**Introduction**

The role of interpersonal communication (IPC) is essential for the success of the Expanded Program on Immunization (EPI) and especially as we introduce the new pneumococcal vaccine, PCV10 in Pakistan. Research has shown the effectiveness of health workers (HW) - Basic Health Unit (BHU) staff, vaccinators, lady health workers (LHW) and community health volunteers as frontline behaviour and social change agents on health issues in the community. The community at large looks upon them with respect and as credible and trustworthy sources of information about immunization and other healthy practices. They

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1. Prepared by Dr. Teresa Stuart Guida, C4D Consultant, for UNICEF Pakistan and MoIPC Federal EPI Cell as part of the WHO Training of Trainers on Pneumococcal Vaccine (PCV10) Introduction and Immunization Basics toward strengthening the Expanded Programme on Immunization in Pakistan, August 2012.

are also held in high esteem. Moreover, they will also receive the blessings of Almighty Allah in the afterlife.³

**Objectives of the Session:**

At the end of the session, TOT/ HW participants should be able to:

- Define interpersonal communication (IPC) and distinguish between the two types of IPC: One on-one and Group.
- Explain the principles and importance of interpersonal communication in the EPI Program
- Describe the desired communication interaction between a health worker (HW) and a mother/caregiver during an immunization session
- Apply the exercise and the role plays, along with learning that comes from these, in order to enhance future training with HWS toward improving their daily IPC practices.
- Describe and demonstrate the qualities of a HW with good IPC skills using the Principles of IPC and the Interpersonal Communication Checklist for Immunization Sessions

**Total Time:** 90 minutes

**Definition of Interpersonal Communication**

*Interpersonal Communication (IPC) is the process of exchanging information, ideas, thoughts and feelings between two people or among a group of people using verbal and non-verbal messages. The exchange allows them to receive 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, e.g., letter, email; video, audio or SMS, telephone and internet exchange.* (THSG, 2012)

**Two Types of IPC**

One-on-One Communication: *Exchange of information, ideas, feelings between two people*

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³ Some parts of this session were gleaned from translations (in Urdu) from the Training Manual on "Introduction of Pneumococcal Vaccine to Strengthen EPI in Pakistan" published by WHO and EPI Cell, Ministry of Inter-Provincial Coordination, 2011.
Group Communication: *Guided interchange among three or more people*

**IPC Opportunities in EPI and Health Education**

The following occasions allow opportunities for health workers, vaccinators and community health volunteers to communicate health messages to mothers, caregivers, family members and their community:

1. At scheduled administration of vaccines at EPI Fixed Centers, to reinforce RI and introduce the new vaccine PCV10.
2. During outreach activities and house to house visits particularly among the resistors, defaulters, dropouts and missed families, who are usually in poor, underserved and hard to reach communities, both rural and urban.
3. While interacting with people visiting Basic Health Units.
4. At community meetings.

During the occasions described above, both your responsibility and actions are amplified. Your conduct towards the people can influence their future response. If you conduct yourself in a respectable and pleasant manner and the way you interact and give information creates a positive experience, then they would not only volunteer themselves for vaccination but would also encourage others in the community.

**Importance of IPC in Health Education**

In the past, health education relied upon one-way communication from the "teacher" to a "learner". It was assumed that if we simply tell people what to do, they will do it. But we know from adult learning principles that simply giving information is not enough. As health workers we need to apply two-way communication by listening, understanding, encouraging, involving and inspiring mothers and caregivers, their families and communities so that improved health practices become normal parts of their way of life. We want to make sure that all mothers and caregivers avail of immunization services for their infants and young children and complete their children's immunization schedules. In other words, we want collective adoption of routine immunization to become a social
Exercise 1. Roles that Health Workers play as communicators in the EPI program

**Time**: 15 minutes  
**Materials**: Flipchart paper, marker pen of different colors, VIPP card

**Facilitation Guide:**

1. Divide participants into small groups of 3 or pairs depending on the size of the plenary. Ask them to identify the role of communication in the EPI Program. “What communication actions at community level do you pursue to help the EPI program in Pakistan achieve its objectives?” “What communication efforts do you undertake to increase demand for routine immunization by mothers and caregivers? What communication activities can you do to mobilize husbands, village opinion leaders, Imams, improve their health and well-being?” Give participants three VIPP cards each and ask them to write three responses to the above questions on individual cards, to be collected and read by the training facilitator in a plenary session. Give them 5 minutes to write their “Communication Roles or Activities”. You may give them some examples from the list on the next page, “Possible answers to the role of HW as communicator” as pre-written in VIPP cards.

