SOCIAL MOBILIZATION TRAINING
**INTRODUCTION and WELCOME**

Please Introduce yourself

My name is:…… and I come from…….
AGENDA OF THE TRAINING

OPENING SESSION

1. MODULE 1: Background of Targeted Diseases (Measles and Rubella)
2. MODULE 2: Vaccination Campaign and Social Mobilization
3. MODULE 3: Data Collection
4. MODULE 4: Monitoring and Evaluation
5. MODULE 5: Organizing, Training, and payment of Volunteers

CONCLUSION – KEY POINTS
OPENING SESSION

Learning objectives

- Understand the goals of the social mobilization training.
- Have an opportunity to introduce yourself and complete the attendees list.
- Understand the basic structure and flow of the training.
- Begin thinking about social mobilization.
OPENING SESSION

Exercise

Please define Social Mobilization (SM) as well as you can:

SM is: ________________________________.
MoH Presentation

Presentation to be done by MoH (around 45 min)
1. **MODULE 1:** Background of Targeted Diseases (measles/rubella)
1. **MODULE 1: Background of Targeted Diseases (measles/rubella)**

**Learning Objectives**

- Describe the diseases targeted during the vaccination campaign (measles and rubella).
- Explain how vaccination works and who is vaccinated.
- Be aware of the national Routine Immunization (RI) schedule.
1. **MODULE 1: Background of Targeted Diseases (measles/rubella)**
1. **MODULE 1:** Background of Targeted Diseases (*measles/rubella*)

Answer to a quiz using flags:

- Green Flag = True
- Red Flag = False
1. **MODULE 1: Background of Targeted Diseases (measles/rubella)**

1. Both measles and rubella are highly contagious diseases that can be transferred by coughing?

   True or False?
1. **MODULE 1: Background of Targeted Diseases (measles/rubella)**

2. Children under the age of nine months should be vaccinated with MCV (Measles Containing Vaccine)?
   
   True or False?
1. **MODULE 1:** Background of Targeted Diseases (measles/rubella)

3. Children who previously received the vaccination should receive it again?

True or False?
1. **MODULE 1:** Background of Targeted Diseases (measles/rubella)

4. Children who are currently sick should receive the vaccine?

   True or False?
1. **MODULE 1: Background of Targeted Diseases (measles/rubella)**

5. As part of routine immunization children receive the second dose of measles vaccine?

   True or False?
1. **MODULE 1: Background of Targeted Diseases (measles/rubella)**

What is Measles?

- Highly contagious
- Respiratory disease
- Caused by a virus
- Spread by coughing and sneezing
- Serious side effects including death
1. MODULE 1: Background of Targeted Diseases (measles/rubella)

Severe Measles Complications

Corneal scarring causing blindness

Vitamin A Deficiency

Supplementary in vitamin A will be delivered during the campaign

Pneumonia & diarrhea

Diarrhea common in developing countries

Pneumonia ~ 5-10% of cases, usually bacterial, major cause of death

Encephalitis

Older children, adults ~ 0.1% of cases
1. **MODULE 1: Background of Targeted Diseases (measles/rubella)**

**What is Rubella?**

- Contagious
- Respiratory disease
- Caused by a virus
- Spread by coughing and sneezing
- Serious side effects for the unborn child if the mother is infected during pregnancy

**Congenital Rubella Syndrome (CRS)**

Suspect CRS in infants <12 months with one or more of these:

- Cataracts or glaucoma
- Red or purple rash called purpura
- Hearing impairment
- Congenital heart disease

What are the signs of CRS?

- Cataracts or glaucoma
- Red or purple rash called purpura
- Hearing impairment
- Congenital heart disease

---

**Congenital Rubella Syndrome (CRS)**

Suspect CRS in infants <12 months with one or more of these:
1. **MODULE 1: Background of Targeted Diseases (measles/rubella)**

The Global Burden of Measles

**Measles**

- 90,000 measles deaths in 2016

**Rubella**

- 100,000 babies with CRS each year
1. **MODULE 1: Background of Targeted Diseases (measles/rubella)**

How do vaccines work?

**Step 1**

A weakened form of the disease antigen is injected to the child

**Step 2**

The body reacts to the antigen and produces antibodies to attack it

**Step 3**

The body is able to fight against the disease and the child is protected.
1. MODULE 1: Background of Targeted Diseases (measles/rubella)

If a child is **not fully vaccinated**, he/she is **not fully protected** against disease.

Complete vaccination = Complete protection

Each country has a national vaccine schedule that outlines recommended vaccines and ages for delivery.
1. **MODULE 1: Background of Targeted Diseases**  
(measles/rubella)

National Routine Immunization schedule

---

Slide to be completed depending of the countries
MODULE 2
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Learning Objectives

- Understand why SIAs are conducted.
- Understand how the RC focal person coordinates with MoH and other partners in planning for the H2H mobilization for the SIA.
- Understand why H2H mobilization is planned in certain areas.
- Learn the importance of H2H mobilization visits and duration.
- Know how to recruit and select volunteers to conduct the H2H mobilization.
- Know how to communicate with respect, explain the importance of immunization (as seen in module 1), listen carefully and respond to questions when necessary.
- Comprehend how to act in case of resistance and/or hostility.
- Be aware about security situation at all time.
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**

**Supplementary Immunization Activities (SIA):** strategy to immunize large populations over a short period of time. SIAs are also referred to as vaccination campaigns. RI should continue during SIA.

**Social Mobilization (SM):** group of activities to engage all segments of society to disseminate information and ensure appropriate awareness.

