

# Chalo Baat Samjhen, Samjhayen

Capacity Building - IPC Skills for  
Health and ICDS Functionaries

Facilitator Manual for Trainers



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## Preface

Frontline Functionaries (FLF) – Auxiliary Nurse Midwives (ANM) and Anganwadi workers (AWWs) – serve as an important link between the families and the health/ICDS delivery system. While hardware continues to remain an important part of the delivery, it is the software – the communication and counselling skills – of the FLF which will be the sole differentiator in the long-run. Up-gradation of their skills, therefore, assumes great importance.

UNICEF, India is at the forefront of many initiatives to train FLF. A host of state and district level trainers are engaged for training of FLF. This facilitators' manual is prepared to guide the trainers working at the district level/state level who are engaged in soft skills training of FLF.

All efforts are made to organise this manual as a one-point reference material for the trainers. We believe this manual will help the trainers in completing their task more effectively and will ultimately help the health/ICDS departments achieve their goals and will help us move in the direction of MDG.

Together we can!

*har sadak par, har gali mein, har nagar, har gaon mein  
meri koshish hai ki ye surat badalni chaahiye*

*mere seene mein nahin to tere seene mein sahi  
ho kahin bhi aag, lekin aag jalni chaahiye  
Dushyant Kumar*

## Acknowledgements

The writing of this manual would not have been completed without the support of consultants and experts who were sincere in their advice. While it would be difficult to name all of them, we are sincerely thankful to the group of AWWs/ ANMs/Supervisors and other senior functionaries from Health/ICDS departments who were a part of our consultation in districts Lalitpur, Agra and Maharajganj. CMO Agra, and Lalitpur, and DPO Agra and Maharajganj provided valuable insights, which were useful in drafting this manual.

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Ms Varsha Chanda  
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Mr Nisar Ahmad  
Dr Amar Nidhi

*Main akela hi chala tha janib-e manzil magar,  
Log saath aate gaye aur karvan banta gaya.  
Majrooh Sultanpuri*

## Structure of the Manual

This manual is structured as a self-learning tool. The training which will be imparted to Frontline Functionaries of ICDS and Health Sector is aimed at improving their communication and counselling skills. Accordingly each session has one (or more) opportunities for group work followed by presentation. This will help the participants to practice the skills acquired in a class-room environment. In order to help you complete these presentations to achieve the desired results, the sessions are written to provide complete guidance in terms of even what to say or what to do. Briefly the structure of each session follows the format detailed below.

1. **Objective** – Outlines the learning objectives of the session. What is it that you, as a trainer, can expect from your participants at the end of this session. For you as a trainer this serves the purpose of being the outcome you require from your session.
2. **Materials Required** – What materials you will require during this session. You have to keep them ready before you begin the session.
3. **Duration** – This gives the preferred time you need to complete this session. It is important to ensure fulfillment of session objectives. Therefore the actual time taken for a session may slightly differ from the preferred time. However, the extra time taken for session will then have to be adjusted out of lunch/tea breaks so that the training can be completed, as scheduled, in three days.
4. **Methodology** – The method adopted and the process followed for each session is given here. Whether there is a game to play, or group work to be done, or a role play, etc.
5. **Process** – This outlines the process to be followed in detail. It includes elements like:
  - a. **Trainer Says** – Exactly how the participants will be addressed. What is to be said?
  - b. **Trainer Does** – Exactly what will be done by the trainer.
6. **Note for trainer** – This section includes detailed notes and/or likely questions with answers to help the trainers. It also warns the trainer where additional inputs need to be prepared. In case of games this section also includes the observation points and their debrief to connect the game outcomes with participants' experiential learning. While playing a game, or during an exercise what can go wrong and how it can be avoided is also mentioned here.
7. **Summing-up** – This is the last part of each session which gives a summary of the key messages covered in the session. To make the ending of a session more interesting for the participants this section ends with a couplet, or a proverb connected with the key messages.

## Training Schedule

	Session	Time		
		Hrs	From	Till
<b>Day 1</b>				
1	Introduction and Pre-workshop Assessment	1:20	9:30 AM	10:50 AM
2	Vision of a Responsible and Ideal Family and Ideal Frontline Functionary	1:00	10:50 AM	11:50 AM
	Tea Break	0:10	11:50 AM	12:00 PM
3	My Thoughts, My Actions, My Results	0:30	12:00 PM	12:30 PM
4	क, कद, कदम और व्यवहार परिवर्तन/Adult Learning and Behaviour Change	1:15	12:30 PM	1:45 PM
	Lunch	1:00	1:45 PM	2:45 PM
5	Communication : Components and Types	2:00	2:45 PM	4:45 PM
	Tea Break	0:15	4:45 PM	5:00 PM
	Closure of Day 1	0:15	5:00 PM	5:15 PM
<b>Day 2</b>				
6	Recap of Day 1	0:20	9:00 AM	9:20 AM
7	Inter-personal Communication and Counselling	2:00	9:20 AM	11:20 AM
	Tea Break	0:15	11:20 AM	11:35 AM
8	Using Communication Materials	2:00	11:35 AM	1:35 PM
	Lunch	0:45	1:35 PM	2:20 PM
9	Team Communication	0:45	2:20 PM	3:05 PM
10	Communication Planning	1:00	3:05 PM	4:05 PM
	Tea	0:15	4:05 PM	4:20 PM
11	Mock Sessions	2:30	4:20 PM	6:50 PM
12	Course Review and Feedback - Post Workshop Assessment	0:30	6:50 PM	7:20 PM

## Pre and Post Workshop Questionnaire for Frontline Functionaries

Given below are 12 statements. Please put a tick in the corresponding column where you agree, strongly agree or disagree with the statement. Please note there are no 'right' or 'wrong' statements.

You will have 15 minutes to complete the questionnaire. Please ensure that all the statements are marked.

Thank you

Name:

Working Area and Block:

Date:

	Statements	Strongly agree	Agree	Disagree
1	The gap between the current situation in the villages and the ideal situation regarding responsible and ideal families can only be narrowed by AWW and ANM	✓		
2	Women belonging to some castes/religious groups do not want to listen			✓
3	There is a limit to our patience. We can not keep going to people again and again. If they do not see their interest we can not do much to help them			✓
4	When some one does not open up and does not tell her/his problem, we have to change our style of communication to improve the rapport between us.	✓		
5	When I get angry with women in the village it is all right to let them know it because otherwise they do not understand.			✓
6	We can not make assumptions about people. There are always difference among individuals. All Muslims can not be similar. All Brahmins can not be similar. All Thakurs can not be similar, etc.	✓		
7	Sometimes people change their behaviour because of social pressure.	✓		
8	When 'parvachans' can be done just by telling-listening, it is not important to use "show" in our communication to make it more effective.			✓
9	Our basic job is to give the information. All people are same. There is no need to see the information needs of a person.			✓
10	"Jo batati hoon use gaanth bandhkar rakha karo. Baar bar nahin bata sakti mein" is a very forceful way to communicate.			✓
11	The knowledge of an AWW or ANM is much greater than that of the community. Given this, we need to tell the community members how to take care of themselves.			✓
12	At the second step of Behaviour change, exploratory communication with open ended questions can be useful.	✓		

# Day 1

## SESSIONS ON DAY 1

- Introduction and Pre-workshop Assessment
- Vision of a Responsible and Ideal Family and Ideal Frontline Functionary
- My Thoughts, My Actions, My Results
- क, कद, कदम Adult Learning and Behaviour Change
- Communication: Components and Types
- Closure of Day 1



## Session 1

# Introduction and Pre-workshop Assessment



### 1. Objective

- Participants get to know each other, and the trainers
- Participants understand the purpose of training
- Participants express their expectations and evolve workshop objectives



### 2. Materials

- Chart with workshop objectives written on it.
- Chart with “My Goal for this workshop” written in Bold Letters and taped on the wall (large enough to accommodate at least 30 VIPP cards taped on it)



### 3. Duration

80 Minutes

### 4. Methodology



- Trainer recites story of Raja’s Kheer and debriefs
- Introductions conducted by using the game
- Pre-workshop assessment
- Short presentation on the training by the trainer
- Trainer takes participants expectations from the training
- Trainer helps participants form the rules for the 3 days of training
- Wrapping up the session using the key points of the session.



### 5. Process

#### (a) Trainer Says

You are welcome to this two-day workshop on communication and counselling skills. How is a workshop different from a training. In a workshop we work. So we will work together for two days to learn new methods and skills which will make our job easier. A workshop is like cooking kheer publicly !

Have you heard about cooking kheer? There was a Raja who did not have an heir. After a lot of pujas and yagnas a child was born. The

rajpurohit ordered the Raja to arrange a samudayik bhoj (public dinner) but also ordered that Raja will not be allowed to use anything white for cooking as it will be bad for the young child. Raja's minister offered a solution. He said that while food can be cooked at the palace, citizens should be asked to bring their own milk for cooking of kheer.

A big pond was made. A public announcement was made inviting all citizens; they were also advised to come to the palace at night and pour one pot of milk in the palace pond for making kheer. Next day people enjoyed their food. It was the best food they had ever eaten. After all it was Raja's special party. Then kheer was served. But no one could eat it. It was tasteless. Why?

**Do:** Take answers from participants. Till someone says that probably some people did not pour milk at night but just poured a pot of water.

**Say:** Yes many people did not bring their share of milk. And that's why the kheer was not good. This workshop also requires all of us to contribute our share of milk – by way of our participation in the discussions, games, exercises – then only it will be a successful workshop.

By the way what will be your advice to the Raja for ensuring health and well being of his subjects?

**Do:** If the group is from ICDS – try to get some answers like “we will ask the Raja to weigh the child”, “give messages for immunisation”, “give messages for proper nutrition”.

If the group is from Health – try to get some answers like “give messages for immunisation” “ensure that all adolescent girls are taking IFA tablets”, ensure that all pregnant mothers are coming in for proper ANC/PNC” etc.

### (b) Introduction

Let us see who all we have with us for the three days. Trainer tells her/his name by using an adjective that describes her/him. In a similar manner the trainer will then ask each participant to introduce herself by using an adjective.

Then the co-trainer as well as support supervisor give their introductions.

### (c) Pre-workshop Assessment

**Trainer Says** - Thank you for the introduction. Our work requires us to work with families – children and their parents and other elders. Since our main targets are families we need to understand what families want. We also need to be clear as to what we want from these families around us in terms of their health seeking behaviour. To do this we have to communicate to the families the importance of taking care of their health.

This three-day workshop will focus on helping us build our skills for communicating with the communities that we are working with. To start with let us first see what we know about the work that we are doing and how we communicate with the families/community.

You will be given an assessment sheet on which you have to mark your answers. You must put your name on the sheet and the date. You will be given 15 minutes to complete this sheet.

#### **Trainer Does**

- Give out the pre-workshop assessment sheet. Give them the time and start. Just five minutes before the time, give a warning to the participants that you will be collecting the sheets in five minutes.
- Collect all the sheets when 15 minutes are up.
- As you collect the sheets, ensure that every participant has written her name and date on it.

#### **(d) Objectives and Expectations**

**Trainer Says** – Thank you. While filling these assessment sheets, you have thought about what you know and also what you need to know. Let me tell you a little bit more about this workshop. As you would know from your letter, this is a Communication and Counselling Skills Building Workshop.

Given this background, let me ask you, what are your expectations from this two-day workshop? What would you like to know? Which skill will you like to practice to improve your communication and counselling?

**Trainer Does** – Trainer takes the answers and writes these on the board. Then put up the chart giving objectives of the session (Chart 1). Read out the objectives explaining where necessary.

At the end of two days of the workshop, participants will have:

1. Understood communication inputs that are needed for attaining the vision of an ideal community.
2. Practiced using the communication and counselling skills understanding the barriers that they face and ways of managing the barriers.
3. Practiced the use of methods and materials to communicate more effectively with community members
4. Demonstrated the ways of working together as team members and communicating to ensure effective work.

These being the objectives of our workshop, we would like to know what it is that you are setting as a goal for yourself to be able to communicate better. What would you like to see yourself learn to be able to perform your job more effectively?

**Do:** Give out VIPP cards to each participant and let her write the goal she is setting for herself. Let each participant write her name on the card and put it up on a large chart paper that you have taped on the wall.

**Say:** Now that we have completed this exercise, let us see how we can work towards achieving the goals of learning that we have set for ourselves. To do this

effectively, there are some rules that we need to have for the workshop. Can you help me with forming some of them?

**Do:** Put up a chart with Rules of Training heading and write down as participants give out the rules. In case responses are delayed, initiate the process by suggesting rules like time keeping, getting back from breaks in time, participation in group work etc. Remind them of the kheer story as you start this.



## 6. Note for Trainer

The idea behind this story is to make participants laugh as it will help them relax and make them speak something which is very simple and easy for them. While they have fun, answering the questions will make them think of their primary work even as they listen to the story.



## 7. Summing-up



Trainer Says: We have reviewed the workshop objectives, and we have also set our personal targets for this workshop. While the goal written by each one of us on the card is our personal goal, it is our joint responsibility to help each other achieve these objectives at the end of this workshop. We are going to work here as a team for next two days with a common goal – learn together. And we can count on each other's support.....

Mujhe sahal ho gayen manzilen, wo  
hawa ke rukh bhi badal gaye.  
Tera haath haath mein aa gaya, ke  
charag rah mein jal gaye,  
*Majrooh Sultanpuri*

## Session 2

# Vision of a Responsible and Ideal Family and Ideal Frontline Functionary



## 1. Objective

- Participants are able to list their expectations from the families: what should be the health and nutrition practices that families and communities need to follow to make them a healthy community.
- Participants understand the gaps between an ideal family/community and the reality, and that, it is their task to convert them into ideal community.
- Participants are able to appreciate their role as connectors between the community and health delivery system.
- Participants understand that their communication is the key towards making families ideal families.



## 2. Materials Required

Chart papers, coloured markers, glutack or double sided tape



## 3. Duration

60 minutes

## 4. Methodology



- Participants are given information on the status of the district for key indicators of health and nutrition
- Ask them if they see any problems in the figures. Write the answers
- Brainstorm the possible necessary interventions of Frontline Functionaries to address the problem at two levels:
  1. At the community level
  2. At the level of the Frontline Functionary
- Discuss the skills necessary for the Frontline Functionaries to achieve these solutions.



## 5. Process

**Trainer Says** – We start with the first session of this workshop. In this session we will be discussing the communities and families with whom we have to work. We will try and understand their situations and along with that, we shall see what kind of skills are required by us to address the needs of the families. We shall then see what are the skills that we can take back from this workshop.

Welcome the participants to the first session. Explain that the first two sessions in this module will be based on checking our understanding of the families whom we work with and then understanding the skills that we have and need to work with the families in the community.

**Trainer Does:**

1. Read out the figures from Handout 2.1 and ask participants what they feel are the reasons for the low figures of immunisation and institutional deliveries or high figures of malnutrition in children.
2. Write down the answers from the participants on a flip chart. Possible answers may be:
  - People do not know
  - Women do not want to bring in their children for immunisation
  - Many of the mothers are illiterate and do not understand instructions given to them
3. Now ask the participants what they think are the solutions to these
4. Again put down their answers on the flip chart. Possible answers can be:
  - Give information to people
  - Motivate them for come for immunisation or go for institutional delivery
  - Tell about the various services that they can avail of
  - Tell them about the benefits from these services
5. Ask the participants who is in the best position to give this information and services to the community
6. If the participants answer that they are, then ask them what skills they require to do this job well. Make a list of the skills they give.
7. If participants are not able to say they are, read out Handout 2.2 and facilitate them in recognising the position they are in to give these services
8. Using the Handout 2.2, say that we can expect this kind of response from the community, only when we have empowered people to access and leverage the services and as efficient service providers that is our responsibility.

