAQ frequently asked question
- FLW frontline worker
- IEC information, education, and communication
- IPC interpersonal communication
- IPC/I interpersonal communication for immunization
- SMS short message service
- WHO World Health Organization

Participants' Manual Overview

Module	Session	Key Concepts
Glossary	Interpersonal Communication For Immunization Key Terms	
Overview	Setting the Stage: Global Immunization and the Role of Frontline Health Workers	
About This Manual	Intended Audience And Objectives Of This Manual	
1. Principles of Interpersonal Communication	1.1 Interpersonal Communication Basics	Why interpersonal communication is important to the immunization program
	1.2 Pretest	Testing current knowledge
	1.3 Client-Centred Approach	Good customer service in health services
	1.4 Interpersonal Communication and a Client-Centred Approach	Empathy
	1.5 Interpersonal Communication Skills	Nonverbal communication; creating a welcoming environment; asking questions sensitively
	1.6 Appreciating the Caregiver	Appreciating the caregiver
2. Exploring Provider Perspective and Barriers and Problem Solving	2.1 Respect and Equity	Discrimination, diversity
	2.2 Provider Barriers	Experiences of frontline workers impacting client services
	2.3 Problem Solving	Problem solving

Module	Session	Key Concepts
3. Immunization and Vaccines	3.1 Immunity	Active, passive, herd immunity
	3.2 Vaccines	Types of vaccines
	3.3 Vaccine-Preventable Childhood Diseases	Vaccine-preventable diseases
4. Profiling Types of Caregivers	4.1 Understanding Vaccine Hesitancy	Determinants of vaccine hesitancy; identifying parental concerns
	4.2 Profiling Caregivers	Identifying parental concerns; types of hesitant caregivers
	4.3 Communicating with Caregivers	What to communicate during an immunization visit
5. Community Engagement	5.1 Conducting a Needs Assessment	Approaches for conducting a needs assessment
	5.2 Barrier Analysis	Common caregiver barriers
	5.3 Conducting a Community Conversation	Communicating immunization messages to the community
6. Addressing Negative Rumours, Myths, and Misconceptions	6.1 What Can Be Done about a Negative Rumour	Steps to addressing a negative rumour
	6.2 Communicating Potential Adverse Events Following Immunization (AEFI)	Causes of AEFI
	6.3 Risk Communication	Vaccine safety; essentials and techniques for risk communication
7. Action Planning and Workshop Closing	7.1 Collecting and Using Community Feedback	Why collect community feedback and how
	7.2 Mobilization	Advocating with influencers
	7.3 Apply Your Skills	Skills application and practice
	7.4 Post-test and Workshop Evaluation	Post-test, Workshop Evaluation
	7.5 Commitments and Certificates	Issue certificates

Glossary: Interpersonal Communication For Immunization

Key Terms

Advocacy

Refers to the ways of developing and implementing a strategy to enable you to gain the support and commitment of policymakers, community members, and other stakeholders and to successfully lobby for increasing immunization coverage.

Agency

Refers to the expression of choice, voice, and power. It is the ability to make and influence decisions that inform one's life, the capacity to assert one's interests and meaningfully participate in public and private decision making, and the capacity to influence behaviour or a course of action.

Caregiver

Someone who provides unpaid assistance and support to the physical, psychological, or developmental needs of a baby or child. They may be a parent or someone who acts as the secondary support to a parent, or as a primary guardian.

Client-centred approach

Means that the client's needs, concerns, and experiences are the core focus during immunization communications and services.

Closed question

A query the caregiver answers with a simple 'yes' or 'no'. A closed question does not allow you to check to make sure the caregiver or client has understood the question or really knows the answer.

Communication

The transmission of information or conveying thoughts or feelings from a source (sender) to a destination (receiver). Both sender and receiver have a responsibility to interpret the words, gestures, or symbols that are being exchanged and to provide feedback.

Community conversation

A process of discussion within a community group. This activity is used to identify issues that are causing problems locally and to find collective solutions to these problems.

Community mobilization

A process of gaining the involvement of key stakeholders in the community for an action towards a particular goal.

Counselling

A collaborative effort between a counsellor and client(s) that helps clients identify goals and potential solutions to barriers and promotes behaviour change.

Empathy

An emotional identification with someone. It is the capacity to project a person's thoughts and/or feelings despite not having those thoughts/feelings explicitly communicated.

Equity (in health)

Means that no one is denied the possibility of being healthy because they belong to a particular group or have an economic or social disadvantage.

Feedback

An audience's response to a communication or experience either orally or nonverbally. Feedback enables a communicator to evaluate the effectiveness of their message. Giving an audience a chance to provide feedback is crucial for maintaining open communication.

Focus group discussion

A discussion with clear guidelines about the topic that the discussion should centre on. The ideal number of participants in a focus group is between six and 10. A facilitator keeps the discussion focused on the agreed upon topic and makes sure that everyone's views are heard.

Frontline worker

A social worker or health provider tasked with delivering interpersonal communication and counselling, immunization, or education and outreach to caregivers, clients, or community members. A front-line health worker can be facility or community based, professional or volunteer.

Immunization

The process by which a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine.

Interpersonal communication

The process of exchanging information, ideas, thoughts, and feelings between a group of two or more people using verbal and nonverbal messages. The exchange allows them to receive an immediate response or feedback that can lead to mutual understanding, agreement, and action. IPC can happen in a face-to-face/direct setting or in a mediated/indirect setting, such as video, audio, short message service (SMS) message, telephone, or internet exchange. IPC is related to and supports the following skills:

- **Communication:** Conveying ideas effectively through verbal and nonverbal means
- **Empathy:** Understanding individuals
- **Mentoring:** Coaching one or more people
- **Problem solving:** Resolving personal, group, and workplace challenges
- **Negotiation:** Coming to an agreement with others when opinions differ
- **Teamwork:** Working together with various people to achieve a single goal

Key message

A statement representing the general tone and main points to guide communication about vaccines or immunization.

Mobilization

An approach to engaging individuals, groups, or organizations to become their own agents of change in order to make improvements in the health and well-being of their families and communities.

Nonverbal communication

A method of transmitting information or conveying thoughts or feelings through actions such as body language, gestures, facial expressions, or sounds that are not quite words. These actions can strengthen or contradict what is expressed verbally.

Open-ended question

A question that encourages the caregiver to answer in their own way and share their concerns with you.

Respect

A positive feeling or action shown towards someone or something considered important. Respect conveys a sense of admiration for good or valuable qualities and honours someone by exhibiting care, concern, or consideration for their needs or feelings.

Social and behaviour change communication

Developing and implementing a communication strategy to promote a positive change in health-related behaviours in a community, informed by local values and priorities. This can only be done by sustained work with individuals and communities to explain the issues and implications involved and to support people as they try to understand them.

Sympathy

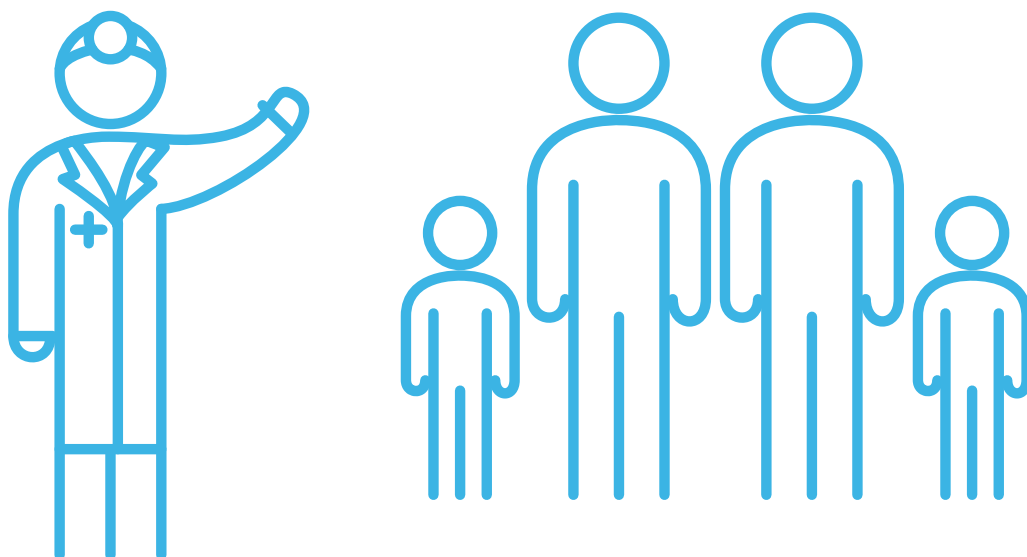
When you share the feelings of another. It is the act or capacity of entering into or sharing the feelings or interests of another.

Vaccination

The act of introducing a vaccine into the body to produce immunity to a specific disease.

Vaccines

A product that stimulates a person's immune system to produce immunity to a specific disease and protect the person from that disease. A vaccine initiates the immunization process. Vaccines are usually administered through needle injections, however, some are administered by mouth or sprayed into the nose.



OVERVIEW

Setting The Stage: Global Immunization And The Role Of Frontline Health Workers



Facts about Global Immunization Coverage and Its Implications

Childhood immunization is one of the most effective health interventions ever. Childhood vaccines save up to three million lives every year. They prevent needless suffering. They also save time and money that can be spent on other important things. Immunization eradicated smallpox, is close to ending polio, and has decreased measles deaths by 78%. More children than ever are being immunized. In addition, more vaccines are becoming available to protect children from harmful diseases.

The Immunization Gap

Despite great progress, nearly one in 10 infants worldwide did not receive any vaccinations in 2016. If all countries were to have 90% coverage, an estimated 10 million additional infants would have to be vaccinated. This level of coverage is not beyond reach, but immunization programs face challenges that contribute to low and stagnant coverage levels. In many countries, even when policies, financing, resources, and services are in place, many children still do not receive all of the doses they should. Even in communities where most caregivers accept childhood immunization, drop-out rates can be high or pockets of resistance might exist.

Reasons for the Gap

There are many reasons for children not being fully vaccinated. Parents and other caregivers have many reasons for delaying, refusing, or not fully completing childhood vaccination. Their reasons might include individual religious, ethical, and medical considerations; the influence of anti-vaccination information; fear of side effects or complications; undervaluing the benefits of vaccination; inconvenience of services (as perceived by caregivers); unreliability of services (sessions cancelled, vaccinator not available, stockouts of vaccine); poor communication by vaccinators regarding the return date, side effects, and so forth. Reasons for incomplete childhood immunization may also include poor health worker decisions on whether to vaccinate or which vaccinations to give, or failures to properly screen and refer eligible children within health facilities.

The Role of Health Workers and IPC in Routine Immunization

Evidence shows that the quality of the interaction between frontline health workers (FLWs) and caregivers is a key factor in ensuring completion of the vaccination schedule. FLWs are among the most influential sources of information about immunization behaviour. The healthcare providers, social workers, community health workers, and community-based volunteers who comprise the frontline of immunization programs provide a crucial bridge between the communities they serve and the immunization services they provide.

FLWs who routinely engage in positive and meaningful IPC with caregivers and community members – such as asking relevant questions, encouraging participation, demonstrating empathy, emphasising the importance of timely vaccination, listening attentively, responding to, showing respect for, and appreciating caregivers – are able to build trusted relationships and increase the likelihood that children will receive the recommended vaccines on time.

About This Manual

Intended Audience And Objectives Of This Manual

Frontline workers (FLWs) who interact directly with caregivers and communities regarding immunization are the primary audience for this manual. The FLW can be a community mobilizer who promotes immunization, a health educator or community health volunteer, a community health worker, or a nurse, physician's assistant, or physician.

You will use the manual during training as a tool to facilitate learning and adoption of new attitudes, beliefs, and behaviours. After the training, participants can use the manual as a reference document that summarizes the key points from the training.

Objectives

This manual provides practical content to help you improve your delivery of interpersonal communication for immunization (IPC/I). Specifically, it is intended to help you achieve the knowledge, attitudes, and skills outlined below:

You will gain knowledge about:

- The principles of effective IPC
- How to effectively communicate with caregivers irrespective of their workload or the length of the caregiver interaction
- What steps are taken by regulatory authorities, vaccine manufacturers, and the health system to ensure vaccine safety
- How vaccines prevent disease

You will gain the perspective that:

- All caregivers and community members deserve respect, empathy, equitable service, and to be heard regardless of religion, ethnicity, national origin, gender, education, or socioeconomic status.
- FLWs play a key role in enabling community health.
- Vaccines are safe and prevent disease.

You will have the skills to:

- Explain the benefits of various vaccines, remind caregivers about subsequent vaccination, and describe possible side effects and actions caregivers can take to address them
- Effectively communicate with caregivers and community members with various attitudes about vaccines or the health system at large
- Encourage caregivers to ask questions and provide caregivers with clear and appropriate responses to these questions
- Appropriately address rumours, concerns, or misconceptions
- Plan and conduct community engagement and outreach activities

Principles of Interpersonal Communication

Objectives

- Identify the IPC techniques needed to enhance interactions with caregivers and clients
- Analyse the barriers to IPC and the factors that promote effective interactions for increased immunization demand
- Learn how to respond to caregiver/client concerns to support informed decision making
- Understand and be able to apply the principles of empathetic and active counselling with caregivers



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Session 1.1 Opening

Introduction: Why is communication important to the immunization program?

Interpersonal Communication (IPC) is a process by which two or more people share information, ideas, and feelings. The communication is two-way and includes both verbal and nonverbal interaction. Effective or good IPC helps to create and maintain a relationship of trust. Ineffective or poor IPC creates mistrust, confusion, and other negative outcomes.

You might have used good IPC in your work to understand the caregiver's situation by asking questions and listening. You might have also used IPC to learn about the caregiver's or a child's health problems and their context; to motivate, assist, encourage, and provide information to caregivers; and to promote, encourage, and reinforce behaviour change (e.g., to complete the childhood immunization schedule).

The main task of IPC for Immunization (IPC/I) is to facilitate children receiving vaccinations as closely as possible to the recommended schedule. Achieving this goal requires access to reliable services, treating people respectfully, and clearly communicating essential practical information. Effective IPC fosters a positive relationship of respect and trust between FLWs, families and communities. This practice encourages and responds to caregivers' questions and concerns, a task that is challenging when caregivers, religious leaders, political leaders, or cultural leaders reject vaccinations or some aspect of recommendations. Finally, it is used to inform communities and individuals about public health concepts related to immunization.

When you communicate with caregivers about vaccine-preventable diseases, vaccines, and immunization, it is important to understand their current attitudes, beliefs, and level of knowledge. You should always try to make sure that your points are memorable, made clearly, and respond directly to what the caregiver needs to understand or feel to accept vaccination. It is important to respond to the needs and concerns of the community, appreciating local challenges and showing respect for local customs and culture. You must be willing to adopt the caregivers' point-of-view to begin to understand their experiences and challenges.





Activity: Learning Expectations

This activity will explore the barriers that affect the interactions with caregivers/clients.

1. Use a full sheet of paper and a drawing or writing utensil (marker or pen).
2. Draw a picture illustrating a personal or professional challenge that you have faced that prevents you from ensuring that every caregiver has a high-quality immunization experience.
3. Share your name with your colleagues, describe the meaning behind your illustration, and share one thing that you hope this workshop will help you to do better.



IPC/I Video: FLWs Can Make a Difference

Despite the many barriers faced by FLWs, they are integral in preventing children from dying of vaccine-preventable illnesses. Watch the video 'FLWs Can Make a Difference', which shows the inspiring work of FLWs around the world.

This video establishes the importance of the role of FLWs in behaviour change for immunization. It highlights the key role FLWs play as trusted and influential actors in motivating vaccination uptake and increasing demand for immunization.



Reflection Questions

- What motivated you to be a frontline immunizer?
- What is one of your most memorable positive experiences with a caregiver?
- What is the most rewarding part of your work?

Session 1.2 Pretest

Take 20 minutes to test your knowledge on IPC/I. (Please take the Pretest found in Appendix A.)

Session 1.3 Client-Centred Approach

Introduction: Interpersonal Communication and a Client-Centred Approach

Interpersonal skills are those pertaining to relationships with people and encompass many different important skills. The purpose of this session is to introduce how IPC can support a client-centred health services experience.



Activity: Client Experience Role Play

One participant will act as a caregiver and the other will act as a receptionist who welcomes visitors to the health facility.

A mother arrives late to the health facility with a newborn and a small child. The mother is flustered from her long journey and not sure whether to enter the facility. Before she reaches the entrance to the clinic, the receptionist asks if she has come for a vaccination. She answers 'yes', and he asks whether she has brought the immunization card. She answers 'no'. He tells her the nurse is very busy, and she should come back the next morning with her child's immunization record.

Group Discussion

- How would you feel if you were the caregiver?
- What are some reasons the receptionist may have treated the caregiver this way?
- What could the receptionist have done differently?
- How would you interact with a caregiver who had an experience such as this?
- What would you (as the FLW) say to the receptionist to improve their behaviour?

Definition of a Client-Centred Approach

A client-centred approach to immunization service means that the clients' needs, concerns, and experiences are the core focus of communication and services.