2. In plenary, revisit the 2 VIPP cards that classify interpersonal communication into the two types as earlier defined: One-on-One Communication; and Group Communication. Ask two participants to help you cluster the cards on the board.

3. Task. Take each “role of communication” card and have participants agree whether this is best done by one-on-one, or group discussion—or sometimes, both methods are suitable. Post the card under the appropriate heading on a board or flip chart. If some roles can be for both methods, place a third heading called “Both” and place it between the two headings, “One-on-one” and “Group”. At the end of the session, the “Role of Communication” cards should be in three clusters. Lead a discussion on these communication roles, asking participants how effectively they perform these roles and

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\footnote{Adapted from UNICEF Bangladesh, Training Module on Essential Interpersonal Communication Skills for Front Line Workers, developed by Dr. Judith Graeff, Mira Mitra, et al, 2007.}
what kinds of support they need to be effective in these roles. Keep these cards for review and documentation.

**Possible answers to the role of HW as communicator:**

**Note to Facilitator:** You may write some of the relevant answers below into VIPP or flash cards and classify according to appropriate headings on the board as you classify participants’ cards.

- Provide correct information for mothers about vaccines during home visit
- Undertake rumor control about vaccines and AEFI in mothers group
- Convince local authorities to influence communities to demand RI services
- Raise awareness about good hygiene and sanitation practices with mothers
- Promote adoption of a new vaccine as part of routine immunization (RI)
- Bring the views of the community to DHO so that they are integrated into the objectives and activities of RI
- Encourage mothers to breastfeed their babies exclusively until six months
- Demonstrate to mothers how to prepare nutritious complementary food
- Engage Union Council leadership so that they support EPI objectives
- Help improve the relationship between the vaccinators and community members
- Build rapport with communities/households
- Build linkage with Imam Masjid to include EPI messages in Friday sermons
- Gather accurate information and assist community in decision-making/planning on healthy practices
- Determine the barriers to adoption of routine immunization services
- Find out what motivates mothers to bring their children to health centers
- Serve as a link between communities and service delivery
- Identify who and where are the hard to reach and underserved members
- Facilitate in identifying the poor, underserved and marginalized members who do not avail of RI services
- Play supportive and problem solving roles
- Link with Khateeb to invite and remind mothers of RI schedules, health practices through mosque announcements
- Facilitate a process to help the community to assess and analyze the situation and
prepare an action plan
- Monitor implementation of community action plan/annual plan
- Identify gaps and reasons behind them
- Work with District health authorities and Union Council to adjust health education priorities and activities

Role Play 1: Good and bad IPC\(^5\) during an RI Session at a Fixed Center

**Time:** 20 minutes  
**Materials:** Scripts for Scenes 1 and 2 for Volunteer Actors

**Facilitation Guide:**

The following two role play scenes show an exchange between a health worker and a client.
- Scene 1 highlights some of the common problems in communication.
- Scene 2 showcases the good qualities of an IPC interaction.

Invite 4 volunteers; 2 volunteers per scene, one to act as the Health Worker and the other to act as Mother. Give them the scripts for their respective role plays. Give volunteers for Scene 1 three minutes to prepare. Tell them in private that they may add to the dialogue and act out other examples of bad IPC based on their experience.

For the volunteers for Scene 2, tell them in private that they may modify the script by adlibbing more dialogue on positive IPC qualities on their own or based on the Principles of Effective IPC in RI Sessions on page 9 and the Communication Checklist of effective IPC skills of Health Workers in Annex 1 on page 14. Give them a copy of the "Principles..." and "Checklist..." in advance, i.e., when they volunteer, telling them not to share it yet with the others. Give them about 7 minutes to prepare before you start the session.

After participants witness both plays, begin a discussion about the quality of the IPC involved in each scenario by discussing (show PowerPoint slide) the Principles of Effective

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\(^5\) Adapted from Refresher Training for Frontline Health Workers in the Expanded Program on Immunization (EPI), Module 4: Communicating With Caretakers and Communities for Improved Routine Immunization Coverage. January 2005, Addis Ababa, Ethiopia.
IPC in RI Sessions on page 9 and the Communication Checklist of the effective IPC skills of Health Workers in Annex 1, page 14.

