



# INTERPERSONAL COMMUNICATION FOR IMMUNIZATION TRAINING FOR FRONT LINE WORKERS

ECA REGIONAL OFFICE  
NOVEMBER 2018

# MODULE 1: INTRODUCTIONS AND OVERVIEW

---

## Session 1.1:

## Introductions and Immunization Challenges

# Participant Introductions

- With your neighbor:
  - Introduce yourselves- name, job, and where you work
  - You will introduce your neighbor to the group in a minute
- Write down at least one challenge regarding immunization that you face in your work
  - Write large, one challenge per card
- Introduce your neighbor and read the challenges.

# MODULE 1: INTRODUCTIONS AND OVERVIEW

---

## Session 1.2:

### Review of Training Objectives, Agenda, and Housekeeping



# Review of Training Objectives

1. Define and apply key principles of interpersonal communication to communicate about immunization with caregivers of children under 5
2. Learn and practice skills to listen and engage in conversations aimed at increasing uptake of vaccines
3. Improve your confidence and ability to effectively respond to caregiver needs and concerns regarding vaccine safety and effectiveness, based on evidence
4. Use dialogue-based communication to increase immunization rates

# 3-Day Agenda

	Day 1	Day 2	Day 3
9:00-10:30	(9:00-9:15) Opening Remarks (9:15-10:30) Module 1: Introduction and Overview	Module 4: Active Listening to Understand Your Caregiver	Module 6: Communication in Depth, continued
10:30-10:45	15 Minute Break	15 Minute Break	15 Minute Break
10:45-12:30	(10:45-11:15) Module 1: Introduction and Overview, continued  (11:15- 12:30) Module 2: Immunization Technical Review	(10:45- 11:15) Module 4: Active Listening to Understand Your Caregiver, continued  (11:15- 12:30) Module 5: Communication During Immunization	(10:45- 11:30) Module 6: Communication in Depth, continued  (11:30-12:30) Module 7: IPC with Communities
12:30-13:30	1 Hour Lunch	1 Hour Lunch	1 Hour Lunch
13:30-15:00	(13:30-14:30) Module 2: Immunization Technical Review, continued  (14:40 -15:00) Module 3: Understanding Behavior & Barriers	Module 5: Communication During Immunization, continued	(13:30-14:05) Module 7: IPC with Communities, continued  (14:05 -15:00) Module 8: Review, Next Steps, and Closing
15:00-15:15	15 Minute Break	15 Minute Break	15 Minute Break
15:15-17:00	Module 3: Understanding Behavior & Barriers, continued	(15:15- 16:00) Module 5: Communication During Immunization, continued Module 6: Communication In-depth (16:00- 17:00)	Module 8: Review, Next Steps & Closing, continued

# Workshop Norms

- Respectful communication
- Silence phones
- Timeliness

# MODULE 1: INTRODUCTIONS AND OVERVIEW

---

## Session 1.3:

### Pre-Test and Distribution of Participant Manuals

# MODULE 1: INTRODUCTIONS AND OVERVIEW

---

Session 1.4:

FLWs' Experiences with Immunization

# MODULE 1: INTRODUCTION AND OVERVIEW

---

Session 1.5:

Assignments for Module Summaries



# Assignments for Module Summaries

In your summary, please answer the following questions:

1. What were the main activities we did during the module?
2. What were the five most important takeaways (knowledge, attitudes or skills) that you took away from this module?

# MODULE 2: IMMUNIZATION TECHNICAL REVIEW

---

Session 2.1:

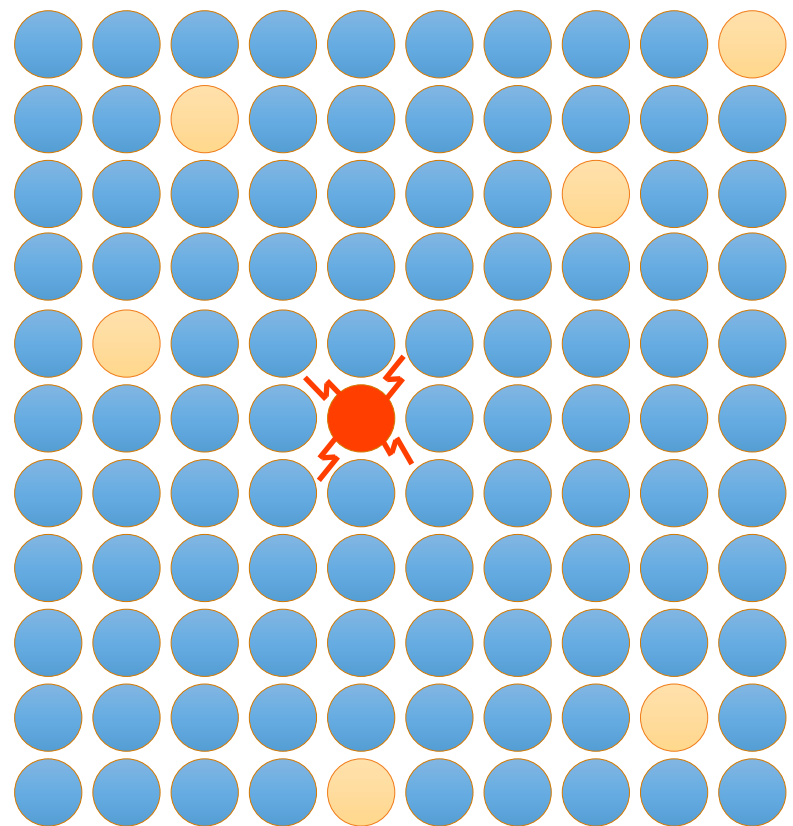
How Vaccines Work and Health Benefits

# How Vaccines Work

- Vaccine: weakened or inactivated (killed) microorganisms, or pieces of microorganisms.
- The vaccine stimulates the immune system to produce the antibodies that further protect the vaccinated person from a certain disease.
- How can we explain this to caregivers in a clear and understandable way?

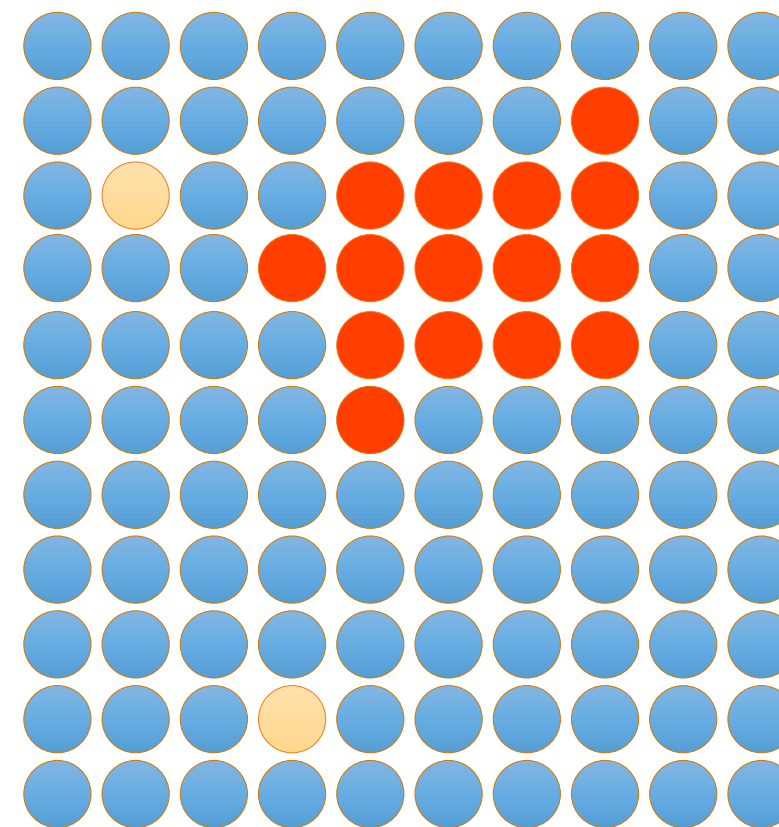
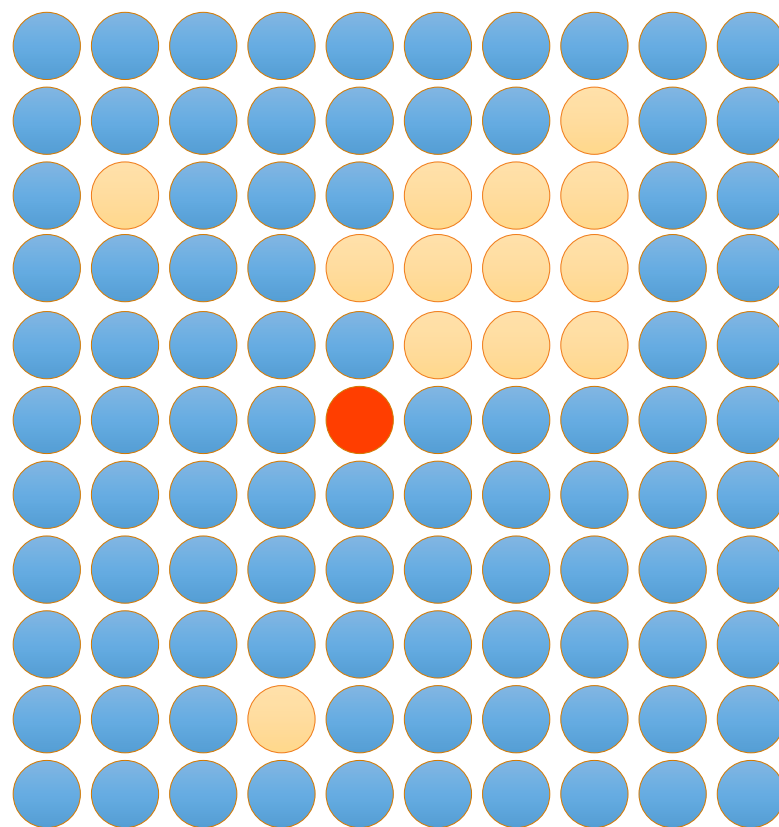
# Community Immunity 1

When enough people are protected (blue) in a community they can protect those who are not yet vaccinated (yellow) from those that are infectious (red).

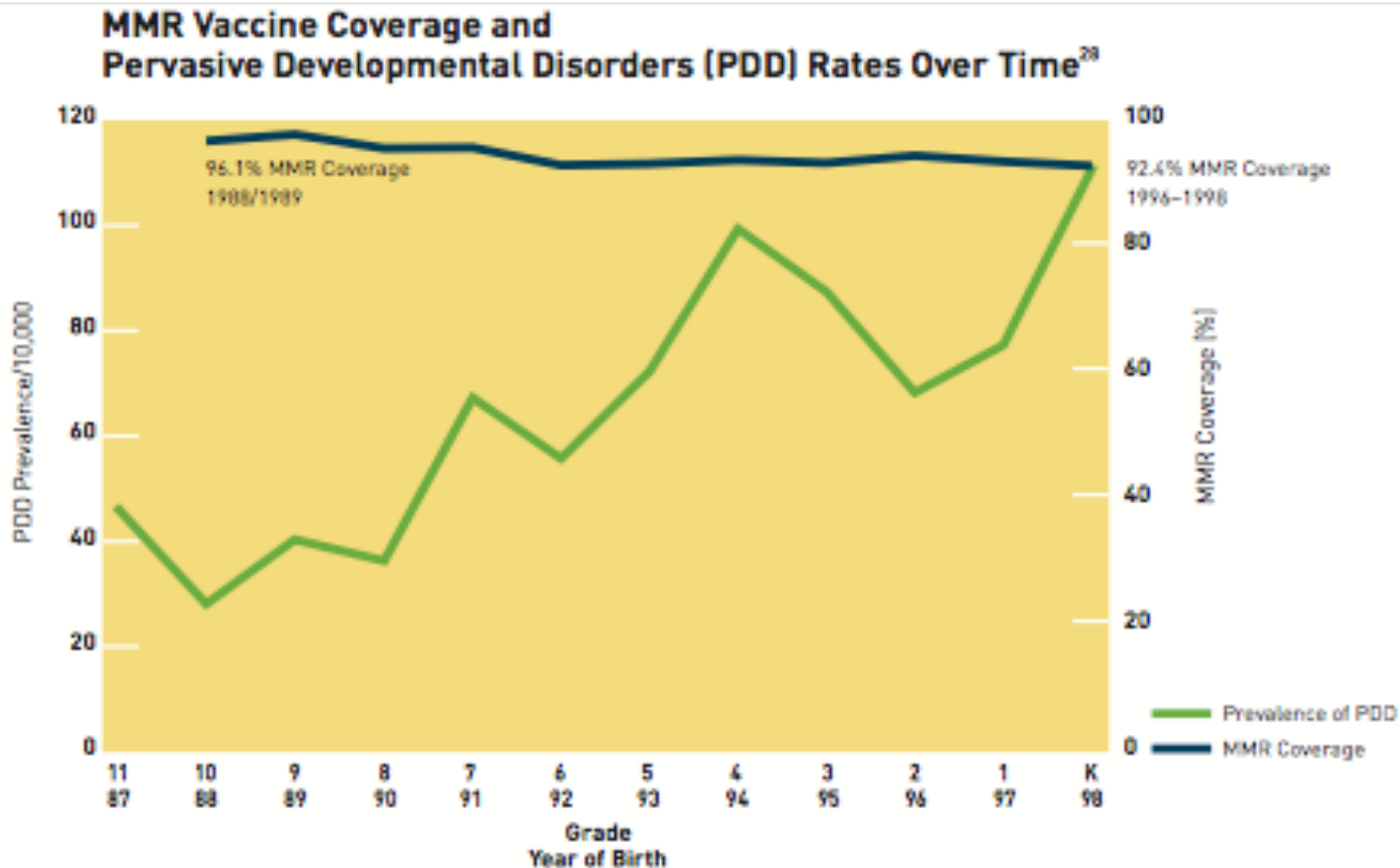


# Community Immunity 2

When groups of unvaccinated people build up and are in close proximity , community immunity doesn't work, and the disease spreads.



# Use of Visual Data to Reinforce Information





# Health Benefits of Immunization

1. Dramatically reduced diseases and mortality rates for many infectious diseases
2. Reduced child mortality- estimated 6 million deaths of children less than 5 years of age are prevented each year
3. Reduction in health care costs and inconvenience
4. The indirect health benefit is reduced disease among those who have not been vaccinated
5. Fewer people with disease-related disabilities
6. High coverage protects those that can't be vaccinated such as immunosuppressed individuals

# MODULE 2: VACCINE TECHNICAL REVIEW AND HEALTH BENEFITS

---

Session 2.2:

National Coverage Trends and Vaccine Schedule

## Exercise 5A

- Go to **Exercise 4A: Evolution of Immunization** in your *Participant Manual*
- Take turns reading the timeline of key events in immunization in Serbia and the region.
- Then answer four questions:
  1. What are some of the events that led to lower immunization rates in Serbia?
  2. What are some things that helped to calm fears about vaccine safety globally?
  3. What other factors have increased uptake of vaccines?
  4. What are some improvements in vaccine safety that have made vaccination even safer in our country?