A client-centred approach is important because it:

- Improves the caregiver and client's attitude towards FLWs
- Improves the reputation of staff at the facility and community levels
- Provides the caregiver and client with positive, memorable experiences
- Satisfies the needs and expectations of the caregiver/client
- Increases the number of caregivers/clients who continue to bring children for recommended immunizations (reducing dropout)
- Increases the number of caregivers/clients demanding immunization



Reflection Questions

- How would you define a client-centred approach?
- How can you demonstrate to caregivers/clients that they matter most? How can you improve on this?

Session 1.4 Interpersonal Communication And A Client-Centred Approach

IPC is vitally important to delivering a client-centred approach and supporting the behaviour change process. In particular, it is very good for:

- Informing individuals and target audiences about the value of the proposed behaviour change by explaining and responding to questions and doubts about immunization
- Addressing rumours about adverse effects of immunization
- Addressing any personal issues the caregivers may express
- Through advocacy efforts, helping to mobilize resources from the community to enhance the immunization program
- Building consensus, for example, to bring all eligible children for immunization
- Explaining to caregivers about the immunization status of the child
- Telling the caregivers about the next immunization(s) the child will need

Empathy

Before focusing on the principles of effective IPC in detail, it is important to try to understand how caregivers and clients experience immunization services. The more we can understand their experiences, the better we can empathize with the different types of caregivers and clients we encounter. Empathy gives us a sense of understanding and compassion for another person, based on our ability to imagine what an experience might be like for them.

Showing empathy is one of the most important communication skills for FLWs because it helps us to treat people with respect and kindness, regardless of their background, social position, or attitude. Showing empathy makes caregivers more likely to express themselves, allowing you to learn more about the caregiver, child, and issues or concerns that need to be addressed. When you show caregivers empathy, you are more likely to have positive interactions and they will feel more comfortable discussing vaccination concerns with you and following your guidance. It may be challenging to act empathetically under stressful working conditions, but it is important to try.



Activity: Journey Mapping the Caregiver Experience

The mapping exercise is intended to build empathy by helping participants imagine the experience of caregivers from the time they decide to bring their child to get a vaccination to the receipt of the vaccination.

Part I: Understanding the Caregiver

1. Participants will be divided into groups, with four participants per group.
2. Your group will receive two large pieces of flip chart paper, a marker, and sticky notes.
3. Your group will adopt one of the following caregiver characters:
 - a. A young (19 years old), married mother
 - b. An old grandmother unable to read or write
 - c. A recently widowed father
 - d. An educated, married couple
4. Your group will have 30 minutes to create the caregiver's character. You can choose to imagine any backstory or personal history associated with the persona you have been assigned.
5. Draw an image of the caregiver and their family. Be prepared to discuss the points below.

Your group should be prepared to describe the following about their character:

- *Thinking and feeling:* What are their worries and aspirations for themselves and their children?
- *Seeing:* What does the person look like, what do they wear, what is their profession? What does their community, health facility, and environment look like? What resources does it offer?
- *Saying:* What is their public attitude towards childhood immunization? Towards the health system in general?
- *Hearing:* What are their peers, family members, and other influential people in their lives saying about immunization?

Part II: Mapping the Persona's Experience through the Health System

Now you will 'map' the journey of your character's experience using immunization services. Allow 30 to 45 minutes for the mapping. It may help to organize this as a chart with Step 1 on the horizontal axis and Step 2 on the vertical axis. Your group 10 to 15 minutes to present their persona and journey map.

- Step 1: In the same groups, with the same caregiver character in mind, list the steps involved in receiving a vaccination for their child. Include: (1) the journey to reach the health facility; (2) what happens once they arrive at the facility; and (3) what happens when their child receives the vaccination. Be as detailed as possible.
- Step 2: Now, your group will answer the following questions about the journey:
 - **Questions:** What questions might the caregiver have as they move through the journey?
 - **Pain points:** What are the problems, frustrations and annoyances, or potential barriers that may create a negative experience?
 - **Happy moments:** What are the positive, enjoyable things that could improve the experience?
 - **Opportunities:** What can you implement or do as an FLW to address any of the pain points identified?



Reflection Questions

- Considering the entire caregiver/client journey, what might be the most difficult part of the immunization services experience?
- Given the challenges a caregiver might experience, what might motivate them to bring their children to complete the immunization schedule on time?
- What might a caregiver want to change about immunization services?
- How would you expect caregivers to behave when they arrive at the facility, given the pain points they have experienced?

Session 1.5 Interpersonal Communication Skills



Activity: Double 'Blind' Communication

Interpersonal communication skills

Through this activity, participants will observe the importance of nonverbal communication.

1. You will be divided into pairs. You should work with someone they do not know well, if possible.
2. You and your partner will sit in chairs, with one person directly behind the other, facing in the same direction – meaning that the second person should be staring at the back of the other person's chair.
3. The person in front should not turn around and the person behind them should not move towards the front of the other person.
4. You and your partner should have a two-minute conversation about each of you became an FLW.
5. When finished, join together with the large group and discuss the exercise.



Reflection Questions

1. How did it feel to have a conversation without being able to look at the other person?
2. What was missing from the interaction?
3. What important attitudes does a caregiver/client express through their facial expression, eye contact (or lack of), posture, gestures, and so forth?
4. What kind of nonverbal communication supports positive interactions with caregivers?

Interpersonal Communication Skills

Below are IPC practices important for immunization communication. These skills require practice and awareness until they form into a habit.

- Welcome the client warmly.
- Empathize with the caregiver by demonstrating that you understand their questions, concerns and how they feel.
- Keep messages simple and clear.
- Speak in simple terms, using local and easy-to-understand language, and give examples that the caregiver is likely to understand.
- Check for understanding. After explaining something, ask questions to find out whether you are understood.
- Avoid presuming the caregiver has brought the child for the next two shots per the vaccination record. Instead ask if the caregiver is ready to have their child vaccinated with the next two shots that day.
- Motivate the caregiver by praising them for bringing the child for immunization and encourage them to return for the next dose.
- Listen actively. Active listening differs greatly from just hearing. It means listening to another person during a conversation in a way that shows your understanding and interest. This method encourages the other person to be more involved in the conversation.
- Use appropriate visual aids such as posters, flip charts, counselling cards, and pamphlets, if available, to support the conversation. Any images you use should be relevant to the message you want to convey and appropriate to the local customs.
- Summarize what has been discussed at the end of the conversation. You should check understanding and request the caregiver's commitment to bring their child back for the next vaccination(s) when scheduled, discuss a concern with their spouse or partner, and so forth.

You can demonstrate care and respect for caregivers and clients through the following actions:

- Being polite
- Being pleasant
- Encouraging caregivers to express their ideas
- Showing your appreciation for the caregivers' knowledge and questions
- Avoiding interrupting caregivers when they speak
- Showing compassion if they share an issue or concern
- Using appropriate body language, including pleasant facial expressions, maintaining appropriate eye contact
- Using locally appropriate gestures and respectful terms of address

Asking questions sensitively

Asking questions sensitively means that, when you assess how much they understood and accepted what you have discussed, you are careful to not imply that the caregiver should have doubts about immunization. Ask them questions that enable you to assess their attitudes about and the likelihood of continuing to seek the recommended vaccinations as scheduled.

Asking about a caregiver's worries about immunization is an example of an **open question**, that is, it is a question that encourages the caregiver or client to answer in their own way and share their concerns with you. You should avoid asking **closed questions** that the caregiver or client can answer with a simple 'yes' or 'no'. A closed question does not allow you to make sure that the client has really understood the question or knows the answer.

When asking questions, always give the client time to think and answer. Let the client answer freely and do not interrupt while they are speaking.

An example of a closed question is: "Can we look together at your child's immunization record to see which immunizations your child has been given and at what ages?"

Change this into an open question on the same topic by asking: "Which immunizations has your child been given, and at what age was your child when they got them?"

Key Points to Note

- By putting yourself in your client's position, you can understand and appreciate their challenges, fears, problems, and barriers better and empathize with their situation.
- By using simple and genuine ways of demonstrating care and respect for the caregiver, you can increase the uptake of immunization.
- By adopting a client-centred approach (focusing on the specific needs of the client), you can address their questions and concerns effectively.

IPC/I Self-Assessment Tool (see Appendix B.)

Complete the IPC/I Self-Assessment tool to evaluate whether you are currently practicing effective IPC. This tool is meant for your personal use; however, you are encouraged to share it with a supervisor following the training.

IPC/I Video: Welcoming and communicating effectively

For an illustration of client-centred care, see the video ‘Welcoming and Communicating Effectively’

This video focuses on a whole-site approach to creating a patient-friendly environment. It aims to equip everyone in the facility – from security to the administration, cleaners, and clinicians – with information on how to foster a positive immunization experience for the caregiver/client and the importance of doing so.



Reflection Questions

- How was the mother’s experience similar and different from caregivers you encounter?
- What are some of the skills the FLWs practiced to make sure the caregiver had a positive experience?
- Do you think this mother is likely to return to the facility? Why or why not?

Session 1.6 Appreciating The Caregiver

One of the ways to encourage caregivers to complete their child's immunization schedule is to reinforce that they are doing the right thing. It is almost always possible to compliment some effort a caregiver has made – for example, their effort to bring their child or to ask a question. People respond well to sincere appreciation, but they do not like false praise. Praise that seems forced or artificial can create mistrust – if you are lying about doing something well, what else might you be lying about?

There are many simple ways to appreciate and thereby encourage caregivers. You could say, for example:

- 'Thank you for coming in today.'
- 'Thank you for keeping to the schedule.'
- 'I see that the baby is wearing a sweater. That is good when the weather is cold.'
- 'I'm so glad you asked that question.'
- 'I am very happy to see you – you always have a pleasant attitude.'



Encourage Caregivers to Voice their Questions, Concerns, and Fears

One critical IPC/I skill is encouraging caregivers to voice their questions, concerns, and fears. For example, an FLW may ask, 'Do you have any questions before we get started?' Encouraging questions demonstrates your confidence in vaccines and the immunization program. It also helps build trust between you and the caregiver. Caregivers feel respected when they are encouraged to ask questions. As a well-informed and caring FLW, you are well placed to respond to caregivers, help them decide to vaccinate, and support their decision to vaccinate.

Learning caregivers' questions and concerns also makes FLWs aware of rumours and misinformation sooner rather than later. Caregivers who are shy or afraid to ask questions might act on incorrect information or ideas. To lessen caregiver concerns and fears, you have to know what those concerns and fears are. Knowing what is worrying one caregiver can also provide insights into what might be worrying others. Further, you can use these concerns to know what topics to include in group discussions at your facility or in the community.

Tips for reassuring caregivers:

- If expressed nonverbally, say something like ‘You look a bit troubled. What are your concerns?’
- Tell them their concerns are normal (without repeating the concerns).
- Be patient, even if you do not have much time.
- Paraphrase or repeat back the concern, so caregiver knows you understand her concern accurately. For example, ‘What I am hearing is that your child experienced a fever after your last visit, and you’re worried about it happening again after today’s vaccination.’
- Address their concern clearly, calmly, and honestly, without repeating the misinformation or rumour; use a reassuring manner, so they can give you their full attention.
- Show your support for vaccines. A strong FLW endorsement of immunization really helps increase caregiver acceptance.
- Give examples they can relate to, such as ‘I have vaccinated all of my children and feel very comfortable about it.’ ‘As an FLW, I have seen the difference this new vaccine makes; we see many fewer children with .’
- If their concern is unclear or you suspect there is something more behind it, ask open-ended questions to uncover their core concern.
- If you do not have time to fully address their concern, ask them to wait until the end of the session when you can go into more detail or to come back at a mutually agreed time.
- Arrange for them to speak with someone who can give them more information.
- Review relevant caregiver-facing materials with them. If a caregiver brochure or similar item is used, give it to the caregiver afterward, asking them to review it later and to call or come back if they have more questions.
- Minimize awareness of pain during immunization by working with the caregiver to distract the child. No one likes to see their child in pain.

One of the ways to remember how to successfully address concerns of caregivers is to use the so-called CASE approach:

Corroborate: Acknowledge caregivers’ concern and appreciate that they only want the best for their child.

About Me: Reassure them of your expertise by describing where you get your knowledge from and how you know what you know.

Science: Present the facts in a simple and easy to understand manner.

Explain: Explain your recommendation based on facts, while also being honest about risks and safety issues.



Activity: Practice Appreciating the Caregiver – Photo Review

1. Please use the photo below of a caregiver (in red) and an FLW (in yellow), to complete this exercise.
2. Take five minutes to study the image and write down the positive things the photo is displaying. What is the caregiver doing well? What can we assume from the photo about her attitude towards vaccines? What is her behaviour towards the FLW? How is she caring for her child?
3. Share the reasons you appreciated the caregiver with your colleagues.



Activity: Practice Appreciating the Caregiver – Role Play

1. Participants should form pairs.
2. Each pair will be assigned one of the scenarios below to role play. One participant should role play as the caregiver and the other as the FLW. The FLW should find at least one or two ways to appreciate the caregiver.
3. Be prepared to act out your role play scenario for the larger group.
4. Share situations in which you might find it difficult to appreciate or praise a caregiver.
5. Allow other participants to give suggestions on how to appreciate caregivers in those situations.

Appreciating the caregiver role play scenarios:

A father brings his newborn in for her first immunizations since birth.

An experienced mother has brought her child for every immunization session, so he is now fully vaccinated.

The young mother arrived just after the last child had been immunized and taken away by his father. You are tired and ready for lunch. She explains that her transport broke down, but she still wants her baby immunized.

During the group discussion, a father asks why he should allow an FLW to vaccinate his child when other children have gotten a fever after vaccination.

A mother brings her child for immunization but overwhelms you with questions.

A very shy mother brings her child for immunization. She answers all the FLW's questions with one-word answers and seems afraid (or not interested) in asking any questions.

A mother brings her child for his second round of immunizations one month late.

A wife explains to her husband that she wants to vaccinate the child, but he refuses to allow it.

After listening to the FLW explain the importance of vaccination during a home visit, the caregiver still refuses.

A young father brings his child in for immunization. He says he cannot wait for the group discussion to finish because he must go to work.



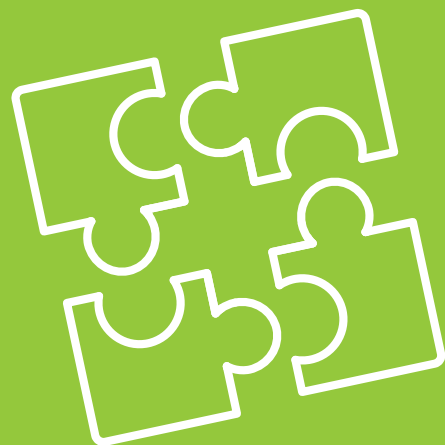
Reflection Questions

- Why is it important to appreciate a caregiver during an immunization visit?
- How can appreciating a caregiver motivate them to return for the next visit?
- What are the positive and reaffirming statements a caregiver might like to hear?

Exploring Provider Perspectives And Barriers And Problem Solving

Objectives

- To examine how providers' attitudes and barriers impact the healthcare experience and access to immunization
- To encourage FLWs to try strategic problem solving to overcome barriers



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20FA
MINISTRE DE LA SANTE
SECRETARIAT GENERAL
DIRECTION GENERALE DES ACTIVITES SANITAIRES
ET DE LA LUTTE CONTRE LA MALADIE
PROGRAMME ELARGI DE VACCINATION
DELEGATION SANITAIRE DE
DISTRICT SANITAIRE DE
CENTRE DE SANTE DE
CARTE DE VACCINATION
بطاقة التطعيم
NOM / NUMERO
PRENOM / N°
DATE DE NAISSANCE /
SEXE /
ADRESSE /
CHANGEMENT D'ADRESSE /
UN ENFANT VACCINE = UNE VIE PROTÉGÉE
تطعيم يحيى طفلك من الأمراض
تطعيم يحيى طفلك من الأمراض
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LA COUVERTURE VACCINALE	
AGE	COUVERTURE
12-23 MOIS	
24-35 MOIS	
36-47 MOIS	
48-59 MOIS	
60 MOIS ET PLUS	

Session 2.1 Respect And Equity

It is the responsibility of everyone within the healthcare system to treat people with respect, regardless of any aspect of their identity. It is important for FLWs to demonstrate the following attitudes to all caregivers: empathy, interest, tolerance for values and beliefs, unbiased attitudes, patience, gentleness, friendliness, and willingness to support them.



Activity: Reflection on Experiences

1. You will receive a piece of paper and writing utensil (marker or pen).
2. This activity will be silent.
3. On the piece of paper, please record an incident when you felt you were treated unfairly.
 - a. You can record the incident in writing or as an image.
 - b. Take around 10 minutes to record the memory.
 - c. Next, in pairs, you will share this memory with another participant. Make sure partners ask one another:
 - i. Why did this incident stand out?
 - ii. How did it make you feel?
 - iii. Why do you feel you were being treated unfairly?