## Handout 2.1

S. No.	Indicators	NFHS-3 (2005-06)
1.	<b>Children 12-23 months fully immunised (BCG, measles, and 3 doses each of polio/DPT) (%)</b>	23
	Children 12-23 months who have received BCG (%)	61
	Children 12-23 months who have received 3 doses of polio vaccine (%)	87.6
	Children 12-23 months who have received 3 doses of DPT vaccine (%)	30
	Children 12-23 months who have received measles vaccine (%)	37.7
	Children 12-35 months who received a Vitamin A dose in last 6 months (%)	8.7
2.	<b>Institutional Births (%)</b>	22
3.	<b>Colostrum feeding or children under 3 years breastfed within one hour of birth (%)</b>	7.2
4.	<b>Pregnant women age 15-49 who are anemic (%)</b>	51.6
5.	<b>Malnutrition among children under 3 years of age</b>	
	Children under 3 who are stunted (%)	53.6
	Children under 3 who are wasted (%)	20.3
	Children under 3 who are underweight (%)	43.7

## Handout 2.2

From the Handout 2.1 we have seen that the State of Uttar Pradesh has very poor figures in meeting the health needs of its children and women. We have also seen that we need to provide services as well as motivate people to access these services. From our discussions so far we have seen that an ideal and responsible family is:

- A family that has access to information and services that can help them take care of all their health needs.
- A family whose members understand that they need to take certain steps and decisions which will help in improving the health status of the family
- A family which takes care of the health of its children and keeps a track of their weight/growth/immunisation.
- A family that has access to and utilises the healthcare facilities like immunisation, weight monitoring, nutrition supplements on THR, RI days, Institutional delivery etc.
- A family that has all its children immunised
- A community that has members attending all the Village Health and Nutrition Days.

**Trainer Asks:** Do you think such a community with such responsible families is possible? Try to get an overwhelming YES to this question. But the reality is different, today they may not be ideal. Who can make this change? Highlight if some participant says “yes, it is our task to make them ideal, or our work can make them ideal, etc” Praise these participants and REPEAT in your words what was said by them.

## Skills for an Ideal Frontline Functionary

**Trainer Says:** We have seen that a Frontline Functionary has an important role to play in ensuring a healthy family and subsequently a healthy community. Now let us see what needs to be done by the Frontline Functionary and skills needed to do this.

1. Trainer asks the participants to brainstorm what needs to be done to motivate families for a healthy behaviour. Put this down on a flip chart. Encourage participants to give specific answers e.g.: if a participant says, “we should give information” ask, “what kind of information should you give?”
2. Make two columns on a chart paper as shown and in the first column, put down the answers.
3. After the first column is completed ask participants to now give the skills that they think they require to do the work that they have stated.

A filled column will look like what is given here.

Job content	Skill needed
Complete immunisation	IPC/Counselling
Motivating mothers/women (Institutional delivery, IFA, ANC/PNC, EBF)	Communication, ability to praise and give examples
Mobilising	Communication, ability to identify and influence opinion leaders
Analysis of problems	Suspending assumptions and stereotyping
Identification of barriers	Taking feedback
Nutrition counselling	IPC/Counselling
Conducting the Health and Nutrition Day	Group communication
Conducting Home visits	IPC and counselling

What role would the functionary have to play to make that ideal community? They can also look at their VIPP cards where their personal goals were written in the introduction session. They can add to their cards taped on the wall. Give them 5 minutes to do this.



## 6. Note for trainer

### On Individual Skills

In the last part of this session, when participants write the skills on VIPP cards, it is important that they connect it with their own expectations written earlier on VIPP cards. Those VIPP cards were displayed on a chart paper “My goal for this workshop”. This will help the participants link their learning goals with the job requirements of an ideal frontline functionary. Skills needed for this like effective listening, open questioning, counselling, motivation etc are a part of the learning objective of this workshop.



## 7. Summing-up

### Trainer Says

During a home visit, when you request a pregnant woman to come for a check up and take a TT injection and she comes, there is an input into it and an output. What is your input? Your input is communication and counselling to that woman. What is output? The output is that woman coming and taking the TT. For everything in life, including your work, inputs are needed at one level to get outputs at the other. These inputs and outputs must be well synchronised to have a system that works effectively. The training on communication is one such attempt to make the system work.



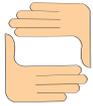
उद्यमानेन हि सिध्यन्ति कार्याणि न मनोरथैः  
न हि सुप्तस्य सिंहस्य पविशन्ति मुखे मृगाः

(Only with efforts, and working hard,  
a goal is achieved, not by just dreaming)

*Sanskrit Proverb*

## Session 3

# My Thoughts, My Actions, My Results



### 1. Objective

Participants learn that their attitudes dictate their actions and finally determine their results.



### 2. Materials Required

White board, markers, "Rachnatmak Raviyya" DVD, Player, TV set.



### 3. Duration

30 minutes

### 4. Methodology



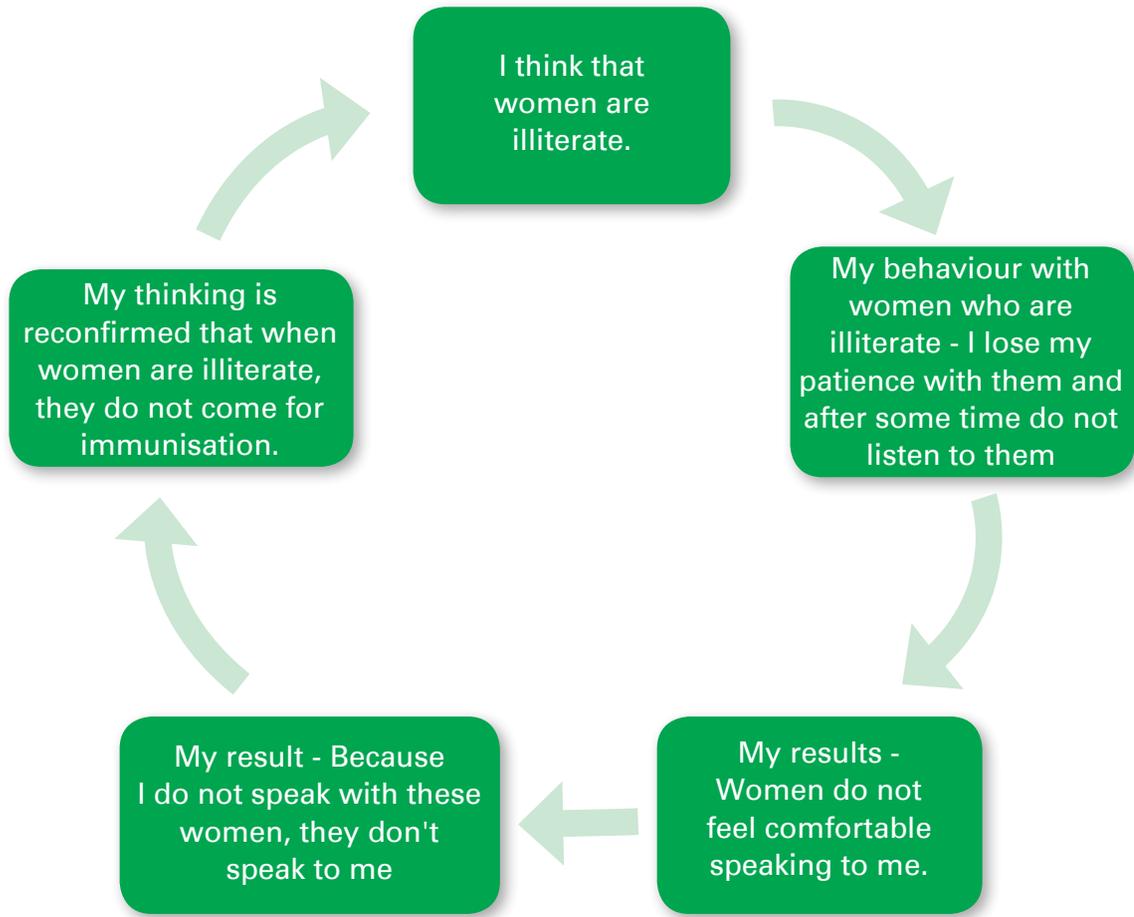
- Show the film to the participants
- Conduct a discussion using the questions given here.
- Through discussions help participants see how their attitudes influence their behaviour and how this affects their work.



### 5. Process

#### Trainer Says:

1. This is an important session for you in which you can understand how your thoughts can influence the way in which you work and therefore the results that you get ultimately.
2. Ask participants to give their thoughts on why women are reluctant to get their children immunised.
3. Some answers that you will get may be "they are illiterate", "they do not understand the importance of this"
4. Let us have a discussion on this after we see the film. Please remember this chart when we are discussing
5. Show the film
6. Use main points from the film to have a discussion with the participants.



### Discussion points

- How did the dialogue begin – it opened as two people meeting as equals or it was like a senior/junior interaction?
- What was the tone of AWW/ANM? Strong or mild?
- Did the ANM/AWW try to explore Radha's problems?
- Where did the ANM/AWW sit?
- What help could the ANM/AWW give Radha?
- What was the ANM/AWW thinking of while she was speaking to Radha?
- What was her behaviour as a result of her thoughts?
- What were the results?

**Ask all participants:**

1. How would you feel if you were in Radha's place?
2. Why do you think that Radha or people like her do not speak much?
3. Or even if they speak it appears that they do not understand us?
4. Was it a good discussion or a bad discussion? (Results – Refer (iii))
5. What made it good or bad? (Actions – how people talked to each other, mutual respect, or a teacher / student relationship Refer (iii))
6. Who helped it in making it a good or bad discussion? (In either case it is the ANM/AWW)
7. What do you think was in the ANM's/AWW's mind which made her behave the way she did?

Through this discussion the participants are expected to see that what is in our mind comes out in our actions. And that the actions that we take produce the results. Just leave them with these thoughts by asking relevant questions as given above. Do not go into too many details.



## 6. Note for trainer

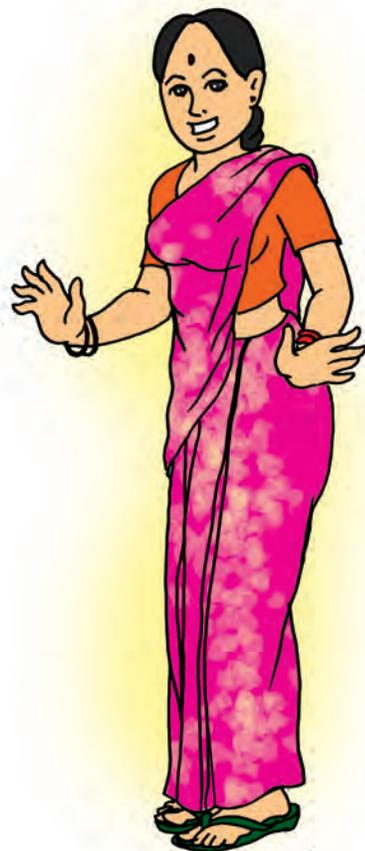
The exercise is to help the participants understand that it is their attitude that affects their work positively or negatively. It is a mirror to their attitudes towards individuals they work for. Take care to conduct this session sensitively as you are trying to show them a negative image they portray to the community at large.



## 7. Summing-up

### Trainer Says

We have seen that what we think of others gets reflected in our behaviour towards them. The fact though is that people are not very different from each other. When our relationship fails or become unproductive, often it is because of our wrong assumptions. Yet we find faults with others...they are uneducated, they don't understand, they are from such and such community, they don't listen, they are like that only.



More necessary is the correction in our ways, in our '*taur-tariqa*' of working. If our thinking and our working is right, we will no longer have to complain, no more '*gila-shikwa*'.

Mizaj hum se ziyada juda na tha uska,  
Jab apne taur yahi they to kya gila uska.

*Ahmad Faraz*

## Session 4

# क, कद, कदम® Adult Learning and Behaviour Change



## 1. Objective

- Participants identify and differentiate between key elements of learning process – tell (*kehna*), show (*dikhana*), and experience by doing (*mehsoos karana*).
- Know the steps in Behaviour Change.
- Appreciate how learning is related to behaviour change.



## 2. Materials Required

A4 sheets (1 for each participant) charts, markers



## 3. Duration

75 minutes

## 4. Methodology



- Formation of three groups called क, कद, and कदम
- Select a 'trainer' from among them.
- Discussion on three elements of learning
- Exercise to show that after changing, people have tendency to revert back.
- Role play on behaviour change.
- Debrief linking learning process with steps in behaviour change.



## 5. Process

### Trainer Says

We will now try to understand what is the difference between

- telling others – which we often, v/s
- telling and showing others, v/s
- telling, showing, and experiencing.

**Form three groups**

Group 1 is क,

Group 2 is कद, and

Group 3 is कदम.

The groups क, कद, and कदम will do something before us. This is making a paper boat.

This will be a competition between the three groups. Let us see which group makes the most in number and the best paper boat in a given time of 10 minutes. Both quality and quantity will be taken into account.

After observing we will give our feedback on how the task was done by each group. What was done better by कद, and then by कदम?

**Trainer Does** – Trainer then asks the groups क, कद, and कदम to sit separately in their designated places and complete their tasks as explained below:

Call the three trainers from the group

- Explain to the trainer for क group that her group is to make paper boats and the instructions for making the boats will be read out by the trainer.
- Explain to the trainer for कद group the task is to make paper boats and the trainer has to read out the instructions and show the instructions to the larger group.
- Explain to the trainer for कदम group is to make the paper boat and the trainer can not only show, but also demonstrates to her group how the boat is to be made.

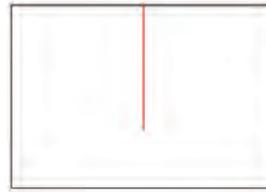
**Trainer Says**

1. We have seen that communication using only (क) *kehna* is least effective as different people can take out different meanings of the words spoken.
2. When (क) of *kehna* is added with (द) *dikhana*, it further increases effectiveness of the learning process as people can see what is being said and have a better understanding.
3. However while (क) of *kehna* with (द) *dikhana* was better with bigger learning; it improved the कद of learning process, but the lasting कदम could only be completed when experience (म) (*mehsus karana*) was added to it. The best learning/communication occurs when all three are taken care of in a communication process
4. As Frontline Functionaries this is important in our communication as we work with families for behaviour change. To make them experience the desired behaviour/learning works best.
5. Ask participants for an example of how they can use this in their communication with families.
6. Tell participants that this is important as we are working with adult learning, which is more difficult than children's learning.
7. In our work, this is what we have to do. In the next section, let us understand the steps of behaviour change that an adult goes through.

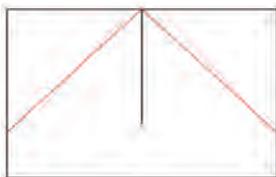
## Handout 4.1: How to Make a Paper Boat



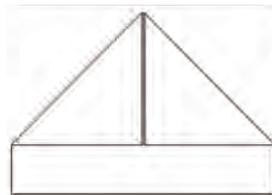
**1.** Take a 8 1/2" x 11" sheet of paper. Paper used for ink jet printers will do. Fold the upper half down on the red line.



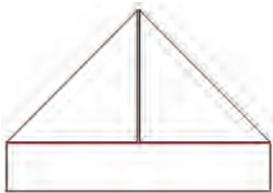
**2.** Find the centre line by folding the left side on the right side and by unfolding.