## Exercise 5B and C

- Stay in your small group to continue with 5B then do 5C according to the instructions in your *Participant Manual*
- You have 15 minutes total

# MODULE 2: VACCINE TECHNICAL REVIEW AND HEALTH BENEFITS

---

Session 2.3:

Vaccine Safety Processes and Protocols in Serbia

# MODULE 2: VACCINE TECHNICAL REVIEW AND HEALTH BENEFITS

---

Session 2.4:

Vaccine Hesitancy



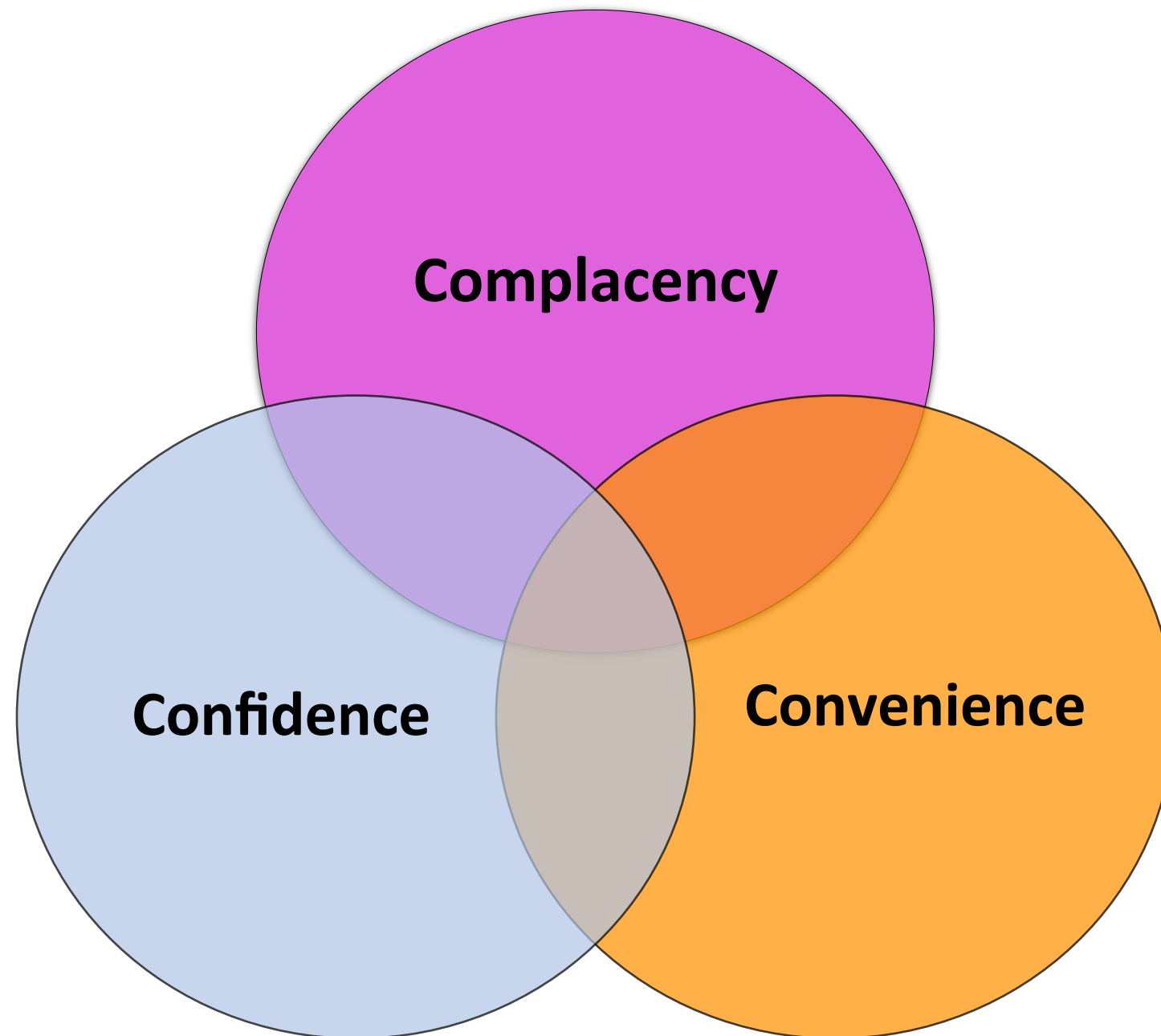
# Vaccine Hesitancy:

A delay in acceptance or refusal of vaccines, despite availability of vaccination services

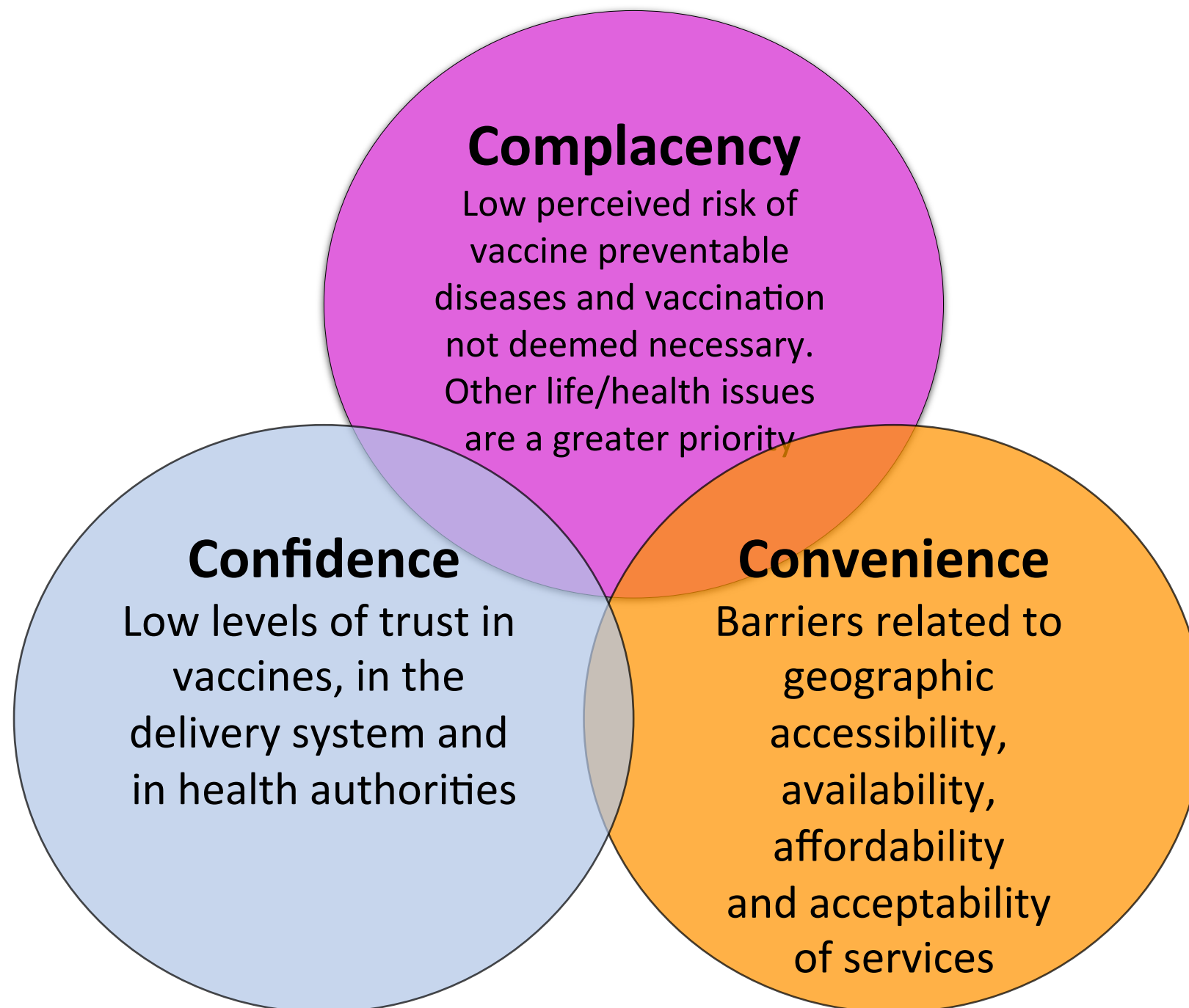
# Continuum of Vaccine Hesitancy



# The "3 C's Model"



# The 3 C's Model – descriptions



# Determinants of Vaccine Hesitancy Matrix

Individual and group influences	Contextual	Vaccine/vaccination specific issues
<ul style="list-style-type: none"><li>• Personal or community experience with vaccination, including pain</li><li>• Beliefs and attitudes about health and prevention</li><li>• Knowledge and awareness, risk/benefit</li><li>• Immunization as a social norm v. not needed/harmfu</li><li>• Trust in health provider, experience with provider</li></ul>	<ul style="list-style-type: none"><li>• Media and public communication</li><li>• Anti- or pro- vaccination lobbies</li><li>• Local politics</li><li>• Perception of the pharmaceutical industry</li><li>• Religion, culture</li><li>• Accessibility of services</li><li>• Trust in authorities</li></ul>	<ul style="list-style-type: none"><li>• Risk/benefit (epidemiological/scientific evidence)</li><li>• Mode of administration</li><li>• Reliability/Source of the vaccine</li><li>• Vaccination schedule</li><li>• New vaccines, formulations or recommendations</li><li>• Any costs associated with vaccination</li><li>• The strength of the recommendation/attitudes/knowledge base of healthcare professionals</li></ul>

Adapted from: Conversations to Build Trust In Vaccination, Who, May 2017

# MODULE 3:

# UNDERSTANDING BEHAVIOR AND

# BARRIERS

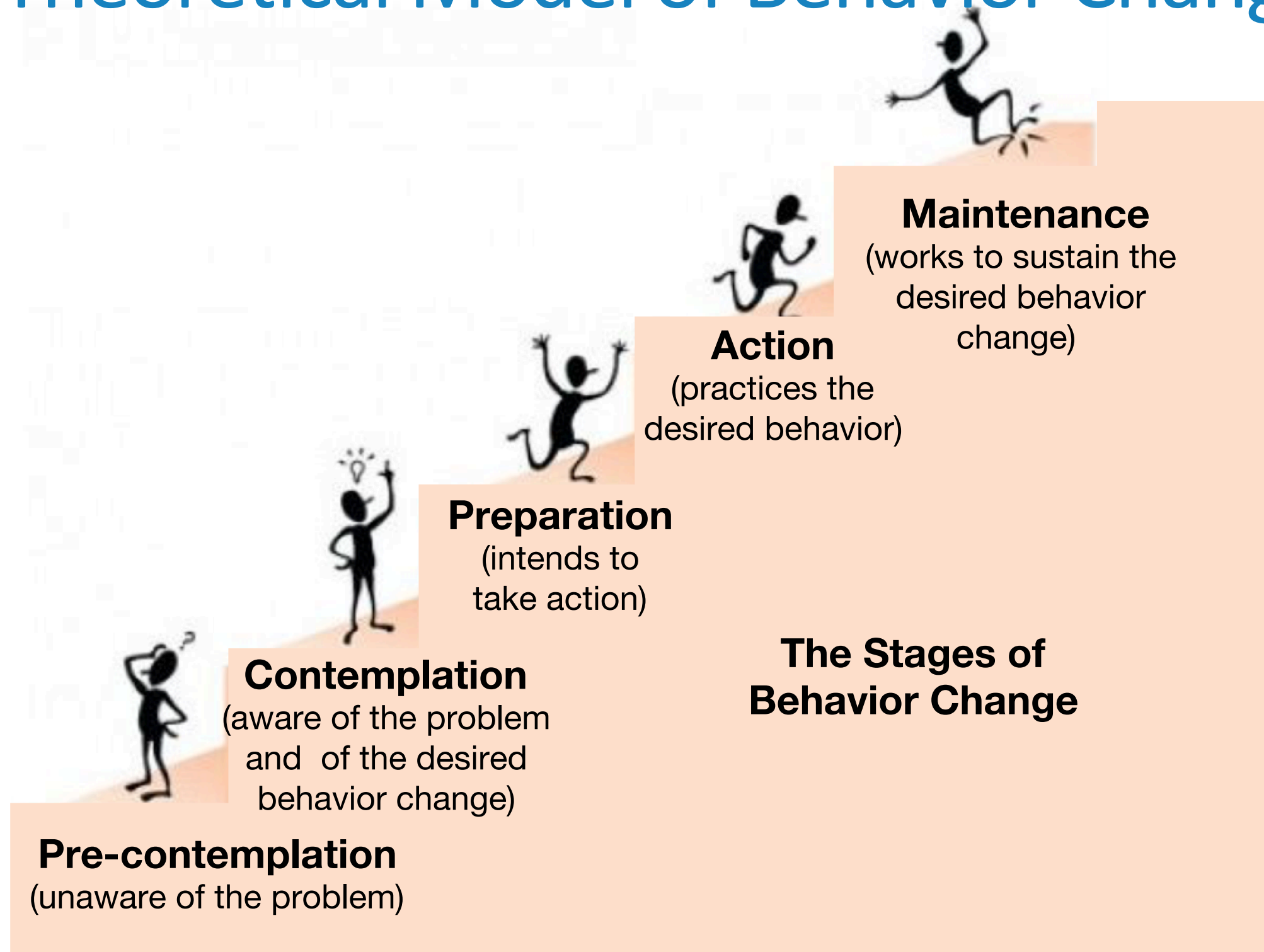
---

Session 3.1:

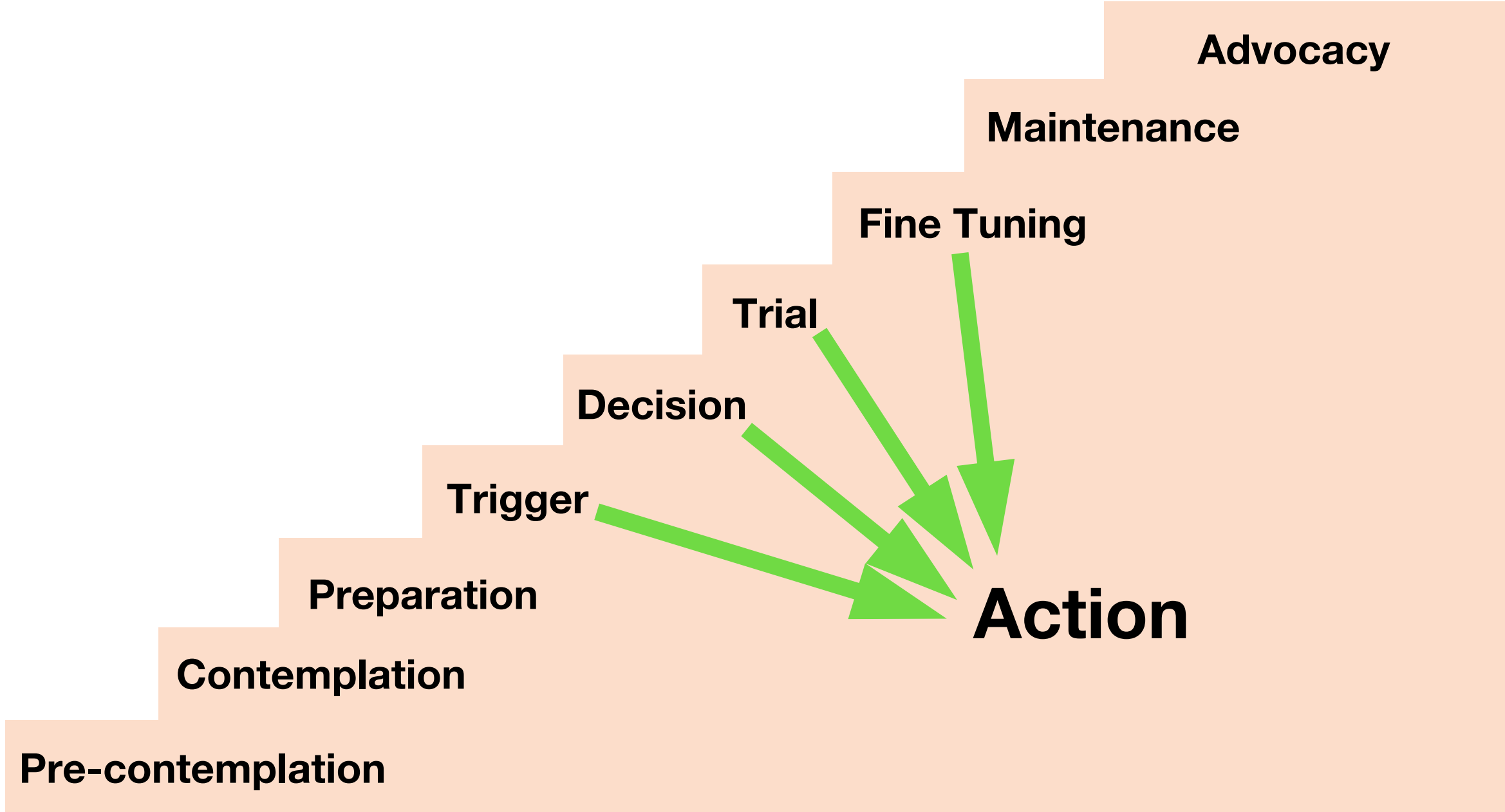
Understanding Behavior



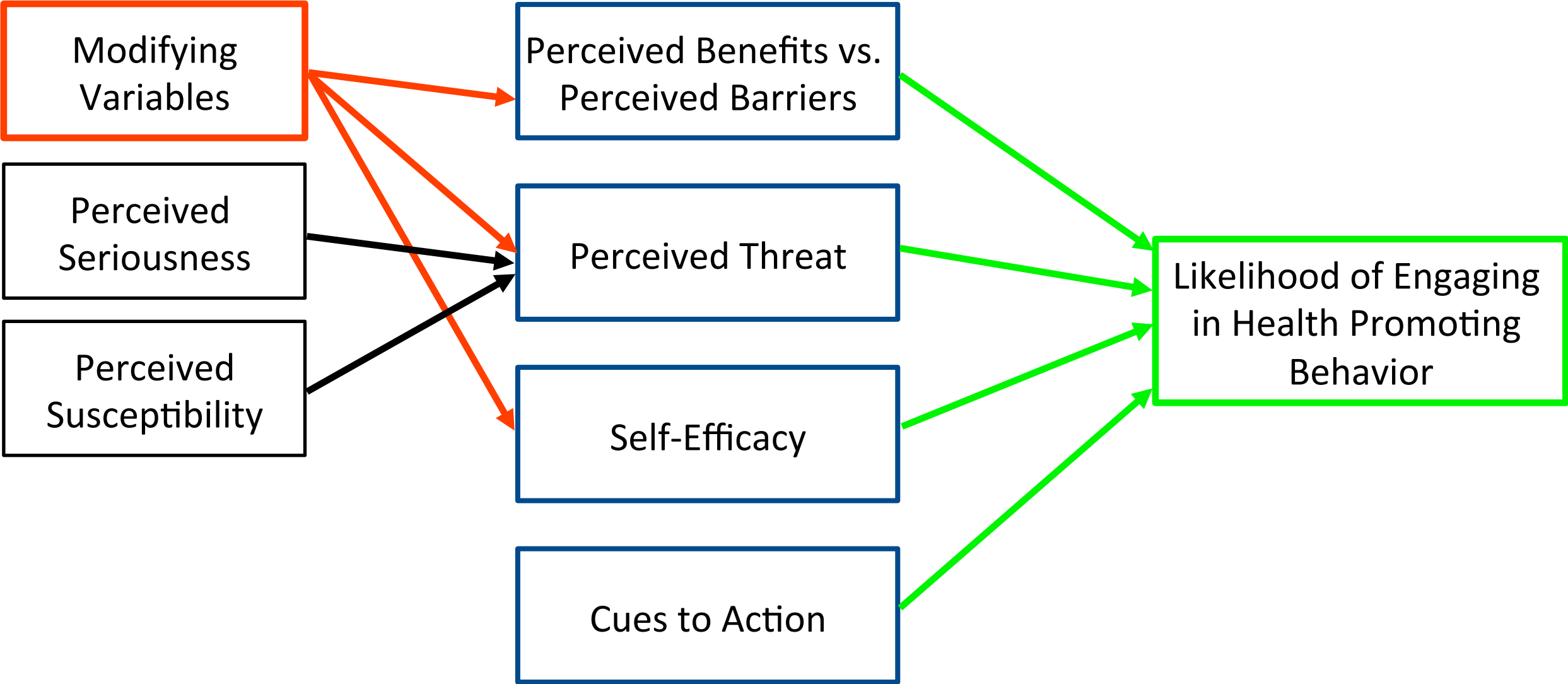
# Trans-Theoretical Model of Behavior Change