Listen carefully to your partner as you may be asked to relate the story back to the group.

d. A few volunteers will be asked to share the stories that they heard. Volunteers should ask for their partner's permission before sharing their story with the larger group.



Activity: Dimensions of Diversity

1. Participants will brainstorm on reasons that people might be treated differently or unfairly; examples include race, ethnicity, nationality, gender, disability, age, education, income, and religion.
2. Participants should return to their pairs. Each pair should discuss the ways in which a particular dimension of diversity might positively and negatively affect the healthcare experience of and access to immunization. Each pair will discuss one of the 'dimensions of diversity' below:

Dimensions of Diversity:

Internal dimensions: age, gender, race, ethnicity, physical ability, and sexual orientation

External Dimensions: Geographic location, Marital Status, Parental Status, Appearance, Work Experience, Educational Background, Religion and Spirituality, Income, Personal Habits

3. Next, they should discuss how they, as an FLWs, can help to address and lessen any negative healthcare experiences that are rooted in a caregiver/client's identity.

4. A few pairs may be requested to share what they discussed.



Reflection Questions

- How might your own biases affect your interactions with caregivers/clients?
- What can you do to ensure you treat all caregivers/client equitably, regardless of their identity?
- How can your personal beliefs help you become a more empathetic service provider?

Session 2.2 Provider Barriers

Multiple factors have been linked to the underutilization of services. One commonly noted factor is that a provider's barriers may translate to access barriers for their clients. Service providers are among the most influential sources of information in community settings and serve as crucial facilitators in reducing clients barriers to services. However, FLWs have their own experiences, perspectives, and biases that can challenge their ability to adequately deliver immunization services. They may be faced with a number of personal and professional barriers that contribute to poor quality or insufficient service. A provider's personal opinions and biases, attitudes and behaviours, capacity and skills, and working conditions may all impact their ability or motivation to deliver quality services. It is important for FLWs to understand their barriers, so they can work with their supervisors, the health system, and interested citizens to address how those barriers and perspectives negatively impact interactions with caregivers and clients.



Activity: Agree–Disagree

Signs reading 'Agree' and 'Disagree' will be placed in different parts of the room. As you hear the following statements read aloud, please stand next to the 'Agree' sign if you agree and next to the 'Disagree' sign if you disagree with the statement. After you make your choice, please be prepared to provide an example of a time when you felt this way.

- On most days, I enjoy my job.
- I feel motivated to do whatever it takes to protect the health of the community I serve.
- I feel respected and supported.
- Seeing a child complete their immunization schedule gives me personal satisfaction.
- I am always patient, respectful, and kind when dealing with caregivers.
- Sometimes my facility runs out of vaccines and I have to turn caregivers away.
- I often find it difficult to provide good IPC because I need to rush due to so many caregivers and children waiting for vaccination.
- Some caregivers do not deserve to be treated with kindness.
- I sometimes get angry at caregivers who forget their child's immunization card or come late for vaccinations.
- I feel confident confronting a coworker who is treating caregivers/clients poorly.
- I feel like I have the training and information I need to respond to caregivers' questions on immunization, vaccines, and vaccine-preventable diseases.

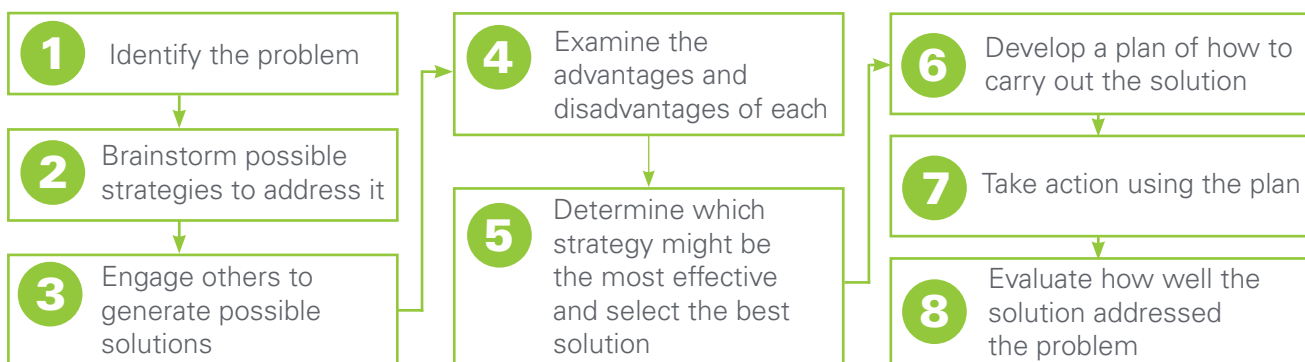
- I receive support from my supervisors that enables me to improve my performance.
- I have opportunities to expand my skills and move to more responsible and better compensated positions in the health system.

Session 2.3 Problem Solving

FLWs cannot solve all of their problems alone. For example, the common problem of overcrowded vaccination sessions can be addressed by, for example, expanding vaccination hours or days, working with community leaders to encourage caregivers to bring children during less crowded times (usually afternoons), and setting up a counselling table at the facility exit. More essential information could be given during community health talks, so less time is needed for individual sessions.

Step-by-step Guide to Problem Solving

Problem solving is a constructive process that focuses on how to adapt, be flexible, and effectively deal with an immediate or long-term problem or obstacle. The step-by-step process is as follows:



Step 1: Identify/define problem

Try to state the problem as clearly as possible. Be objective and specific about the behaviour, feelings, situation, timing, and circumstances that make it a problem. Describe the problem in terms of what you can observe.

Tip: Try to deal with one problem at a time.

Tip: Use paper to keep track of the entire process and to clarify points for each step.

Problem Definition (example)

Caregivers do not have privacy to discuss their concerns during immunization sessions.

Step 2: Brainstorm possible strategies to address it

List possible solutions. Be creative and do not worry about the quality of the solutions for now. This frees you to come up with options that you would not otherwise have thought of. After listing as many ideas as possible, eliminate the most unlikely ones (by crossing them off the list).

Step 3: Engage others to generate possible solutions

Having multiple points of view can help reveal more advantages and disadvantages of proposed solutions. Involving others also is a good way to ensure everyone 'buys in' to the solution.

Step 4: Evaluate alternative solutions

List the advantages and disadvantages of the potential solutions. [Note: if the solution seems obvious after Step 2, it is okay to skip this step.]

Step 5: Determine which Strategy May be Most Effective: Choose a Solution

Decide on a solution and draft a plan to implement it. Specify who will take which action, and when and how the plan will be implemented.

Step 6: Develop a plan of how to carry out the solution.

Action Plan	Who	When
Inform manager	FLW 1	Immediately
Arrive early to set up session	FLW 2	In two days, before clinic opens
Move table as far away from waiting area as possible	FLW 2	In two days, before clinic opens
Inform waiting caregivers of the change and reason for it	FLW 1	In two days, when clinic opens

Step 7: Implement plan and take action

Implement your plan as specified above. Do not stress if you have to modify it right away. Make the changes you need to make and continue with the process.

Step 8: Evaluate the outcome

Assess if and how well the solution worked. Decide whether the plan needs to be revised or a new solution is needed. If you are not pleased with the outcome, return to Step 2 to select a new option or revise the existing plan, and repeat the remaining steps. If you are happy with the outcome, do whatever is necessary to fully implement it or make it a standing practice.

Activity: Problem Solving

Now that you have shared some types of barriers you have experience in your work, please brainstorm solutions for dealing with these barriers. Form into groups of four people each. Each group should select one of the barriers mentioned in the agree-disagree exercise (e.g., time constraints, low motivation, difficult caregivers, lack of support, or low technical knowledge). Take 15 to 20 minutes to brainstorm a skit (short play) that demonstrates the challenge and a communication-based solution for addressing it.

Reflection Questions

- What were the similarities and differences in the solutions and approaches the groups proposed?
- How does this eight-step process differ from how you normally approach solving problems?
- How do you see yourself using the problem-solving process in your workplace? Your community? Your household?
- How can this process be applied to resolving challenges for caregivers?

IPC/I Video: Supportive supervision and problem solving

The problem-solving process does not need to be an independent exercise. Look to supervisors and other FLWs for additional support to address the challenges you and your clients face. See the video 'Supportive Supervision and Problem Solving' for an illustration of how supervisors can help to support problem solving.

This video illustrates the process of guiding and coaching FLWs to promote compliance with standards of practice and assure the delivery of quality health services. It focuses on strengthening communication, identifying and solving problems, facilitating teamwork, and providing leadership and support to empower healthcare providers to monitor and improve their own performance.

Reflection Questions

- Why is it important to appreciate a caregiver during an immunization visit?
- How can appreciating a caregiver motivate them to return for the next visit?
- What are the positive and reaffirming statements a caregiver might like to hear?

Key Points to Note

- Problem solving is a practical and helpful process that focuses on brainstorming and evaluating possible solutions then taking action.
- Learn to seek help from supervisors, coworkers, and others to address problems and barriers at work that will ultimately impact caregivers and uptake of immunization.
- Realize that biases and attitudes of FLWs play a crucial role in the counselling experience.

Immunization And Vaccines

Objectives

- Understand the mechanisms of immunity and the immunization schedule
- Describe the cause of infections
- Explain how the body develops immunity
- Know the various types of vaccines



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Session 3.1 Immunity

Immunity is the ability of the human body to tolerate the presence of materials indigenous to the body and resist materials foreign to the body. This discriminatory ability provides protection from infectious disease, since most microbes are identified as foreign by the immune system. Immunity is generally specific to a particular organism or group of closely related organisms and is usually indicated by the presence of an antibody to that organism. There are two basic ways to acquire immunity against infections – active immunity and passive immunity.

Active Immunity

Active immunity is acquired when a person's own immune system is stimulated to produce antigen-specific antibodies and immune cells. This type of immunity often lasts for many years and, in some cases, may be lifelong. Active immunity can be divided into natural and artificial active immunity.

Natural active immunity: This type of immunity is acquired after an individual has survived an infection with the disease-causing form of the organism.

Artificial active immunity: This type of immunity is acquired through vaccine administration.

Passive Immunity

Passive immunity, occurs when antibodies are transferred from one person and/or animal to another. Passive immunity disappears over time, usually within weeks or months. It is divided into natural passive immunity and artificial passive immunity.

Natural passive immunity: Passively acquired antibodies are responsible for the protection of newborns and young infants against certain diseases. The transfer of antibodies from mother to fetus across the placenta during the last two to three months of pregnancy provides the newborn with a portion of the mother's immunological experience.

Artificial passive immunity: 'Borrowed' antibodies can protect a person temporarily. These borrowed and prepared antibodies are from the serum (antiserum) of a person or animal that has been exposed to an antigen and has produced antibodies that are then purified and directly injected to the person at the site of infection to immediately counteract the offending antigen. Sources of passive artificial immunity include blood and blood products, immune or *hyperimmune globulin, and animal antitoxins.

***Hyperimmune globulin** is prepared from the plasma of donors with high titers of antibody against a specific antigen. Some agents against which hyperimmune globulins are available include hepatitis B, rabies, tetanus toxin, and varicella-zoster.

Herd Immunity

This is the protective effect given to the few unimmunized individuals in a community that has a high proportion of its population immunized. Herd immunity usually is strongest when a high percentage of individuals are immunized and evenly distributed in a given area. A community becomes susceptible to the disease if a large number of nonimmune people – either by birth or immigration – enter the area. There are two ways of developing herd immunity:

- High natural infection rate in the community
- Artificial immunization



Activity: How vaccines work Pop Quiz

Complete the quiz below to test your knowledge on how vaccines work.

Question 1. Which of the following is true about the immune system?

- A. The immune system is an infection that harms the body.
- B. Skin and mucous membranes are not part of the immune system.
- C. The immune system does not help the body fight disease.
- D. Vaccines help the immune system fight disease.

Question 2. Which of the following is true about vaccines?

- A. Giving an infant multiple vaccines can overwhelm its immune system.
- B. Vaccines are made from adjuvant, stabilizers, and preservatives.
- C. Natural immunity works better than vaccines.
- D. Ingredients in vaccines are harmful.

Question 3. Which of the following diseases mainly affects children under five years of age and remains endemic in only two countries?

- A. Rubella
- B. Polio
- C. Measles
- D. Tetanus

Question 4. Which of the following is NOT a vaccine-preventable disease?

- A. Cervical cancer
- B. Polio
- C. Hepatitis B
- D. Asthma

Question 5. How many infants worldwide are still missing out on basic vaccines?

- A. 1.4 million
- B. 5.9 million
- C. 6.8 million
- D. 18.7 million

IPC/I Audio Job Aid: Can vaccines help to eradicate or eliminate certain diseases?

This audio job aid provides an overview of how a disease can be eradicated and the role that vaccines play in increasing immunity with the aim of ultimately eradicating diseases. The audio job aid also explains why some diseases, particularly those with environmental reservoirs, may never be eradicated, highlighting the importance of widespread vaccination against those diseases.



Reflection Questions

- What are some of the challenges in achieving high levels of population immunity for all diseases?
- How would you explain the importance of population immunity to a caregiver?
- What IPC skills were used in the audio?

Session 3.2 Vaccines

Vaccines are produced and distributed with the principal goal of preventing and protecting against serious diseases. The efficacy of vaccines has been shown all over the world. Many diseases that were once common, such as polio, measles, mumps, and tetanus, are now rare and under control.

Vaccines are safe and effective. They are held to high safety standards and carefully monitored from the start of the development process to the time they reach the child. A quality assurance system is in place to ensure that vaccines are as safe as possible and are closely monitored throughout the immunization production and delivery system. The vaccine safety system starts from quality control at the level of the manufacturer and continues through the supply chain and cold chain to the delivery point where the vaccines are administered. Manufacturers make sure to they maintain a high level of quality control throughout the manufacturing and transportation of the vaccines to the health facilities. In [country], there is a quality assurance system in place to ensure that vaccines are as safe as possible and are closely monitored throughout the immunization delivery system.

Quality and Safety

The World Health Organization works closely with national experts and authorities to ensure and support the quality, safety, and effectiveness of all vaccines. They, along with partner countries and coordinating bodies, establish a set of safety standards to ensure vaccine safety, including:

- Conducting a thorough review of the evidence on the efficacy and safety of the vaccine
- Establishing quality standards for specific vaccines
- Testing every batch for potency (to ensure it works effectively to protect against the specific disease), purity (to ensure that certain ingredients used during production have been removed), and sterility (to ensure that it does not contain any outside germs).
- Establishing a vaccine monitoring system for detecting and investigating AEFIs

Types of Vaccines

There are three types of vaccines: live attenuated, inactivated (either whole cell or cell fractions), and recombinant (genetically engineered) vaccines. In communities that are sceptical about the make-up of vaccines, effective communication may need to focus on providing some assurances about vaccine safety and side effects.

Live attenuated vaccines

Live attenuated vaccines are derived from disease-causing viruses or bacteria that have been weakened under laboratory conditions. Examples of live attenuated vaccines include:

- **Viral:** Oral polio vaccine (OPV), measles, and yellow fever
- **Bacterial:** Bacillus Calmette-Guerin (BCG), oral typhoid (*Salmonella typhi*), and oral cholera

Inactivated vaccines

Inactivated vaccines are produced by growing viruses or bacteria and then inactivating them with heat or chemicals. Because they are not alive, they cannot grow in a vaccinated individual and therefore cannot cause the disease. Multiple doses are required for full protection. Booster doses are needed to maintain immunity because protection by these vaccines diminishes over time. Examples of inactivated vaccines include:

- **Viral:** Injectable polio vaccine (IPV) (Salk), hepatitis A, influenza, rabies
- **Bacterial:** Whole-cell pertussis, inactivated cholera, and anthrax

Recombinant vaccines

Recombinant vaccines are produced by inserting genetic material from a disease-causing organism into a cell, which replicates the proteins of the disease-causing organism. The proteins are then purified and used as vaccine. Examples of inactivated vaccines include:

- Hepatitis B and human papillomavirus (HPV)






IPC/I Audio Job Aid: The importance of immunizations and new vaccines





This audio job aid reviews key reasons why it is important that all children are fully vaccinated, including the benefits to the individual child, family, and community. The audio job aid also explains why it is beneficial that new vaccines are being developed and introduced to protect us from even more diseases.







Reflection Questions

- How would you use IPC skills to convince a caregiver that their child should follow the recommended vaccination schedule so they can be fully vaccinated?
- Why do you think a caregiver may be hesitant to have their child receive a newly introduced vaccine? What could you say to convince them to allow their child to receive the vaccine?