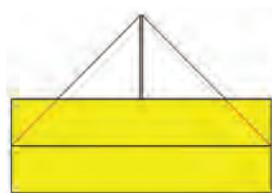
**3.** Fold both upper triangles downward on the red line.



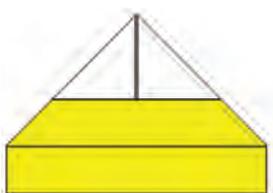
**4.** It should look like this.



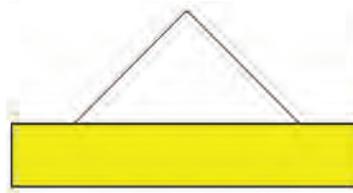
**5.** At the bottom, fold the top strip upward on the red line.



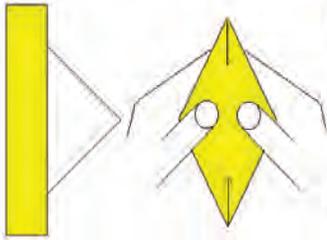
**6.** Fold the two small triangles on the left and on the right backwards to make them disappear.



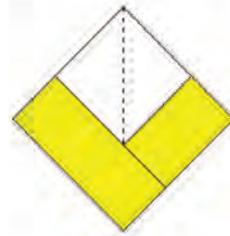
**7.** It should look like this.



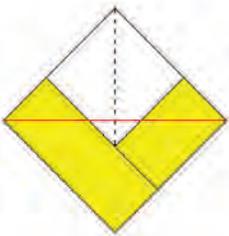
**8.** Turn the paper over and fold the other lower strip upwards. You have formed the well-known hat.



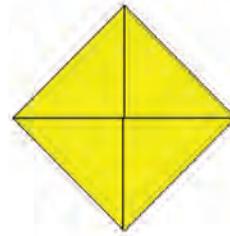
**9.** Turn the hat 90 degrees and open it. The thumbs must be inside. Lay the upper and the lower parts on each other.



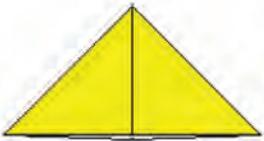
**10.** It should look like this.



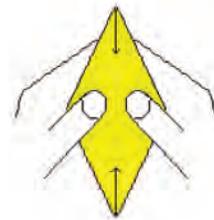
**11.** Fold the lower front triangle upwards on the red line.



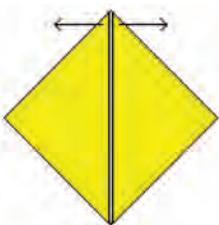
**12.** It should look like this.



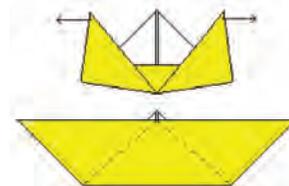
**13.** Turn the paper over and fold up the other lower triangle. You get a hat without a brim.



**14.** Open the hat again and put the upper part on the lower one.



**15.** Pull the upper corners of the triangles in the direction of the arrows.



**16.** Pull the upper corners of the triangles in the direction of the arrows as much as possible. Form the boat. The paper boat is finished! If using the 8.5" x 11" ink jet paper, the sail will be visible above the sides of the boat.



**17.** Stretch the boat both to the right and left, and then separate it slightly from underneath so it can float.

Your paper boat is now finished! Enjoy!

**Trainer Says:** We have seen that the outcomes of our exercise are dependent on the communication that was given. When only (क) – *Kehna* was used the group had boats that were not uniform, low in quality as well as quantity. When (कद), tell and show, was used the results were better but far from satisfactory. The best results were obtained when we have used all three, कदम, telling, showing and making people experience.

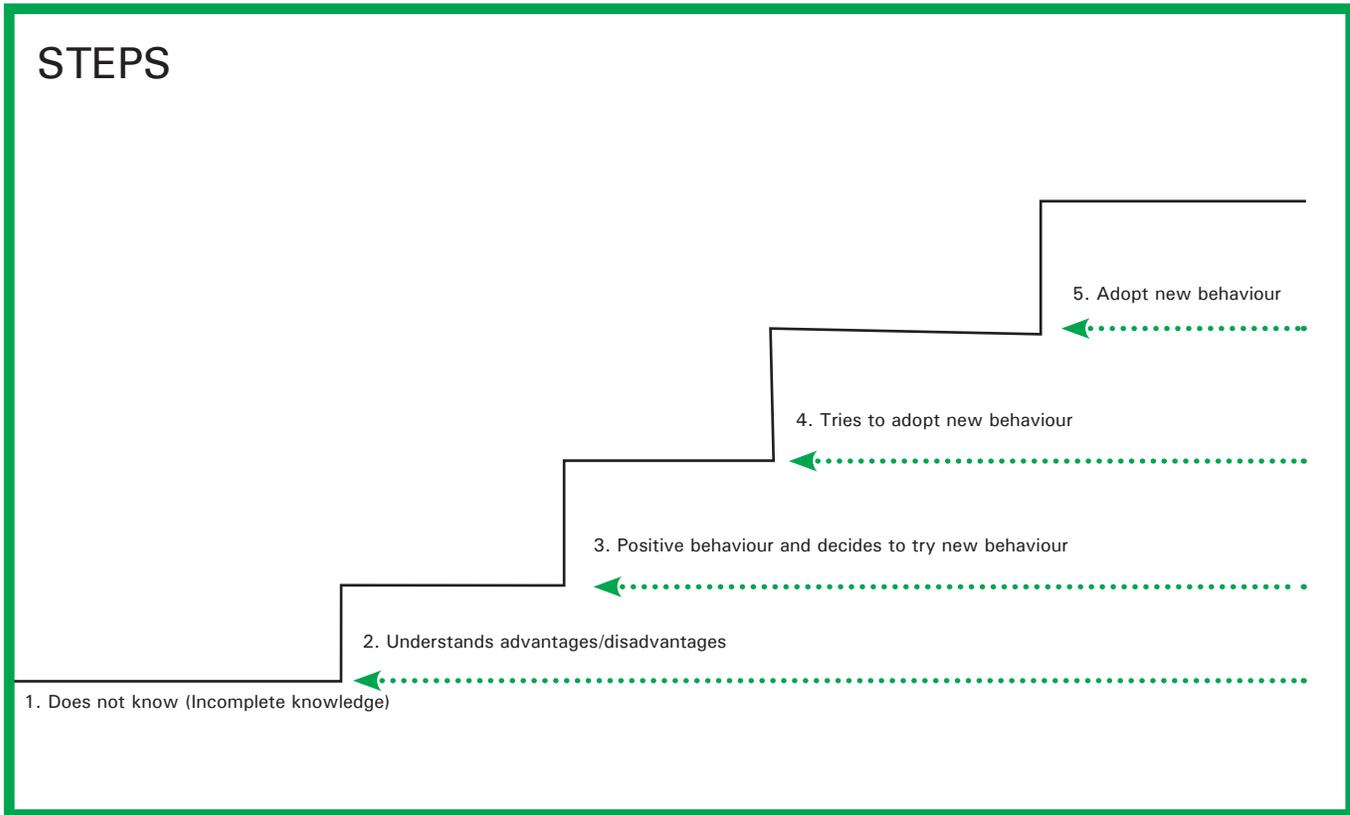
When we communicate about behaviour change, we mostly give information to people through talking/telling. From this exercise think of how we can use showing and making people experience to make our communication more effective.

It is helpful to understand the steps people go through when they change their behaviour. Keep in mind that simply knowing something does not lead to behaviour change (how many doctors smoke, knowing full well the negative consequences it has on one's health!). There are many more factors and influences that impact behaviour change.

- Please refer to the steps in behaviour change as given on Handout 5.a in your workbook.
- Think of a behaviour that you have tried to change: to stop our children from eating too much sugar/sweets/study regularly/wake up early to go to school.
- Think of what all you have said to your child to make him/her change to the desired behaviour. (make one participant talk about her experience)
- Trainer writes down the steps as they are told by the participants.
- Now use Handout 4.2 and explain the steps of behaviour change to the participants. With examples from their work ask them to relate these steps to the changes that they see in the families that they work with. Help them relate to the steps.
- Check if participants have understood the steps.
- Now use Handout 4.3. Ask a volunteer to read out the cases one by one.
- Ask participants to guess at what step of behaviour change is the character in the situation and reasons for their answers.
- Clarify the answers with them.

## Handout 4.2

## The diagram shows the steps in Behaviour Change



## Handout 4.3

### 1. Handwashing

Several incidents of diarrhoea were prevalent in the children in the village. Mothers had been told that they should start a child on ORS immediately if they see symptoms of diarrhoea. Many mothers have understood this and are following the practice. Acute diarrhoea has been prevented because of this.

The AWW, Sushma believes that handwashing and sanitation are the main interventions necessary for prevention of further infections. To explain this to the caregivers, she has called a meeting of mothers where she will talk about this. Many mothers in the village have heard of this, but are wondering whether a simple thing like handwashing can actually prevent diarrhoea in their children.

*For the trainer: Mothers are at Step 2 of Behaviour Change – Understanding advantages and disadvantages.*

### 2. Pregnancy

Sharda is pregnant the third time. She has two children and she has heard of Ante Natal Care given in the PHC/Sub-Centre. However she has never been to the PHC as she believes that the injections given by the ANM at the Health Facility can result in abortion of the foetus. She is therefore reluctant to go the PHC for her ANC.

*For the trainer: Sharda is at Step 1 of Behaviour Change – Unaware/lack of knowledge*

### 3. Breastfeeding

Laxmi is exclusively nursing her child as she has been informed that it is good to give exclusive breastfeed to the child for six months. Her child is now one month old, but recently she has noticed that he cries a lot. She feels that her milk is insufficient for the child and therefore the child cries of hunger. She feels that she must now give rice water to the child along with her milk.

*For the trainer: Laxmi is at Step 5 of Behaviour Change – Practicing the new behaviour, however if she is not given right information and counselling, she is liable to revert to her old behaviour.*

### 4. Breastfeeding

Shanti is due in a week's time. She has never heard of Colostrum feeding and that the yellow milk initially expressed by the mother is dirty and bad for the child's health. She is planning to give cow's milk to her newborn for the first three days.

*For the trainer: Shanti is at Step 1 of Behaviour Change – Unaware/lack of Knowledge*

## 5. Immunisation

Heena has a three month old child. She has not given any vaccines to her child. Although Heena herself has taken two vaccines, she had her delivery at home. The ANM had come to visit her and give her child a dose of Polio, however no other vaccines have been given. Heena has heard from her neighbors that children can be saved from dangerous illnesses if they are vaccinated. She does not know where she can get her child vaccinated or when. If she knew about this, she is more than willing to do whatever is required to save her child from illnesses.

*For the trainer: Heera is at Step 4 of Behaviour Change – Understands benefits and is willing to try new behaviour.*

### Trainer Says

As service providers, it is not enough that you give only information. Your job is to ensure that the information is understood and used. This is what will give you your results. To do this, you must understand the correct communication you need to use when you are talking to a mother/family. And this correct communication will happen if you understand what is needed by understanding the step of behaviour change at which your caregiver is.

In addition you must also be aware that people are in danger of reverting back to their old behaviours and therefore you must ensure a constant contact with them and counsel them time to time.

Let's see how can we make a change more permanent

- Please stand up and stand in pairs facing each other. Now observe each other for 30 seconds...no talking, just observe carefully.
- After 30 seconds, please turn your backs towards each other.
- Now please change five things about your appearance (You may also want to change your appearance to encourage them. They can do anything – take off items, add items, change the placement of items – but just change five things about their appearance).
- When you are ready, turn to face your partner and identify the five changes in each other. (Can they do it? Have fun with this!)

## Debrief

### Trainer Says

Describe the experience you had in the exercise. What did it feel like to first of all observe each other for 30 seconds? (trying to gain knowledge about the other person) Then was it hard to change five things about their appearance? (practicing a new behaviour) How did they feel doing it? (trying to change something about themselves that they have adopted for a long time) Was it easy? Uncomfortable? (depending on the messages – verbal and non-verbal that I got from my partner for changing, how did I feel about this) Fun? How many only removed items? We often think of 'change' as taking something away. We can also add things!

Towards the end of the discussion, ask how many have switched themselves back to how they were before the exercise? (This is the most important part of our exercise. It is difficult to sustain behaviour changes, especially when society and culture may not approve). The exercise shows why it is important to reiterate messages. The normal tendency is to revert back to behaviours unless they become a norm and thus practiced by a large number of people. It is therefore important to go back and give your messages at every available opportunity that you have as a service provider.

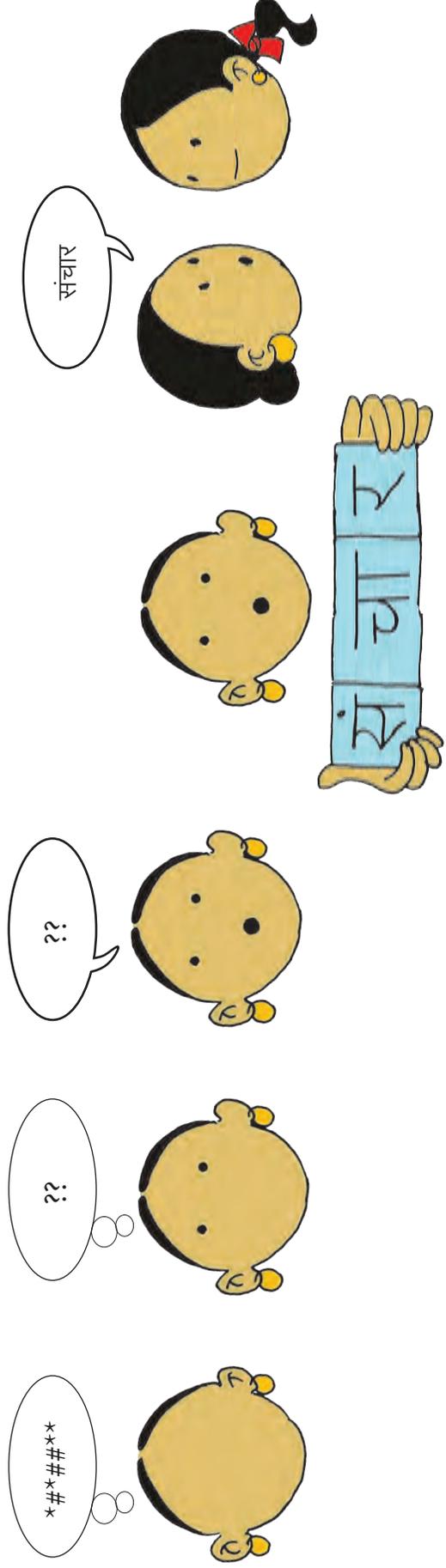
This requires a very systematic communication for behaviour change – one that will use all three क, कद, and कदम.

## Handout 4.4

## प्रभावशाली संचार के तरीके

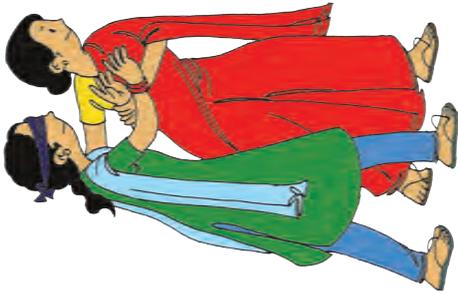
जो सिर्फ सुनूं मैं, हो सकता है वो रहे न मुझको याद!  
जो सुनूं भी और देखूं भी, रहे वो कुछ-कुछ याद!  
सुनूं देखूं बात करूं जिस बारे में और पूछूं  
वो बात समझ में आने लगती, होने लगती है याद!