Role Play 1: Good and bad IPC during an RI Session at a Fixed Center

**SCENE 1: The Health Worker (HW) and Mother Uzma**

**HW:** Baby Hassan! (Shouts towards the row of seated women)... Baby Hassan!!

**Uzma:** Yes Nurse? (She stands up and moves towards the procedure table with her baby)

**HW:** Don’t you listen? Why do you come here then? Show me your card!

**Uzma:** (becomes uncertain of what to do and stands in front of the procedure table)

**HW:** Just sit down! Don’t waste my time; I have many children for immunization today.

**Uzma:** (sits down and gets her baby ready for injection)

**HW:** (writes on the card and then gives the baby an injection without any regard for the baby or the mother; he writes on papers on his desk, ignoring the mother)

**Uzma:** Please... I do not know the injection you gave my child and if I am to bring her back for another immunization.

**HW:** Look, are you stupid? Give me your card. See? Everything is in this card. You have to be reading this card properly and make it your Bible or Qur’an. You see I have already marked the injection I gave your baby on the card including the new vaccine against pneumonia. I also wrote the day and date you should return for the next vaccination.

**HW:** (continues): The card also contains the immunization schedule as follows (head down, he reads the information from the card as rapidly as possible):

- **At birth**: BCG & OPV0, HB1
- **At 6 weeks**: DPT1 & OPV1, HB2, PCV10
- **At 10 weeks**: DPT2 & OPV2, PCV10
- **At 14 weeks**: DPT3 & OPV3, HB3, PCV10
- **At 6 months**: Vitamin A 1st dose
- **At 9 months**: Measles, Yellow fever
- **At 12 months**: Vitamin A 2nd dose.

**Uzma:** Please Nurse...

**HW:** Madam! No questions. You are wasting my precious time. I have told you that I am always very busy in this clinic. Who’s next? Baby Altaf!

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Role Play 1: Good and bad IPC during an RI Session at a Fixed Center

**SCENE 2: The Health Worker (HW) and Mother Uzma**

**HW:** Baby Hassan, please, come this way.
**Uzma:** Yes Nurse (she stands up and moves towards the table with her baby)
**HW:** Please sit down. How are you and how is your baby today? May I see your card?
**Uzma:** Fine, Nurse! (Sits down and gets her baby ready for vaccination). I do not have a card. Today is my first day to bring my baby.
**HW:** Don’t worry. It’s OK; I will give you a card. (Health worker takes the card out and records all the necessary information and directs Uzma to get her child ready for vaccination).
**Uzma:** Can I confirm that your child’s name is Hassan, and he is 2 weeks old.

**Uzma:** Yes, Nurse. Thank you.
**HW:** I am going to give your child a vaccine on his left upper arm and some drops into his mouth. The vaccine in the upper arm protects your child against tuberculosis, which will prevent children from a chronic cough. The drops prevent polio, that disease which can make children lame. The small injection does not cause much pain. It may give a small lump that will last only a few weeks. You should keep the injection site dry and do not dress it (HW gives the injection on the left upper arm of the child). The drops do not cause any problems.

**Uzma:** Thank you Nurse. I am so happy you are not angry with me.
**HW:** Uzma, why would I be angry with you?
**Uzma:** Ah! You know the other mothers told me that because I did not bring my child immediately after birth, the nurse will shout at me. Thank you very much.
**HW:** Records the vaccine given and tells Uzma the date, place and time of the next vaccinations. The HW also explains that to be fully immunized the child needs to complete several visits before the child’s first birthday. Your next visit will on this same day, Monday, in four weeks’ time. HW explains the next schedule of vaccines to be given including PCV10. Do you have any questions or anything, which you would like me to explain further?
**Uzma:** Yes, Nurse. What should I do if my baby is sick and I miss his vaccination appointment?

**HW:** Uzma, even if the baby is sick, you can still bring him for his vaccination. Just keep him warm. I know it is not always easy to keep all the appointments, but you should try as much as possible to keep the immunization appointments. Immunizations are very important for protecting your children against dangerous childhood diseases. But if you fail to keep an appointment, just come on the next immunization day even if the child is sick. We give immunizations every Monday in this clinic.