Disease	How It Is Transmitted	Signs, Symptoms, and Complications	Vaccine
Caused by bacteria			
Tuberculosis  <small>http://ethnomed.org/clinical/tuberculosis/firland/tuberculosis-images/picture2.jpg</small>	<ul style="list-style-type: none"> • Air • Cough, sneeze, saliva • Raw milk 	<ul style="list-style-type: none"> • In young children, the only sign of pulmonary tuberculosis might be stunted growth or failure to thrive. • Tuberculosis in bones and joints causes pain and swelling. • Complication: death 	<ul style="list-style-type: none"> • Bacille Calmette–Guérin (BCG)
Diphtheria  <small>Image source: U.S. CDC</small>	<ul style="list-style-type: none"> • Cough, sneeze • Close physical contact 	<ul style="list-style-type: none"> • Sore throat, loss of appetite, slight fever • Bluish-grey or white film on throat • In tropical areas, it can also cause skin ulcers. • Complications: blocked airway, heart and nervous system problems, lung infection, death 	<ul style="list-style-type: none"> • Tetanus and diphtheria (Td) • Diphtheria, pertussis, and tetanus (DTP) • Pentavalent [DTP + hepatitis B (HepB) + Haemophilus influenzae type B (Hib)]
Pertussis  <small>Image source: U.S. CDC</small>	<ul style="list-style-type: none"> • Cough, sneeze 	<ul style="list-style-type: none"> • Cold-like symptoms, cough lasting at least two weeks, coughing fits, breath intake accompanied by a whooping sound, vomiting immediately after coughing • Complications: pneumonia, convulsions, seizures 	<ul style="list-style-type: none"> • Diphtheria, tetanus, and pertussis for infants and children (DTaP) • Tetanus, diphtheria, and pertussis for teens and adults (Tdap) • Pentavalent (DTP + HepB + Hib)
Tetanus  <small>Image source: U.S. CDC</small>	<ul style="list-style-type: none"> • Enters cut or wound from dirty tool, splinter, soil, charcoal, etc. 	<ul style="list-style-type: none"> • Neonatal tetanus: unable to suck and cry normally in first 28 days after birth, stiffness, spasms (i.e., jerking of the muscles), convulsions • Complications: respiratory failure, pneumonia, fractures, death 	<ul style="list-style-type: none"> • Tetanus toxoid (TT) • DTP • Diphtheria, tetanus (DT) • Td • Pentavalent (DTP+HepB+Hib)
Haemophilus influenzae type b disease  <small>Image source: Children's Immunization Project, St. Paul, Minnesota</small>	<ul style="list-style-type: none"> • Cough, sneeze 	<ul style="list-style-type: none"> • Severe pneumonia (difficulty breathing and swallowing, cough, sore throat, chest pain, headache) • Meningitis (fast-rising fever, headache, stiff neck, loss of alertness) • Complications: severe swelling of the face, mouth, blood, throat, joints, heart, and bones; brain damage; death 	<ul style="list-style-type: none"> • Hib • Pentavalent • (DTP + HepB + Hib)

Disease	How it's transmitted	Signs, symptoms, and complications	Vaccine
Caused by virus			
Hepatitis B	<ul style="list-style-type: none"> • Mother-to-child transmission • Cuts, bites, scratches • Sex, shared needles 	<ul style="list-style-type: none"> • Children rarely have symptoms. • Adults may have yellow skin or yellow in the whites of the eyes, dark urine, anorexia, malaise, extreme fatigue, right upper quadrant tenderness. • Complications: Liver diseases, including cancer 	<ul style="list-style-type: none"> • HepB • Pentavalent (DTP + HepB + Hib)
Measles  <small>Image source: U.S. CDC</small>	<ul style="list-style-type: none"> • Cough, sneeze, close personal contact 	<ul style="list-style-type: none"> • High fever, runny nose, cough, red and watery eyes, small white spots inside cheeks • Dry rash • Complications: blindness, encephalitis, severe diarrhoea and dehydration, ear infections, pneumonia 	<ul style="list-style-type: none"> • Measles • Measles, mumps, rubella (MMR) • Measles, rubella (MR)
Mumps  <small>Image source: U.S. CDC</small>	<ul style="list-style-type: none"> • Cough, sneeze • Direct contact with infected person 	<ul style="list-style-type: none"> • Fever, loss of appetite, muscle pain, pain chewing or swallowing, headache, fatigue • Swollen glands in front of ears or under jaw • Complications can include brain infection, meningitis, hearing loss, male infertility 	<ul style="list-style-type: none"> • MMR • Measles, mumps, rubella, varicella (MMRV)
Pneumococcal disease  <small>http://medicineworld.org/images/blogs/10-2008/pneumococcal-disease.jpg</small>	<ul style="list-style-type: none"> • Cough, sneeze • Close contact with infected person 	<ul style="list-style-type: none"> • Pneumonia (lung infection): fever and chills, cough, rapid breathing or difficulty breathing, chest pain • Meningitis, ear infection, sinusitis, etc. • Complications: bloodstream infection, hearing loss, brain damage, death 	<ul style="list-style-type: none"> • Pneumococcal conjugate vaccine (PCV)10 • PCV13
Polio  <small>Image source: WHO</small>	<ul style="list-style-type: none"> • Fecal-oral 	<ul style="list-style-type: none"> • Fever, headache, sore throat, vomiting • Sudden weakness or floppiness in the limb(s) not due to trauma • Complications: paralysis, death 	<ul style="list-style-type: none"> • Oral polio vaccine (OPV) • Inactivated polio vaccine (IPV)

Disease	How it's transmitted	Signs, symptoms, and complications	Vaccine
Rotavirus diarrheal disease  <small>Image source: U.S. CDC</small>	<ul style="list-style-type: none"> • Fecal-oral 	<ul style="list-style-type: none"> • Loose stools, watery diarrhoea, fever, vomiting, stomach pain • Complications: dehydration; shock, kidney and liver failure, death if untreated 	<ul style="list-style-type: none"> • Rotavirus
Rubella (German Measles)  <small>Image source: U.S. CDC</small>	<ul style="list-style-type: none"> • Cough, sneeze • Mother-to-child 	<ul style="list-style-type: none"> • Mild fever, pink eye, and swollen, tender lymph nodes, usually in the back of the neck or behind the ears. • Rash begins on the face and spreads downward. • Complications: brain infections and bleeding problems 	<ul style="list-style-type: none"> • MMR • MR
Varicella (Chickenpox)  <small>Image source: U.S. CDC</small>	<ul style="list-style-type: none"> • Droplet or direct contact with skin lesions 	<ul style="list-style-type: none"> • Nausea, loss of appetite, aching muscles, headache • Skin rash with itchy blisters • Complications (rare in children): bacterial infections of the skin and soft tissues, pneumonia, encephalitis, bleeding problems, blood stream infections (sepsis), dehydration, death 	<ul style="list-style-type: none"> • Varicella vaccine • MMRV
Yellow Fever  <small>gjsborneherald.co.nz</small>	<ul style="list-style-type: none"> • Bite by an infected Aedes mosquito 	<ul style="list-style-type: none"> • Fever, chills, headache, backache, general muscle pain, upset stomach, vomiting • Person becomes slow and weak. • Jaundice, bleeding gums, blood in the urine, black vomit • Complications: liver, kidney, respiratory, and other organ failure; death 	<ul style="list-style-type: none"> • Yellow fever

Information sources: Ministry of Health. (n.d.). Immunization manual for health workers. Nairobi, Kenya: MOH. Available from: https://www.mchip.net/sites/default/files/mchipfiles/Immunization%20Manual%20for%20Health%20Workers_updated.pdf; WHO Vaccines and Diseases <http://www.who.int/immunisation/diseases/en/>; World Health Organization. (2012). Vaccine-preventable diseases: Signs, symptoms, and complications [fact sheet]. http://www.euro.who.int/__data/assets/pdf_file/0005/160754/Vaccine-preventable_EN_WHO_WEB.pdf; Gavi. (n.d.) Vaccine support. <http://www.gavi.org/support/nvs/>; Immunisation in Practice.

Key Points to Note

To communicate effectively with caregivers, it is important to:

- Understand the basic mechanisms of immunity
- Know the immunization schedule
- Know vaccine-preventable infections and their associated vaccines

IPC/I Quick Reference Cards

See the IPC/I Quick Reference Card Deck for more information on immunization and vaccines.

The cards split into four decks: (1) general IPC/I guidance, 2) key immunization messages and FAQs, (3) common vaccine-preventable diseases, and (4) review questions. For Decks 1 and 2, each card has a focus question related to the topic of the card that is explicitly answered on the backside. Deck 3 answers key questions about a specific vaccine-preventable disease and its corresponding vaccine. Deck 4 provides review questions and answers.



Activity: Guess that Vaccine-Preventable Disease

Instructions

Refer to IPC/I Reference Cards PowerPoint presentation for this activity.

1. A volunteer will stand in the front of the room and face the rest of the participants.
2. A slide/image will be shown to participants but not to the volunteer.
3. The task of the volunteer is to identify what vaccine-preventable disease is on the slide using only 'yes' or 'no' questions.
4. When the volunteer asks a question, the audience can only answer with a 'yes' or 'no', providing no additional information.
5. The volunteer may ask up to 15 'yes' or 'no' questions.
6. They can only guess the disease once. The game is over once they either reach 15 questions or guess the disease correctly.
7. A number of volunteers may try the guessing game, with a different slide used for each volunteer.



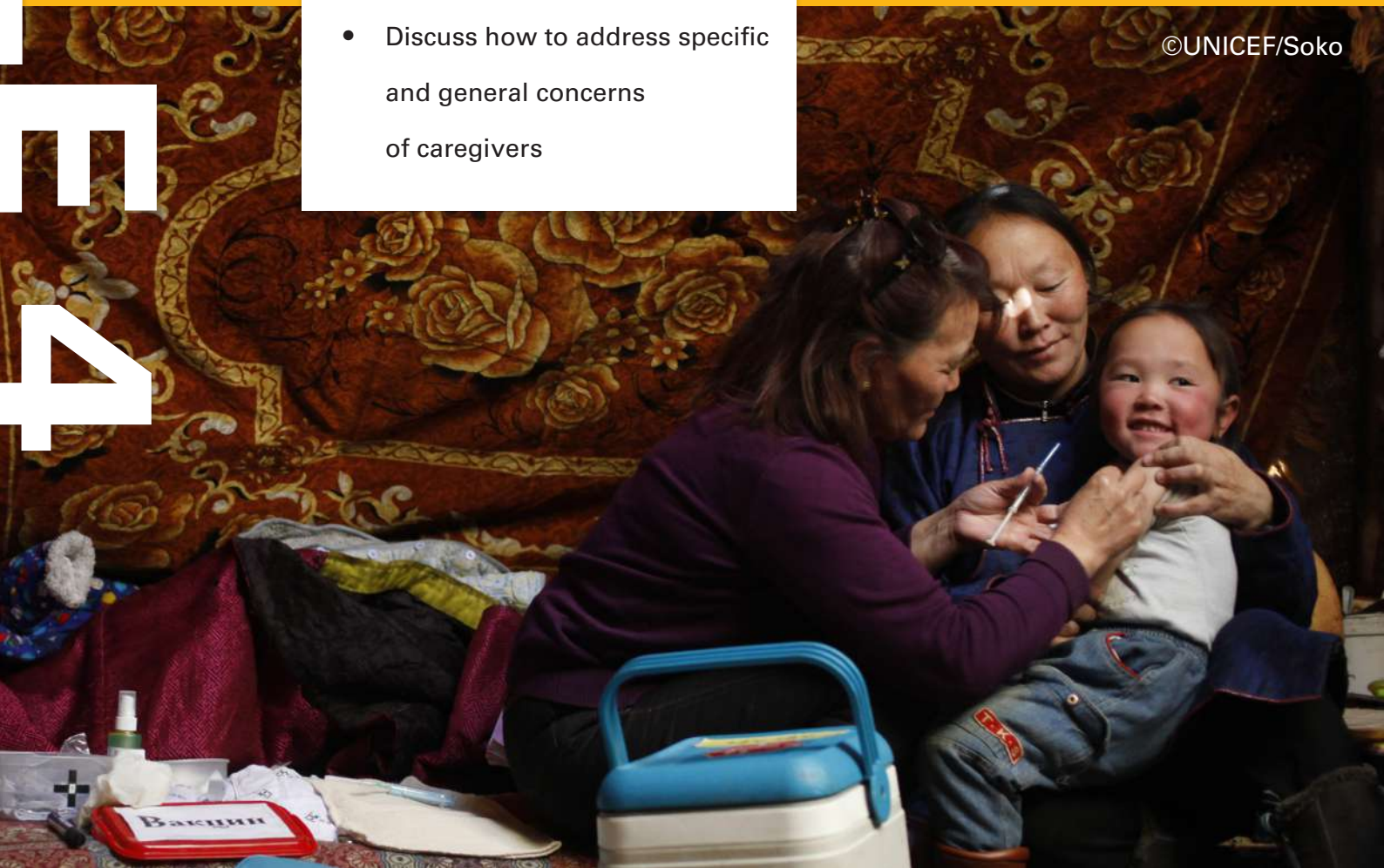
Profiling Types Of Caregivers

Objectives

- Discuss parental concerns and categories of hesitant caregivers
- Review specific case examples that illustrate the types of concerns that caregivers have
- Discuss how to address specific and general concerns of caregivers



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Session 4.1 Understanding Vaccine Hesitancy

Vaccine hesitancy refers to people's negative attitudes and perceptions (primarily fears and lack of trust) of vaccination. These perceptions may lead people to accept all vaccinations (but with concerns), no vaccinations, some vaccinations, the recommended schedule, or an alternative schedule. Addressing vaccine hesitancy is not a simple task as a multitude of factors can potentially influence a person's decision to seek out or accept vaccination for themselves or their child. The specific factors leading to hesitancy need to be identified so that the most appropriate communication can be applied. The information needed to address hesitancy will differ by subgroup, context, setting, vaccine, and amount time available for a discussion.

Understanding the Situation

There are many reasons why a caregiver might hesitate to have their child receive some or all vaccinations. Caregivers make decisions based on their knowledge and available information; their own experiences with diseases and vaccinations; and what they hear from the media, family, friends, and service providers. What makes discussion about vaccination complicated is that a caregiver's decisions and attitudes may vary depending on the type of vaccine or their experience with health services.

It is important to remember that immunization is a process that includes many points of contact with the health system and providers. Once a caregiver brings a child for their first vaccinations, the service experience becomes at least as important as the caregiver's perceptions when they came to that first visit. The service experience includes caregivers' perceptions of how long and how comfortably they waited, how well they felt they were treated, whether their child received all of the vaccinations due (or did not because of stockouts), whether the FLW clearly communicated essential practical information such as the return date, and whether the child developed worrying side effects that the FLW did not prepare the family for. In addition, few caregivers totally reject any vaccination (some do of course). Rather, most have specific concerns, such as injection pain or side effects, perceived dangers of a child getting too many vaccinations at too young an age or in the same visit, and concern over certain ingredients in vaccines. Some caregivers may be members of a religious group whose leadership rejects vaccination. All of these concerns need to be discussed.

The table that follows outlines common determinants that contribute to attitudes and beliefs towards vaccines.

Table 1. Working Group Determinants of Vaccine Hesitancy Matrix

<p>CONTEXTUAL INFLUENCES Influences arising due to historic, sociocultural, environmental, health system/institutional, or economic or political factors</p>	<ul style="list-style-type: none"> a. Communication and media environment b. Influential leaders, immunization program gatekeepers, and antivaccination or provaccination lobbies c. Historical influences d. Religion, culture, gender, and socioeconomic factors e. Politics/policies f. Geographic barriers g. Perception of the pharmaceutical industry
<p>INDIVIDUAL AND GROUP INFLUENCES Influences arising from personal perceptions of the vaccine or the social/peer environment</p>	<ul style="list-style-type: none"> a. Personal, family, and community members' experience with vaccination, including pain b. Beliefs and attitudes about health and prevention c. Knowledge and awareness d. Health system and providers – trust and personal experience e. Risk/benefit (perceived and learned) f. Immunization as a social norm vs. not needed/harmful
<p>VACCINE/VACCINATION-SPECIFIC ISSUES Directly related to vaccine or vaccination</p>	<ul style="list-style-type: none"> a. Risk/benefit (epidemiological and scientific evidence) b. Introduction of a new vaccine, formulation, or recommendation for an existing vaccine c. Mode of administration d. Design of vaccination program/mode of delivery (e.g., routine program or mass vaccination campaign) e. Reliability and source of vaccine supply or vaccination equipment f. Vaccination schedule g. Costs h. The strength of the recommendation, knowledge base, or attitude of healthcare professionals

SAGE working group, 2014



Activity: Examples from the Local Context

Reflect on your own interactions with caregivers that demonstrated any of the following reasons for hesitancy. Either write out or illustrate three examples.

1. What did the caregiver say? Be specific.
2. How did you determine whether their concern was a contextual influence, individual/group influence, or vaccine-specific issue? What was the question they asked or comment they made?
3. How did you respond to the caregiver?

Session 4.2 Profiling Caregivers

Identifying Parental and Caregiver Concerns

The profiling tools below can help you determine whether a caregiver might be hesitant to vaccinate their child. If caregivers answer 'yes' to any of these questions, then they may be hesitant to accept

some or all vaccinations. The extended tool can be used for longer interactions, while the modified tool can be used during brief interactions. The questions do not need to be read directly to the caregiver; the information can be interpreted through conversation. This tool may be useful where vaccine hesitancy is a known problem that blocks higher coverage; however, it is not recommended in countries or regions where vaccine hesitancy is not a major factor limiting coverage.