सुनूं देखूं बात करूं जिस बारे में, और करूं भी  
वो मेरी करनी बन कर, पूरी तरह समझ में आती है!  
जब सिखलाऊं मैं बात कोई, वो बात मेरी बन जाती है!  
मेरी बात सब की बात, सब की शक्ति बन जाती है!

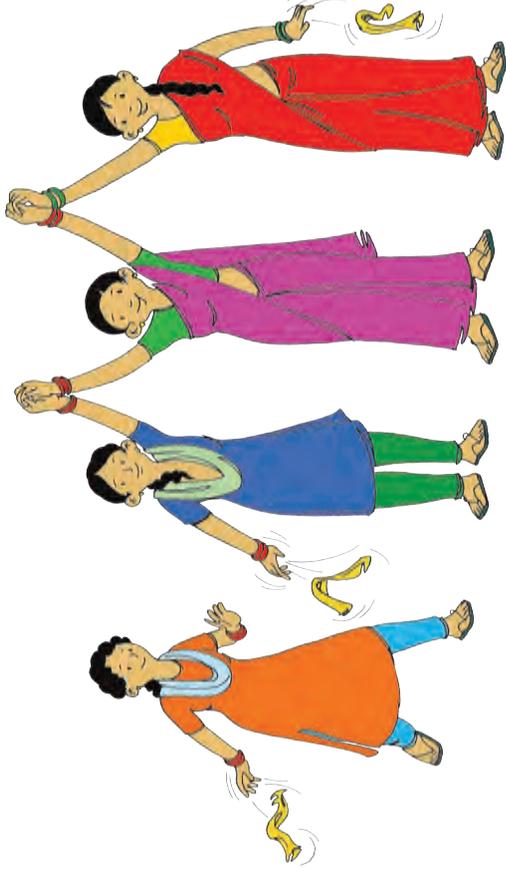


## Handout 4.5

### पाँच कदम जो बदले आचरण



दम पाँच का बूझो समझो,  
पाँच का दम, पाँच कदम?  
पाँच कदम ये उठे जहाँ पर  
वहीं पे बदले आचरण!  
पाँच कदम ये उठे जहाँ पर  
वहीं पे बदले आचरण!



पहला कदम:  
ज्ञान या  
जानकारी होना



दूसरा  
कदम:  
मंजूरी या  
स्वीकृति  
देना



तीसरा  
कदम:  
इरादा या  
निश्चय  
करना



चौथा कदम:  
प्रयोग या  
व्यवहार में लाना



पाँचवाँ कदम:  
वकालत या समर्थन  
या प्रचार करना

## Handout 4.6

## रोल प्ले – व्यवहार परिवर्तन के चरण

**मां:**

जागो हरिया, नींद भगाओ!  
मंजन करो, शौचालय जाओ!  
(हरिया अपनी आंखें मलते और अंगड़ाईयां लेते हुए उठता है। वह जब मंच क्षेत्र से दूर जाता है तो उसकी माँ चिल्लाते हुए बोलती है।)

**मां:**

नहा के हरिया, यहाँ पर आओ!  
(जब हरिया चला जाता है, तब हम देख सकते हैं कि तोता नकल की भाषा में माँ से कुछ बात कर रहा है। तोता माँ को कुछ समझा रहा है।)  
(हरिया फिर से दृश्य में आता है। वह काफी तरोताजा दिख रहा है।)

**तोता:**

(दर्शकों से)  
पहला कदम – 'जानकारी होना'

**मां:**

(हरिया चारपाइ पर बैठ जाता है माँ उसके पास आती है। और घर के चारों ओर लगे हुए पेड़ों को देख कर बोलती है।)  
कितने सुन्दर पेड़ हैं हरिया!

**हरिया:**

सो तो है मेरी प्यारी मइया

**मां:**

ये हरियाली न होती तो भला कैसी होती दुनिया?

**हरिया:**

मरी-मरी सी, बेरंग और बिल्कुल बेजान!  
न होता मिट्टू, न फूलों की मुस्कान!  
(तोता अपने बारे में यह सुनकर दुखी हो जाता है।)

**मां:**

अच्छा..... है न?  
जैसे पर्यावरण के लिए जरूरी है हरियाली !  
हरी सब्जियों बिना अधूरी हर भोजन की थाली!  
हरी सब्जियों में हैं आयरन, विटामिन, और पोषक तत्व!  
जो बच्चे इन्हें खाएं, रहते फुर्तीले और स्वस्थ!

**हरिया:**

अच्छा!  
(इन बातों के बारे में सोचते हुए)

**तोता:**

(दर्शकों से)  
दूसरा कदम! मंजूरी या स्वीकृति देना.....

**हरिया:**

कितनी सुन्दरता से मइया, तुमने है समझाया!  
हरी सब्जी खाने का लाभ, आज समझ में आया!  
मुनिया! अरे, मुनिया!  
(उसकी बहन मुनिया घर के अंदर से दौड़ते हुए आती है।)

**मुनिया:**

क्या है भइया ?

**हरिया:**

सुना क्या बोला मइया ने?  
(मुनिया ना में सर हिलाती है।)  
आ तुझको बतलाऊं मैं.....  
(मुनिया बैठ जाती है और दोनों आपस में बात करने लगते हैं।)  
(हरिया अपनी माँ की ओर देख कर बोलता है।)

**हरिया:**

बात मे तुम्हारी दम है मइया।  
हम को है स्वीकार!  
हरी सब्जियों को भी बनायेंगे हम  
भोजन का आधार!

**मुनिया:**

वाह रे भइया!! वाह रे भइया!

**हरिया:**

हां मेरी मुनिया! हाँ मेरी मुनिया!  
तोता उनकी तरफ देखता है और फिर माँ की तरफ!

**तोता:**

अब तीसरा कदम!

**मां:**

क्या है तीसरा कदम?

**तोता:**अचानक बदलने का **इरादा** या **निश्चय** करना**हरिया:**सोच लिया है, कर लिया है हमने पक्का इरादा!  
आज से हरिया, हरी सब्जियां खायेगा! है वादा!**मुनिया:**

नाम का भी हरिया, अब काम का भी हरिया!

वाह मेरे भईया! वाह मेरे भईया!

*(मां मुस्कराती है और बच्चों के साथ घर के अंदर चली जाती है। केवल तोता दृश्य/मंच पर रह जाता है।)***तोता:**जो सुना, जो समझा, और माना, वो करने लगा  
अब हरिया!

रोज भोजन में खाने लगा ढेर हरी सब्जियां!

व्यवहार में लाने से ही बदलता है आचरण!

आचरण बदलाव की राह पर, यहीं है चौथा कदम!

हरिया, मुनिया और उसकी मां मंच पर धीरे-धीरे  
आ जाते हैं।**हरिया:**मइया की बात मान कर, हमने नया आचरण रखा  
जारी!**मुनिया:**

अब हमें करनी है पांचवे कदम की तैयारी!

**मां:**

मिट्टू जी, यहां आईये!

सबको आप ही बताइये!

पांच कदम की शक्ति को,

सब लोगों तक पहुंचाइये!

**तोता:**

हरिया ने मानी बात,

उसने अपनाया बदलाव!

देखो लग रहा है ये कितना संतुष्ट!

लेकिन अभी बाकी है करना, बहुत कुछ!

मित्रों और समुदाय के बीच

इसे करना है प्रचार!

तभी तो नये आचरण का होगा

पूरी तरह से विस्तार।

**मां:**

मिट्टू जी, मिट्टू जी पांचो फिर से बतलाना!

**तोता:**

मंजूर है मईया! लेकिन अब सब मेरे साथ यह दोहराना!

**पहला कदम- जानकारी होना!***(दर्शक दोहराते हैं)***दूसरा कदम- स्वीकृति देना!***(दर्शक दोहराते हैं)***तीसरा कदम- इरादा करना!***(दर्शक दोहराते हैं)***चौथा कदम- व्यवहार में लाना!***(दर्शक दोहराते हैं)***पांचवां कदम- प्रचार करना !***(दर्शक दोहराते हैं)*

याद रहे ये पांच कदम जिसे बदले आचरण!!

धन्यवाद!!

### Trainer Says

We cannot talk about communication for health without talking about behaviour change. Behaviour change is a slow process by which individuals progress through several stages. However, these are not stages of a linear process which individuals must go through when changing their behaviour. Some individuals may experience all five stages but not necessarily in the same order. At times people change their behaviour because of social pressure or the desire to conform to social norms, not because they have personally been convinced that it is the right thing to do. After a period of practicing the new behaviour, they may become persuaded about its advantages. This encourages them to approve of the new behaviour and continue practicing it.



## 6. Note for trainer

Take care to link the principles of adult learning – adults learn better when they see, hear and do to the steps in behaviour change and the communication that is necessary at that step. Here we will only introduce that the communication is different at each step, the detailing of this will be done in the next session on communication types.



## 7. Summing-up

### Trainer Says

In this session we have seen the importance of using all three elements *Kehna, Dikhana, Mehsoos Karana* to make our communication more lasting. This makes people remember things for a longer time.

We have also seen that small changes may not last long if there is no reiteration. Therefore it is very important to keep repeating the messages – though it may become boring and routine for us. But the challenge is to include some new elements of क, द, or म everytime to keep the communication interesting. Another way of maintaining community interest in our communication is to give them only those messages which they need. This can be done easily by knowing where the individual is on the steps of change. (*Badlav ke kis seerhi par vyakti hai aur kaisa kadam us vyakti ko parivartan ki ore le jayega*).

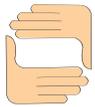
We will see later how we use this information on behaviour change to help in our communication especially when we are trying to overcome the barriers to behaviour change and the kind of communication that is important at each step of behaviour change. Taking people forward on the steps of behaviour change may take time, some people may take longer than others, but we shall not give up. There are some extra activities given in this session. You may do these if time permits.



Samay paaye fal hot hai, samay paat jhar jaye  
Sada rahe nahi ek see, ka Rahim pachtaye  
*Rahim*

## Session 5

# Communication : Components and Types



### 1. Objective

- Participants understand the various components of effective communication.
- Participants are able to practice basic techniques of feedback to improve their communication skills.



### 2. Materials Required

Handouts of the case study, chart on types of communication



### 3. Duration

120 minutes

### 4. Methodology



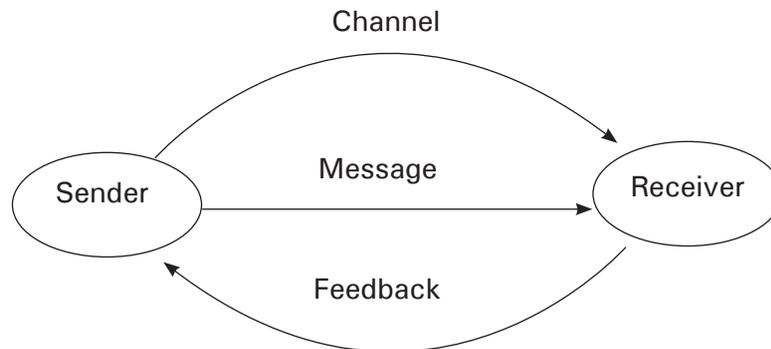
- Trainer defines communication for the participants
- Trainer conducts role play to explain the importance of feedback in communication
- Trainer makes a presentation on types of communication
- Trainer uses the case study to show types of communication



### 5. Process

1. Ask the participants what they understand by the word “communication”
2. Put down their answers on the flip chart
3. Use Handout 5.1 to discuss the definition of communication and components of communication

## Handout 5.1



### Definition:

Experts define communication in various ways. However what is common in the definitions as we have seen here, is that “communication is the transfer of ideas, meanings, state or feelings from one person to another using a channel/medium and getting a reaction in return”.

For Public Health, communication is an important tool that can be used by the service provider to inform people and empower them to use and access resources and behaviours that can be beneficial for their health. Keeping this in mind, we must understand that for communication to be effective, we must always remember to ensure that the meaning that we have in mind when we are giving a message, must be the same as understood by the receiver of our message.

## Components of Communication

### Sender

Also referred to as the source. The sender is the person, or group of people, who want to communicate or send a message/direction/information to another person or group. The sender could be anyone – health provider, teacher, client, etc. In this case when you are communicating and giving a message, you become the source.

### Message

The information, direction or feeling that the sender wants to convey to the receiver is called the message. Messages can be verbal as well as non-verbal.

A typical verbal message might be to wash hands before eating, eating nutritious and balanced food like vegetables that give iron, proteins and fibre from wheat and pulses, calcium from curd, milk etc.

What is a non-verbal message? Participants may give some responses. Ask two or three to demonstrate non-verbal communication.

## Channel

The channel is the medium through which the message is communicated. The selection of the channel depends on the nature of the message and the intended receiver of the message. Depending on the situation, the channel could be face-to-face interaction, telephone, letter, email, TV, radio, etc. For example, when you are giving a message on handwashing, you will be talking to the parents and therefore your channel is face-to-face interaction.

## Receiver

The receiver is the actual target audience of the sender, the person or group for whom the message was designed and sent. In a two-way conversation, the individuals or groups involved can become senders and receivers simultaneously. For example, if a health provider chooses to deliver a talk on basic health and hygiene to students of a local school, the provider would be the sender during the talk and the students would be the receivers of the health education messages. However, if in the same setting, a student asks the provider a question, then the student will become the sender and the provider will become the receiver.

## Feedback

The communication process is not complete without feedback from the receiver that gives the receiver's reaction to the message that s/he has received. Feedback helps the sender understand if the message has been received properly, that is, that it has been understood by the receiver or that there is a need to refine or reinforce the message.

## Trainer Asks

Can we now reiterate what we have understood by the term effective communication and the components of communication?

## Trainer Says

1. Communication has a sender – who sends a message, a channel – through which message goes (in our case it is often verbal, speech, listening, etc), a receiver – who receives the message, and feedback coming from the receiver to the sender which helps sender know whether message has been received and understood correctly. Though it appears simple, we may commit mistakes when we do not take feedback, or we use words which may have different meaning for different people. If you ask a tailor to go and buy a pair of scissors what will be the size of scissors he buys? If you ask a barber to buy one, what will be the size of scissors he buys? When we ignore these points our communication is not effective. Lets do a small role play to further understand it.

2. Role-play on communication/feedback (ask two volunteers to come and enact the role plays. Both the situations are the same, communication differs)

We will now try to understand the importance of checking back with the people – whether they are getting correct messages? I request three volunteers to come here and enact Role Play 1, then Role Play 2 given in your Handout 5.2

## Handout 5.2

### Role Play 1

Scene: Anganwadi centre. It is the RI day.

Characters : AWW, pregnant lady and ANM

The AWW asks the pregnant lady who has come in:

AWW: "tika lagva liya"

Lady : "haan lagva liya"

ANM sitting with the register looks up the name, sees no mark against it and says to the AWW : "Tika lagaya aur tumhne nishan nahi lagaya, aapna register to thik rakho"



ANM asks lady: "Kab lagvaya, tumhara naam to hai nahi"

Lady : "Pichhle guruvar ko munne ko leke ayi thi na"

### Role Play 2

An AWW asks the pregnant lady who has come in:

AWW: "tika lagva liya"

Lady : "haan lagva liya"

AWW: "Tum samjhi na maine kaunse tike ki baat ki hai? Apne liye tetanus ka"

Lady: "Nahi didi uske liye to aaj ayi hun, pichhle guruvar ko munne ko lagvaya tha"

### Trainer Says

Communication is the transfer of ideas, thoughts, feelings and images from one person to another. Communication is shared meaning.