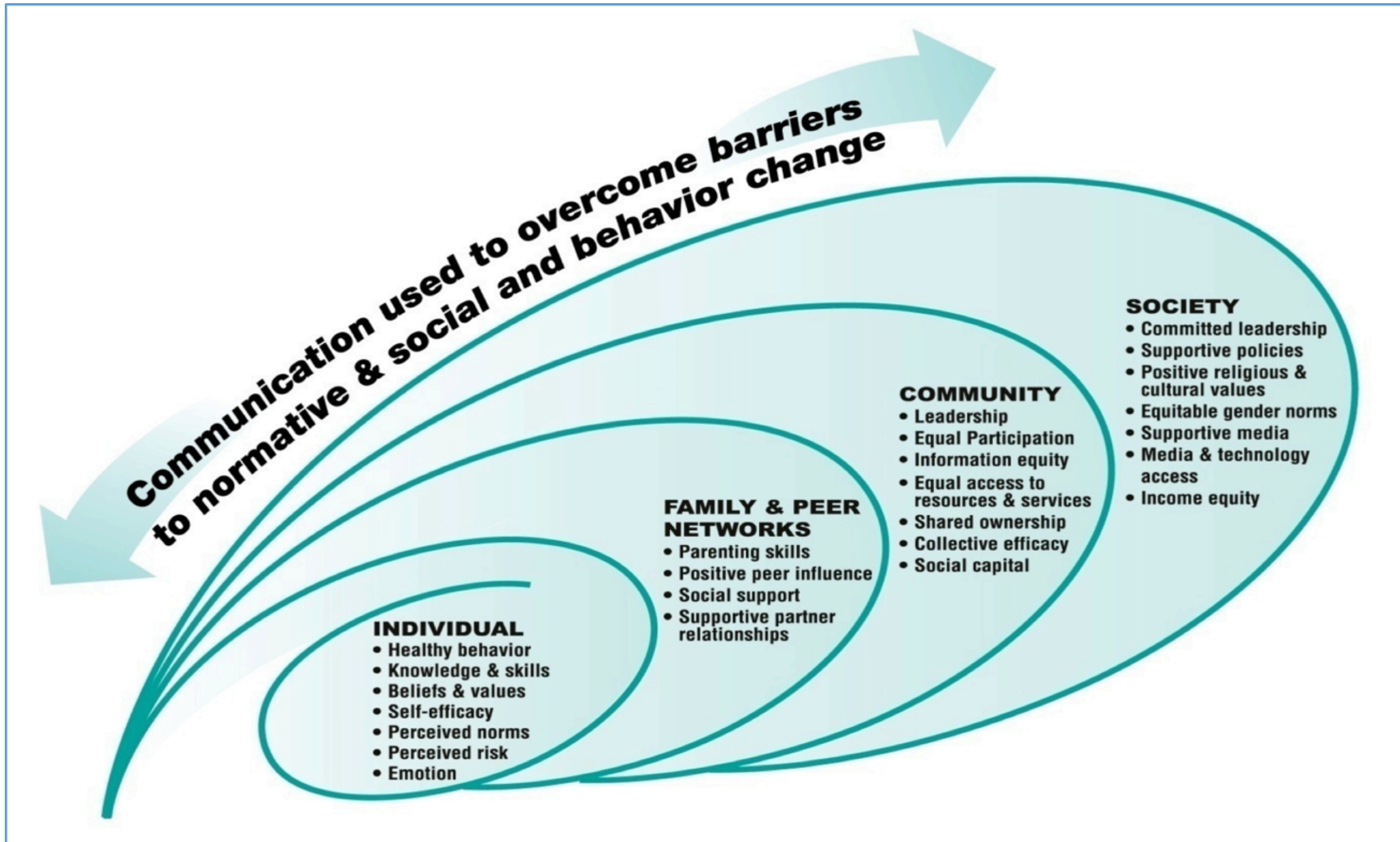
# Expanded Steps



# The Health Belief Model



# Socio-ecological Model

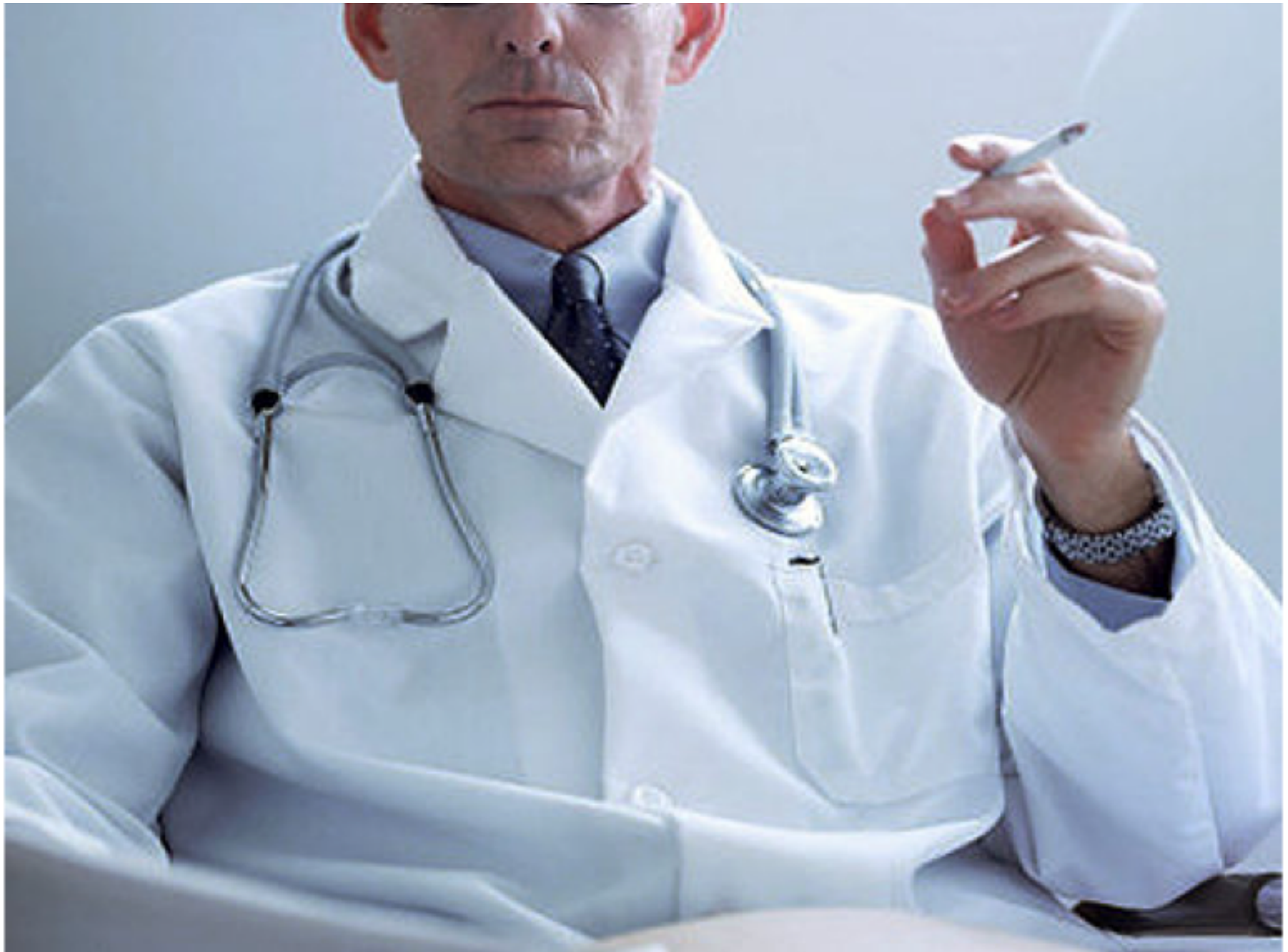


# MODULE 3: UNDERSTANDING BEHAVIOR AND BARRIERS

---

Session 3.2: Perception Biases

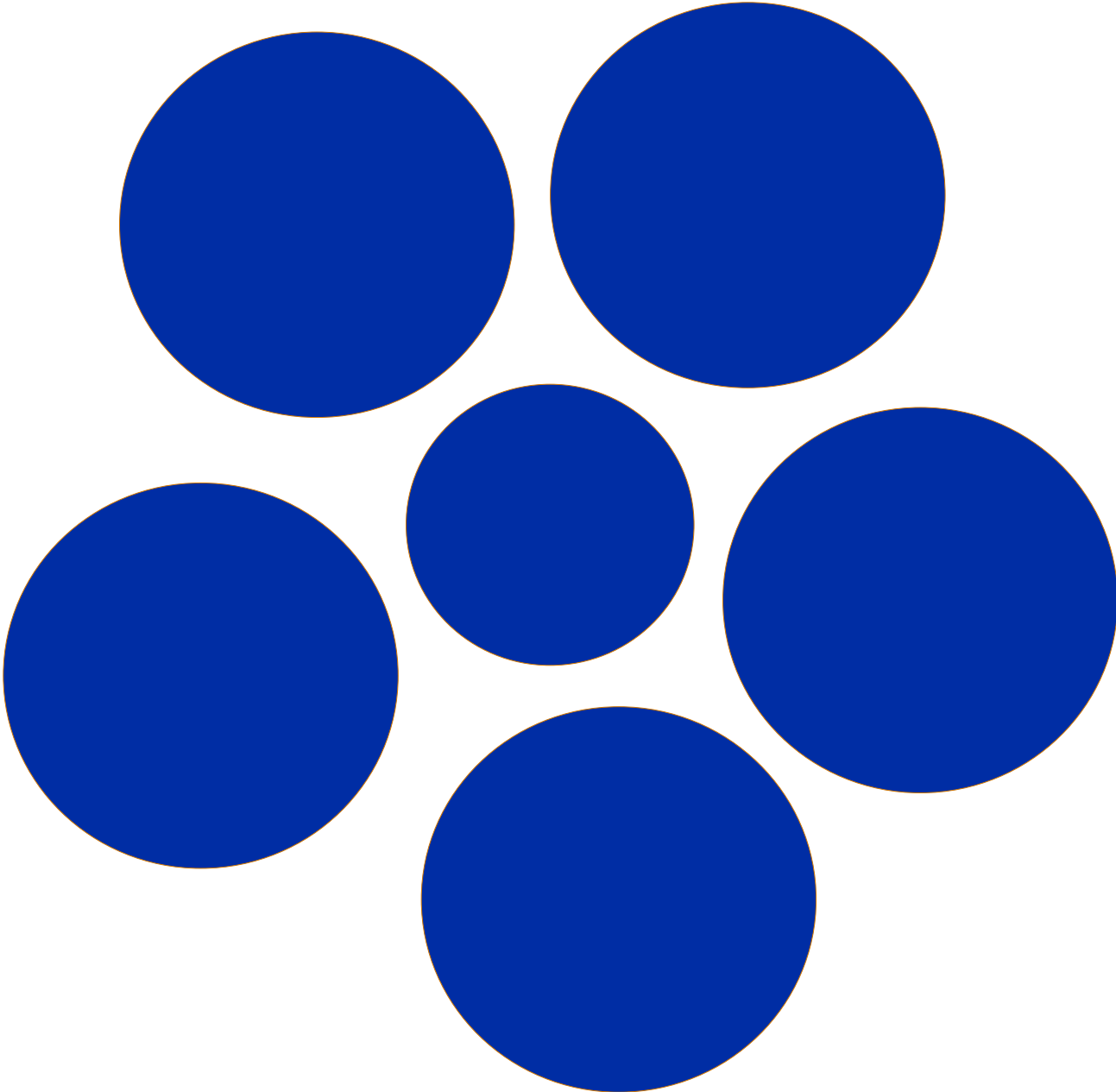
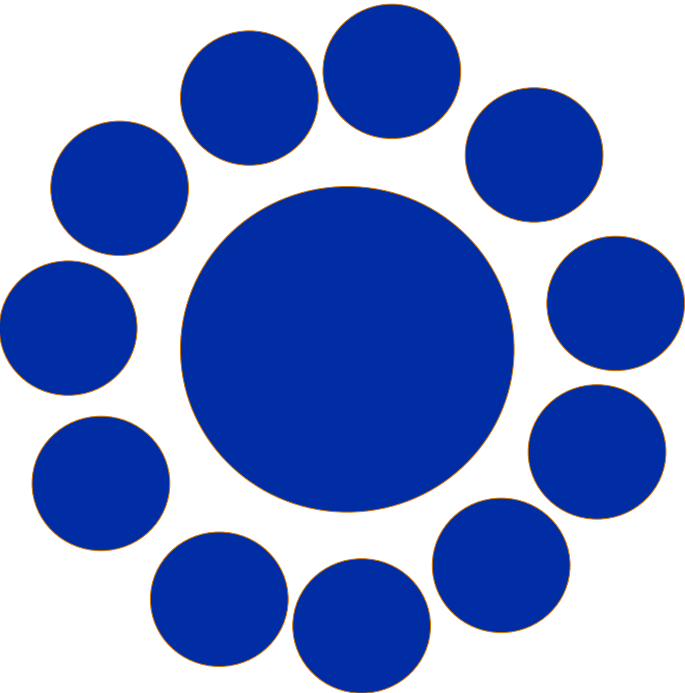




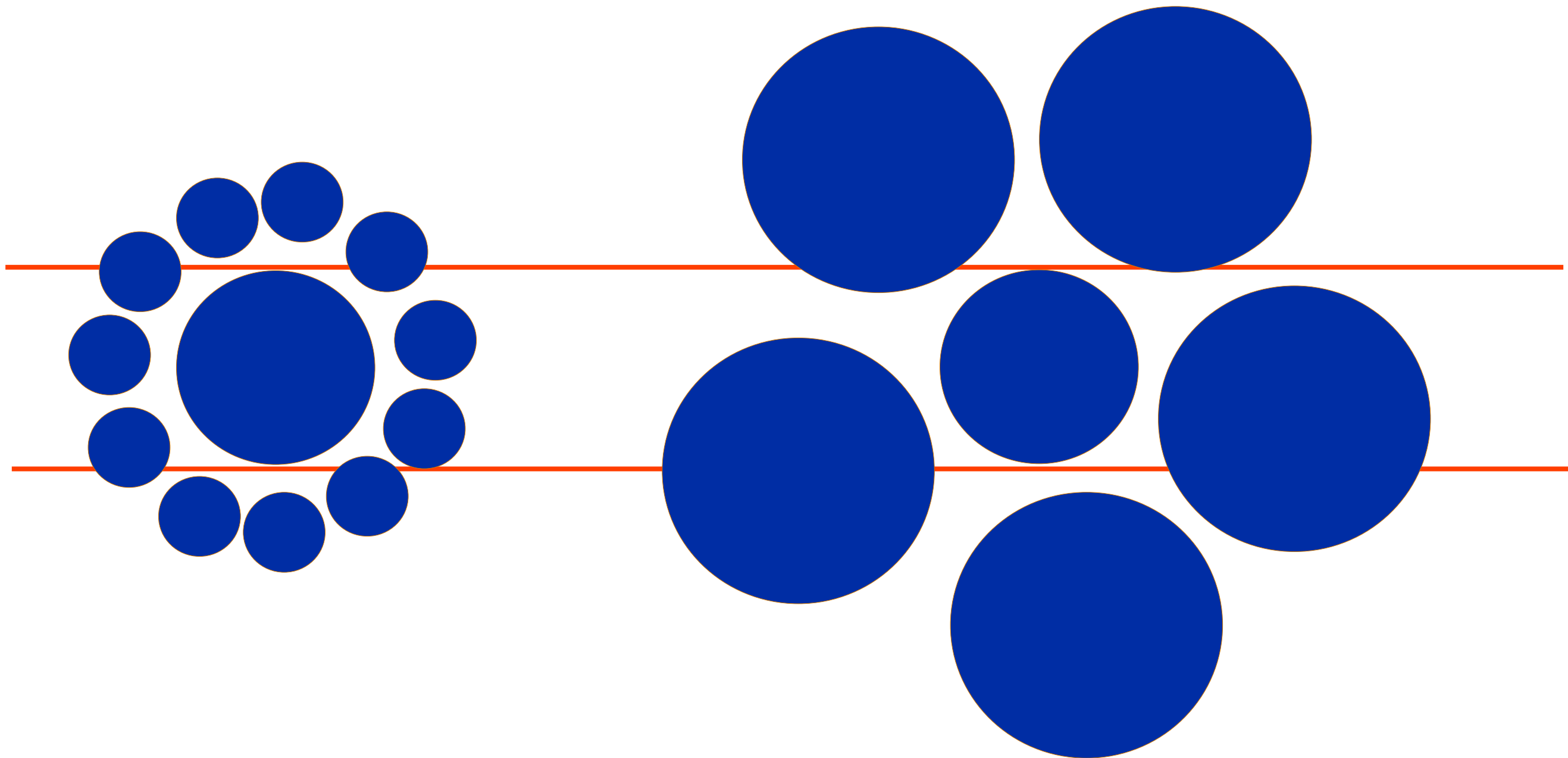


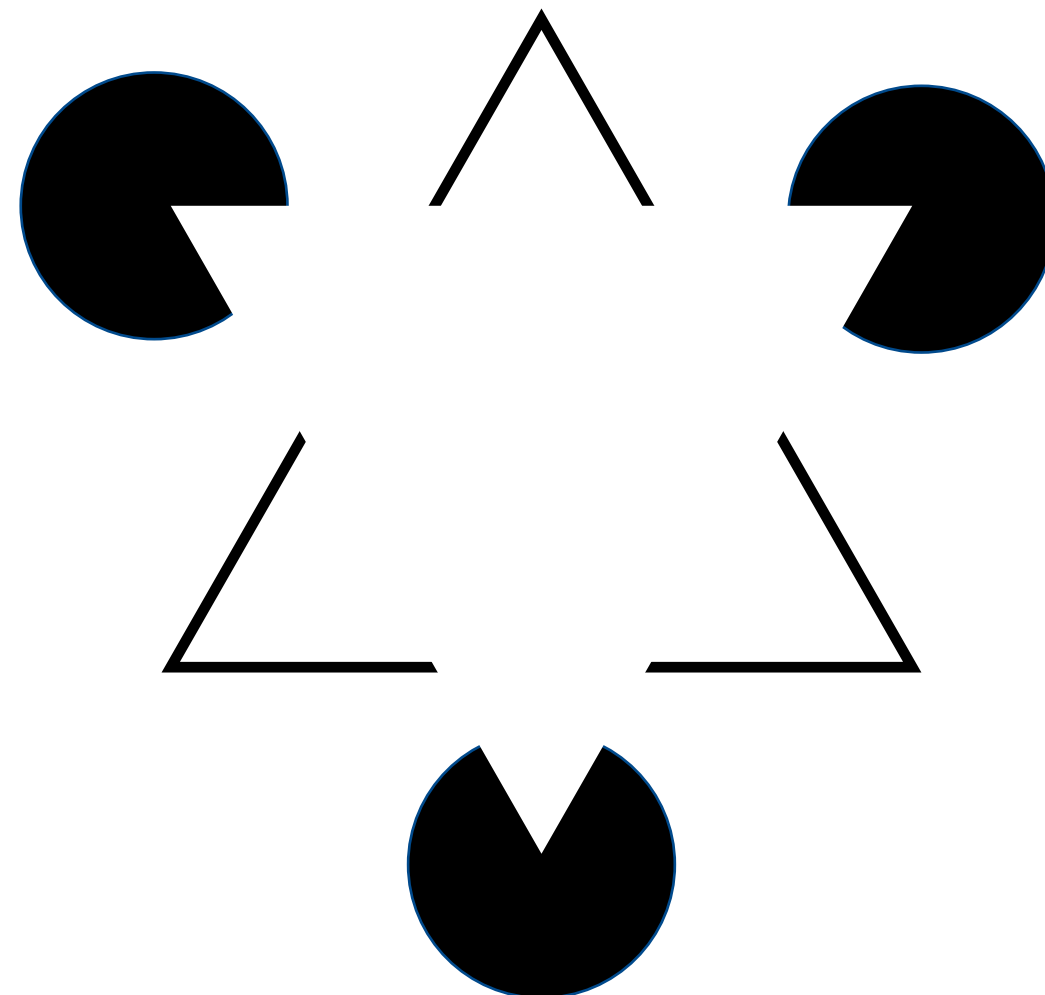














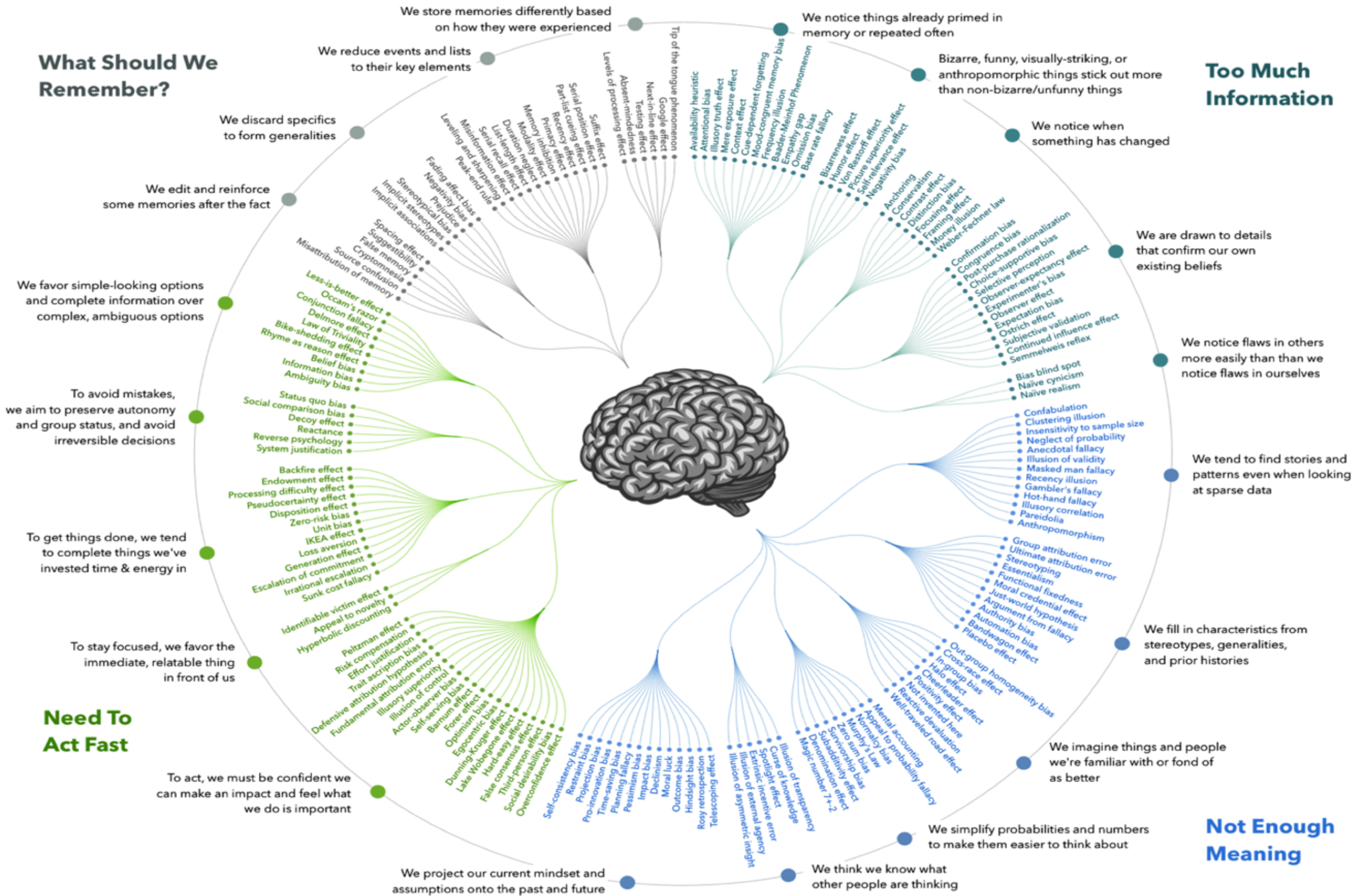


# COGNITIVE BIAS CODEX

## What Should We Remember?

## Too Much Information

## Not Enough Meaning



# MODULE 3:

# UNDERSTANDING BEHAVIOR AND

# BARRIERS

---

Session 3.3:

Diagnosing Your Caregiver's Needs - Introduction

# MODULE 3:

# UNDERSTANDING BEHAVIOR AND

# BARRIERS

---

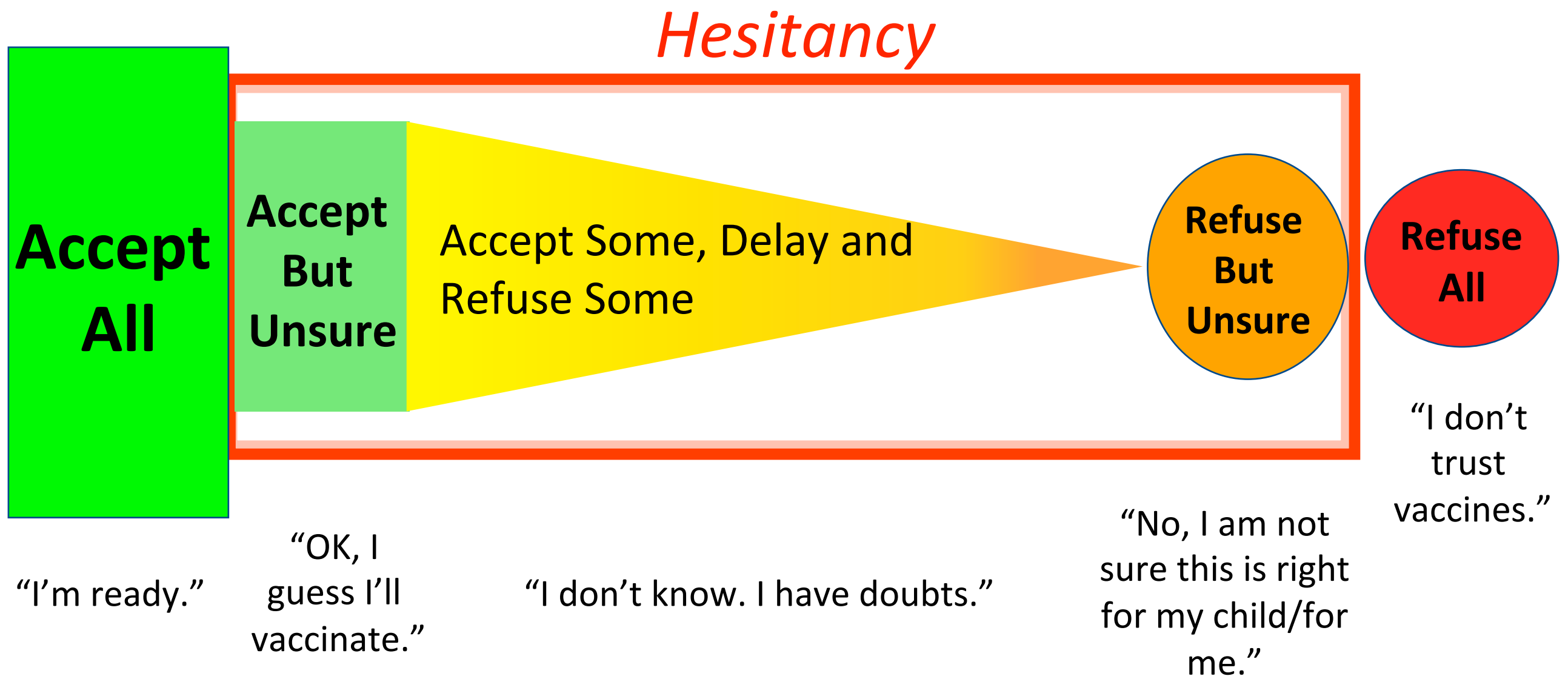
Session 3.4:

Mapping Your Caregivers on the Continuum of Vaccine Hesitancy

# Continuum of Vaccine Hesitancy

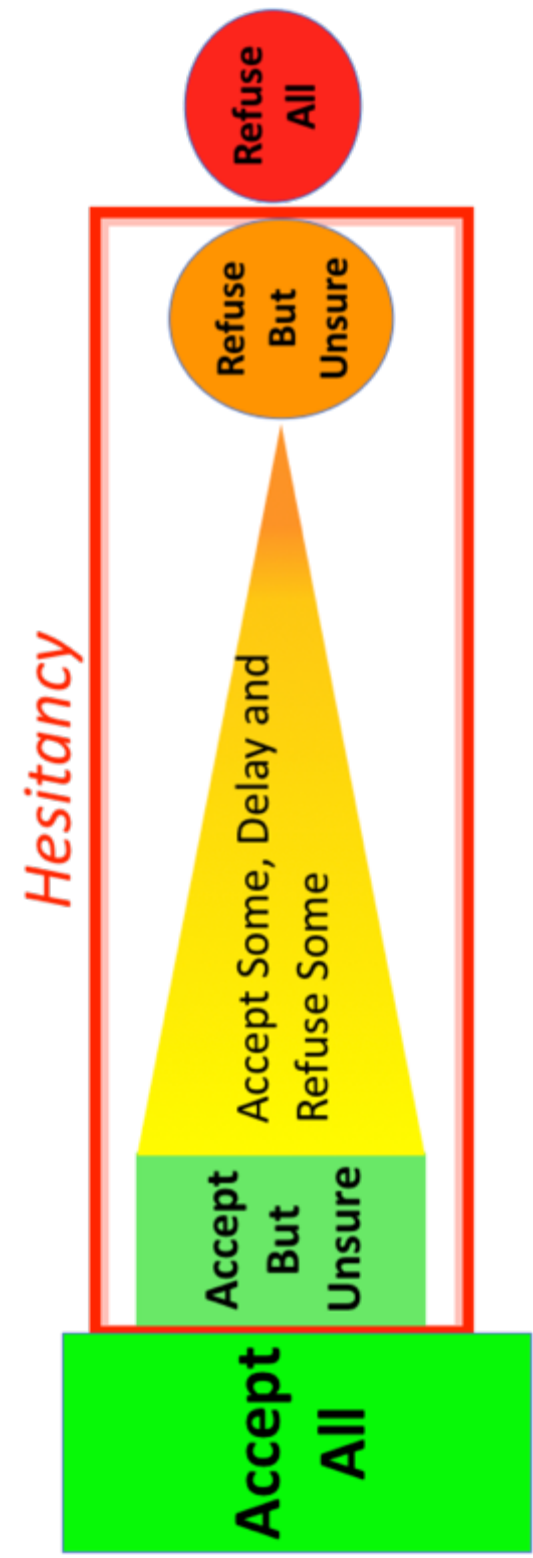


# Continuum of Vaccine Hesitancy- phrases

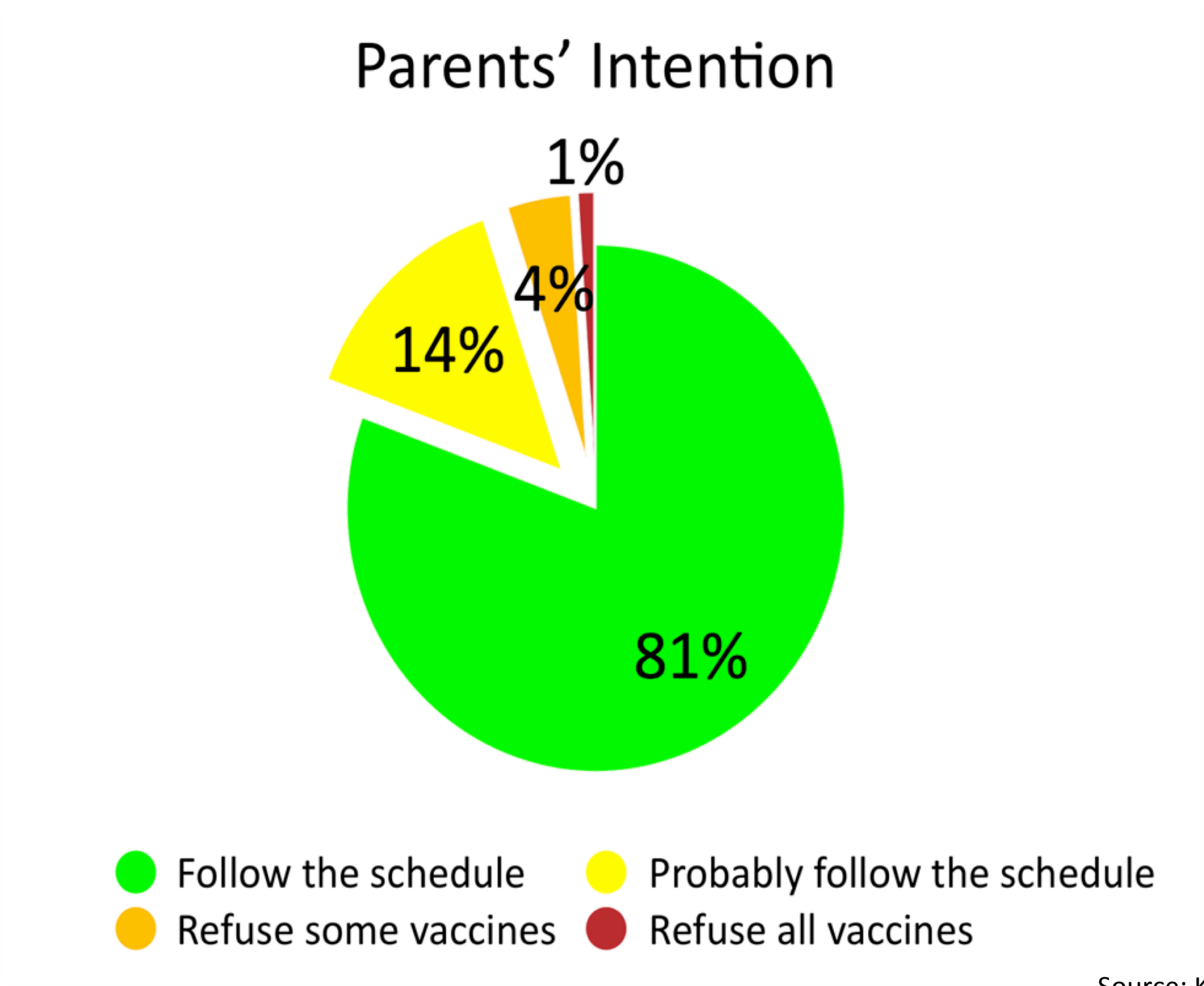




# Continuum as Stoplight



# Pie Chart of Parents Intention to Follow Schedule



# MODULE 3:

# UNDERSTANDING BEHAVIOR AND

# BARRIERS

---

Session 3.5:

Common Fears and Beliefs about Vaccines

Table 5: Serbia KAP Survey: Concerns

	General Population			Roma		
Mistaken Beliefs	Acceptors	Hesitators	Odds	Acceptors	Hesitators	Odds
MMR causes autism	9%	36%	4.0	4%	12%	3.0
Better to wait	17%	66%	3.9	25%	36%	1.4
Too many vaccines	17%	55%	3.2	21%	42%	2.0
Preservatives poisonous	12%	38%	3.2	5%	18%	3.6
VPD are mild	8%	22%	2.8	12%	5%	0.4
Quality check not good enough	25%	63%	2.5	19%	30%	1.6
Side effects risky	41%	79%	1.9	36%	60%	1.7
No real danger of an outbreak of VPDs in Serbia	17%	26%	1.5	39%	25%	0.6

Source: KAP Serbia IPSOS, 2017

# Perception of Services By Roma Caregivers

Perception of Services by Roma Caregivers	Acceptors	Hesitators	Odds
Told by doctors or nurses that I was not a good parent	3%	21%	7.0
I was spoken to in a manner that I did not understand	22%	30%	1.4
I was left to wait longer than the others	31%	58%	1.9
Doctors or nurses refused to treat my child	4%	9%	2.3
Doctors or nurses were rude to me or my child	23%	54%	2.3

# MODULE 4: ACTIVE LISTENING TO UNDERSTAND YOUR CAREGIVER

---

Session 4.1:

Dialogue Creates Understanding

# MODULE 4: ACTIVE LISTENING TO UNDERSTAND YOUR CAREGIVER

---

Session 4.2:

Non-verbal Communication - Giving It

# MODULE 4: ACTIVE LISTENING TO UNDERSTAND YOUR CAREGIVER

---

Session 4.3:

Non-verbal Communication - Reading It



# MODULE 4: ACTIVE LISTENING TO UNDERSTAND YOUR CAREGIVER

---

Session 4.4:

Empathy

# Session 4.4: Empathy

	Empathy	Sympathy
Definition	Understanding that what others are feeling because you have experienced it yourself or can put yourself in their shoes	Acknowledging another person's emotional hardships and providing comfort and assurance
Example	<i>"I know it can be hard to watch your baby get a shot. I have felt that way myself."</i>	<i>"Watching your baby get a shot can be hard, but the pain doesn't last."</i>
Relationship to the issue	Personal understanding	Understanding of the experience of others
FLW context	A nurse relating with a parent because he or she has been in a smaller situation or experience	Nurses comforting caregivers or their families

# MODULE 4: ACTIVE LISTENING TO UNDERSTAND YOUR CAREGIVER

---

Session 4.5:

Open-ended and Other Special Questions

# Changing Closed-Ended Questions to Open Ended – exercise answers

Close-Ended Questions	Open-Ended Questions
Do you have any concerns?	What would you like to know more about?
Did your baby get her last shots?	When were your baby's last's shots
Did Jelena get a fever after the last shot?	How did Jelena do after the last shot?
Why don't you want to giver your child the MMR vaccine?	What are some of your concerns about the MMR vaccine?
You understood what you are supposed to do if Drago has any serious problems, right?	Can you tell me what you would do if you noticed any serious problems?

# MODULE 4: ACTIVE LISTENING TO UNDERSTAND YOUR CAREGIVER

---

Session 4.6:

Reflective Listening

# MODULE 4: ACTIVE LISTENING TO UNDERSTAND YOUR CAREGIVER

---

Session 4.7:

Practice Combining Active Listening Techniques

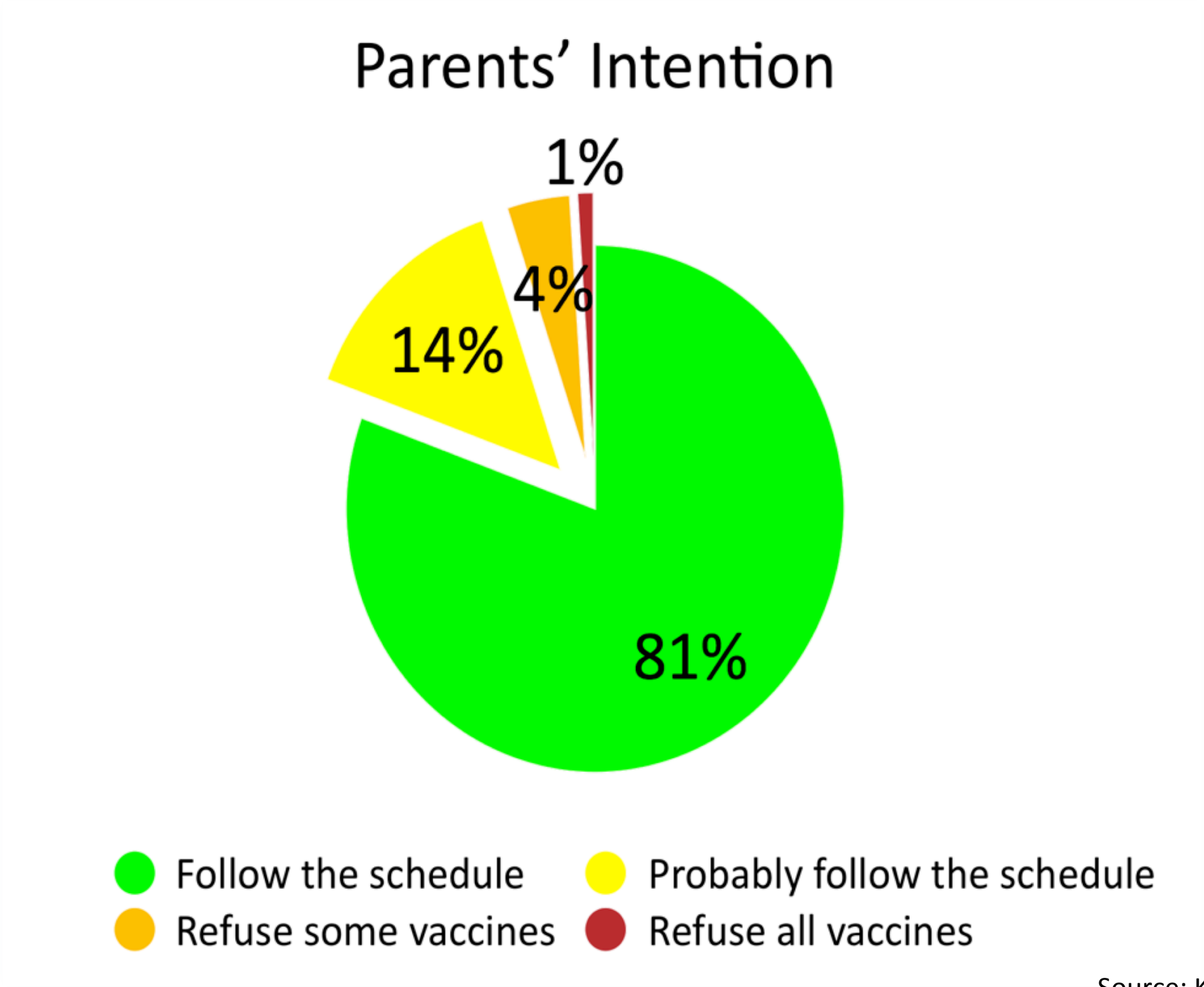
# MODULE 5: COMMUNICATION DURING IMMUNIZATION

---

Session 5.1:

Using the Opt-out Strategy

# Pie Chart of Parents Intention to Follow Schedule





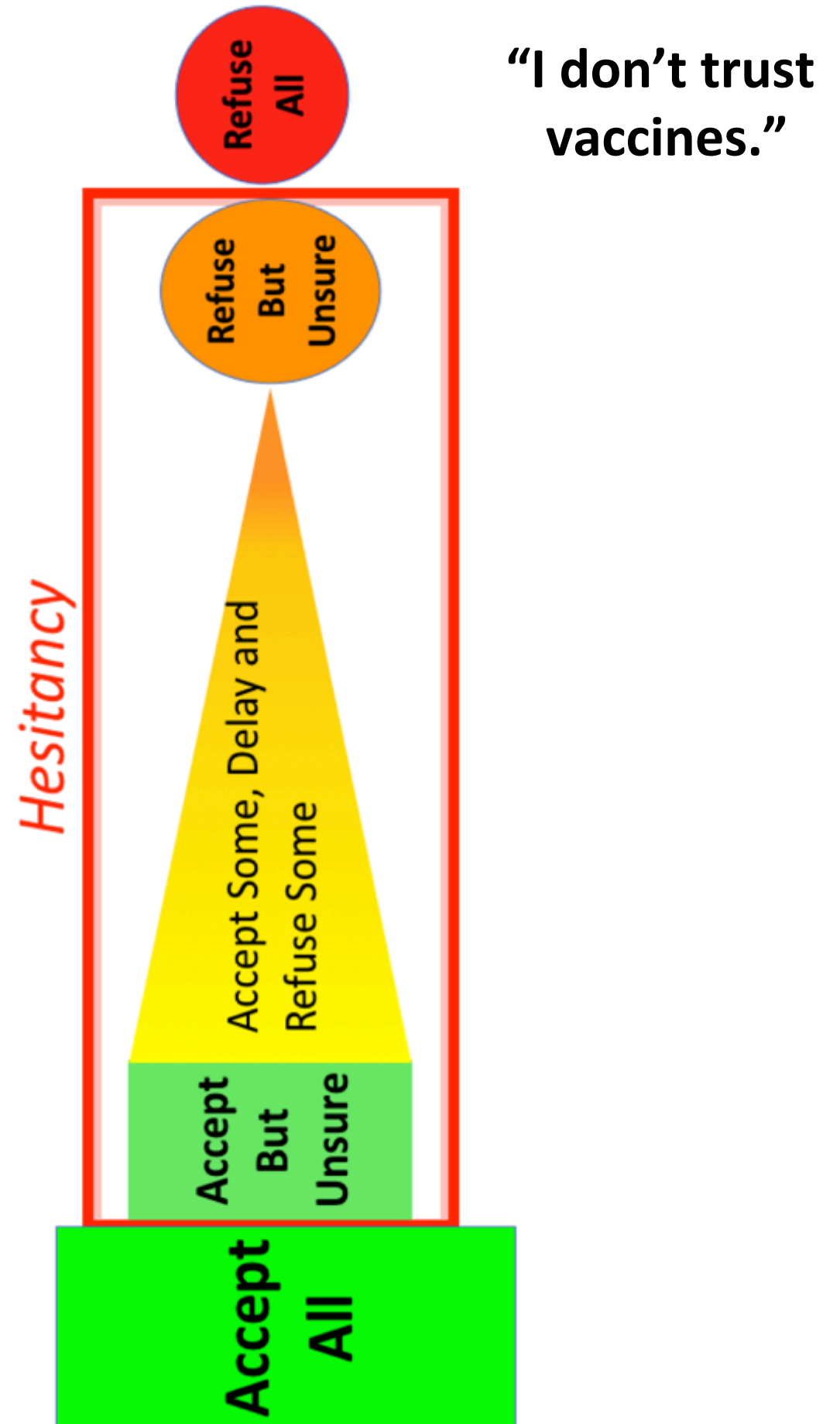
# Continuum as Stoplight

“No, I am not sure this is right for my child/for me.”

“I don’t know. I have doubts.”

“OK, I guess I’ll vaccinate.”

“I’m ready.”



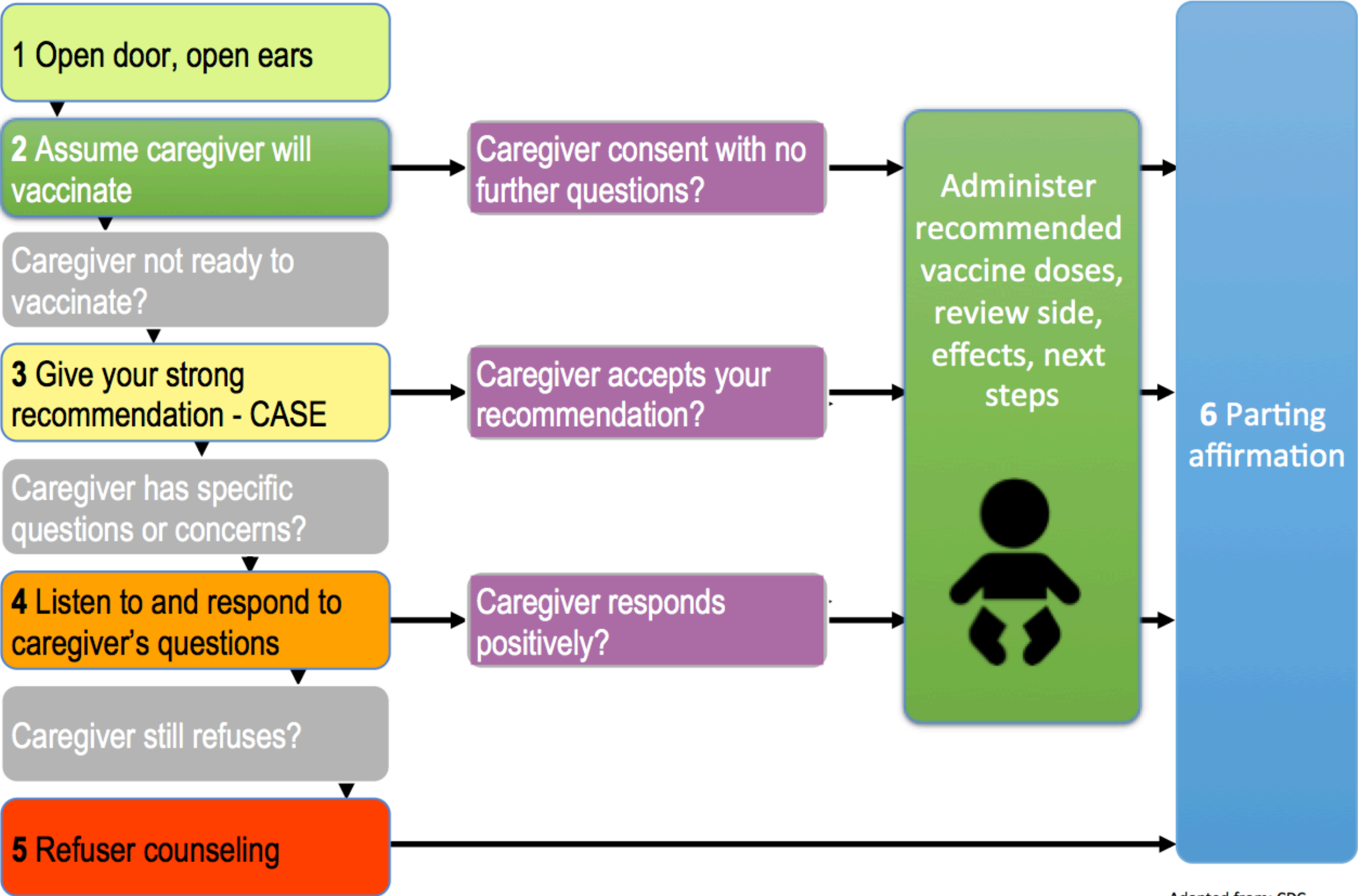
# MODULE 5: COMMUNICATION DURING IMMUNIZATION

---

Session 5.2:

Algorithm for Vaccination Communication

# Algorithm for Vaccination



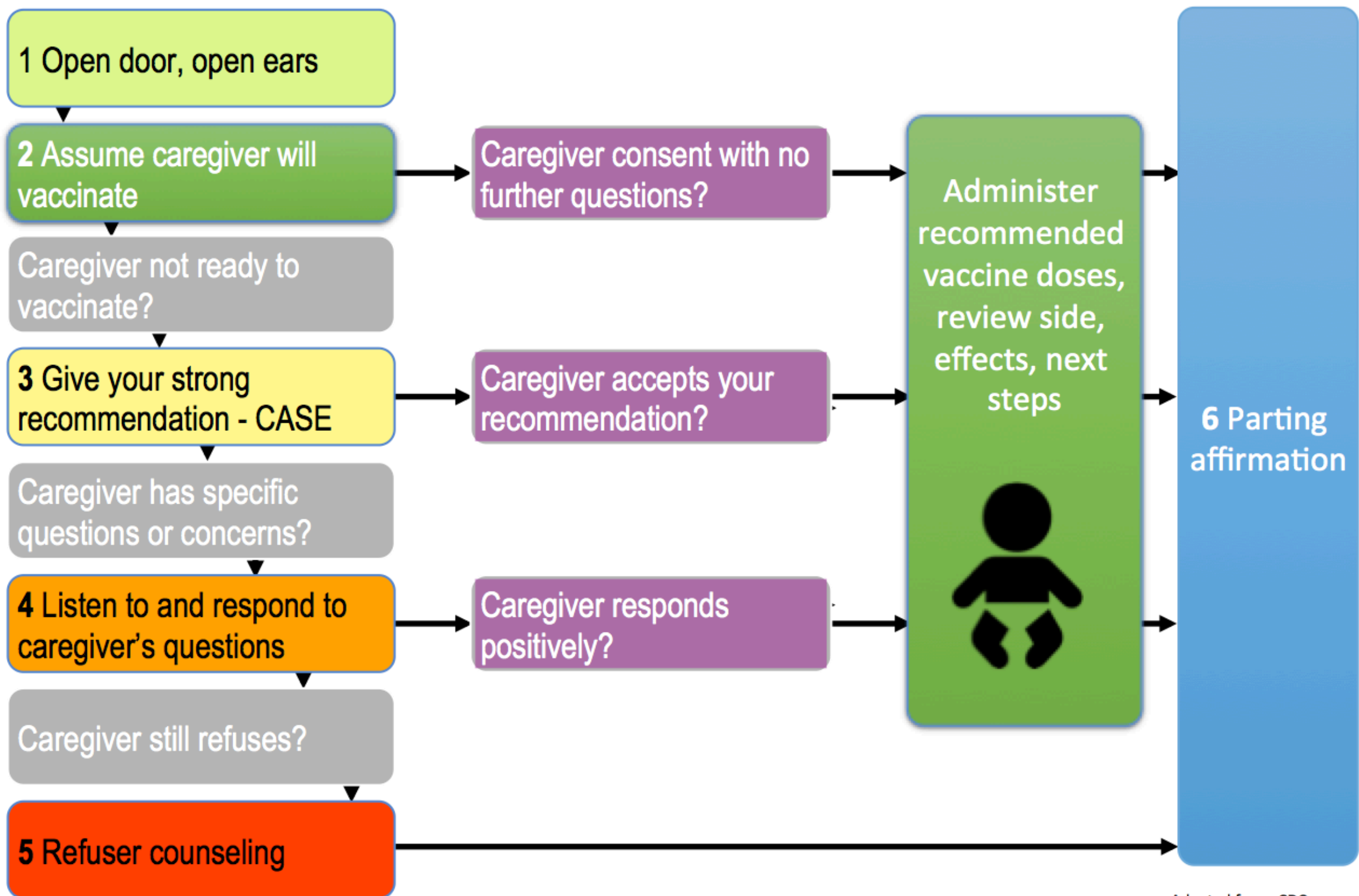
# MODULE 5: COMMUNICATION DURING IMMUNIZATION

---

Session 5.3:

Assume They Will Vaccinate - But Check

# Clinic Algorithm



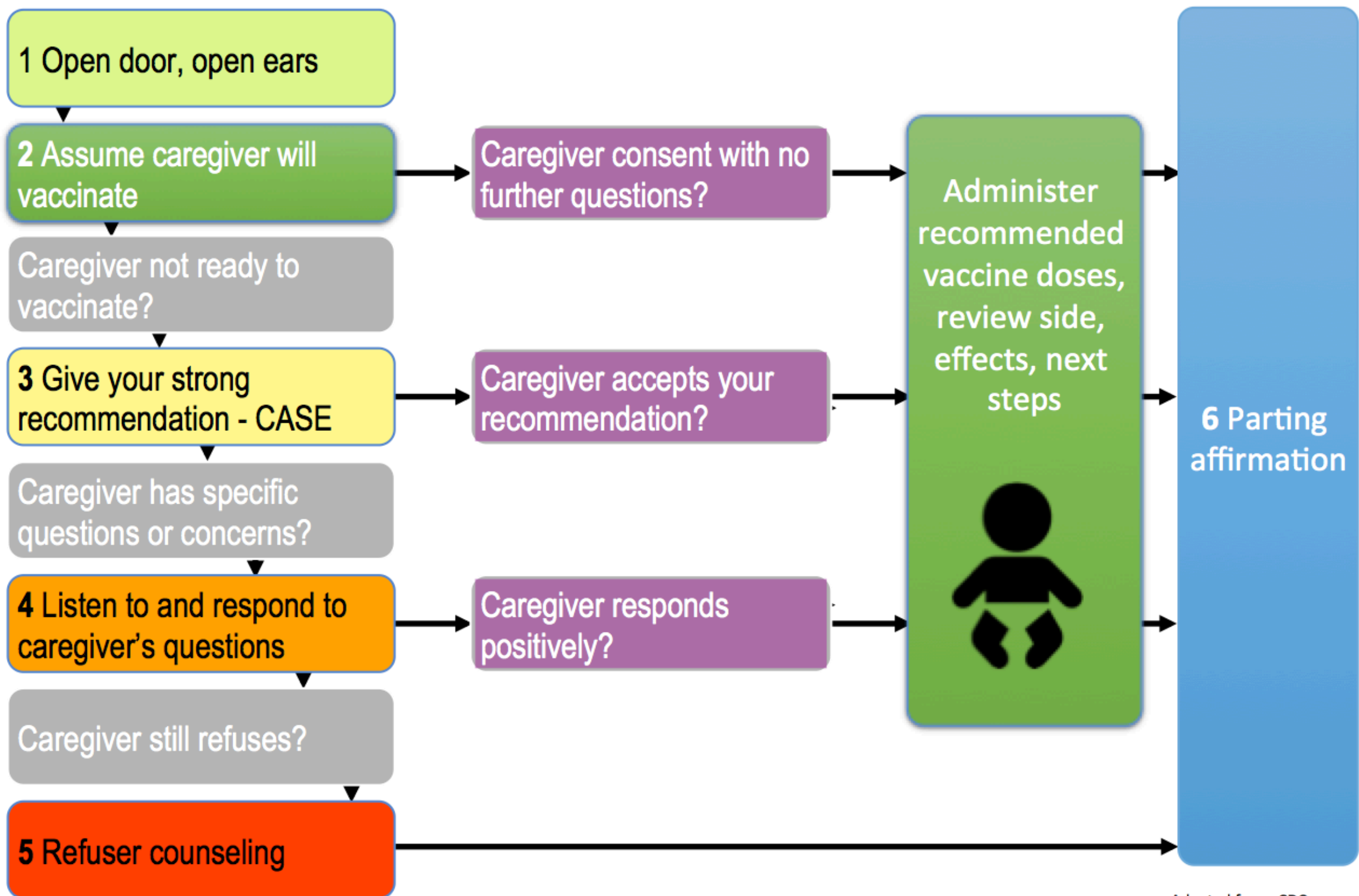
# MODULE 5: COMMUNICATION DURING IMMUNIZATION

---

Session 5.4:

If They Are Hesitant, Give Strong Recommendation

# Clinic Algorithm



# MODULE 5: COMMUNICATION DURING IMMUNIZATION

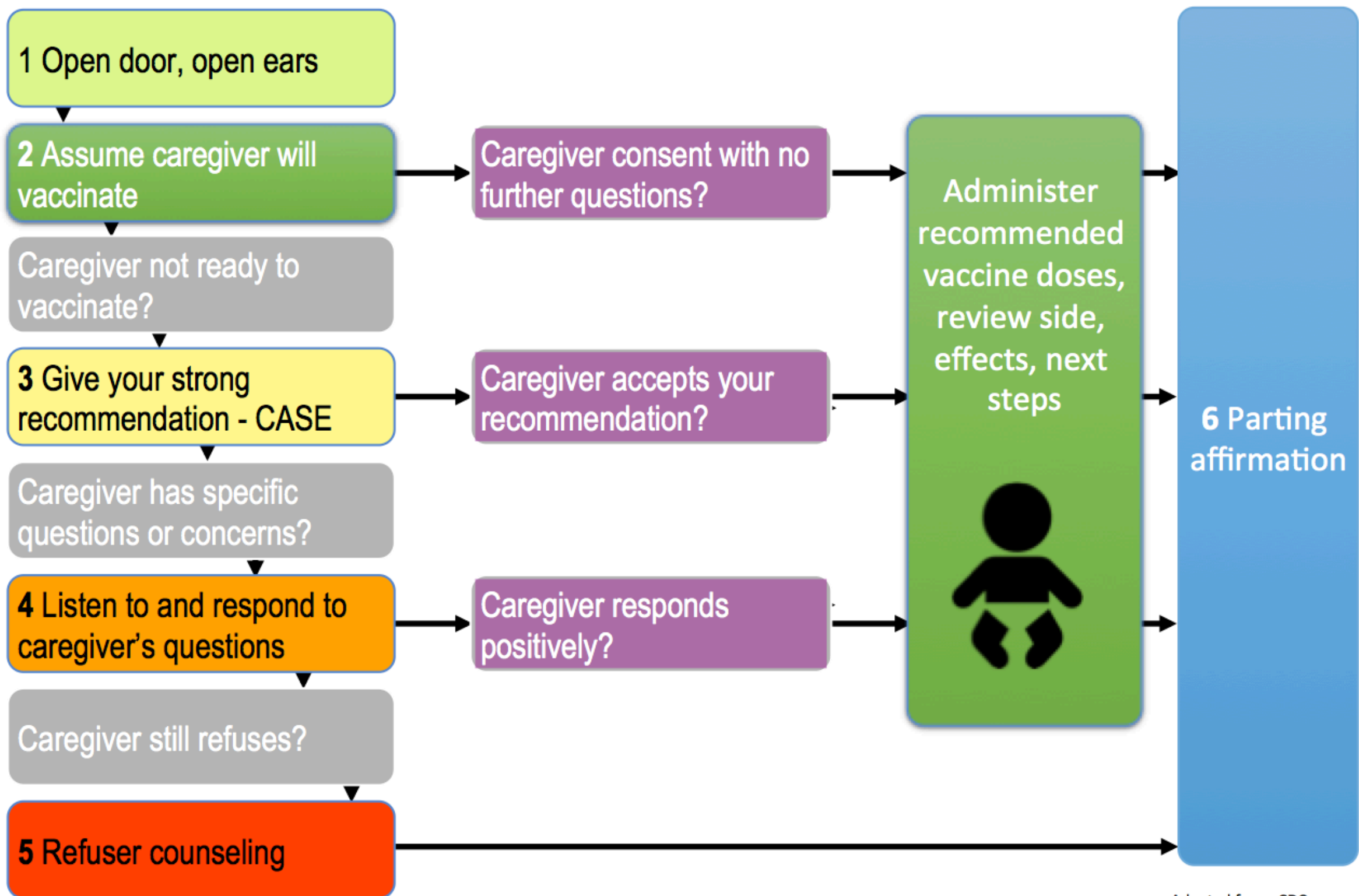
---

Session 5.5:

Dealing with the Very Hesitant



# Clinic Algorithm



# MODULE 5: COMMUNICATION DURING IMMUNIZATION

---

Session 5.6:

In the Vaccination Box - Decreasing Pain

# Reducing Pain

## Reducing Vaccine Injection Pain in Children A Guide for Health Care Providers



### Practice and Documentation

1. Assess pain
2. Document pain score
3. Assess parent and child satisfaction
4. Reflect and plan approach for next vaccine

#### Document:

- Age of child
- Vaccines given
- Pain-relieving strategies used
- Pain score
- Parent/child satisfaction

# MODULE 5: COMMUNICATION DURING IMMUNIZATION

---

Session 5.7:

In the Vaccination Box - Discussing Side Effects

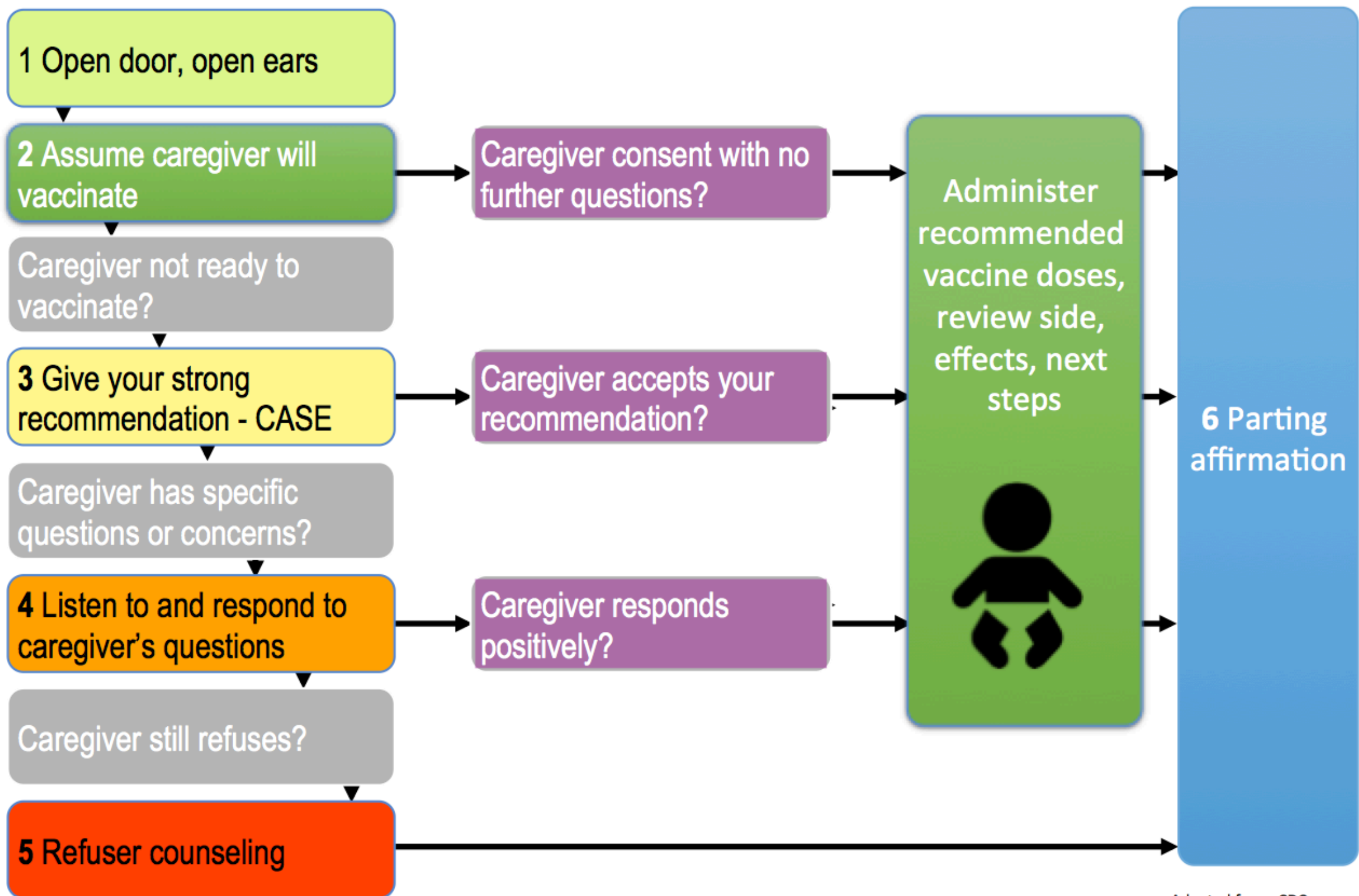
# MODULE 5: COMMUNICATION DURING IMMUNIZATION

---

Session 5.8:

Talking with Refusers

# Clinic Algorithm



# MODULE 5: COMMUNICATION DURING IMMUNIZATION

---

Session 5.9:

Final Affirmation – The Door Handle Phrase

# MODULE 6: COMMUNICATION IN DEPTH

---

Session 6.1:

Establishing Goals for Acceptors and Hesitaters



# Caregiver Position with Goals

Close-Ended Questions	Open-Ended Questions
Unquestioning acceptor	Keep the caregiver coming on time until the child is fully immunized  Help them become advocates for vaccination, reinforcing it as a social norm and speaking positively of health workers' competence and caring
Cautious acceptor	Keep the caregiver coming on time until the child is fully immunized <i>Caregiver feels positive, feels less worried about their decision, and feels they made the right choice</i>
The hesitant	Keep the caregiver coming on time until the child is fully immunized  Caregiver accepts decision to vaccinate, is less hesitant, and feels rapport and trust with the health worker
Late of selective vaccinator May need the most time but are likely to change behavior	Caregiver willing to move a step further towards full and timely immunization, or willing to come in again to discuss it after reading/discussing further at home  Trust is established between caregiver and health worker
Refuser Unlikely to change behavior	Caregiver prepared to think about vaccination and consider attending specialist clinic or make a special appointment for further discussion  Feels their concerns are heard, and is not critical of providers  Trust is being established  Caregiver is always aware of the risks of not immunizing the child and the risks an unimmunized child can pose to others, and knows what to do if the child gets sick

# MODULE 6:

# COMMUNICATION IN DEPTH

---

Session 6.2:

CASE Approach

# CASE Approach

Corroborate	Acknowledge the caregiver’s concern and find some point on which you can agree. This sets the right tone and keeps the exchange from becoming a defensive debate.
About Me	Describe what you have done to build your knowledge base and expertise
Science	Describe what science says
Explain / Advise	Give advice to caregiver, based on the science

## Nurse Dora's Case

*"Is there anything else you would like to discuss? I know you want to make sure Lamija is protected from harm, and I do too." (Pause).*

*"Thousands of mothers with babies the same age as Lamija have come into our clinic for injections of these five-ingredient vaccines, and I have never seen a problem."*

*"These new technologies mean that Lamija doesn't have to get as many shots, and she still gets the protection she needs."*

*"If I were you, I would go ahead and get her shots done today."*

# MODULE 6:

# COMMUNICATION IN DEPTH

---

Session 6.3:

Adverse Events Following Immunization

# Categories of AEFI

1

Reactions caused by the inherent properties of the vaccine product

2

Reactions caused by a quality defect in the vaccine

3

Inappropriate vaccine handling, prescribing or administration of the vaccine

4

Anxiety-related reaction

5

Coincidental event

EVENTS CAUSED BY REACTIONS TO  
THE **VACCINE CONSTITUENTS**

EVENTS CAUSED BY AN **ERROR**

EVENTS CAUSED BY **OTHER FACTORS**

# MODULE 6: COMMUNICATION IN DEPTH

---

Session 6.4:

Talking About Contraindications and Vaccine Origins

# MODULE 6:

# COMMUNICATION IN DEPTH

---

Session 6.5:

Shortcuts for Good Communication



# Shortcuts to Good IPC When Time is Limited

- At a minimum, you can and should
- Show the caregiver s/he has your undivided attention (Make direct eye contact if culturally appropriate)
- Smile (if appropriate)
- Use other nonverbal communication such as nodding the head.
- Use a pleasant tone of voice
- Answer the caregiver's questions or say when you will
- Finish with an affirmation and next steps

# MODULE 6:

# COMMUNICATION IN DEPTH

---

Session 6.6:

Bringing it All Together

# MODULE 7:

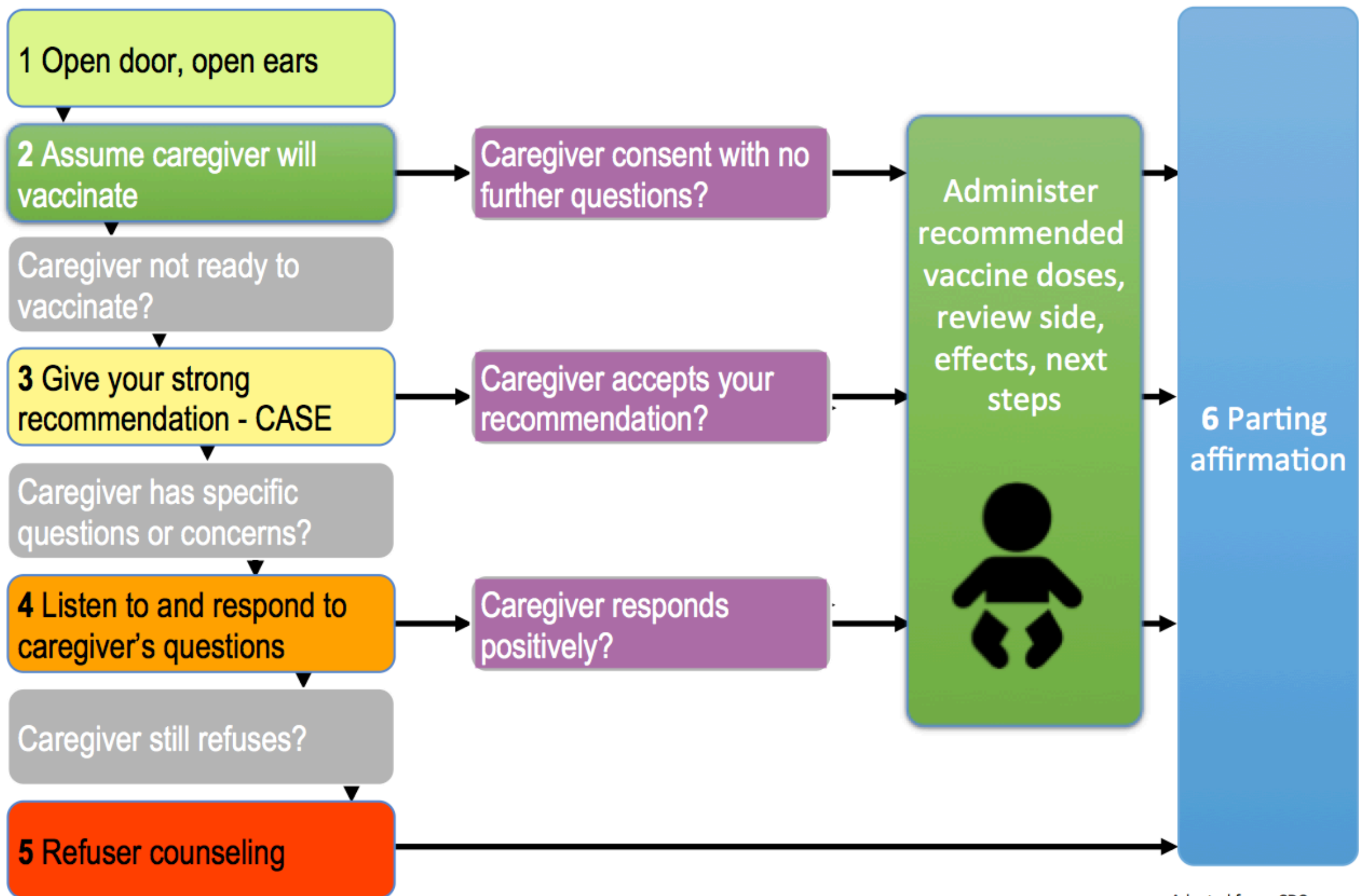
# IPC WITH COMMUNITIES

---

Session 7.1:

Using Communication Outside the Health Facility

# Clinic Algorithm



# MODULE 7:

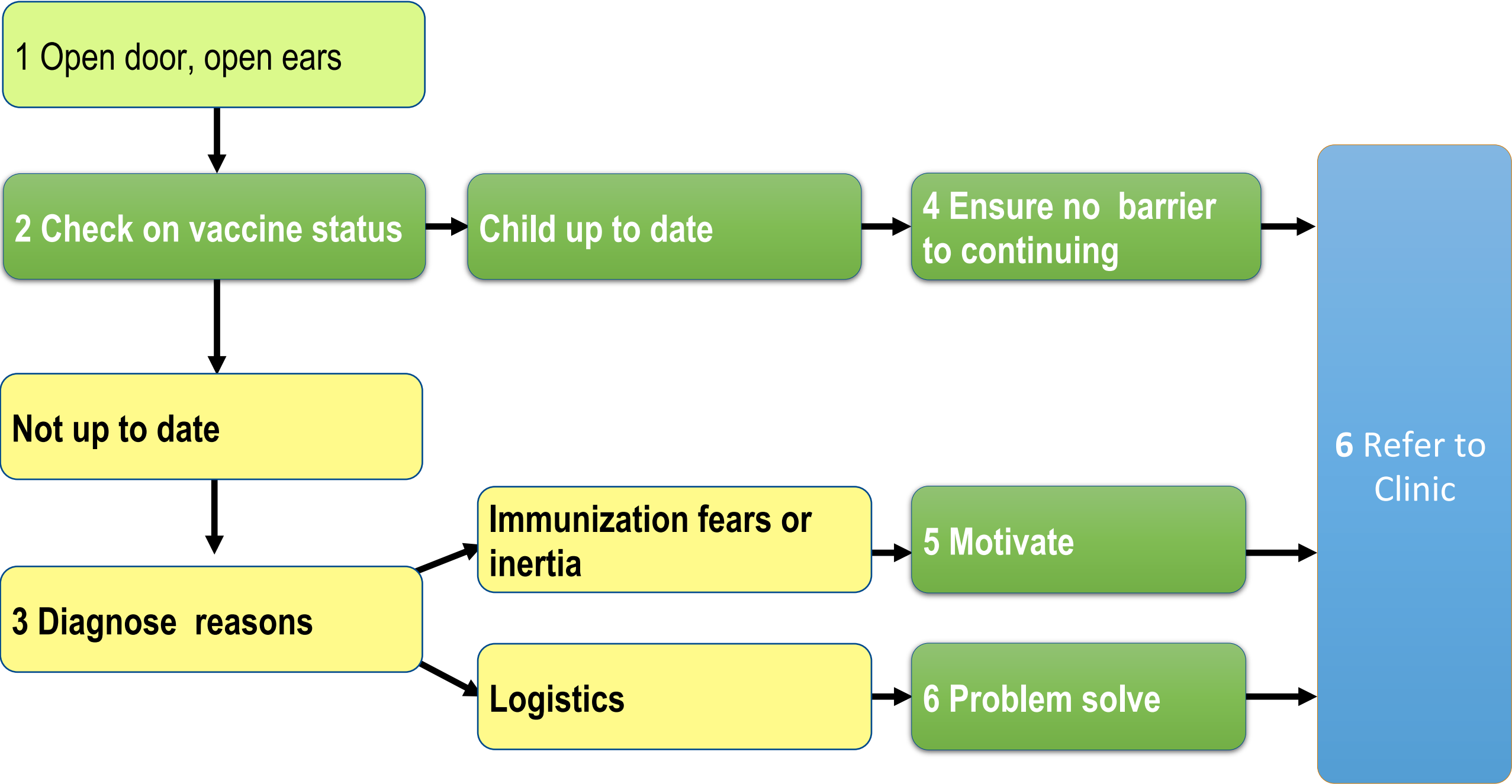
# IPC WITH COMMUNITIES

---

Session 7.2:

Home Visits

# Algorithm for Home Visits



# MODULE 7:

# IPC WITH COMMUNITIES

---

Session 7.3:

Engaging with Groups with Special Concerns

# MODULE 7:

# IPC WITH COMMUNITIES

---

Session 7.4:

Advocacy with Community Leaders



# Steps to Consider When Engaging Community Leaders

- Identify the gate keepers
- Diagnose their immunization attitudes
- Decide if potential champion or foe
- Identify the ask - what you want from them
- Identify their motivation - what's in it for them
- Negotiate

# MODULE 7:

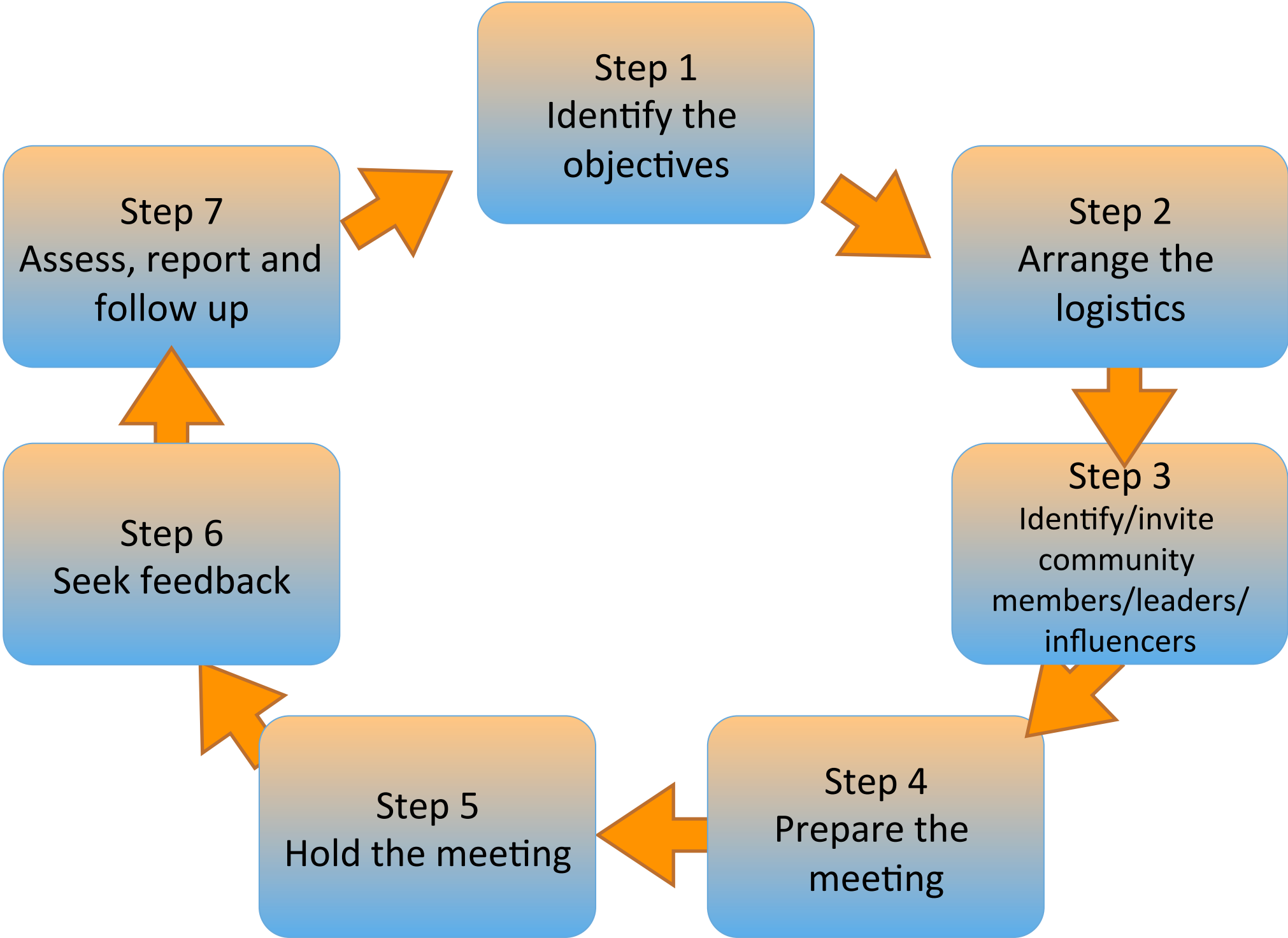
# IPC WITH COMMUNITIES

---

Session 7.5:

Community Groups

# Planning Community Meetings



# MODULE 7:

# IPC WITH COMMUNITIES

---

Session 7.6:

Proactive Rumor Management

# Rumor Management – Key Steps

- Note: Always seek advice and support of your supervisor before you take action
- Identify the rumor, the source, and reason it is spreading.
- Identify the correct information about vaccines and how to deal with the rumor
- Arrange a meeting with opinion leaders
- Disseminate correct information about the vaccine and how to deal with the rumor
- Do not give interviews with media unless you have special training

# MODULE 8:

## REVIEW, NEXT STEPS AND CLOSING

---

Session 8.1:

Review of Content

# MODULE 8:

## REVIEW, NEXT STEPS AND CLOSING

---

Session 8.2:

Reflecting and Planning

# MODULE 8:

## REVIEW, NEXT STEPS AND CLOSING

---

Session 8.3:

Post-Test



# MODULE 8:

## REVIEW, NEXT STEPS AND CLOSING

---

Session 8.4:  
Evaluation

# Thank You!



The following slides are for use during the TOT. Review and Integrate as needed.





# INTERPERSONAL COMMUNICATION FOR IMMUNIZATION

## 5-DAY TRAINING OF TRAINERS

ECA REGIONAL OFFICE  
NOVEMBER 2018

# TOT Introduction

The primary purpose of the 5-day training of trainers is to ensure that:

1. Trainers have the skills to train frontline health workers on the 3-day FLW training package
2. Trainers master the content of the 3-day training package in order to deliver a consistent, quality training

# TOT Objectives

1. Demonstrate familiarity with and understanding of the 3-day FLW package
2. Demonstrate ability to adapt and use standardized 3-day FLW training format & materials to deliver high-quality participatory training to FLWs in your respective countries
3. Strengthen group facilitation skills grounded in adult learning principles and participatory approaches

# Session 1.2 A 5-Day TOT Agenda

	Day 1	Day 2	Day 3	Day 4	Day 5
9:00-10:30	(9:00-9:30) Opening Remarks (9:30-10:30) Introduction to TOT, and Module 1: Introduction	Module 3: Understanding Behavior and Barriers	Module 5: Communication During Immunization	Conclude, Module 6	Module 8: Review and Next Steps
10:30-10:45	Break	Break	Break	Break	Break
10:45-13:00	(10:45-12:00) Conclude Module: 1 Module 1: Practice Teach (12:00-13:00)	(10:45-11:30) Conclude Module 3 (11:30-12:30) Module 3: Practice Teach (12:30- 13:00) Module 4: Active Listening to Understand Your Caregiver	Conclude Module 5	(10:45-11:45) Module 6: Practice Teach (11:45-13:00) Module 7: IPC with Communities	Conclude Module 8 and Closing
13:00 -14:00	Lunch	Lunch	Lunch	Lunch	Lunch
14:00-15:30	Module 2: Immunization Technical Review	Module 4, continued	(14:00-15:00) Module 5: Practice Teaching (15:00-15:30) Module 6: Communication in Depth	(14:00- 14:30) Conclude Module 7 (14:30-15:30) Practice Teach	Buffer if additional time needed/used during practice or discussion sessions
15:30-15:45	Break	Break	Break	Break	Break
15:45-17:00	(15:45-16:00) Conclude Module 2 (16:00-17:00) Module 2: Practice Teach	(15:45-17:00) Conclude Module 4 (15:45-17:00) Module 4: Practice Teach	Module 6, continued	Module 7 Practice Teach	Module 8: Post-test, Evaluation, and Closing

# 3-day IPC/I Training Package Components

1. Facilitator guide
2. Participant manual
3. Slide deck
4. Sample agenda
5. Annex of handouts
6. TOT Companion Resource (Agenda, Guide, Slides)



# Facilitation Skills

- Speak clearly
- Looking at various participants in turn
- Encouraging participation
- Using moderate amount of gestures and movement
- Knowledge of content
- Ability to engage to make learning fun
- Ability to relate training to everyday life
- Ability to keep control of the group and a supportive environment
- Enthusiasm for what you are doing

# Tips for Giving Feedback

1. Specific
2. Positive
3. Relevant to the Situation

# Practice Facilitation Exercise

- 1 person to be the facilitator using the *Facilitator Guide*
- Remaining to be trainees and follow along in *Facilitator Guide*
- 10 minutes facilitation (dialogue and instructions)
- 5 minutes to reflect on Self assessment checklist and hear feedback from group
- Rotate roles so each person is able to practice

# Adapting and Planning Your Training

- When do you plan to schedule the training?
- What additional adaptation is needed?
  - Who will do it?
  - Is translation required?
  - How much time is required?
- Who will lead logistical arrangements?
  - Invitations, approvals, venue, travel, food, equipment, etc)
- Who will produce and package the printed materials?
- Who will organize official opening and closings?