Extended Profiling Tool

1.	Have you ever intentionally delayed having your child get a vaccine for reasons other than illness or allergy?	Yes /No
2.	Do you have any cultural, religious, or personal belief regarding immunization?	Yes /No
3.	Have you ever decided not to have your child get a vaccine for reasons other than illness or allergy?	Yes /No
4.	Are you certain that following the recommended vaccine schedule is a good idea for your child?	Yes /No
5.	Has your child or any child you know become seriously ill or injured after an immunization?	Yes /No
6.	Are you concerned that your child might get a serious side effect from a vaccine?	Yes /No
7.	Are you concerned that any of the vaccines might not be safe?	Yes /No
8.	Do you feel that children get more vaccines than is good for them?	Yes /No
9.	Do you feel that it is better for children to get fewer vaccines at the same time?	Yes /No
10.	Do you feel that many of the illnesses that vaccines prevent are severe or deadly?	Yes /No
11.	Are you concerned that a vaccine might not prevent the disease?	Yes /No
12.	Do you feel that it is best for a child to develop immunity by getting sick (natural immunity) rather than to get a vaccine?	Yes /No
13.	Do you feel that you have all the information you need to immunize your child?	Yes /No
14.	Do you trust the information you receive about vaccines?	Yes /No
15.	Overall, are you confident about immunization for your child?	Yes /No

Modified from the Parent Attitudes about Childhood Vaccines Survey Tool, University of Washington School of Medicine Seattle, WA, USA

Modified Profiling Tool

1.	Do you feel that children get more vaccines than is good for them?	Yes /No
2.	Do you feel that it is better for children to get fewer vaccines at the same time?	Yes /No
3.	Do you feel that it is best for a child to develop immunity by getting sick (natural immunity) rather than to get a vaccine?	Yes /No
4.	Do you feel that you have all the information you need to immunize your child?	Yes /No
5.	Do you trust the information you receive about vaccines?	Yes /No
6.	Are you confident about immunization for your child?	Yes /No

Modified from the Parent Attitudes about Childhood Vaccines Survey Tool, University of Washington School of Medicine Seattle, WA, USA

Some Types Of Hesitant Caregivers

Uninformed But Want More Information

These caregivers are uninformed about vaccination and are turning to you because of your expertise as a healthcare professional. They want you to assure them that vaccines are safe and effective.

- Listen to their concerns.
- Answer their questions.
- Explain basic facts in easily understood terms.
- Share experiences that demonstrate the benefits of vaccines.
- It may be helpful to tell them about how your child(ren) are fully vaccinated and that vaccination is something you strongly recommend.



Misinformed But Open To Correction

These caregivers have inaccurate information about vaccines and the diseases they prevent. They may believe misinformation, myths, or rumours about immunization.

- Listen to their beliefs.
- Provide them with relevant information or experiences to disprove myths and misinformation.
- Discuss the strong benefits of vaccines.

In addition: Discover the sources of misinformation because they may be ongoing and can negatively affect current efforts.



Well-Informed And Open-Minded

These caregivers are aware of arguments for and against vaccination. They will have many questions and concerns that they want to have resolved.

- Help them to assess the merits of each argument by placing them in a proper context.
- Discuss each concern and be prepared to have validated evidence to counter any antivaccination points.
- Discuss the strong benefits of vaccines.
- Point them to appropriate fact-based resources from well-respected sources.
- Offer to follow up with them to dispel any further worry or doubt.

In addition: Encourage them to be advocates and spokespersons in the community.



Informed And Refusing

These caregivers, whether well-informed, uninformed, or misinformed, are convinced that they do not want their child(ren) to be vaccinated.

- Ask the caregiver to describe their concerns about vaccines.
- Ask the caregiver what it is about vaccines that makes them concerned.
- Acknowledge their concerns.
- Address any misinformation with evidence and experiences.
- Discuss the strong benefits of vaccines.
- Point them to appropriate fact-based resources from well-respected sources.



In addition: Identify their influencers and work with them as allies.

Antivaccine Champion

These caregivers not only refuse to vaccinate their child(ren) but try to convert others to their position.

- Establish trust with these caregivers by listening to their perspective.
- While it is important to respect their opinion, it is necessary to explain the importance of vaccines for the overall health of their child.
- Correct any antivaccine myths and misinformation.
- Refocus the conversation onto the positive effects of vaccines.
- Explain the risks of not vaccinating their child and responsibilities for protecting them and others.



In addition: Commit to continuing the dialogue about vaccines.

Some members of this group will never be convinced, but nevertheless, it's important to continue your efforts to motivate change.



Activity: Practice Profiling

During this exercise, you will practice using the expanded or modified profiling tool to identify a caregiver's level of knowledge and comfort with vaccination.

1. Review the profiling tool and types of hesitant caregivers in the large group.
2. Form pairs: one person will play a caregiver and the other will play an FLW.
3. The participant playing the caregiver should select one of the types of hesitant caregivers to role play. They should NOT tell their partner which type of caregiver they are role playing.
4. Relying on the questions from the expanded or modified profiling tool, the FLW should guess the type of caregiver they are interacting with and respond to them accordingly.
5. You will have two minutes to act out this immunization session. Try to make the dialogue as natural as possible.
6. At the end of the two minutes, the FLW should check with the caregiver to see whether they guessed correctly.
7. Now the partners should switch places in the role play and repeat the exercise.
8. A few participants will be selected to share their reflections on the activity. What was difficult? Is this how we typically assess and counsel caregivers?



Reflection Questions:

- What are other ways to assess a caregiver's level of comfort with vaccination? Are there nonverbal cues?
- What are some other useful ways to categorize types of caregivers that will help us determine how to communicate with that caregiver type during discussion and counselling sessions?



IPC/I Audio Job Aid: What to do if a caregiver refuses immunization

This audio job aid outlines some key reminders to give caregivers who refuse to immunize their child, including the risks involved and the additional responsibilities they have to protect their children and to protect others.



Reflection Questions:

- What type of hesitant caregiver is the one in the audio job aid?
- Do you think that the key points presented in the audio job aid would be convincing to a hesitant caregiver?
- How would you use IPC skills to achieve a balance between communicating the danger of not immunizing a child but not scaring a caregiver or making them feel like they do not have a choice about immunizing their child?

Session 4.3 Communicating With Caregivers

Communicating effectively about vaccines with caregivers and communities is a key issue for the public health community to address. In addition to national campaigns, FLWs play a vital role in this communication. Building trust with caregivers is perhaps one of the most important things an FLW can do to promote vaccination. There are many approaches to communicating with caregivers. An atmosphere of caring two-way dialogue and clear messages that address information gaps and concerns supports trust between caregivers and FLWs. Although many factors influence the decision to vaccinate, some studies have shown that the outcome of an immunization session can differ based on how a provider begins a conversation with a caregiver.

The Presumptive Approach

The presumptive approach assumes caregivers are fine with the vaccines that the FLW recommends. Using this approach, the FLW tells a caregiver which vaccine(s) their child will be given that day and states the reason for the vaccine and the potential side effects. If the caregiver consents to vaccination and has no objections or questions, then the vaccinator proceeds with vaccination. If the caregiver objects or has questions or concerns, then those questions and concerns are answered by using medical evidence or stories to convey the safety, effectiveness, and necessity of the recommended vaccine(s).

The Participatory Approach

The participatory approach focuses on addressing concerns and helping caregivers understand the importance and necessity of vaccine. Using this approach, the FLW asks a caregiver about their vaccination preferences and emphasizes the importance of shared decision making. However, some within the research and medical community feel that shared decision making is not appropriate for vaccination.

Regardless of the approach you use, have some tested and proven effective key messages on hand when you talk with the caregiver(s). A key message is a statement containing the main points of information you want to communicate to caregivers to address their concerns and promote the benefits of vaccines. A well-designed key message is simple, memorable, easily understood, culturally appropriate, and meaningful to the caregiver.

Sample key messages:

- Vaccination is the most effective way to protect your child from life-threatening illnesses.
- Communities with towns that have lower vaccination rates have higher rates of life-threatening diseases.
- I am a parent, too, and I vaccinated my children. I also received vaccinations myself.

It is important to carefully consider which of the above communication approaches and messages are most successful with caregivers in your community. For example, some caregivers may respond effectively to the presumptive approach; some might need to hear negatively-framed messages to be moved while others may prefer stories over scientific data.

Communicating with Caregivers

Regardless of the type of caregivers you meet, it is important to remember that they want their child to be healthy, they would like to be heard and respected by the provider, and they want credible information and the power to make an informed decision. Following the four practices below will help you communicate with caregivers:

- Take time to listen
 - Let the caregiver finish speaking.
 - Resist the urge to multitask during conversation.
- Solicit and welcome questions
 - Ask for questions.
 - Convey that you have time to answer them.
 - Give short answers to allow time for more questions.
- Acknowledge risks and benefits
 - While severe side effects do happen, point out that they are extremely rare.
 - Note that non-vaccination is much more risky.
- Have both science and stories available
 - Parents will appreciate experiences you can share.
- Identify a safe and private space to discuss concerns
 - It is important to have these conversations in private so the caregivers feel safe and you reduce the risk of influencing other caregivers.

What to Communicate During an Immunization Visit

The following issues may need to be covered, depending on individual needs and understanding:

- Why vaccination is important for children's health
- Your child needs some vaccinations more than once to gain maximum protection from the specific disease.
- The number and timing of doses
- The importance of completing the series
- The importance of being aware of and complying with the due date(s) to return for the next dose(s)
- Potential discomfort after vaccination and what to do if it occurs
- Explanation and reassurance in response to inaccurate information
- Importance of immunization cards and the need to keep them in a safe place and always bring them when bringing a child for health services
- Immunization session locations and times, especially for the next visit
- Which diseases are preventable through vaccination
- Vaccine schedules and the diseases vaccines prevent

In most circumstances, it will be more feasible to discuss the last two topics with groups of caregivers, rather than individually.

Reminders

There are many ways to remind caregivers when the next vaccination(s) is due, most involving IPC. Studies in the last few years have found that use of reminders can reduce dropout and improve timeliness. Some methods:

- Ensure the vaccinators write the date of the next vaccination(s) on the home-based record. This may require supervision and monitoring to reinforce instructions.
- The health facility can maintain a tickler system (manual or electronic) and remind the caregivers of upcoming vaccination dates by: SMSs, phone calls, or giving the list to a community-based person or group to make home visits to remind
- Assist communities to establish a method of monitoring each local child's vaccinations, and remind caregivers' in home visits of upcoming or missed vaccinations.
- Where there is a community vaccination focal person, as recommended in the RED/REC strategies, these persons can remind caregivers.

IPC/I Audio Job Aid: Sticking to the immunization schedule (including even when a child is sick)

This audio job aid describes how the immunization schedule has been developed and why it is important for it to be followed. The audio job aid also states that it is safe to bring a child for immunization even when they are mildly unwell and explains what to do if a child misses a scheduled immunization.



Reflection Questions

- What are some techniques you use to remind caregivers of the immunization schedule and ensure that they bring their children on time?
- What would you say to a caregiver who has stopped bringing their child for their scheduled immunizations, and how would you help them get back on schedule?

IPC/I Video: Welcoming and Communicating Effectively

For an illustration of client-centred care, see the video 'Welcoming and Communicating Effectively'. The video illustrates how to acknowledge caregiver and client perspectives and concerns. It focuses on helping caregivers understand their feelings about immunization and then addresses their specific personal concerns and barriers.



Reflection Questions:

- What are some ways that the FLW encouraged the caregiver to freely voice their questions and concerns about vaccinating their children?
- Other than what you saw in the video, what are some verbal and nonverbal IPC skills you have adopted to make caregivers feel welcome and heard?



Activity: Finding-the-Right-Message Skits

1. Form into small teams of four to six people each.
2. Your team will be assigned one of the four types of caregivers (uninformed but want more information; misinformed but open to correction; convinced and refusing; or antivaccine champion).
3. Your team will have 15 minutes to prepare a skit illustrating what the caregiver believes about vaccines and an FLW communicating with that caregiver. The skit can show a facility-based interaction, home visit, community encounter, or a combination.
4. The skit should be no longer than five minutes and involve all members of the team in some way.
5. After each skit, audience members will brainstorm on key messages (no fewer than five) that would support effective FLW communication with that type of caregiver.
6. The key messages for each type of caregiver will be written on flip chart paper, enabling you and your colleagues to reflect on what makes these messages audience-specific.

IPC/I Frequently Asked Questions

See the 'Frequently Asked Questions' resource for detailed guidance on how to respond to questions you are likely to encounter while interacting with caregivers. The resource provides key messages and supporting messages. This tool can be adapted to provide the most contextually relevant responses to common questions.



Reflection Questions

- What types of caregivers do we most often encounter in our work?
- How can we best prepare to effectively communicate with them?

Community Engagement

Objectives

- Describe reasons why engaging communities in immunization dialogues is important
- Outline the steps to organize a community conversation or meeting
- Develop appropriate content for a community meeting



Engaging the community in immunization issues can help to create awareness of services, stimulate demand for services, help motivate those who may be hesitant, and encourage community participation to reach difficult-to-reach or neglected (those who are left out of services) populations. Meeting with the community also provides an important opportunity to get people's feedback and suggestions on improving health services.

Strategies to engage the community:

- Build alliances with community leaders.
- Use existing community structures for communication about immunizations and identify partners to collaborate with.
- Hold regular community meetings, share progress, and use community feedback to improve activities.
- Leverage community events/activities to literally 'meet people where they are'.
- Arrange for selected community representatives to participate in microplanning (including outreach planning), development of communication campaigns, and data review meetings.

Session 5.1 Conducting A Needs Assessment

First, it is important to talk to people to learn about attitudes to immunization in the community, in particular whether there is opposition to it. If there is some resistance to immunization, you need to ask why it is present. Discussion with members of women's groups and youth groups in your community may help you to find answers. In some cases, you may also want to speak to community leaders (traditional, elected, or religious) who are influential and can be allies or impediments depending on how they are involved in these processes. You may be able to identify specific behaviours or attitudes that are creating a barrier to immunization in the community.

Consider organizing a committee to assess why people do not come to be vaccinated or do not complete their vaccinations. This would help to:

- Improve relations between you as an FLW and the community
- Promote participatory decision-making to improve community involvement in the Expanded Program on Immunization
- Support the community to develop strategies for identifying and tracing immunization defaulters
- Improve the quality of the immunization service
- Encourage the community to identify and report outbreaks of communicable diseases

The assessment may take several forms, for example:

Focus Group Discussions

One of the most effective ways to quickly get a range of opinions is to arrange small focus groups, that have clear guidelines from you about the topic that the discussion should centre on. The ideal number of participants in a focus group is between six and 10. A facilitator keeps the discussion focused on the agreed topic (in this case, immunization) and makes sure that everyone's views are heard. You could select particular participants, such as caregivers you think may not bring their children for immunization. In group interviews, if one participant starts sharing, others are more likely to join in with honest opinions and stories.

Sample questions to explore in the assessment:

- Why are children not being brought for immunization?
- Has there been an adverse incident in the past that has worried parents?
- Is there an opinion leader in the community who is opposed to immunization and has persuaded others to resist it?
- What, if anything, do they think they (or other community members) need to do to raise the communities' use of immunization services or to otherwise improve or support those services?

One-on-One Meetings with Caregivers

You may also talk to caregivers one-to-one when they visit the facility or health post to learn about their good and bad experiences with the immunization services provided. However, if you ask caregivers about their service experience while they are still in the health facility, you are less likely to receive honest answers about how they felt, as they are unlikely to say anything negative even if they had a miserable experience. Try to reach caregivers in the community who, for one reason or another, do not visit the facility or health post. However, interview the caregivers who do visit the facility first, since they are readily accessible and are often willing to talk about their experience of the services. They may also suggest ways of reaching those who do not use facilities.

There are many things you might want to learn from caregivers, for example:

- How close their child is to getting vaccinated on schedule
- Any barriers to accessing existing services
- If the times and locations of immunization sessions are appropriate for them
- What they think about the quality of the service provided
- How they think the service could be improved
- What they already know about immunization
- What concerns they may have about immunization
- Their traditional beliefs about disease or immunization

Meeting with Nongovernmental Organizations and Other Partners

Try to meet with any other partners or institutions that you think might be able to help improve the immunization service. Who these are will depend on your community, but may include traditional birth attendants, traditional healers, private health practitioners, volunteer groups, and representatives of nongovernmental organizations that focus on health, particularly the health of children.

Meetings with Special Groups

In your community, you may be aware of special groups that have been largely unreached by immunization services or have chosen not to participate in them. You should try to include these people or groups in your meetings and planning process from the start. Some examples of special groups include:

- Pastoralist groups
- Migrant populations
- Ethnic or other minority groups
- Groups in geographically remote areas who may find it difficult to reach the site of the immunization services
- People who are injured, sick, or disabled who may find it difficult to get to where immunizations are taking place
- Religious or traditional sects
- Refugees
- Homeless families

Session 5.2 Barrier Analysis

We need to use empathy when we learn the reasons a child is behind on vaccinations. In many cases, a caregiver may have sought vaccinations that the health facility could not provide due to, for example, stockouts, vaccinator absence, or the session ending before it was supposed to. The reason for falling behind needs to be clarified since it could be related to the family – such as the husband being angry about side effects and refusing further vaccinations – or the service experience. A system should be in place for the health facility staff to identify these children, whose families should be visited at home to understand the issue and to try to resolve any impediments to continuing the vaccination schedule.