From the role play above we see that, communication is complete only when there is feedback from the receiver that the message has been understood. In the second role play, the AWW checks with the lady if she has understood what 'tika' is being referred to. In doing that she has got the right information and also her relationship with the ANM is kept intact.

In communication, there can always be uncertainty. In order to remove uncertainty, we must always check back with people on what they have understood and whether that understanding is the same meaning that we have wanted to convey in our communication.

A useful way to appreciate communication is to make it something that will touch the hearts of people and challenge their sensibility, thoughts and beliefs to help them see the benefits of the behaviour you are propounding.

## 2. Barriers in Communication

What all can bring uncertainty/confusion to your communication? There are some barriers which act like a wall. Let us now see what these barriers are:

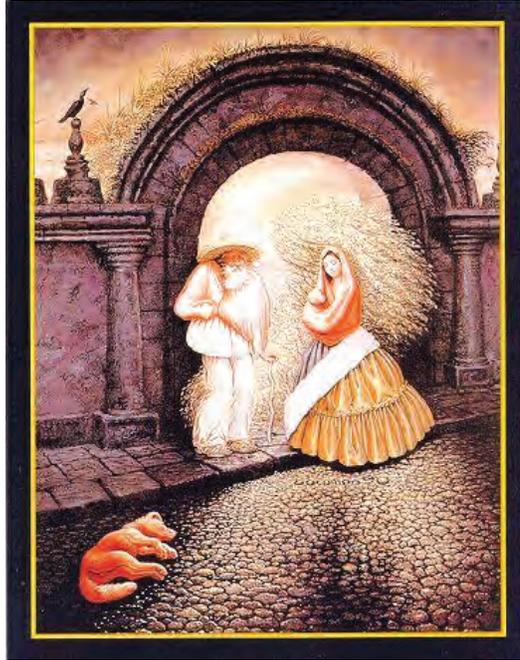
**1. Social Norms, Assumptions and Traditions :** A very simple example of it is 'first milk is to be given to the village deity', or 'it is dirty'. Another example is the practice of giving honey to the newborn to make his speech sweet. These are all social norms that are followed blindly down the generations.

"Illiterate women do not understand", or "the women from this community will behave in this manner" are examples of our assumptions. These barriers can make our communication ineffective as they will influence our thoughts about the people we are speaking to and our thoughts will ultimately influence our behaviour and consequently the results we get (remember session 3?)

**2. Perceptions:** Look at the picture given in your handout 5.3

## Handout 5.3

Please tell how many faces do you see? (Take answers and write these on the board very quickly). Why are there different answers? So, same thing can be seen differently by others. This is perception. Another example of this is how we perceive a child who has fever and how the child's parent perceives it. They may therefore be reluctant to have the child vaccinated. You therefore will need to understand their feelings behind their reluctance and try to aim your communication at making them feel more comfortable about vaccinating.



**3. Language :** The use of language may differ, and therefore can create a barrier in communication. Remember the tika role play. The word tika had different meaning for different people. What would be the meaning of the word Tika when a mother-in-law asks her young daughter-in-law who is taking her child out ;"tika lagaya?"

**Trainer says:** Now that we have seen where all we can have barriers in communication, let us look at what barriers we face in the field and then try and identify where these barriers come from.

**Trainer Does:** List down the problems first (Column A) as they are mentioned by the participants. Once they have listed the problems, then discuss with them what could be the barrier. Let them think and tell you. As they tell, put down their answers in Column B – Barrier.

## Handout 5.4

Participants can take this down in their workbooks

Column A - Problem as seen by us	Column B - Barrier : Perceptions, Assumptions, Social norms
Eg: Marginalised community women are uneducated and therefore do not understand the importance of immunising their children	
Women do not come even when they are told as they will lose their daily wages	

### Note to trainer

We all have our own perspectives and opinions. They are neither right or wrong, they just are. Likewise, community members have their own perspectives and opinions. Understanding these can give us insights into why the community members make decisions and behave as they do. This is what can be one of the barriers to communication, if we do not understand the significance and address it while communicating, for example: You are trying to ensure that pregnant women in the community feed colostrum to their new born. The traditions and values of the individuals in the community may be:

1. The Gods cannot be displeased,
2. Even when the pregnant woman may agree that the colostrum must be given to the child, if the elders in her house do not approve, she will be in a dilemma as the cultural upbringing may not allow women to take decisions against the wishes of elders in the family. A Frontline Functionary who understands this dilemma, will need to tweak her communication (and her audiences) accordingly.

**Perception:** Why did people have different answers for number of faces?  
Could it be that they perceived the picture differently?

Perceptions are very simply the pictures we carry in our mind about people, places or organisations.

**Values:** are the "social principles, goals and standards held by an individual or group", that influence an individual's daily activities. We inherit many of our values from our families. Others are influenced by religion, friends, education, cultural factors, and personal experience.

**Attitude:** is a state of mind or a feeling. It is the mental position we as individuals take in relation to the world. Attitudes are largely based on our personal values and perceptions. When values and perceptions are put to practice they become our attitudes.

**Trainer Says:** Now that we understand that the problems seen by us are sometimes the result of some barriers it will be easy for us to find solutions to them. For example the barrier in the first one is: Perception and assumption. Can we address this? How? Next we will look at how these affect our communication and how we can overcome or manage the barriers.

**Trainer Says:** In this session we are going to look at the types of communication that we should know and how they are related to the work that we do.

We have seen that communication is simply the task of giving messages to and/or having discussions with people such that we pass on the idea that we have and ensure that the medium through which it passes, does not distort it. How do we know that has happened? When the response from the other end gives us the feedback that we are seeking.

For example, when a child cries, he is communicating to give a message – it could be hunger, pain, wetting, etc. What is the response of the receiver? Picking up the child and checking what the matter is.

From a sender's point of view, communication could be of different types: Informative, Persuasive, Exploratory and Empowering. As Frontline Functionaries our main job is to ensure that we are providing certain services which people should utilise and react in a positive manner which will ultimately result in a better quality of life for individuals in a community.

In order to do this job, we are all the time communicating with them.

Let us look at each type of communication that we do and what the objective of that communication is:

Show the following chart:

- Informative Communication
- Emotional Communication
- Exploratory Communication

**Do:** Explain each type with examples. Ask for examples from the participants. This will ensure that they have understood the type of communication used.

### Types of Communication

- Informative communication – Which passes on an information. The receiver may or may not get a chance to seek clarifications.
- Emotional communication aims to move up from just raising awareness, and increasing knowledge to actually promoting behaviour change. Let the participants look at the page in their workbook and mark their answers.

Message	Emotional Appeal
Do boond zindagi ki	Greed
Buy one get one free	Trust
Desh ka namak	Religion
Pakke elaaj ka pakka vada	Patriotism
Smoking is injurious to health	Fear
Bhrun hatya paap hai	Fun
Kuchh meetha ho jaye	Care

**Group Work:** In your group, discuss the interventions that ANM/AWW is required to do. For each of these interventions (weighing the child, informing caregivers of immunisation schedule, giving of take home ration, encouraging institutional delivery, acting as a DOT provider, etc.) list messages and against each message list the emotion which can be used to make your message a persuasive communication.

- Exploratory communication is a two-way communication which is used to 'explore' the receiver.

**Say:** Now that we have seen the types of communication and how each one is important to the work that we have to do, let us see how we should use these types. We will do two exercises.

In the first one we will see the steps in behaviour change that we use.

Use Handout 4.2 in your workbooks. You will find the steps in behaviour change. Your job is to fill in the type of communication that should be used in each step. You have five minutes to do this individually.

**Do:** After five minutes, call on some of the participants to tell you what their answers are.

If not right, then give the correct steps and types of communication as shown in the matrix given in Handout 5.5

## Handout 5.5

Step	Communication
Does not know	Find out what they know and do Give basic information Explain risks and benefits
Understands risks and benefits of new behaviour	Give full information on risks and benefits. Discuss with local examples Encourage, motivate
Has positive information, knowledge and decides to try new behaviour	Assist people to solve problems in order to adopt new behaviour Encourage Provide resources/services
Try new behaviour	Help people see and appreciate the benefits Encourage them to continue the behaviour
Implements new behaviour	Praise and encourage people to maintain the new behaviour Motivate them not to slip back into old behaviour Find out what their experience was

Show participants how as communicators they need to be aware of what level the individual is at, when she comes to them and therefore the kind of communication that they must use.

**Trainer Says:** Let us now try to put this in practice. I will divide you into two groups. Each group gets a situation. One group has to convince the other group. While the groups are communicating, observers have to tell us what kind of communication is being used.

Trainer will then select six persons and divide them. One group is Geeta's family and the other is the Frontline Functionaries (ANM, ASHA, AWW, LS, ICDS Supervisor - the participants can choose who all are necessary). Give the following situation. Say that the service providers have to convince the other group which is Geeta's family to take appropriate steps.

## Handout 5.6

**Case Study:** *On your home visits you come across Geeta, a seven-month old girl. Geeta's family stays in the Harijan basti of the village. She works in the nearby stone quarry. You find that Geeta is underweight and on enquiring you also find that she has been having diarrhoea regularly. Geeta has also not completed any of her immunisations. Geeta's mother also shows signs of anemia. She is nursing her child, but on and off. You must intervene before the child's health slips further.*

What will be your intervention?

We will role-play this case study after discussion in our group. Same two groups formed earlier in the session will be used for this case study. In your group first discuss the answers to the following:

- What will be your intervention in this case?
- What will you say and do?

You can take 10 minutes to work out a role play. You must take care to put in all that they have learnt about behaviour change and the emotional and exploratory types of communication to be used.

After 10 minutes, each group presents it's role play.

Other groups must observe and point out what types of communication were used, in the following matrix in their workbooks – Handout 5.7. Trainer to put up this chart and fill it as participants answer.

## Handout 5.7

Group	Step of behaviour change - parents	Types of communication used	Was this appropriate What should have been used
1			
2			
3			
4			



## 6. Note for trainers

- In the problems and barriers group discussion, try to steer participants towards understanding the problem in light of the four barriers that have been discussed here so that they see the linkage.
- When you do the role play (Handout 5.6), link it up with the steps of behaviour change and the communication that is necessary for the step. Ensure that participants understand the importance of moving beyond the informative communication that they have been doing so far and that they take up emotional and exploratory communication to make their work more effective.



## 7. Summing-up

We have seen in this session that we need to evoke emotions in order to motivate people. This must be reflected in the way we communicate.

We have also seen how we can use different types of communication for people who are at different stages in their behaviour change.

In the next sessions we will do some more practice to make our skills sharper.

We are ending this session on a difficult note – that in spite of so much care there can be barriers which may create some uncertainty about the messages. That there can be people who will start late. That our own language may not be appropriate some times. But do not worry, once you start doing, it will become more like a habit. The way you can now make chapattis – without having to bother for too many things which were important when you used to make it as a young girl.



Toota tha ek pankh magar urh raha tha voh,  
Ladta raha voh lar saka jitna vidhaan se.

*Jagmohan Rai*

## Closure of Day 1



### 1. Objective

To set the task for a revision of Day 1 learnings on Day 2



### 2. Materials Required

Chart papers



### 3. Duration

10 minutes

### 4. Methodology



- Formation of two voluntary groups
- Tasks explained for summarising day's learning



### 5. Process

#### Trainer Says

We have now come to the end of Day 1 of our two days training. Together we have covered a long journey. It would be useful if we can revise our learning tomorrow morning. However, we would like to leave this job to you. I invite you to volunteer and form two groups of 5-6 each. Both the groups will separately work on a 5-6 minute presentation for tomorrow morning. The presentations should highlight important learnings of Day 1 with examples from your work situations where these learnings can be applied.

#### Trainer Does

Trainer forms two groups of 5-6 persons each and writes names of the group members.

### Trainer Says

I repeat. Your task is to list important learnings of the day and relate those learnings with your job. (take examples from the group members to ensure that they have understood, or else give an example of your own : we learnt that people can be at five different steps in their behaviour change and therefore when we go for our house visit, we will try to find out at what step the lady is so that we can then communicate according to what she needs).

Tomorrow you will tell us how those learnings can be applied to your work situations. My colleagues and I will be available at \_\_\_\_\_ place, in case you need help.



## 6. Summing-up

With this my colleagues and I thank all of you for sharing your experiences with us. Your contributions made the 'kheer' very tasty! We hope to continue doing equally well tomorrow.

At what time do we start tomorrow? 9.00 AM (fix a time with mutual consent, but don't go beyond 9.30)

Ok. So we meet tomorrow morning at \_\_\_time. Good night.



# DAY 2

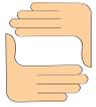
## SESSIONS ON DAY 2

- Recap of Day 1
- Inter-personal Communication and Counselling using Communication Materials
- Team Communication
- Communication Planning
- Mock Sessions
- Course Review and Feedback - Post Workshop Assessment



## Session 6

## Recap of Day 1



### 1. Objective

- Participants revise important learnings
- Participants learn how these learnings can be applied to their job situations



### 2. Materials Required

Chart papers, markers



### 3. Duration

20 minutes

### 4. Methodology



- Presentation is done by the volunteer groups.
- After the presentations, a general discussion is conducted by the trainer.



### 5. Process

#### Trainer Says

1. Good morning. I will now request the voluntary groups to make their presentations. Please remember to tell us how these learnings are relevant and connected to your work.

#### Trainer Does

1. Invite the groups to make the presentations. Give them 5 to 6 minutes for each presentation.
2. Thank you very much for your presentations. It was a great experience for all of us. Let's give them a big clap.

#### Trainer Does

In case all the points given below in your notes are covered, move on to starting the sessions for the day. Otherwise cover the remaining points yourself and then move on to the session.



## 6. Note for trainers

- An ideal family is one which actively takes care of the childrens timely immunisation and nutritional needs. An ideal community of ideal families is also actively using the services and structures
- An ideal functionary is one who can support the community in accessing and utilising the services. An ideal functionary works as a catalyst for behaviour change resulting into demand generation by the families/communities.
- An ideal functionary does not believe in assumptions and stereotypes because her own attitude can affect her communication – both adversely, as well as positively.
- For an ideal functionary, communication plays a very important role
- How do people learn – recall the क, कद, कदम? What is क, द, म?
- What are steps in behaviour change?
- What are the different types of communication
- How does using the right type of communication help in motivating people?
- Preceptions, social norms, language, can be different, so feedback is important to make communication effective.
- The barrier of assumptions and stereotyping resides in us. Only we can solve it. But others can also have their assumption about you. You need to find them out and correct them.



## 7. Summing-up

Thank you we had a good recap of Day 1. Now let's move on to next sessions.

## Session 7

# Inter-personal Communication and Counselling



### 1. Objective

- Learn to use the six steps of GATHER for effective communication and counselling
- Learn proper process of interpersonal communication and counselling.



### Materials Required

ASHA Ek Nai Subah CD, ASHA Role Plays if CD does not work, CD player, TV, charts, markers



### 3. Duration

120 Minutes

### 4. Methodology



- Trainer explains GATHER briefly.
- Participants give examples of each step from their work situation to arrive at a better understanding of GATHER
- ASHA Ek Nai Subah CD is played and paused from time to time to discuss important lessons OR role plays are enacted by participants followed by discussions on important lessons thereof.