**Uzma:** Thank you Nurse, (smiling). I will make sure I do not miss any immunization appointment.
**HW:** Bye-bye Uzma, see you and Baby Hassan in 4 weeks’ time and continue breastfeeding your baby exclusively, don’t even give him water!
Principles of Effective Interpersonal Communication in RI Sessions

1. Be respectful/polite.
2. Be pleasant; smile as you greet the client. “A smile is a curve that can set a lot of things straight.”
3. Praise mother for bringing her child to scheduled routine immunizations.
4. Encourage her to continue bringing her child until fully vaccinated.
5. Motivate mother to express her ideas; Show your appreciation of her knowledge
6. Listen - Pay attention to what the mother has to say; never interrupt her.
7. Be compassionate if she shares a problem. Keep messages simple and clear
8. Use local language and speak slowly.
   a. Avoid use of medical terminology for vaccine and prevention methods.
   b. Make use of daily words that the people like to use. People would like to say “expecting a child” instead of “pregnant”. Similarly use the word “passed away” instead of “died”.
9. Explain and check for understanding - After explaining the vaccination session in simple terms, ask questions to find out if the mother/caregiver understood you or not.
10. Use body language - Along with pleasant facial expressions, make use of good body and facial language; use appropriate attire; maintain eye contact; and use proper hand movements.
11. Use IPC Tools - Supplement your conversation with visual and printed tools such as posters, flip charts, counseling cards, pamphlets and give-way IEC materials for better understanding, recall and as family/group conversation stimuli.
Role Play 2. IPC during Home Visits

Time: 30 minutes

Materials: Copies of Scenario 1 and 2 for Volunteer Actors

Facilitation Guide:
During the break, just before the IPC Session, invite 2 groups of volunteers. For Scenario 1: a vaccinator and a mother; for Scenario 2, a vaccinator, a father and a mother.
Cut out and fold the copy of each scenario and hand over to each group at random. Ask them prepare to act out their assigned scenario. Tell them that they will adlib the dialogue, drawing on their experience and creativity.

Scenario 1 - Pretend to be a mother of an 18-week old baby who has defaulted on his scheduled RI. Mother is reluctant to have her child immunized, giving many reasons and misconceptions. The vaccinator has come to your house to persuade you to immunize the child for his 3rd dose and introduce the new PCV10 vaccine. Based on his record, the child has also missed his scheduled immunization for DPT3 and HB3. He is also explaining to Mother on the importance of PCV10 and convincing her, amid her questions about possible side effects and fears about a second injection, to have her child receive the vaccine along with the other scheduled vaccines.

Tell participants to watch and listen to the role-play. They should imagine themselves to be in the role of the parent in this particular situation. Ask the vaccinator to try to overcome the mother's reluctance using accurate information and a respectful approach, observing the principles of good IPC. Stop the role play after 6 minutes and call the actors for the second role play, Scenario 2.

Scenario 2 - You, the vaccinator, are unfriendly. You knock on the door and treat the father with disrespect, for example, knocking loudly on the door. You try to explain the importance of the new vaccine PCV10, how it is to be given to the child and possible side-effects. The mother is talking about some rumor she heard about

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8 Adapted from UNICEF India's Interpersonal Communication Training Module for Polio Vaccinators, March 2006.
the new vaccine PCV10. You interrupt her while she is talking or telling her she shouldn’t believe the stupid rumors; telling her you will send for the police if she refuses to allow her child to be immunized, etc. The actors may adlib to show even more bad IPC.

The purpose of this role play is to demonstrate how vaccinators should not behave with parents. This role play can be a humorous way of teaching vaccinators about some of the frustrations a parent can have with impatient vaccinators. When the role-play is finished, ask the participants what they think of the vaccinator’s behavior. Ask how they think the mother felt during the encounter with the vaccinator. Ask if they would accept or refuse immunization for their child from a vaccinator behaving like this?