Activity: Barriers Image Review

1. Participants are divided into small groups
2. See the image below
3. The facilitator will assign your group one of the characters in the image
4. Next, develop a profile or description of that individual. The profile should include:
 - a. What are this person's thoughts, feelings, or beliefs about vaccination?
 - b. Why does person think/feel/believe those things about vaccination?
 - c. What has been their experience with vaccination?
5. What barriers might they experience in trying to vaccinate a child or support vaccination?
6. Each group will then share the character profiles and barriers to the larger group



Reflection Questions

- Which barriers were similar across the characters, which were different?
- Imagine that all of these characters live in the same community. How do their thoughts/feelings/beliefs in regard to communication affect each other?
- Who in the photo appears to have the most agency/power?



Reflection Questions

- Who in the photo appears to have the most agency/power?
- Imagine the man in the photo is her husband. What if this man did not agree with vaccinating his children? What barriers to immunization might this pose for the mother?

- Are the rights of women always respected in your society? Are all women given the same level of respect?
- Who has the right to make the ultimate decisions about a child's health?

Barrier Analysis

If you can identify specific barriers to immunization, you will need to decide which barriers might be targeted in order to find a solution. Which barriers could be removed? How might their removal help to increase immunization coverage and decrease dropout rates?

Common reasons reported by caregivers to explain why their children were not fully immunized include:

- Caregiver was unaware of the need for immunization
- Caregiver feared adverse events following immunization
- Caregiver was unaware of need to return for next dose
- Vaccine was not available
- Vaccinator was absent
- Caregiver was too busy
- Family was having problems and/or the caregiver was ill
- Place and time of immunization were unknown
- Immunization site was too far away
- Time of session was not convenient due to caregivers' other responsibilities
- Caregiver was unhappy about how they were treated in the health facility
- Essential information, such as the return date, was not provided to caregiver by vaccinator



Reflection Questions

- Which of the reasons listed do you think could be best addressed by improved communication?
- How might you hope to address these barriers for an effective immunization service?

Key Points to Note

- Barriers to seeking immunization service include issues that can be resolved by better communication. These barriers include lack of knowledge about the need for immunization, the need to return for further doses, or the time and location of immunization sessions.
- Fear of adverse reactions is another barrier that good communication can overcome.

IPC/I Audio Job Aid: Barriers to vaccines – cost, time, and spousal refusal

This audio job aid addresses some of the most common barriers faced by caregivers in immunizing their children and provides examples of how an FLW might respond to a caregiver facing these barriers.



Reflection Questions

In addition to what you heard in the audio job aid, what other suggestions or arguments would you give to a caregiver facing these common barriers?

What is another common barrier faced by caregivers and how would you help a caregiver overcome this barrier?

Session 5.3 Conducting A Community Conversation



Activity: Story and Brainstorm

A volunteer will read the following:

A health worker glances at the calendar and realises they have scheduled a community outreach meeting for the following day. The next day, they arrive at the venue and find no one there.

Please answer these questions:

- What are the possible reasons no one showed up to attend the immunization meeting?
- How could this have been avoided?

Discussing Immunization with Communities

Our job is to identify and arrange communication opportunities to exchange information with community members. During these opportunities, FLWs can share technical information about vaccinations, the importance of vaccination, and practical information about using health services. Meanwhile, community members can teach FLWs how they feel about services, how services can become more convenient and friendlier, how services can reach families who are not currently being reached, and how they can mobilize their neighbours more effectively.

Many approaches or activities can be used to exchange information between health services and communities about immunization. Which one you choose will depend on the specific community audience you want to engage and the most appropriate way to reach them. Communication approaches might include a community conversation, community mobilization, or advocacy campaign. You will need to plan what you want to do, when you hope to do it, how many people you will need to help you, and who these people might be.

Your interactions may take place in community meetings, religious places, market places, and so forth. You may need to use written materials, such as posters and leaflets, to communicate your messages.

Dramatic television shows, plays, and local community radio broadcasts may also help your communication messages to be heard and understood.

Community Conversation

Community conversations are successful when everyone is given the opportunity to be heard. Because many will not participate fully in a meeting unless they feel at ease and believe their opinions will be heard, to organize a successful community conversation, you should consider the following points:

- Decide on the purpose of the conversation and advertise it widely.
- Decide who should attend or be invited based on your intended audience.
- Prepare an agenda for the meeting.
- Decide on the date and time and make sure that everyone you want to attend is informed about the meeting's time and location.
- Choose a meeting place that allows everyone to hear one another's views.
- Facilitate the conversation in an open and nonjudgmental way, so everyone feels included and respected.

When to Arrange a Community Conversation

There are many situations where you might decide to arrange a community conversation about your immunization program, for example:

- If you have large numbers of families who do not bring their children for immunization
- If you have a high dropout rate
- If any children have had serious adverse reactions after immunization
- If you believe there are negative rumours circulating in the community about immunization

Who to Involve in a Community Conversation

The appropriate people to invite will depend on the context and situation:

- If you have large numbers of families who do not bring their children for immunization, you could invite representatives of those families and any neighbours who do bring their children for immunization.
- If you have a high dropout rate from the immunization program in areas of your community, you could invite parents from families whose children started their vaccinations but did not complete them.
- If children have had serious adverse reactions after immunization, you might invite the parents of those particular children, along with other parents whose children were not adversely affected.
- If you believe there are negative rumours circulating in the community about immunization, you might invite those you believe are being influenced by the rumours, along with community leaders and other influential people in your local community who support immunization.

Assessment, Monitoring, and Evaluation

You will need to find ways to assess whether your strategy or activity is working. Here are ways you might try to evaluate the effectiveness of your activities:

- You could record how many people attended the meeting or community conversation and who they were.
- You could see if these people brought their children for immunization or brought them more regularly than before.
- If someone who is not known to you brings their children for immunization for the first time, you could ask how they knew that immunization services were available. This could help you establish whether those who were present at the meeting or community conversation informed others.



Activity: Planning a Community Conversation

*You will need "Steps To Community Meetings" Worksheet (Appendix C.).

1. Form teams with four participants in each group.
2. Organize the "Steps to Community Meetings" handout tiles in the proper order.
3. The group that organizes the cards in the correct order the quickest wins a prize or recognition.
4. Read the correct answer to the entire training group and ask if they have any questions.
5. The group may share any tips they have for hosting effective community conversations.

A sample "Community Conversation Agenda" can be found in Appendix D.



Reflection Question

- How could you evaluate whether your message was understood and whether it has made a difference to people's behaviour?

Key Points to Note

- Carefully plan community your meeting to address the specific attitudinal, information, or behavioural barrier the community is facing.

IPC/I Video: Engaging communities and community leaders in dialogue

The video takes you through the process of identifying and engaging community leaders to increase vaccine acceptance.



Reflection Questions

- How can engaging community leaders help to strengthen immunization communication?
- Who should be involved in educating and mobilizing community members?

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Addressing Rumours, Myths, And Misconceptions

Objectives

- Know what to do when encountering negative rumours
- Learn to communicate effectively about adverse events following immunization (AEFIs)
- Understand and practice techniques for effective risk communication



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Rumours about bad consequences of immunization may circulate in communities and, increasingly, on the internet. If such negative rumours are not dealt with appropriately, they can adversely affect demand for immunization services. Any negative rumours about immunization that you hear circulating should be communicated to your supervisor as soon as possible. The following suggested actions cannot be carried out by you alone. Immediate reporting is important, and advice should be sought before you take action.

Before you conduct these activities, it is important to invest in building trust within the community. To gain trust from the community, it is critical to maintain caregiver and client confidentiality; act in a responsible manner during interactions with the community, possess good knowledge on the health topics you deliver and be available when the community needs you. Communicate and demonstrate that you are acting in their child's best interests and are committed to their health.

Session 6.1 What Can Be Done About A Negative Rumour

1

First, try to find out what the rumour is, who was the original source of the rumour, and who is spreading the rumour now. Try to establish whether there is any reason for the rumour spreading – there might be a political or religious reason, or the rumour may have simply arisen from a lack of information or incorrect information about the immunization program.

2

Once you have gathered this information, arrange a meeting with opinion leaders such as local government officials, traditional and religious leaders, community leaders, and other health workers. In the meeting, begin by providing information about the immunization program and the diseases it can prevent. Try to ensure that the individuals present are free to ask questions and express concerns. Discuss and reach agreement on the ways they can collectively use to correct negative rumours and incorrect information about the immunization service.

3

Identify the correct information about vaccines and how to deal with the rumour.

4

Disseminate the correct information about immunization to the public. This can be done through communication materials, regional or national campaigns, radio programming, community education and so forth.

Strategies that can be used to reach people who are hard to convince, including the following:

- Identify the groups that are involved in perpetuating the rumors/misinformation.
- Engage key informants to find out the nature and reasons for rumors/misinformation.
- Visit influential people/leaders for one-on-one discussions.
- Hold discussions with leaders and community members to address the rumors/misconceptions.
- If relevant, meet with media representatives (e.g. from radio and television, internet contributors).
- Seek endorsement statements from credible authorities (government, church leaders, medical professionals, etc.).
- Invite respected/trusted authorities to participate and discuss the issues with community members.

IPC/I Video: Addressing rumours or myths and health workers' role in vaccine safety events

Rumours can be fuelled by inadequate/inaccurate knowledge, mistrust of the government, past experiences of poor treatment by health workers, or other personal, social, or political reasons. The video illustrates strategies to address rumours, myths, and misconceptions, particularly about vaccine safety.



Reflection Questions:

- What are some specific strategies that the protagonists in the video employed to address rumours, myths, and misconceptions in the community?
- Thinking back about your own experience or the experience of someone you know, was there a time when a successful strategy was used to stop a rumour or myth? If so, how was it done?



Activity: Addressing Rumours Speed Rounds

1. In the large group, brainstorm a list of rumours/myths/misconceptions.
2. These ideas will be recorded so that everyone in the training can see them.
3. Half of the participants will play caregivers and the other half to play FLWs in a facility setting.
4. Each of the caregivers will be assigned one of the rumours/myths/misconceptions. They will role play a caregiver who believes the rumour/myth/misconception to be true.
5. One FLW will be matched with one caregiver. The caregiver will maintain the same character for the first half of this activity.
6. The FLW will have 60 seconds to practice responding to and effectively addressing the caregiver's beliefs.
7. The FLW should pretend that this is a real visit with a caregiver and use the skills they have learned throughout the day.
8. The FLW should rotate after 60 seconds and conduct another mock visit with another caregiver character.
9. Each FLW should practice with at least five different caregiver characters.
10. Now repeat Steps 3 through 9. The participants who played caregivers in the first round will now play FLWs and vice versa.
11. After the activity, join other participants in developing messages that respond to each of the rumours (scenarios) that were brainstormed and role-played in step 1.



Reflection Questions

- What was challenging about this exercise?
- How effectively did you remember to address each of the points within the 'What to communicate during an immunization visit' list?
- Do you feel you adequately addressed the caregiver's beliefs? If not, what other strategies could you have tried?

Session 6.2 Communicating Potential Adverse Events Following Immunization

An adverse event following immunization (AEFI) is any unexpected medical occurrence that follows immunization; it may or may not have a causal relationship to the vaccination. AEFIs consist of both common mild side effects that go away quickly and very rare more serious symptoms or illnesses, most of which just happen to occur at that time and would have occurred with or without the vaccination. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom, or disease. AEFIs can either be the result of the vaccine or immunization process, or coincidental events that are not due to the vaccine or immunization process but happened to occur after immunization. If an AEFI occurs, the most important thing to do is to communicate correct and reassuring information as quickly as possible. People need to know that their concerns are shared by health services, the situation is being investigated and will be addressed, and they will be kept informed.

Causes Of Adverse Events Following Immunization

The majority of AEFIs are actually not due to the vaccine itself – many are coincidental events, while others are due to human or program error.

Vaccine product-related reaction: an AEFI that is caused or precipitated by a vaccine due to one or more of the inherent properties of the vaccine product.

Vaccine quality defect-related reaction: An AEFI that is caused or precipitated by a vaccine that is due to one or more quality defects of the vaccine product, including its administration device as provided by the manufacturer.

Immunization error-related reaction: An AEFI that is caused by inappropriate vaccine handling, prescribing or, administering, and by its nature is preventable.



Immunization Error-Related Reaction	Possible Adverse Event
Nonsterile injection <ul style="list-style-type: none"> · Reuse of disposable syringe or needle · Improperly sterilized syringe or needle · Contaminated vaccine or diluents · Reuse of reconstituted vaccine at subsequent session 	Infection <ul style="list-style-type: none"> · Local suppuration at injection site · Abscess · Cellulitis · Systemic infection · Sepsis · Toxic shock syndrome · Transmission of blood-borne virus like HIV, hepatitis B, or hepatitis C
Vaccine prepared incorrectly <ul style="list-style-type: none"> · Vaccine reconstituted with incorrect drugs or other substance substituted for vaccine or diluent. 	<ul style="list-style-type: none"> · Effect of incorrect diluent or drugs
Immunization injected in wrong site <ul style="list-style-type: none"> · Subcutaneous instead of intradermal for BCG · Too superficial for toxoid vaccine (diphtheria, pertussis, and tetanus [DPT]; diphtheria and pertussis [DT]; or tetanus toxoid [TT]) · Buttocks 	<ul style="list-style-type: none"> · Local reaction or injection site abscess · Sciatic nerve damage (and ineffective vaccine)
Vaccine transported or stored incorrectly	<ul style="list-style-type: none"> · Increase local reaction · Ineffective vaccine
Contraindications ignored	<ul style="list-style-type: none"> · Avoidable severe reaction, such as anaphylaxis

Citation: United Nations Children's Fund (UNICEF) Regional Office for South Asia. (2005). *Building trust and responding to adverse events following immunisation in South Asia: Using strategic communication*. Working paper. Kathmandu, Nepal: UNICEF Regional Office for South Asia.

Immunization anxiety-related reaction: An AEFI arising from anxiety about the immunization.

Coincidental event: An AEFI that is caused by something other than the vaccine product, immunization error, or immunization anxiety.

The following points are important to communicate when discussing potential AEFIs:

- Adverse side effects following vaccination are very rare.
- The occurrence of adverse events does not mean that vaccines are unsafe.
- If a child has high fever or becomes severely sick immediately following vaccination, the child should be brought to a health worker for advice and/or treatment.

If a child experiences an adverse event, the caregiver should write down what happened and the date and time it happened and report it to you immediately. The doctor, nurse, or health department should file a 'Vaccine Adverse Event Report'.

Any AEFI that is of concern to parents or the health worker should be reported. In particular, FLWS must report:

- Serious AEFIs – that is, adverse events that result in death, hospitalization, persistent or significant disability or incapacity, or are potentially life-threatening
- Signals and events associated with a newly introduced vaccine
- AEFIs that may have been caused by an immunization error-related reaction
- Significant events of an unexplained cause occurring within 30 days after vaccination
- Events causing significant parental or community concern.

Activity: Adverse Events Following Immunization (AEFI) Case Study

The Kivanjtitis Campaign in Chimorgia

Chimorgia (a fictional country) implemented a nationwide mass Kivanjtitis (a fictional vaccine-preventable childhood bacterial disease) campaign in August 2018. Two weeks after the start of the campaign, FLWs in Sanjimedia District started to hear that several families were saying that their children developed symptoms including diarrhoea, high fever, and injection-site abscesses after receiving the Kivanjtitis vaccination. Five children were admitted to the district hospital. Tragically, two of these children died in the hospital a few days later. One week after the deaths of the children, admissions of children citing similar symptoms increased to 13. However, the condition of most admitted children improved quickly. According to some caregivers at the hospital, another young two-year-old boy with similar symptoms in the nearby district of Loehria seemed to have died on the way to the hospital around the same time that the two other children died. The investigation team attributed the incidents to immunization error-related reactions and action is being taken to correct the cause of the error.

Caregivers are demanding an explanation, saying:

- 'It is your fault, why are you doing this to us? Why did you kill our children? What is your motive?'
- 'We do not even know whether the vaccines are safe. We will never vaccinate again.'

Case study adapted from: United Nations Children's Fund (UNICEF), & World Health Organization. (n.d.). *AEFI and IPC skills: A four-hour training course for health workers*. New York: UNICEF.



Reflection Questions

- What would it take to restore trust between FLWs and the communities across Chimorgia?
- What should be said to caregivers whose children suffer an AEFI?
- How would you use IPC skills to address a caregiver who is concerned about vaccine safety due to a misunderstanding about side effects?
- What could have been done before the incident to reduce its impact on people's confidence in vaccination?