### 5. Process

#### Trainer Says

In this session we shall look at the important aspects of counselling like observation, building rapport, asking appropriate questions. One of the best ways to do it is to follow the GATHER technique. Now let us understand a six step process of counselling described by the acronym: GATHER (Handout 7.1)

## Handout 7.1

### **GREET** the caregivers (establishing rapport)

It is necessary to overcome our biases to meet people as equals. Greeting people ourselves helps in building rapport to a great extent.

### **ASK** caregivers (gathering information)

It is important to elicit the needs of the caregivers, prioritising information to make it more relevant. Asking is more than medical history because other aspects of a persons life (life stage, lifestyle, personality, etc.) often impacts individual's post-counselling behaviour more than their medical history.

### **TELL** (provide information)

Avoid information overload such as reciting details on all the processes at one time because there is a limit to how much information people can retain. Instead, package the information in smaller packs and after delivery of each for understanding. Specific information, organised logically is retained longer and more fully, especially if the individuals are encouraged to ask questions.

### **HELP** the individual.

This is the decision-making or problem-solving moment. The provider is helping the individual sort through the information, lifestyle and life stage issues to come up with various alternatives, and helping the individual consider each alternative for its advantages and disadvantages.

### **EXPLAIN** to the individual

Once the individual has made a choice, the provider uses IEC education material to help the individual remember key information. The provider also uses IEC materials to remind them of important discussion points. IEC materials reinforce key information, advantages and disadvantages.

### **RETURN/REFER/REALITY CHECK**

Return visits or referrals should be planned. Repeat if necessary the information given.

**Say:** Will you help me again in explaining in your own words what each step means? Let us do this with examples from the field.

As the participants give the steps one by one, write the steps on the flip chart. (After taking examples from participants for each step of GATHER)

**Say:** We will now watch a CD which will show the story of an ASHA. While it is about the life and works of an ASHA, but the scenes of CD are applicable to any one among us. While doing inter-personal communication or counselling, these or similar mistakes can be committed by all of us. So let's watch this movie. We will keep pausing this CD in between and discuss some important points through questions and answers.

OR

**Say:** (Only if CD does not work/no equipment/electricity) We will now do some role plays which will show the story of an ANM and an ASHA. While it is about the life and works of an Asha, but the scenes of role plays are applicable to any one among us. While doing inter-personal communication or counselling, these or similar mistakes can be committed by all of us. After each role play we will discuss some important points through questions and answers.

### **Trainer Does**

Once two/three examples have been discussed for each step of GATHER, play the CD. Pause the CD at the first discussion point. In case CD does not work ask two volunteers to do a role play as per Handout 7.2

## Handout 7.2

Rekha is sitting on the floor in her house with her child. ANM Anita enters the house and sits in a chair. Then she says, “*Kya hai? Itni baar batane par bhi tum sunti nahi ho. Pehle se jaankaari hoti to jaldi-jaldi bacche nahi hote. Itna kehne ke baad bhi tumne isko teeke bhi nahin lagaye hain. Kuch dhyaan to deti nahin ho. Jo batati hoon use gaanth bandhkar rakha karo. Baar bar nahin bata sakti mein. Itna time nahin hai mere paas kisi ke liye*”

### पहले चरण के प्रश्न:

1. क्या एएनएम, अनिता ने रेखा से सही तरह से व्यवहार किया?



### पहले चरण के प्रश्नों के संभावित उत्तर

1. एएनएम, अनिता ने रेखा से सही तरह से व्यवहार नहीं किया। अनिता ने पूरी प्रक्रिया में जल्दबाजी दिखाई, साथ ही रेखा के साथ असम्मानजनक व्यवहार किया। उसने कई बार रेखा को उलाहना दिया तथा यह एहसास कराया कि वह सभी कुछ गलत कर रही है।”
2. पहले से जानकारी होती तो जल्दी-जल्दी बच्चे नहीं होते”, “इतना कहने के बाद भी तुमने इसको टीके भी नहीं लगाये हैं, कुछ ध्यान तो देती नहीं हो,” “जो बताती हूँ उसे गाँठ बांधकर रखा करो... बार-बार नहीं बता सकती मैं भी। मेरे पास भी इतना समय नहीं है किसी के लिए” जैसी बातें कहकर अनिता ने बजाए रेखा को दोस्त बनाने के, उसे खुद से दूर कर दिया।
3. अनिता को पहले रेखा की स्थिति को समझने का प्रयास करना चाहिए था। एक एएनएम के रूप में लोगों के स्वास्थ्य संबंधी व्यवहारों में परिवर्तन लाना उसके कार्य का एक अहम हिस्सा है। उसे जानना चाहिए कि व्यवहार रातों-रात नहीं बदल जाते। इसके लिए सतत प्रयास करने तथा धैर्य रखने की आवश्यकता होती है।
4. हालांकि अनिता ने रेखा को ज्यादातर बातें सही बताई – जैसे कि महीने के पहले बुधवार को उपस्वास्थ्य केंद्र पर टीकों का लगाना, जच्चा-बच्चा कार्ड, गर्भावस्था के दौरान संतुलित आहार, आयरन की गोलियाँ, टिटनेस का टीका, आराम करना आदि; लेकिन जिस गलत अंदाज और जल्दबाजी में ये सभी संदेश दिए गए, उससे शायद ही रेखा ने कुछ याद रखा हो।

**Trainer Says** – Was ANM Anita's behaviour towards Rekha appropriate?

Takes feedback. Then discusses possible answers as given in page 8. Then asks next question, and one by one covers all the four questions given on page 7. Ask which step from GATHER was not done in this case (Ans : G & A was not done at all. There was an overload of T)

**Trainer Does** – CD is played further OR role play 2 is enacted as per handout 7.3

## Handout 7.3

Page 10 – “Dekho to aapmein kitni khoon .....till kuch nahin hai kya ghar mein”

## Trainer Says

Please tell me how was ASHA Salma’s behaviour? Discuss all questions from page 9 of the booklet and their respective answers from page 10.

## दूसरे चरण के प्रश्न

1. आशा बहू सलमा का व्यवहार कैसा था?
2. किसी से सम्पर्क के समय किन बातों का ध्यान रखना चाहिए?



## दूसरे चरण के प्रश्नों के सम्भावित उत्तर

1. आशा बहू सलमा के व्यवहार में चिड़चिड़ापन तथा असम्मान था। सलमा ने बातचीत की शुरुआत ही ग़लत तरीके से यह कहते हुए की; “देखों तो आपमें कितना खून की कमी है... खाने-पीने को कुछ नहीं है क्या घर में?” सलमा ने शान्ति से प्रश्न तो बहुत से किए, लेकिन उनके उत्तर देने का अवसर नहीं दिया। उसने शान्ति को कई बार उलाहना दिया तथा यह एहसास कराया कि वह सभी कुछ ग़लत कर रही है। सुनने की कला, प्रश्न करने की कला, उदाहरण देना, प्रोत्साहन देना, वाक्यों/शब्दों/तथ्यों को दोहराना, अशाब्दिक संचार का प्रयोग करना ऐसे कौशल हैं, जिनमें पारंगत होकर आशाएं अपनी बात प्रभावशाली तरीके से लोगों तक पहुंचा सकती है। एक अच्छी आशा को चाहिए कि वह लोगों को प्रश्न करने, अपनी बात कहने, स्पष्टीकरण देने का अवसर दें; उन्हें अपना मित्र बनाए तथा उन से सिर्फ़ काम के नहीं, बल्कि दोस्ताना सम्बन्ध बनाए।
2. गरिमा एवं सम्मान का व्यवहार करके, सही एवं सम्पूर्ण जानकारी देकर, लोगों के समय, सुविधा, हितों तथा भावनाओं का ध्यान रखकर तथा उसके द्वारा दी गई जानकारी गोपनीय रखकर लोगों को न केवल जानकारी दी जा सकती है; बल्कि उनके दिलों को भी जीता जा सकता है।

We will now see how these shortcomings could be overcome by using proper technique for inter-personal communication and counselling.

## Trainer does

CD is played further OR role play 3 is enacted as per handout 7.4

## Handout 7.4

## तीसरे चरण के प्रश्न

1. आशा बहू सलमा ने इस बार शान्ति से कैसे बात की?
2. क्या सलमा ने आपसी बातचीत के छः चरणों का पालन किया?



## तीसरे चरण के प्रश्नों के सम्भावित उत्तर:

1. इस बार सलमा के व्यवहार में सम्मान तथा अपनत्व था। सलमा ने शान्ति की तारीफ़ की तथा अपनापन के साथ इस बात पर बनावटी नाराज़गी जताई कि वह अपना ख्याल नहीं रखती। सलमा कहती है: "अरे भाभी... इतने सुन्दर चेहरे पर ये फीकापन क्यों? जरा नाखून तो देखूँ... भाभी देखो अब मैं आपसे नाराज हो जाऊँगी"। इस बार सलमा ने सरल शब्दों में अपनी बात को समझाते हुए बताया: "भाभी जब औरत पेट से होती है तो उसे दो जिन्दगियों का ध्यान रखना पड़ता है... इसलिये समय पर और सही भोजन बहुत ज़रूरी होता है।" साथ ही सलमा ने सभी ज़रूरी संदेश भी बेहतर तरीके से दिए। उदाहरण के लिए: "मेरी प्यारी भाभी! आप दूध, हरी सब्जियाँ, फल, गुड़, घी खाया करो जो आपके आने वाले बच्चे की सेहत के लिए बहुत ज़रूरी है।" फिल्म में सलमा और शान्ति की आंगन में बैठकर बातचीत करते दिखाया गया है, लेकिन लगता है कि शुरुआत में सलमा ने शान्ति का अभिवादन किया होगा। फिल्म में सलमा को अन्तर्वैयक्तिक संचार के छः चरणों (अभिवादन करना, हाल-चाल पूछना, बताना, मदद करना, समझाना, लौटना/फिर से मिलना) का पालन करते हुए दिखाया गया है। अन्तर्वैयक्तिक संचार के छः चरणों का पालन करते हुए संचार को प्रभावी बनाया जा सकता है। इससे स्वास्थ्य कार्यकर्ता को लोगों से आत्मीय सम्बन्ध बनाने, अपनी बात उन तक पहुँचाने तथा उन्हें व्यवहार परिवर्तन के लिए तैयार करने में मदद मिलती है।
2. उदारहण देने तथा मुहावरों का प्रयोग करने से संचार का प्रभाव बढ़ जाता है, तथा लोगों को अपनी बात समझाना आसान हो जाता है। उदाहरण जितने वास्तविक, स्थानीय तथा सरल होते हैं, उतना ही उनका प्रभाव अच्छा पड़ता है। इस प्रशिक्षण फिल्म में भी सलमा ने शान्ति के साथ बातचीत के दौरान उदाहरण का अच्छा प्रयोग किया है। उसने कहा: "आपके आंगन में आम का पेड़ है वो आप ही ने लगाया था ना... आम आने लगे हैं उस पर... आपने उसे वक्त पर पानी दिया, खाद दी, धूप-छांव का ख्याल रखा... और अब तो फल भी लग गए... इसी तरह जब आप अपना ख्याल रखोगी तो एक दिन आपका बच्चा भी स्वस्थ ओर सेहतमंद होगा... उसका जन्म आसानी से होगा... घर में खुशियाँ आयेंगी और हमारी भाभी का मन खुशी से नाच उठेगा"।

## Trainer says

Let us now discuss these two questions.

## Asking Questions Effectively

**Say:** There are two types of questions. If you open your workbooks and look at Handout 7.5 we can read it together.

There are two types of questions

Type	Example
Close ended (history, preferences)	How many children do you have?
Open ended (learn about feelings, beliefs)	What have you heard about complementary nutrition?

The tone of voice is important. Always ask questions in a non-judgmental way. You should try and use a tone of voice that expresses interest and concern.

**Do:** Ask participants why we need to ask questions? Possible responses may be:

- Encourage the caregiver to talk.
- Communicate your interest to the other person.
- Increase your awareness of the other person's feelings.
- Bring out specific information.
- Give a degree of control to the caregiver.

If questions are asked effectively, what we can learn through questions:

The general situation	– “What did you want to talk about?”
The facts	– “What happened?”
Feelings	– “How did you feel?”
Reasons	– “Why did you do that?”
Specifics	– “Could you give me an example?”

**Trainer Says:** Now that we have seen the kinds of questions to be asked, let us do a quick exercise. I will read out questions to you and you must tell me whether they are open type or close type of questions

## Handout 7.5

Questions on the Chart	Key-Only in trainer notes
1. When was the last immunisation given to your child?	C
2. Did you give polio drops to your daughter?	C
3. How many immunisations have been given since her birth?	O
4. Did you go for your checkup during your pregnancy?	C
5. How many times and when did you go for your checkup during your pregnancy?	O
6. What do you think could be the reasons for your child's poor health?	O
7. Don't you see that your successive pregnancies making you weak?	C
8. What effect do you feel on your body due to successive pregnancies?	O
9. Do you know that Vitamin A is given at the AWW centre?	C
10. What are the advantages of Vitamin A and where do you get it?	O
11. Is it true that you are not nursing your child because of your blind faith?	C
12. Why are you not breastfeeding your child?	O
13. What problems do you face in breastfeeding your child?	O

## LISTENING

### Trainer Says

We have seen what are the important steps that must be followed in any inter-personal communication. One skill which is very important in our work and helps us in building a good rapport is LISTENING.

We will do a small exercise on listening. I will read a short paragraph (given below). Please listen to it very carefully and answer a few questions. I will read it only once. Trainer will read out the paragraph given here:

*Sudha is AWW for village Khairtora in District Agra. Agra is famous for Taj Mahal. Taj Mahal is a hotel in Bombay which was burnt in a terror attack. Terror is bad for society. Society does not know what is good and what is bad for it. For example everyone knows that smoking is injurious to health yet tobacco is sold in the society. There are other bad things in the society. Discrimination against women (mahila) is another example. Mahila is a cricketer from Lanka. Lankesh Kumar, Kumbh, Karan, and Meghnath are children at Sita's Anganwadi. She gives them ration everyday.*

1. Sudha lives in which city? (Correct answer , not city but village Khairtora in District Agra)
2. What is bad in our society? (Again based on the paragraph there are only two things mentioned – selling tobacco, and gender discrimination; do participants give more than two...these are coming out of their experience and perceptions, not from the paragraph)
3. What was burnt in Lanka? (It was not told in the paragraph. But see whether someone answers hotel was burnt)
4. Who is Hanuman? (Again the paragraph talks about Lanka. There is no mention of Hanuman. If someone answers it is based on that person's past knowledge and experience)
5. What is common between Sita, Lankesh, Kumbh, Karan and Meghnath? (Correct answer : Sita's Anganwadi)
6. Is Sudha Mahila? {It can have two answers based on the paragraph – one Yes, Sudha is a mahila (meaning woman) , and two No, Sudha is not Mahila (meaning cricketer)}

We have seen that some of the answers were not correct. Because we could not listen to the paragraph attentively. Why?

- It was boring
- It was long
- There was no connectivity and logic

It is important to see how our past knowledge made us answer some questions outside the context of this paragraph. We get some tips for good listening:

- Ignore your past knowledge and experience as it may colour the listening
- Avoid being judgmental (like it is good or bad or boring or illogical)
- Be attentive
- Concentrate on the speaker

- Don't interrupt
- Give non-verbal feedback (e.g., nod, smile, say 'Mmmmm' lean forward)
- Reflect feelings
- Summarise
- Ask for clarification



## 6. Note for trainers

In this session we are looking at using the GATHER video. Ensure that you have the necessary equipment for playing the CD and that the CD is in good working condition. In case this is not available, have the role play scripts ready and invite volunteers to perform the role plays.