Notes to Facilitator:

- Stop each role-play after about 6 minutes.
- Ask all the participants for feedback on what the “vaccinator” in each of the role-plays did effectively. For example, did they provide correct information to the parent? Were they courteous?
- Did they try different ways to persuade the parent to accept PCV10?
- Next, ask what the vaccinator could have done more effectively. Ask them how they would modify some parts based on their experience or other ideas to showcase bad or good IPC. Go back to the Principles of Effective Interpersonal Communication (page 9) and the IPC Checklist on Annex 1 (page 13). What relevant principles did the vaccinators apply or break for each scenario?
- Finally, provide your own feedback and suggestions for improvement. Try to be as specific as you can with your feedback. For example, if you can suggest different words that the vaccinator could have used that could have been persuasive to the parent, give them that feedback.
- You may want to repeat a role-play, with you (the trainer) taking the vaccinator’s role in the same situation, demonstrating a different method of talking with the parent.
- Ask the participants for examples of ways in which they should never treat parents. Discuss the examples of ‘unacceptable’ behaviour with parents and family members, for example:
  - Try to bully parents into accepting the scheduled vaccines
FACILITATOR’S GUIDE: SESSION ON STRENGTHENING INTERPERSONAL COMMUNICATION (IPC) SKILLS OF HEALTH WORKERS FOR EPI

- Mock parents because they are not informed or have misconceptions about the vaccines and EPI in general
- Attack a parent’s values,
- Give the child immunization without parents’ consent
- Tell a parent you think they are lying, etc.

Recapitulation and Feedback

Notes to Facilitator:
Before you end the session:

- Review the objectives and the activities they had just participated in, by reviewing the Objectives and Outline slides.
- Ask them to write in any number of color-coded VIPP cards (e.g., yellow), the activities and materials in the session that they found most useful and would adopt for their rollout training.
- On another color-coded VIPP card (e.g., pink), ask them to write down what part/s of the session they would do differently or suggestions to improve the session.
- Invite some participants to share their responses.
- Collect the cards for your training evaluation report.

Template for Session Report

City/Province_________________________  Date________________
Session No. __________

Table 1. Feedback from Participants

<table>
<thead>
<tr>
<th>Useful Activities/Materials for Rollout</th>
<th>Activities I will do differently/ or Suggestions to improve the session</th>
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Table 2. Feedback from Facilitator

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<th>Observations</th>
<th>Recommendations</th>
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</table>
If possible, please add a digital photo or two with caption: City/Province; Session No., Date.
Brief description

References


Essential Services for Health in Ethiopia (ESHE) and USAID, 2005. Refresher Training for Frontline Health Workers in the Expanded Program on Immunization (EPI), Module 4: Communicating With Caretakers and Communities for Improved Routine Immunization Coverage. Addis Ababa, Ethiopia.


UNICEF India, 2006. Interpersonal Communication Training Module for Polio Vaccinators, (Draft of March 2006), New Delhi, India.

Annex 1. Interpersonal Communication Checklist for Immunization Sessions

Interpersonal Communication Checklist for Immunization Sessions

- Greet the mother/caregiver with a smile and congratulate her for bringing her child. Make her feel welcome and maintain a pleasant disposition.

- Ask the mother for the child’s vaccination card:
  - If the mother has a card:
    - Thank the mother for bringing the card and remind her that it is valuable and should be brought at each visit
    - Check the child’s health card to see which immunizations he or she should receive during the visit
  - If the mother has no card:
    - Do not scold a mother for not having a card.
    - Issue the mother a new card and tick off the immunizations that she reports the child already has.
    - Explain that the card is valuable, should be kept safe, and brought to each visit.

- Always explain to the mother in simple terms what disease/s the vaccine will prevent. Encourage them to ask questions.

- Address concerns about immunization immediately by correcting any misconceptions. For example, if a woman believes false rumors that a vaccine is a contraceptive she will not care about anything else you have to say. Talk to her about this first.

- Explain possible side effects and how to manage them. If the mother knows to expect side effects—for example a slight fever from DPT—she will not be frightened by the child’s discomfort and will more likely return for the next immunization.

- Inquire whether and when the mother has received the tetanus toxoid (TT) vaccine to protect herself and her future newborn babies from tetanus.

- Encourage the mother to bring her child back to complete the full series of scheduled vaccinations before her child’s first birthday so that her child will be protected against the 7 dangerous diseases and that the child will receive a “vaccination diploma”.

- Write down and remind the mother/caregiver the place, day and date for the next immunization and vitamin A supplement.

- Check for recall of next visit. Ask the mother when she will return for the next immunization session.

- Request the mother to raise awareness and emphasize the importance of immunization to her neighbors, friends and relatives so that they get themselves vaccinated against the diseases. In this way, she helps her entire community stay healthy.

- Remind her to keep herself healthy, breastfeed exclusively and practice good hygiene and sanitation for her sake and that of her family.

- Thank the mother for visiting the EPI Center.