IPC/I Audio Job Aid: Side effects of immunization

This audio job aid explains common side effects from immunizations and what can be done to reduce the severity of common reactions to immunizations. The audio job aid also illustrates how side effects can fuel rumours about the safety of immunization.



Reflection Questions:

- How would you use IPC skills to address a caregiver who is concerned about vaccine safety due to a misunderstanding about side effects?

Session 6.3 Risk Communication

Risk Communication Essentials

- Listen to what the public is saying.
- Understand local perceptions of the disease, injections, and the vaccine.
- Make sure everyone is giving out the same information, tailored to the specific situation and audience.
- Enlist trusted spokespersons to provide information.
- Make sure to communicate the benefits of vaccination.
- Avoid technical terms and long words or phrases.
- Anticipate counterpoints and prepare effective responses.

Techniques for handling difficult communications

- Respond to negative questions with a **positive answer**
 - Example Question: 'How many children have died from vaccination?' Answer: 'Since our immunization program began, XX children have been vaccinated and very few (or none) have ever died worldwide from vaccination itself. Without vaccination, children's risk of getting a potentially life-threatening disease is far greater than the risk of the vaccine.'

- When responding to a difficult point or question, respond to the comment but **add something positive**.
 - Example Comment: 'One person died shortly after receiving the vaccine! How can you explain this?' Response: 'Immunization saves lives. The death was related to an allergic reaction and not the safety of the vaccine.'
- Immediately **correct information** that is wrong.
 - Example Comment: 'Many children tested positive for HIV shortly after receiving the vaccine.' Response: 'One child in this community tested positive for HIV when they received their health screening and vaccination. This was their first vaccine. The positive HIV test result is not linked to the vaccination.'
- Be assertive but not aggressive and state the facts simply, factually, and in a friendly way
- Do not repeat any negative questions/statements in your answers:
 - Example Comment: 'Some children have become ill from vaccines. Why do we have immunization?' Response: 'Vaccines save children's lives.'



Activity: Practice with difficult conversations

During this exercise, participants will practice using the risk communication essentials and techniques for difficult communications listed above to respond to community members' aggressive and difficult questions and comments following rumours of an AEFI.

1. Review the two lists mentioned above.
2. Each participant should work with the person sitting next to them.
3. Together the pair should brainstorm a few rumours they have heard. These can be actual rumours in their community or rumours borrowed from other contexts.
4. Then, each pair and ask them to name one of the rumours they have heard.
5. Write the rumour on the board or a flip chart paper.
6. Keep going around the room until you have a list of at least 10 rumours.
7. Then, volunteer pairs will be selected to role play a community member and an FLW discussing the rumour.
8. They should select one of the rumours from the list the group generated.
9. The pair will have two to three minutes to act out a dialogue. They should try to make the dialogue as realistic as possible.
10. At the end of the dialogue, provide your feedback on how well the FLW addressed the rumour.
11. Repeat the exercise with a few more pairs or the entire participant group.
12. Participants should share their reflections on the activity. What was difficult? Is this how we typically address rumours? What other tips and recommendations should be added to the essentials and techniques lists?

Key Points to Note

- Be sure to inform your supervisor and other health staff if negative rumours about immunization are circulating in your community.
- While discussing a potential AEFI, it is important to communicate about the safety of the vaccine, things to be done in case a child becomes sick immediately following immunization, and the fact that adverse events following vaccination are very rare.
- Ongoing health education sessions in the facility and community are key to preventing the spread of rumours.
- Make sure that accurate knowledge about immunization services is widely circulated. You can do this by posting notices where they will easily be seen, telling all your clients when you see them at the facility, in their homes, at the market, and so forth.

Action Planning And Closing

Objectives

- Understand the benefit of receiving community feedback and using it to improve services
- Learn strategies to gather feedback from community members in an open and honest manner
- Learn to work with influential members of the community who can advocate for immunization.



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Session 7.1 Collecting And Using Community Feedback

Community feedback is an essential component of an effective immunization program. Listening to community feedback can alert FLWs to problems and guide actions to address them. To ensure that you are continuing to provide the best possible service, you must listen to what caregivers and communities are telling you. Doing this will give you the information you need to improve your interactions with communities and caregivers and to help managers make better decisions about immunization services, which should, in turn, improve caregiver satisfaction and increase the number of children within your community who receive timely vaccinations.

Why Collect Community Feedback?

Actionable feedback can guide helpful actions. Communities know what does and what does not work for them. Given the opportunity in a safe environment, they will tell you if what you are doing is unsatisfactory and praise you if you are doing it right. If people feel afraid to give honest but critical opinions – for example, when being asked in a health facility about services or being asked by a health worker who typically gets angry when people ask questions – they will simply give you the answers they think you want to hear, which will not be useful. Providing a safe environment means letting them know you really value and want to use their feedback and will not use anything they say against them. This is crucial; otherwise, people will only tell you what they think you want to hear. Community and individual feedback is useful because it can:

- Identify caregivers at risk of not fully utilizing immunization services
- Identify caregivers who are not happy with immunization services or have problems using them (e.g., because of the service hours)
- Identify and help you stop recurring problems
- Help quickly and proactively solve the problems that are causing caregivers to not return for services
- By listening, show caregivers and communities that you care, and help build mutual understanding and respect, which go a long way towards building a positive relationship
- Identify potential immunization advocates

Strategies for Getting Community Feedback

There are four actionable strategies to get community feedback.

Caregiver interviews or surveys

These can be as simple as brief exit interviews where you ask caregivers a few questions. Exit interviews are useful for learning how well FLWs communicated and how well caregivers understood key information, such as the return date. However, exit interviews are not good for learning opinions on services, as caregivers may be reluctant to say anything critical while they are in or near the health facility. Consider what locations are appropriate as you decide where and how to conduct interviews.

Short Message Service Surveys

Although surveys conducted via mobile phone through an SMS or digital messaging service can help you reach a large number of caregivers quickly and relatively inexpensively, it is crucial to carefully interpret study findings to consider what were the characteristics of people who did and did not respond (e.g., gender, age, or family income).

Suggestion boxes

Make sure the box is easily accessible. Attach a pen or pencil to the box and put a small stack of blank paper or brief questionnaires next to it. Keep questions simple (e.g., 'How was the service today?'). Ask for the FLW's name and the service provided (immunization or other), so you can follow up accordingly. To ensure that low-literacy caregivers can respond, suggest in the health talk that they ask someone in their community or health facility to write their message.

Focus groups and group discussions

A focus group is a discussion among a group of people who are asked about their perceptions, opinions, beliefs, and attitudes about a topic or service. To be effective, this type of discussion requires an experienced facilitator to guide the participants. Group discussions, on the other hand, are less formal; FLWs can lead them even if they do not have a lot of group facilitation experience. To lead a group discussion, begin with general questions and then ask deeper, more specific questions to get a better understanding of what the community thinks and identify ways to make the caregiver experience better

To organize your own focus group or group discussion, invite six to 10 people who are similar in a relevant way to come in for a couple of hours. You will want to have separate groups for:

1. Caregivers (male and female) who are following the immunization schedule for their child
2. Caregivers (male and female) who are not having their children immunized
3. Caregivers (male and female) who are not following the immunization schedule
4. Mothers-in-law
5. Young parents

If few children are not receiving vaccinations, you can combine groups 2 and 3.

Using and Reporting on Community Feedback

Be sure to act on community feedback and report on how it is used –or how you would like to use it, if you need support to make changes). At a minimum, reports should summarize who provided the feedback (respondent type), how and when it was collected, the findings from the collected feedback, and recommendations for changes or continuation based on the feedback. Share the report with colleagues, managers, supervisors, and communities.

Activity: Prototyping a Feedback System

In this exercise, you will develop a model for a community feedback system that you can implement when you return to your facility. You will be allowed 30 minutes to develop a 'quick' feedback system model. You may choose to present your model however you choose (e.g., a skit, a role play, a song, a poster, a video, or radio drama).

1. Form teams with four participants in each group.
2. Develop a single model of a community feedback system with your group. You should consider the following:
 - a. Should the feedback system be community or facility based?
 - b. Who can provide the feedback and how?
 - c. Is the feedback tied to individual performance or overall facility performance?
 - d. What are the categories for feedback?
3. The model should be something that can be easily implemented by an FLW.
4. Each group will have 10 minutes to present their model.
5. Each group should be prepared to answer the following questions:
 - a. How would you implement this in their own context?
 - b. How would you promote the system to the community?
 - c. How would you monitor and incorporate the feedback on a regular basis?
 - d. How should FLWs be rewarded or recognized based on the feedback they receive?
 - e. What can supervisors do to support any areas the community determines require quality improvement?
6. Once all the groups have presented, please decide which of the feedback systems seem most effective and feasible.

Session 7.2 Mobilization

In your efforts to increase immunization coverage and decrease dropout rates, you are likely to come across various interested groups of people and organizations. These may include health staff at various levels, politicians and policymakers, community leaders, representatives from the private sector and from nongovernmental organizations (such as UNICEF and the African Medical and Research Foundation), caregivers, and journalists. You may also particularly want to meet with small groups of people who have been minimally reached by the immunization program.

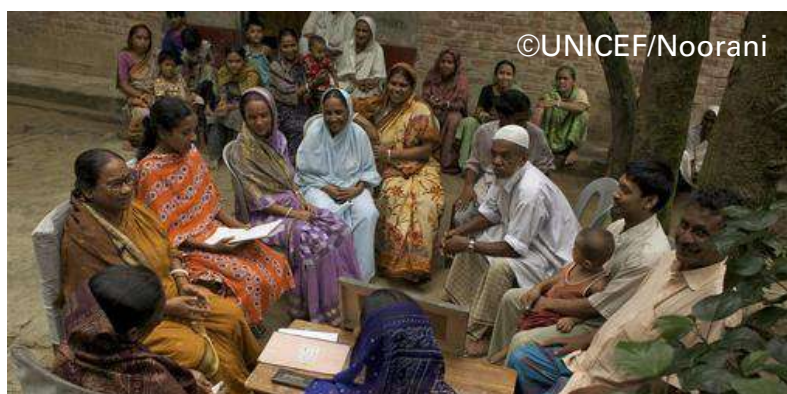
Communities can support the immunization program in several ways. Mobilization and advocacy activities will help you work with the community and influence stakeholders to generate community-level action to strengthen the immunization program.

Six basic ways community members can support immunization:

1. Using services
2. Informing other community members about vaccination and immunization services, discussing any concerns and barriers to use, and helping people problem-solve how to overcome them
3. Collaborating with health services by participating in microplanning
4. Assisting in outreach by, for example, recording in the tally sheet or register, and alerting the community when the outreach is about to begin
5. Giving feedback on services
6. Participating in actions to improve people's service experiences, such as by making privacy screens, or, in an emergency, picking up a vaccine at the district store and bringing it to the local health facility

Meeting with Community Leaders

Community leaders may include traditional village heads, religious leaders, elders, school leaders, and the leaders of women's and youth groups. You should try to gather information about the community you are working in before you meet such community leaders. To increase the effectiveness of your meeting, you should identify who the relevant participants will be, decide on an agenda with them (and what issues to discuss), and make sure that all the people you want to attend the meeting are aware of the agenda and the time and location of the meeting. To gain the maximum benefit from the meeting, try to find out in advance what the participants already know about immunization. Based on what you learn, you can introduce the topic and build up useful discussions.



Some possible issues you may want to discuss with religious leaders:

- Any concerns the leaders and families may have about immunization
- Any religious or traditional beliefs about disease or immunization
- Barriers that may prevent people from accessing immunization services, such as distance, seasonal work commitments, traditional festivals or customs, lack of money for transport, and inconvenient days, times, or sites for immunization sessions
- The most appropriate times and locations for immunization sessions
- Possible ways of reaching more children in the community
- Whether immunization could be promoted by being mentioned regularly at religious or other gatherings

Preparing for Dialogue: Key Messages

As you have a better understanding of the concerns and priorities of community members, you can begin to craft key messages that will help you have productive and effective discussions about immunization. In social and behavior change communication (SBCC), a key message is a statement containing key points of information that help motivate behavior change. In order to be effectively received and understood in the way you intended, a message needs to include a clear call to action and address the behavior or attitude you want to influence. A helpful guideline to effective communication is given by 7 C's. These seven communication principles provide a checklist for making sure that your messages are effective.

7's of Communication

- Clear: be clear about your purpose in communicating with another person
- Concise: stick to your main point
- Concrete: be specific about the benefit of the action you are encouraging
- Correct: be sure that the information you are communicating is accurate
- Considerate: respond to your receiver/audience's needs, their requirements, and emotions
- Complete: include all of the necessary information for the reaction you desire
- Courteous: take into consideration relevant viewpoints, the feelings of the receiver/audience, and engender a feeling of trust



Activity: Communication Campaign

In this exercise, the participants will individually identify an influential person whose support and action could strengthen the immunization program and improve coverage in their community. They will then develop messages to discuss with that person. The key steps are:

1. First brainstorm with the individuals in the community who can influence immunization coverage.
2. Think about their current level of support for vaccination. Your target audience for advocacy will be the influencers who can either mobilize resources towards the immunization program or motivate caregivers and other community members to demand and utilize immunization services.
3. Select two target audiences.
4. Develop one message for each audience that can be used to reach that individual or group of individuals.
5. Determine how you would reach the audience with that message through, for example, a community drama, poster, song, or radio drama.
6. Make a plan to share the message with the influencer within the next few weeks.

Key Points to Note

- Community feedback is an essential component of an effective immunization program. Collecting feedback from the community can help you to identify core issues, make better decisions, and build a positive relationship between you and the community.
- Immunization coverage rates can be increased and dropout rates reduced through effective mobilization and advocacy communication activities; inadequate communication with local people, in particular caregivers, can seriously affect the success of the immunization program.
- Community or religious leaders could be asked to announce information about immunization to gain support and help dispel myths and misconceptions



Reflection Questions

- What are some of the effective messages you have used in the past to discuss immunization with caregiver and community members?
- How can you improve those messages based on 7c's of communication?
- What can be done to integrate more community outreach and education into your current work?

Session 7.3 Apply Your Skills



Activity: Individual Interactive Immunization Education Session

Imagine you are preparing to conduct a community discussion session on immunization with a mixed group of caregivers (varying literacy, hesitancy, and vaccine-knowledge levels). Use the space below to note: (a) the key information you would want to share during that meeting, (b) how you plan to learn about the community's questions and concerns, and (c) how you might enlist the community's help and cooperation in making the immunization service most successful for them.

In this final learning session, you will apply what you have learned throughout the day to plan a community discussion for a mixed (varying literacy, hesitancy, and vaccine-knowledge levels) community audience. Your presentations will be delivered individually but presented to a small group of three other training participants.

1. Form groups of four.
2. Each person should select a topic to present for 10 minutes. You may choose any topic relevant to caregivers in your community. For example, you can attempt to address a specific rumour, address an AEFI, or explain how vaccines work. Choose a topic that will challenge you to help you do your work better.
3. You will have 45 minutes to prepare your presentation. You can use their prior experiences, the skills gained in the workshop, or the knowledge of your fellow group members to develop their lesson.
4. You can use the 45 minutes to develop and outline key messages; information, education, and communication support materials; or creative dramas, skits, songs, or poems that can be used to inform and motivate caregivers.

Presentation Flow

- Each person will have 10 minutes to deliver their interactive immunization education session, which should include a brief question and answer period.
- Two group members should act as 'community members' during the 'community discussion', asking questions and sharing information and stories as community members would.
- One group member will be the observer. The workshop facilitators will also serve as observers during the presentations.
- At the beginning of the presentation, the presenter should describe the community member audience participating in the discussion.

- The community members are free to ask questions as they would during a real session.
- Following the presentation, the observer should provide constructive feedback.
- Repeat this process until each participant has delivered their 10-minute education session.

After each presenter has presented:

- Share and receive positive and constructive feedback on how group members can improve their capacity to deliver high-quality IPC.
- Share what was challenging about the exercise.
- Reflect on the lessons learned from the discussion.

Session 7.4 Post-Test And Workshop Evaluation

Post-test

1. Please complete the post-test, taking 20 minutes (see Appendix A. Pretest/Post-test).
2. Review the results with the group.

Evaluation

1. Please share any questions or final concerns with the facilitators.
2. Please complete the workshop evaluation sheet (see Appendix G).
3. Please feel free to share any feedback or thoughts you would like with the group or facilitator.

Session 7.5 Commitments And Certificates



Activity: Commitments

Write down three commitments you will carry out to continue to improve your interpersonal interactions with caregivers and clients.



Activity: Certificates

Congratulations on completing the IPC/I training!

The National Immunization Program hopes you:

- Recognize the importance of using good IPC in your routine immunization work.
- Have acquired IPC knowledge, skills, and attitudes you will put into practice for routine immunization.
- Have added to your knowledge and ability to communicate with caregivers about vaccines and vaccine-preventable diseases.
- Find that using the skills and attitudes you have acquired makes your work easier and more satisfying.
- Will regularly use the IPC/I self-assessment to continuously improve your IPC/I performance.

APPENDICES



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Appendix A. Pretest And Post-Test

Take 20 minutes to test your knowledge on IPC/I.