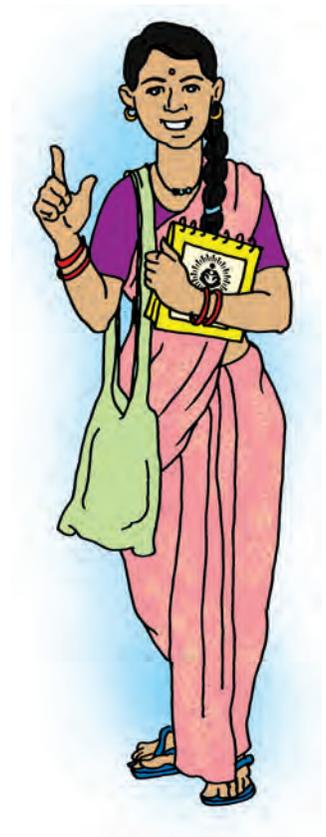
In addition to the GATHER principles for communication, it is necessary to ensure that you also talk about the skills of effective listening and questioning. Tell the participants that we will be practicing these skills in the next sessions.



## 7. Summing-up

Sometimes a child is unable to cope up with studies in the class. What do parents do? Start teaching the child at home. Or get a personal tuition for the child. In this case small group communication (in the classroom) could not help the child and that's why the child had to undergo a one-to-one communication. This one-to-one communication is called Interpersonal Communication and Counselling (IPCC).

In our work, IPCC plays the same role. It is like giving home tuitions. Its role goes beyond that also. It helps us to connect with those families who, due to some reasons, are not able to join the group at our work place or even if they join, they are overshadowed by some more vocal community members. IPCC is one of the key communication components influencing behaviour change. And remember it begins with GREET.



Huzoor aapka bhi ehtram karta chalon,  
Idhar se guzra tha, socha Salaam karta chalon.  
*Shadaab*

## Session 8

## Using Communication Material



### 1. Objective

- Participants understand the materials to be used along with their advantages and disadvantages.
- Participants understand opportunities for use.
- Participants review the challenges and barriers in using communication materials.
- Participants are able to practice use of some of the communication materials.
- They see others doing it and are able to discuss the Do's and Don'ts while using a particular material/communication process.



### 2. Materials Required

Communication materials, chart papers, markers, films on use of materials, 30 small envelopes with four different coloured dots/bindis (8 of each colour)– one in each envelope (8 + 8 + 7 + 7).



### 3. Duration

120 minutes

### 4. Methodology



- In four groups, participants list materials that they know, their advantages and disadvantages.
- Participants brainstorm in larger group the opportunities for using the materials
- Trainer shows film on use of materials. If video not available, trainer uses the flip chart.
- Four groups formed to practice use of materials based on which participants will generate a checklist on use of materials and organisation of sessions



### 5. Process

#### Trainer Says

Welcome to a very interesting session. I am giving you a gift. Please wear it so that everyone else can see it. (Distributes the envelopes).

If you can open your envelopes and wear what you have got, it will be a very colourful gathering. (participants can put the bindis on their foreheads or on their dress, while they do this trainer continues).

We have done a lot of work over the last one and half days in trying to understand how to communicate effectively. We saw how showing improved our communication. Most of the communication materials are prepared to engage seeing and thinking of individuals, the families/community besides listening.

A good communication material adds all three क, द, and म to our communication. In this session now, let us look at some of the tools that we have for our use.

I will ask you to work in groups. Your task is to list all communication materials that you are aware of. Then against each, you will discuss and write the advantages of using that and in the next column the opportunities you have for the same.

Let us see an example of this. (Puts up the chart)

Material	Advantage	Opportunity for use
Flip book	Can be used to maintain interest of the group	During home visits to explain

Here we have given only one advantage, but you may have many others, similarly there may be many other opportunities where you can use it. I will give you 10 minutes to prepare your charts and then we will have a presentation.

(Ask if everyone has understood the task before you move to form the groups)

Let us form four groups. For this, you must find people who are wearing the same colour bindi that you are.

#### **b. Trainer does:**

When the groups are formed trainer will give chart papers and markers to each group. After 8 minutes give warning of time. Call the groups together after 10 minutes.

#### **c. Trainer says:**

Let each group make a presentation. We start with (Colour) group. After the group makes the presentation, ask the next (colour) group to make the presentation, only to add new points that the group has. No points made by the first group should be repeated.

Similarly for third and fourth group.

If after the presentation, any points are left out (refer Handout 8.1) add those.

## Handout 8.1

Materials	Advantages	Opportunities for use
Flip charts, flip books  (illustration to be added here)	Can be used with a small group effectively.  Can be used for different topics  Can maintain interest of audiences  Is easy to carry and use at different locations	During home visits, for small group presentations, when women come for THR or RI, during VHND, during monthly meetings with women
Pamphlets, booklets, leaflets	Can be given away  Individuals can read at their own pace  Can be shared with family are easy to produce  Can be carried for distribution  Give detailed descriptions	To be used for people who can read unless totally pictorial.  Distribution during meetings, festivals, events  Given during home visit after a session to remind about the information given.
Posters, charts	Can be put up in public areas where people can be reminded of information given  Although too many messages cannot be put on the poster, it carries the main message and if arranged attractively can serve as a reminder to individuals	During meetings at the AWC, Panchayat Bhavans, PHC.  During rallies or events
Flash cards	Are attractive to users  Can be passed around within a small group, letting people touch and see the pictures  Are easy to carry  Can give information in a sequence  Are pictorial and therefore easily understood even by low literacy audiences.	During home visits, for small group presentations, when women come for THR or RI, during VHND, during monthly meetings with women.

Once the presentation is done, close by saying – There are many types of materials that make our job more effective and fun as well.

Still, there is some reluctance in using these materials. Why don't we use the communication materials?

### Trainer Does

Listen to possible answers which could include responses like :

- Sometimes they are not available (stored away or not at the service site)
- Don't know the importance of using
- Lack of knowledge on how to use them
- Language barrier (if not in the local language)
- Not told by supervisor to use them
- They need more time to use
- Negligence
- Assume families/community can understand without seeing

Look carefully for those answers where the action lies with the functionaries. For example the last three here are the ones where they can take corrective action themselves. Or knowledge for using the materials.

### Trainer says

What is in our own hands? Which difficulties can be overcome by you? Or are they really difficulties or just your assumptions? It is more in our attitude. If we want to use them, we will. Sometimes, we do not use, because we think we will not be able to do a good job. Let us use this opportunity to see how the materials are to be used and then practice their use ourselves.

### Trainer does

Show the films on correct use of the materials. This will take about 15 to 20 minutes. Answer any questions that they may have. (Films prepared by NC on use of materials).

Draw a checklist of how materials can be used on a flip chart. If any points are left out, use Handout 8.2 to complete.

## HANDOUT 8.2

### How to use Posters

There are two kinds of posters:

1. Posters to motivate caregiver
  2. Posters to educate
- 
1. Display motivational posters in places of high visibility around your health centre, such as PHC waiting room and examination rooms, bus stops, grocery shops, AWCs, Panchayat Bhavans. Think about what the poster is meant to do and who will see it.
  2. You also can use posters to stimulate discussion with the caregiver.
  3. Ask caregivers what they see and what it means to them. If correct, reinforce positively her understanding. If incorrect, correct the understanding in a polite and patient way.

### How to use Flip Charts

1. Position the flipchart so that everyone can see it.
2. Point to the pictures, not the text.
3. Face the audience (for group talks). Move around the room for groups with the flipchart if the whole group cannot see it at one time. Try to involve the group.
4. Ask the audience questions about the illustrations to check for accurate understanding.
5. If the flipchart has text, use it as guide, but familiarise yourself with the content so that you are not dependent on the text.

### How to use Booklets

Booklets are designed to reinforce or support information given verbally by the Frontline Functionary. If used properly, they strengthen the messages you give to caregivers. The following are suggestions on how to use the booklets:

1. Go through each page of the booklet with the caregiver. This will give you a chance to show and tell about a problem or practice and answer any questions that the audience has.
2. Point to the pictures, not to the text. This will help the audience to remember what the illustrations represent.
3. Observe audience reactions. If your audience looks puzzled or worried, encourage him/her to ask questions or talk about any concerns. Discussion helps establish a good relationship and builds trust between you and the Caregivers. A person who has confidence in his or her health worker will often transfer that confidence to the method or health practice selected.
4. Give the booklet to the caregiver. Suggest that he/she share it with others, even if the caregiver makes a decision not to use the health practice described.

## Handout 8.3

### Steps in Organising and Conducting a Group Talk

#### Step 1. Plan the Talk

There are several steps you should follow when planning.

**Prepare and design the talk objectives:** What should the audience know about the topic at the end of the talk?

**Prepare an outline of the talk:** Write out step by step how you will present the information.

**Plan the timing of the talk:** Is the talk planned at a convenient time for the selected audience? Make sure it is not too long.

**Choose or confirm the venue:** Is the location convenient for the selected audience? Is it comfortable and free of too many distractions?

**Select and prepare appropriate visual aids:** Use pictures if you want to keep an audience's attention and reinforce information. A picture is worth a thousand words! A demonstration is perhaps worth more !!!

**Design questions to stimulate and evaluate the talk:** People love to talk and well thought out questions will stimulate your audience to participate in discussion. It will also help you to know whether they understand and are learning what you want them to learn.

#### Step 2. Conducting the Talk

Talks are most interesting when they are no longer than 20 minutes, well organised, and involve the audience. One of the best ways to involve the audience is to encourage discussion. You need very good listening, questioning, and summarising skills to facilitate discussions.

Following is a list of steps that you should follow when conducting a group talk:

- Introduce yourself and the topic of the talk;
- Encourage group participation;
- Guide and stimulate discussion;
- Encourage participants to respond to each other's questions;
- Give clear, correct information and answers, using relevant visual aids;
- Establish eye contact;
- Use simple, clear, culturally accepted and understandable language;
- Dress appropriately so that you have a pleasant appearance;
- Use of body language effectively including natural, open gestures;

**During the talk, you should take care to:**

- give group members a chance to contribute;
- acknowledge other's contributions;
- avoid taking sides when settling conflicts;
- know and be friendly with individual members;
- summarise important points.

You should ensure that all members' opinions are respected and that no member dominates the discussion. Discourage dominating personalities from speaking all the time and encourage the quiet ones to talk by saying something like, "Ruksana, aaj tumne hum logon ko bahut saari baatein batayi hai, chalo aaj Sunita se bhi kuch sunte hain"



## 6. Note for Trainer

- This session should highlight the importance of using visual aids.
- The first part is to help the participants see their own knowledge of the tools that they can use.
- Barriers are something that the participants will respond to and you must ensure that they can link up to their own reluctance in using as they feel they will not be able to do justice. Once they have understood their fear, they can be motivated to overcome it. Do not allow them to dwell too long on the session on barriers
- The films should be shown and questions, if raised by the participants, can be answered. However the main purpose is when they themselves practice the use of the materials and the organisation of the sessions. Help them in generating the checklist for correct usage. This is to reinforce the learning from the videos.



## 7. Summing-up

The greatest advantage of using communication materials is that these help you in keeping your discussions focused. The conversation remains on the target and remains brief. This is the hallmark of a good communication.

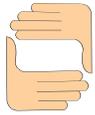


He is an eloquent speaker who speaks with brevity, but whose speech is sweet. One who speaks a lot but speaks with little sense is nothing but a prattler."

*Sanskrit Sloka by Nitidvishastika*

## Session 9

## Team Communication



## 1. Objective

- Participants understand important points about communication within teams.
- They understand how to communicate for better team coordination.



## 2. Materials Required

Chart papers, markers, three TT balls or three lemons, three spoons



## 3. Duration

45 minutes

## 4. Methodology



- Trainer begins by narrating a story
- A game is played in teams of 10 each
- Debrief and discussions to highlight important aspects of team communication



## 5. Process

## Trainer Says

Often we have seen birds flying in the sky. There are birds who fly in a flock (like pigeons) and there are birds who fly in a “V” formation (like storks – Hindi *surkhaab*). What is the difference. Someone may say *kabootars* are small, *surkhaabs* are large. Anything else? Well *kabootars* always fly very short distances but *surkhaabs* fly long distance of thousands of kilometres – inspite of their bigger size and weight! They are able to do that because they have learnt to perform in a team.



Figure 1: Pigeons flying in flock

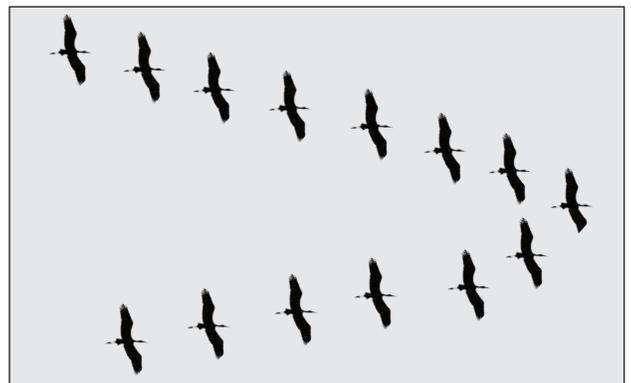
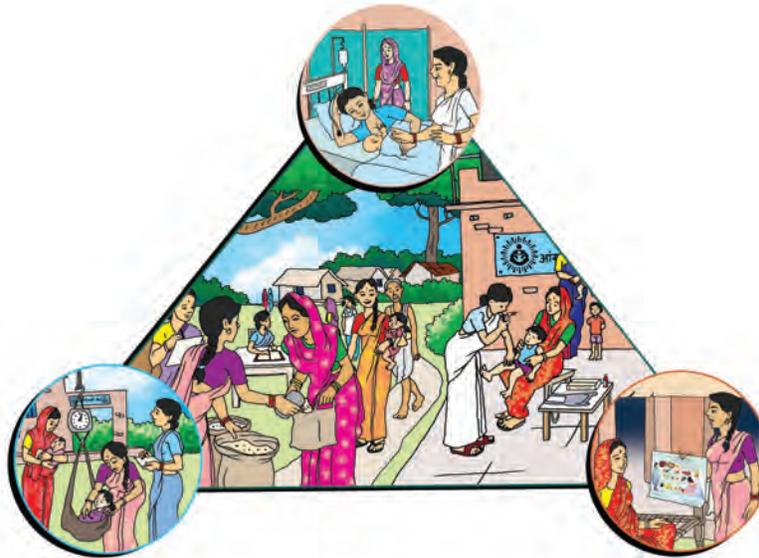


Figure 1: Flamingoes flying in V shape

When they fly in a “V” there is a leader at the head of V and others are behind the leader strictly forming a V. The front ones in the V move their wings and displace enough air to let all of them fly – those behind need not flap their wings, they just keep them open to float. They save their energy. You will also see that sometime the V shape changes and birds quickly readjust themselves behind a new bird at the head now – actually the bird who was resting has now taken the lead, and the front one has gone behind to rest. They keep flying constantly, some keep working some keep flying.

Our teams are like that. Each of us has a role to play. Someone is responsible for arranging the medicines, drops, etc; someone is playing an advisory role giving advice to community; someone is responsible for administering the drops and giving medicines. One person’s work is dependent upon others.

A well coordinated team can make us work like *surkhaabs* – fly long distances.



We will play a game in this room – like *surkabs*. I hope we do not end like *kabootars*!

- Select a team comprising of 10 persons of your choice. Totally we will have three teams.
- Each team will select one leader and one goal keeper.
- Team to stand behind the leader.
- Leader will be given a spoon with a table tennis ball kept on it.
- Your task is to let it pass from one to one, WITHOUT FALLING, to finally reach the goal keeper.
- The team which takes minimum time will be the winner.
- Time allowed five minutes for discussions/preparation
- Five minutes to play the game.

### Trainer Does

Let them play the game for five minutes. Observe closely. Take notes. For observation points refer to “Observations to be made by the trainer” below. Retrials should be allowed. Let participants sit at their place.

### Observations to be made by the trainer

- *Have teams interpreted “team to stand behind the leader” as standing one behind another, or some teams stood forming a close circle immediately behind the leader. Note the difference when they stand in a line, the distance travelled by spoon with Table Tennis (TT) ball will be more, it will be much less when they are in a circle.*
- *Were they able to discuss this performance angle before they began?*
- *Did some team decide that instead of spoon travelling from person to person, the team members will walk quickly upto the spoon to avoid the TT ball falling again and again.*
- *How did the team behave with the person who dropped the ball? Rudely? Firmly? Sympathetically? Did anyone in the team try to ‘train’ this person how to hold the spoon, or to stop breathing while receiving/holding/passing the spoon. Or any other suggestion?*
- *How did the person who dropped the ball react? Accepted and followed the suggestions given or ignored them?*

Now ask the winners how did they do it. Note if their points match with your observations.

Now ask following questions from all:

1. What did you discuss? How did you plan to play the game? (Relate their answers with how it is important to listen to all team members).
2. What did you do when the ball was dropped? What did you do when the same person dropped it again? (Relate it to their ability or inability – depending upon their reply and your observations – to empathise with others, and their coaching and counselling).
3. What did you decide to do when you dropped the ball? Can you tell which team member gave what suggestion? Was it relevant? (Again depending upon their answer relate it to our ability/inability to listen to others in difficult times).

### Summarise the session

Write on the board/flip chart

Communication within teams is important for better performance. It requires:

- Clear, job oriented messages
- Understand, listen to others’ difficulties
- Empathy with team members difficulties
- If possible offering genuine solutions to overcome these difficulties
- Listening to others suggestions and considering them for trials.



## 6. Note for trainers

In the story the focus is on team work as the birds fly together and how they communicate within the team so that positions are changed accordingly. If this communication did not happen, then the team will fail.

Focus on the importance of communication within the team.



## 7. Summing-up

Working in teams requires empathy with each other and good rapport building. If our actions are right, we become undisputed leader of people around us. If our actions are wrong, people start ignoring us. Who declares the lion as the King of the Jungle. Lion becomes a king because of his own actions. Similarly, in our own life, when working towards some goal, we should not merely “demand” it. Rather we should try to “earn” the goal through our own good deeds and efforts. It is through our own hard work that we achieve.



Kab tajposhi hoti hai jangal mein sher ki,  
Apna hunar hai apni hi mehnat hai sher ki  
*Nisar Ahmad*

## Session 10

# Communication Planning



## 1. Objective

- To help participants understand how to plan their communication.
- Participants learn to put all the components of communication together to make it most effective.



## 2. Materials Required

Chart papers, markers



## 3. Duration

60 minutes

## 4. Methodology



- Begin with a general discussion quoting relevant examples.
- Format for communication plan is handed-over for group discussions
- Participants make their communication plans in small groups of 6-7 each (total five groups)



## 5. Process

### Trainer Says

Communication plan has to be necessarily linked to the overall job action plan. For example an ANM may want to improve immunisation from say 57% to 80% in one year. Her job plan would then list the number of pregnant women in her area, the number of women likely to become pregnant, and the number of men likely to get married, and so on. She may prepare her detailed communication plans for each of these set of people. The objective of her communication plan could be raising awareness level in first two months, persuading behaviour change, and building a commitment level in next three months, and finally getting their children for immunisation.

Her systematic communication plan will result into the final outcome in terms of job targets.

Keep in mind the vision that we have of the ideal community when you are making the plan.

Now each group will work on a communication plan for their cluster/village. When making the communication plan the following should be the guiding principles:

- What is the primary need?
- What is the message I want to give?
- What is the behaviour change I expect from this intervention?
- Who should be the receiver/s?
- What will be a good opportunity of addressing the receiver?
- What is the best method I can use for giving the message?
- How will I know the effectiveness of the message given?

These questions are covered in the format : Handout 10.1 in your workbook.

## Handout 10.1

Basic Issues	Identified needs	What information do I want to give?	What is the behaviour change expected	Barriers to behaviour change	Who is the intended beneficiary?	Which is the best opportunity to give message?	What is the best method of giving the message?	IEC materials that can be used	Who can help in behaviour change?	How will I monitor the results of my communication?
(examples)										
Timely immunisation										
EBF										



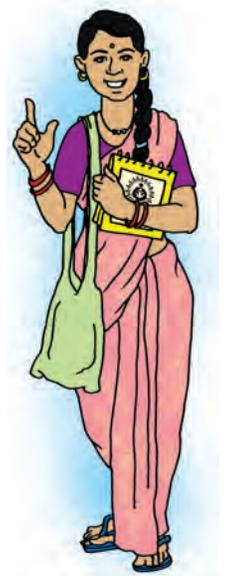
## 6. Note for trainers

During this session, you will have to spend a lot of time with the groups so that they make a comprehensive plan including team communication to take help from others. It is not necessary that every one in the group makes a plan. Even if they participate ACTIVELY to make one plan the matter will be understood by them



## 7. Summing-up

Remember you are not alone in the field. Infact you are a part of a very powerful triangle. The ANM, AWW, ASHA triangle. Between three of you lies the entire village with its entire population. The delivery mechanism of health and ICDS is dependent on you. You may belong to different departments but your purpose is the same – to make a health India...for tomorrow. Our attitudes towards our work will define tomorrow's India. It is a big task like a huge tree-trunk (*shahteer*).....



Ye jo shahteer hai palkon pe utha lo yaaro  
Ab koi aisa tareeka bhi nikaalo yaaro  
Kaise aakaash mein suuraakh nahin ho sakta  
Ek patthar to tabiyat se uchhaalo yaaro

*Dushyant Kumar*

Some Challenging Situations that Frontline Functionaries face:

1. Women may not come in for immunisation as the child gets fever on vaccination and they feel that the child becomes sick due to vaccination.
2. Handwashing and maintaining hygiene requires money
3. Some communities will not bring in children for immunisation
4. Children are sent to the AWC only for nutrition. Other things are not followed or thought important.
5. Taking IFA tablets causes nausea, so women will not take them.
6. When infants are given the IFA syrup their urine turns orange and families are scared that this is an ailment.
7. Geeta is ready to go to the hospital for her delivery, but her mother-in-law and her sister-in-law are against it as her sister-in-law had lost her baby when she had gone to the hospital for her delivery.
8. The community feels that colostrum looks like dirty milk and should not be consumed as it will make the child sick.
9. Many families refuse to give the first milk to the child as they feel that it should be given to the village deity and not doing that will bring bad luck to family.
10. A child is showing symptoms of malnourishment. The family members do not think that is the case and refuse to take any precautionary measures.
11. Women feel that when they have to come in for immunisation, they lose their daily wages for two days atleast.
12. Sita's mother-in-law feels that Sita should not eat too much when she is pregnant and not sleep otherwise the baby will get pressed.

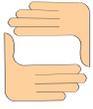
## Closing the Circle for Day 2 Sessions

### Trainer says:

- The last session by the trainers is to generate a list of situations that the service providers feel challenge them to a great extent.
- The situations for the role play should be drawn out from these situations – refer to situations listed in the table for examples of challenging situations.
- Participants will work in small groups of two and prepare role plays including the use of IEC materials as they prepare what they feel can be the way they communicate to overcome these challenges. Using the flipbook is mandatory for all.
- They will design their communication based on what they think is the best option.
- The participants will be given one hour to practice their role plays after which we will start by a draw of lots. The name of the team members will be written and put in this jar. Whichever team is called will come and give the mock session.
- Each group will have 15 minutes of time to put up the role play, seven minutes to each member.
- Facilitators will give feedback on the Mocks.
- Break the groups to prepare for the Mocks.

## Session 11

## Mock Sessions



## 1. Objective

Participants will practice group discussions, IPC and counselling



## 2. Material

IPC materials (Flipbook)



## 3. Time

2.30 hours



## 4. Process

The groups have been given the situations.

Each group of two or three members will come forward and put up the role play in communication.

The trainers will give feedback to the groups on their presentations which will be based on the following:

1. Understanding of the situation
2. GATHER approach used for communication
3. Use of IEC materials
4. Use of verbal and non-verbal communication techniques

Other groups may also be invited to give feedback to their colleagues.

Trainers will give feedback to the participants based on the following observation format:

OBSERVED BEHAVIOUR	YES	NO	NOTES
<b>I. ESTABLISHING RAPPORT</b>			
Greets			
Pays attention to physical environment (ensures privacy)			
Facial expression, posture, gestures (smiling, leaning forward, communicates warmth)			
Maintains appropriate eye contact			
Rate of speech, tone communicates warmth, is easy to understand			

OBSERVED BEHAVIOUR	YES	NO	NOTES
Assures confidentiality			
Gives reason for visit			
Uses encouragers and praise to foster dialogue			
Uses open-ended questions to encourage dialogue			
Asks about feelings			
<b>II. GATHERING &amp; PROVIDING INFORMATION</b>			
Follows caregivers issues or concerns			
Talks about self only if the information is directly pertinent			
Doesn't interrupt			
Asks one question at a time			
Refrains from leading questions			
Legitimate concerns			
<b>III. PLANNING, DECISION MAKING, PROBLEM SOLVING</b>			
Let's caregiver do most of the talking			
Reflects concerns			
Reflects feelings			
Helps caregiver identify areas of concern			
Assists in deciding options by discussing them			
Lets caregiver make the decisions			
Supports by giving information for follow up			
<b>IV. USE OF COMMUNICATION MATERIALS</b>			
Uses appropriate material			
Understands use of material			
Points out to pictures			
Explains text			



### Closure:

Tell the participants that they have done well to imbibe the learning and try and use it in their presentations.

## Session 12

## Closing and Feedback/Post Workshop Assessment



## 1. Objective

- To thank participants for participating actively in the workshop
- To wrap up the learnings from two days of the workshop



## 2. Materials Required

Copies of the song, song on the CD or mobile, post workshop assessment forms. VIPP cards



## 3. Duration

30 minutes

## 4. Methodology



- Thank participants
- Distribute copies of the song and play it together
- Distribute VIPP cards to the participants asking them to write one thing that they think they have achieved in the workshop and whether it matches the goal they had written for themselves on Day 1
- Share the story
- Ask participants to fill in the feedback forms
- Ask participants to fill in the post workshop assessment



## 5. Process

**Trainer Says:** As we come to the close of this training and as we have just finished a very good round of mocks that you have worked on so well, we take this opportunity to thank each one of you for the good training that we have had.

Let us see what we have learnt over the two days where we have worked together. Trainer recaps points from the matrix given below :

We need to work together if we have to produce good results, we must give our best and participate in the right spirit.

To have an ideal community, we need to support them. The support that people will require will be accurate and correct information, proper communication, proper explanation to their queries. In order to do this, we ourselves need to have skills to do this.

I must understand that my attitude, my thinking affects my action. And my actions are responsible for the results that I have. Therefore it is important for me to have faith in my own work, in my skills and also in people.

When I work I mostly communicate with the adults in the community. It is the adults who take decisions. To help them take their decisions I need to understand how adults can be influenced to learn. I also know that my work is mostly centralised around giving messages and influencing actions that will lead to behaviour change in adults. People can be at different steps of behaviour change. I should understand the stage that people are at so that I can help them to move on to the next stage. I should also target my communication accordingly.

In the session we spoke about communication, the components of communication and what influences communication. We also looked at what can be the barriers to communication like our own perceptions, social norms and thinking, culture, traditions, language. However we also understood that communication can be a powerful tool to overcome these barriers. We looked at the four different types of communication and where and how it can be used. This is true especially when we know at what step of behaviour change people are.

Next we looked at the six step GATHER method of Interpersonal Communication and Counselling and linked that with how to ask questions effectively and how to listen effectively. Both these are very important steps in communication. Communication is not just saying things effectively but also allowing people to say what they want and then listening to what they have to say.

We then looked at the different materials that we can use to support our communication and the effective method of using the materials.

This session now brings us to a close as we see how we have to work together as a team. For a team to be functional, we have to understand each other's strengths and weaknesses. We have to support each other and have to work at what we are good at. Where we need help, we must ask for support.

When we have understood all this, we now need to plan our interventions. The session on planning was based on this and we saw how answering certain focused questions, we can make a plan for ourselves, that can actually reduce our work load.

As a token of our appreciation, we would like to give you a memento. Trainer distributes copies of the song given here. Can we all sing this together?



*Logon Ka Dil Agar Haan Jeet Na Tum Ko Hai To Bas Meetha Meetha Bolo Chale Hai Jaise Kahin Sheeshe Pe Aari Kaano Ko Laage Hai Aawaaz Tumhaari Kehna Hai Kuch Agar To Bolo Mein Mishri Gholo Bas Meetha Meetha Bolo Sir Chhupaa Hai Jab Seena-E-Dil Mein Jeet Tumhaari Hai To Phir Mushkil Mein Haq Se Tumhe Agar Haan Aage Badhna Hai To Bas Meetha Meetha Bolo Sau Mein Se Ek Hai Baat Pate Ki Din Ho Surila To Raat Maze Ki Apna Yeh Maal Agar Haan Bechanaa Tum Ko Hai To Bas Meetha Meetha Bolo*

The Kheer has turned out very well thanks to your contribution to the training.

I am giving you these cards. Please put on the card what you think you have achieved in this training. Does it match the goal you had set for yourself on Day 1?

### **Trainer does:**

Fill in the cards and collect them for the participants, then narrate the story.

We started with a story that has helped us through this training, I will end with a story that if you take with you will help you throughout your life.

*Once there was a king who received a gift of two magnificent falcons from far off lands. They were the most beautiful birds he had ever seen. He gave the precious birds to his head falconer to be trained. Months passed and one day the head falconer informed the king that though one of the falcons was flying majestically, soaring high in the sky, the other bird had not moved from its branch since the day it had arrived.*

*The king summoned healers and sorcerers from all the land to tend to the falcon, but no one could make the bird fly. He presented the task to the member of his court, but the next day, the king saw through the palace window that the bird had still not moved from its perch. Having tried everything else, the king thought to himself, "May be I need someone more familiar with the countryside to understand the nature of this problem." So he cried out to his court, "Go and get a farmer."*

*In the morning, the king was thrilled to see the falcon soaring high above the palace gardens. He said to his court, "Bring me the doer of this miracle."*

*The court quickly located the farmer, who came and stood before the king. The king asked him, "How did you make the falcon fly?"*

*With his head bowed, the farmer said to the king, "It was very easy, your highness. I simply cut the branch where the bird was sitting."*

*We are all made to fly - to realise our incredible potential as human beings. But instead of doing that, we sit on our branches, clinging to the things that are familiar to us. The possibilities are endless, but for most of us, they remain undiscovered. We confirm to the familiar, the comfortable, the mundane. So for the most part, our lives are mediocre instead of exciting, thrilling and fulfilling.*

*So let us learn to destroy the branch of fear we cling to and free ourselves to the glory of flight.*

Are there any questions that you have for the facilitators?

If there are any questions, you can take them up. If not distribute the workshop feedback forms.

After collecting the feedback forms, you can then distribute the post workshop assessment forms to the participants, asking them to complete them in 15 minutes.

Thank the participants and declare the training closed.