1. Which of the following can be FLWs in the context of immunization?
 - a) Physicians/doctors
 - b) Nurse and midwives
 - c) Community health workers
 - d) Community outreach workers and mobilizers
 - e) Community volunteers
 - f) All of the above
2. Which of the following is not a desirable practice of an FLW in immunization communication?
 - a) Building trust with caregivers and clients
 - b) Educating and informing caregivers, community members, and influential leaders
 - c) Speaking harshly to caregivers
 - d) Addressing fears and misconceptions at the community level
 - e) Sensitizing, mobilizing, and generating demand for immunization
3. Which of the following statements is most generally true about behaviour change communication?
 - a) It is important to understand a person's current level of knowledge and their attitudes and beliefs to successfully motivate behaviour change.
 - b) Providing someone with new information is enough to change their behaviour.
 - c) Behaviours are easy to change.
 - d) People make decisions independent of peer, community, and media influence.
4. Which are reasons to use a client-centred approach to immunization communication and services?
 - a) Improve the reputation of staff at the facility and community levels
 - b) Provide the caregiver/client with positive memorable experiences
 - c) Satisfy the needs and expectations of the caregiver/client
 - d) Decrease the number of caregivers/clients who discontinue immunization services
 - e) All of the above
5. Which of the following is an example of an FLW demonstrating empathy?
 - a) A mother expresses uncertainty about the safety of vaccines, and the FLW dismisses her concerns.
 - b) A baby begins to cry after receiving a vaccination, so the FLW asks the mother to quiet the baby.
 - c) A father forgot to bring the child's immunization card, so he is refused service.
 - d) A caregiver is concerned the injection will hurt the child, so the FLW explains that she understands her concern and reassures her the pain will quickly pass.
 - e) A grandmother arrives late for the child's vaccination appointment after traveling a long distance to the clinic, and the FLW tells her that he also has a long journey to the clinic but is never late.

6. Which of the following does not demonstrate respect for a caregiver (or client)
- Encouraging the caregiver to express their ideas
 - Showing your appreciation for the caregiver's knowledge and questions
 - Interrupting the caregiver when they speak
 - Showing compassion if the caregiver shares an issue or concern
 - Using appropriate body language, including pleasant facial expressions and appropriate eye contact
7. Place these problem-solving steps into the correct sequence:
- Brainstorm strategies to address the problem
 - Select the best solution
 - Develop a plan of how carry out the solution
 - Identify the problem
 - Take action using the plan
 - Determine which strategy might be the most effective
8. Which of the following is true about the immune system?
- The immune system is an infection that harms the body.
 - Skin and mucous membranes are not part of the immune system.
 - The immune system does not help the body fight disease.
 - Vaccines help the immune system fight disease.
9. Which of the following are reasons a caregiver might be hesitant to vaccinate their child?
- Their own experience with vaccine-preventable diseases.
 - Their own experience with vaccination.
 - Information they gather from the media, family, and friends
 - Bad experiences with service providers.
 - All of the above
10. Which of the following is most unlikely to be an effective technique for community engagement?
- Holding focus group discussions for caregivers
 - Placing a stack of information pamphlets in the clinic
 - Organizing community meetings or conversations
 - Conducting home visits to discuss immunization
11. Which of the following is not a reason to hold a community conversation?
- If you feel that you are not appreciated by the community and want recognition
 - If you have large numbers of families who do not bring their children for immunization
 - If you have a high dropout rate
 - If any children have had serious adverse reactions after immunization
 - If you believe there are negative rumours circulating in the community about immunization
12. Which of the following are systematic ways to collect community feedback?
- Interviews or surveys with caregivers
 - SMS surveys
 - Suggestion boxes
 - Focus group discussions
 - All of the above

Appendix B. Ipc/I Self-Assessment Tool

Purpose

This checklist is designed to help you:

- Honestly assess how often you are using good IPC skills during immunization sessions and outreach/education
- Identify areas for improvement
- Set goals and develop plans for improving your use of effective IPC skills

How to use this checklist

Use this checklist periodically (perhaps daily at first, then weekly or monthly). If you feel that you will not be objective in your self-assessment, ask a trusted colleague to assess you, and you can also assess your colleague in return. Your supervisor might choose to make this checklist part of the formal supportive supervision process. In this case, you would, for example, share a monthly or quarterly self-assessment with the supervisor. Whether part of the formal supportive supervision process or not, you can share all or parts of your findings with supervisors to make them aware of your improvements, to seek help in setting goals, and to get on-the-job coaching or training.

Give yourself credit for any improvement, no matter how small, and for maintaining good IPC practices despite challenges you face. Also give yourself credit for recognizing areas where you need to improve. These are important steps to making good IPC as routine as any of your immunization activities.

Consider sharing all or parts of your findings with colleagues to get encouragement, advice, or support, or even to help them make similar changes

Instructions for use

Date of this assessment: Date of next assessment:

Date of next supportive supervision visit:

My goals for this period were to:

- 1.
- 2.
- 3.

Effective IPC	I did this		Recent Example	Challenge/Goal
	Never/ Seldom	Often		
IPC Process				
Welcome the caregiver				
Sincerely praise caregivers for bringing their babies for immunization				
Ask the appropriate routine immunization questions				
Use relevant supporting materials, including health card, to explain to caregivers				
Communicate the key immunization messages:				
○ The vaccines being given during the visit				
○ The possible side effects and what to do				
○ To safeguard and return with the health card				
○ The day and time for the child's next doses				
Check caregivers' understanding by asking them to repeat what was covered				
Ask caregivers for any immunization questions or concerns they may have				
Respond truthfully, understandingly, and reassuringly to caregivers' questions and concerns				
Ask caregivers to repeat what they need to do				
Encourage caregivers				
Summarize key information, including the key immunization messages				

Effective IPC	I did this		Recent Example	Challenge/Goal
	Never/ Seldom	Often		
IPC Skills				
Avoid judging or scolding the caregivers				
Avoid rushing the caregivers (exercise patience)				
Show respect by listening attentively				
Show respect through tone of voice				
Give credible, evidence-based vaccine and disease information				
Use simple language the caregivers understand				
Avoid overloading caregivers with information				
Make eye contact (if appropriate) while listening & talking				
Show empathy nonverbally and by reflecting caregivers' feelings				
Reflect back caregiver statements and feelings to show or check understanding and encourage dialogue				
Use open-ended questions to seek more information about concerns or practices as needed				
Use gestures and short responses to encourage dialogue				
Sit or stand at the same level as caregivers				
Ensure there are no physical barriers (such as a desk) between yourself and caregivers				
Discuss and try to correct caregivers' immunization misconceptions or rumours				
Other:				

Effective IPC	I did this		Recent Example	Challenge/Goal
	Never/ Seldom	Often		
IPC in immunization Group Discussions				
Before the session, find out what participants likely know, think, and do about the proposed topic				
Opening				
Begin on time				
Greet participants warmly				
Introduce yourself				
If appropriate, have participants introduce themselves				
Clearly state the purpose of the session				
Say how long you expect the session to last				
Facilitation				
Put the participants at ease				
Ask participants what they already know about the topic				
Seek participant input early and often				
Communicate information in a lively fashion				
Use visual aids, including props				
Ask participants what they see in the visual aids				
Use appropriate language and relatable concepts				
Encourage the exchange of ideas among participants				
Reassure caregivers				
Respond to caregivers' questions, concerns, barriers				
Highlight links between the topic and issues of concern to caregivers				
Include ample time for Q&A				
Include positive reinforcement of immunization behaviors				

Effective IPC	I did this		Recent Example	Challenge/Goal
	Never/ Seldom	Often		
Solicit group consensus				
Manage challenging behaviors well				
Content				
Use story, video, interactive exercises				
Invite participants to share what they already know				
Engage participants in discussion of immunization key benefits such as: <ul style="list-style-type: none"> ○ Saves millions of lives every year ○ Prevents serious illness and permanent damage ○ Saves time and money (clinic visits, medicines, hospitalization) ○ Protects those who can't be immunized for health reasons ○ Is safe, effective, free ○ Where and when immunization is available ○ Complete in first year of life for best protection 				
Provide information that is easily understandable and relevant for the entire group				
Seek positive examples from participants				
Use positive examples from community				

Effective IPC	I did this		Recent Example	Challenge/Goal
	Never/ Seldom	Often		
Engage participants in discussion of key immunization messages: <ul style="list-style-type: none"> o Vaccines and the diseases they prevent o Possible side effects and what to do o Importance of safeguarding, referring to, and returning with the health card o The immunization schedule (number and timing of visits) 				
Encourage full participation				
Ask participants for examples				
Encourage participants to respond to each other as appropriate				
Ask participants to restate what you said in their own words or language (if session is in a different language)				
Solve a problem together (for example, how to keep track of the health card)				
Don't scold or embarrass participants				
Balance eye contact around the group when speaking				
Ask shy participants easy questions, then praise them				
Reinforce participation with verbal and non-verbal communication				
Sing a song together, preferably related to the topic				
Closing				
Summarize key points from the discussion				
Have participants summarize key points				

Effective IPC	I did this		Recent Example	Challenge/Goal
	Never/ Seldom	Often		
Suggest or review actions agreed upon by participants				
Ask participants to raise their hands to show they commit to the full immunization of their children				
Thank and encourage participants for their efforts to protect their children				
Thank and praise participants for their participation				
Inform participants about the next session				
Ask participants for feedback on the session				
Other IPC/I Activities				
Review the IPC/I participant handbook				
Review the IPC/I FAQs				
Identify or create useful materials and visual aids				
Conduct community meetings				
Conduct home visits				
Reach out to community leaders and encouraged them to support immunization				
Follow-up with caregivers who had questions or concerns				
Follow-up with caregivers whose children have missed a scheduled immunization				
Help caregivers overcome obstacles to complete and timely immunization				
Problem-solve alone				
Problem-solve with colleagues				
Seek the guidance of my supervisor to overcome a challenge				
Share successful practices with colleagues				

Changes I see from using good IPC skills

How using good IPC skills is affecting my work:

How using good IPC skills is affecting caregivers/my clients:

How using good IPC skills is affecting my life/outlook:

Other:

Things/challenges that made it difficult to practice good IPC:

Ideas for overcoming these challenges:

I will try to implement the following ideas:

Challenges to practicing effective IPC	What would solve the problem	Whose help I need	Timeframe

My IPC goals for the next month/quarter (circle one):

1.
.....
.....
2.
.....
.....
3.
.....
.....

Appendix C. Steps To Community Meetings

The table should be read from top to bottom, then left to right. Cut out into tiles and distribute to teams for an ordering activity.

Decide on the purpose of the conversation	Discuss the meeting with local leaders and influences; invite them to attend, as appropriate	Facilitate the conversation, allowing time for questions
Determine the target audience	Research the topic to be covered	Document questions, concerns, and necessary follow-up actions
Determine which attitudes, beliefs, behaviours, and perceptions need to be addressed	Prepare the key talking points, meeting agenda, and relevant materials	Develop an action plan to address on any issues raised during the meeting
Select a date, time, and venue	Promote the meeting through relevant communication channels	Follow up with meeting attendees

Appendix D. Sample Community Conversation Agenda

1. Introduce yourself and the team to the community or group. If possible, let the group introduce themselves too.
2. Give a brief introductory talk.
3. In the introduction, explain the objective to the community and create an environment conducive to learning and sharing. You can tell the community that you and your team have come to work with the community to help improve their well-being.
4. Tell participants you would like to focus today's discussion on childhood immunization to prevent some of those health problems, and that you want them to participate fully in the discussion, sharing their ideas, experiences, and opinions.
5. Ask the participants if they have seen children with vaccine-preventable illnesses in their community. Ask participants how they can protect their children from such illnesses. Direct the discussion to a point where the participants themselves decide that something has to be done to protect the children in their community.
6. Show participants a picture of healthy, happy children with their parents. Allow the participants to comment on what they see in the happy picture and let them discuss if they see many such families in their community.
7. Ask participants what they feel are the purpose and benefits of childhood immunization. Ask participants what diseases and health problems do they think vaccination can prevent. Discuss, helping them to think of more benefits or adding to their ideas as necessary.
8. Ask participants why some children in the community are not vaccinated as recommended. Why is it difficult for some families?
9. Divide them into groups of six to eight and ask them to think of steps they can take to ensure all the children in their community are fully immunized. Let them write each suggestion down on a paper or choose a group member to remember and report to the full group.
10. Have everyone come together again to present their ideas.
11. Ask the following questions in plenary:
 - a. Who are likely the most influential people they can work with to bring about the desired change?
 - b. What will happen if we do not achieve the desired change?
12. Wrap up by sharing key immunization messages that are relevant to participants (such as the recommended childhood vaccines, the need to bring children back for all their vaccine doses on time to best protect them, the value of the health card and the need to bring it to each visit, ways to convince hold-out families to get their children vaccinated).

13. Ask participants they have any questions. Answer those you can. Commit to following up answers to the those you do not know.

Appendix E. Job Aid: Tips For Using Immunization Support Materials Effectively

IEC (information, education and communication) materials are visual or audio aids that help providers and caregivers better understand and remember information about diseases, prevention, treatment, health behaviours, and other health topics. The visual and audio aids and materials can be used during group discussions or during one-to-one IPC sessions.

IEC materials improve communication by:

- Helping explain complex information
- Serving as a talking points reminder
- Simplifying complex information
- Generating discussion
- Reinforcing key points and messages

How to use IEC materials

Become familiar with the materials provided during this workshop and take a new look at materials you already have. Make sure they are they up to date and that the visuals and language culturally appropriate. Practice using any materials before using them with caregivers and communities so that you are sure you know what is in them and where to find the information you want.

Tips for Using Flip Charts

When using a flip chart, always face the group members. Hold the flip chart so that everyone in the group can see it. If the group is large, move around the room with the flip chart to give everyone a chance to see each picture. Memorize the main points but explain them in your own words. After discussing the flip chart, summarize (or have participants summarize) the key messages – what they really need to remember.

Tips for Using Video or Audio

Know what you want to achieve by using the video or audio – what is your objective? If the video or audio will not help you achieve your objective, find one that will. If the video or audio is long, decide what segments to play and where to pause for discussion. Introduce the video or audio, then play it. Watch for audience reactions to give you clues about what to discuss after playing. Pause the video or audio in appropriate places for discussion or to take questions. When discussing the video or audio, ask questions about what the audience saw/heard, felt, liked, and could relate to. You can use or adapt any discussion guide that accompanied the video or audio.

Tips for Using Booklets, Discussion Cards, Brochures, and Posters

If you are using a pictorial source, ask the caregiver what is happening in the pictures. Build on

what the caregiver has said to further explain each page of the material to the caregiver. Point to the picture as it is being discussed. Observe caregivers to see if they look puzzled or worried. If they do, encourage them to ask questions and discuss any concerns.

When possible, give materials to the caregivers and suggest that they share the materials with others, even if they decide against the health practice discussed.

Appendix F. Immunization Ipc In Camp Settings

Immunization in refugee/internally displaced people (IDP) camps is critical, as camp inhabitants often come from situations where healthcare has deteriorated because of war or other disasters. In such situations, many infants and children will not have been vaccinated before arriving at the camp (and/or not have records of previous vaccinations). Outbreaks of communicable disease – such as measles, polio, diphtheria, and other respiratory illnesses, hepatitis, cholera, and yellow fever – are very common. Children are especially vulnerable. Camps often enter campaign mode in response to such outbreaks, and many try to carry out routine immunization as well.

Here are some common communication challenges in camp settings:

- Camp inhabitants might not trust local health workers because they fear that they are perceived as a huge burden by local residents. Local FLWs must therefore make a special effort to gain the trust of these refugee/IDP groups.
- FLWs and camp inhabitants might be from very different cultures, which can
 - Make it difficult to ensure cultural relevance/appropriateness of messages and interventions
 - Create a need for awareness, translation, and understanding of beliefs, belief systems, terminology, and disease concepts
 - Potentially introduce a different set of equity-related issues than the host country experiences – such as gender balance and socioeconomic status considerations (including when formerly different classes end up in the same socioeconomic situation)
- Language barriers between FLWs and camp inhabitants
- Camp health systems that are more understaffed and overstretched than regular health systems in the host country or the home country
- More or different misconceptions about vaccines than the FLWs are familiar with
- Complacency or low prioritization of immunization given the other things inhabitants have to deal with (e.g., trauma and insufficient food, water, sanitation, and security)
- Different religious or philosophical beliefs that affect vaccine acceptance

Appendix G. Workshop Evaluation Questions

1. Which topics covered in the training did you find most relevant?
2. Which activities did you like the most?
3. What did you like the least about the training?
4. What could be done to improve the sessions?
5. On which topics would you have preferred additional time?
6. Do you feel you confident about applying what you learned in the training to your work?
7. In what ways has the workshop inspired you to change or introduce new ideas into your work?
Please explain.
8. Who do you think would benefit most from this training course?
9. Any other comments and suggestions?

Notes

Notes

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**Interpersonal Communication
For Immunization**

Transforming Immunization
Dialogue