**House to house (H2H) mobilization:** is a social mobilization communication strategy that uses face to face interaction with caregivers and is used to reach marginalized families.
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**

**Why SIA?**

SIA will be conducted to improve the vaccination coverage in vaccinating again all children + missed children

Routine Immunization (RI)

To vaccinate Population of all children
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Role of RC focal person

- Attends MoH communication subcommittee meetings.
- Is a member of the Interagency Coordinating Committee (ICC) for the SIA.

Together, they decide where are the high risk areas for H2H social mobilization.
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**

Overview of House to House (H2H) Strategy

House-to-house visit by Zimbabwe Red Cross volunteers
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Why H2H Social Mobilization?

- Increase vaccination coverage,
- Provides information on vaccination days and sites,
- Generates dialogues,
- Build trust and demand for SIAs.
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

How volunteers do H2H mobilization?

- Will be working in a team of two,
- Count the targeted children in the household,
- Delivers SIA information and ensure all children are fully vaccinated,
- Creates a dialogue opportunity for household members to ask questions and voice concerns they have about vaccination,
- Complete the volunteer form.
5. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**

**How to do H2H visits?**

- Work in team of two in the area selected (e.g. volunteer A in HH A, volunteer B in HH B)
- Team identify and visit each household separately.
- While **Volunteer A** visits the **Household A**, his partner **Volunteer B** visits the household next door, **Household B**.

- Continue this “leapfrog” structure until all of the houses are visited.
- At all times the volunteers should be aware of the location of their partners and be as visible as possible to ensure the safety of one another.
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**

Video Clip

- Video House to House - 1
- Video House to House - 2
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**

Communication
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Communication

- There are different levels of communication:
  - Intracpersonal
  - Inter personal
  - Group
  - Organizational
  - Societal
  - Global

- There are multiple channels for communicating critical information for successful campaigns
  - Advocacy visits
  - House to house visits
  - Announcement at community events
  - Places of prayers (Mosques and church)
  - Print medias
  - Electronic medias
  - Printed materials
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**

**Communication – Key points**

- Exchange greetings with the Household members,
- Introduce yourself as a Red Cross volunteer,
- State reason for your visit,
- Be polite, friendly and caring,
- Dressing properly,
- Listen and understand the caregiver’s concerns and questions,
- Speak simply, clearly and directly in local language,
- Use good body language.
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Communication – Key points

- Give relevant answers to any concerns and questions no matter how it sounds,
- Respectfully correct inaccurate information,
- If you cannot respond to the question, refer to the nearest health facility (if appropriate) and/or consult or give a return date with correct response,
- Thank them for their patience and interest.
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Class discussion on communication behaviors
Please identify what the DO and the DON’T on communication

**DO**
- Be polite and respectful,
- Listen,
- Smile,
- Keep focused on mobilizing for measles and rubella vaccination,
- Congratulate positive caregivers,
- Explain and answer to questions if necessary.

**DON’T**
- Wear angry facial expressions,
- Answer questions outside the measles/MR vaccination campaign,
- Criticise the household head or respondent for any misinformation or bad attitudes he/she may have on immunization or health services in general,
- Encourage loose talk or gossip no matter how interested the household respondent may be.
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Resistance

Communities may have resistance due to:

➢ Cultural Beliefs
➢ Information & Perceptions
➢ Service Delivery
➢ Safety
➢ Effectiveness
➢ Trust

RESPONSE TO RESISTANCE

Adequate responses should be to:

➢ Understand
➢ Listen and explain
➢ See how to improve
➢ Help
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Resistence

What to do if a caregiver say NO?

- Politely discuss with the caregiver and using communication skills,
- Try and convince them to change their mind,
- Listen to their concerns and attempt to respond or find someone who can,
- Make sure that the caregiver speak, and not interrupt them,
- Ask as many open ended questions as possible to learn the true motivation,
- Show attentive listening to what the caregiver is saying.

In case of refusal, the supervisor should monitor the follow-ups and plan to send back volunteer team (2 persons) to perform “revisit”.

The result of the revisit will be documented on the volunteer form (column H).
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Safety is a number one priority

Volunteers should:

- Follow the safety plan and movement plan,
- Contact immediately their supervisors if a security incident occurs,
- Keep regularly in contact with their supervisors that they know where they are,
- Identify a safe place where to go in case of emergency,
- Pay attention to what is happening around you,
- Cancel the visit, if they are feeling uncomfortable, and reschedule or request assistance from their supervisors.
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**

**Security issues**

**INSECURITY**

- Armed Conflict
- Marginalized population
- Random violence

**RESPONSE TO INSECURITY**

- Have some procedures or mechanism in place that ensure that your supervisor know exactly where you are at any time
- Follow the security plan
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**
2. MODULE 2: Vaccination Campaign and Social Mobilization Strategy

Group work on Importance of messages
2. **MODULE 2: Vaccination Campaign and Social Mobilization Strategy**

- Children who live in crowded conditions are more likely to contract and suffer from immunisable diseases.
- The vaccine is available in all health facilities and selected immunization posts *(the local MOH /local authority to provide the names of selected temporary vaccination posts by name and date in addition to the existing health facilities)*.
- A child who is not immunized is more likely to suffer illnesses, become permanently disabled and/or die.
- Reaching every child with vaccination is key to the overall protection of children in the district/community (herd immunity).
- Measles/rubella immunization is safe and approved for use by (pick as appropriate: e.g. government authorities, local leaders, religious leaders).
- It is safe to immunize children who have minor illness, fever, disability or malnourished
- Measles Rubella (MR) vaccine will be offered to all children *(Age to be provided by MoH or RC coordinator)* to protect them against measles and rubella diseases
- Serious side effects are rare – however if they occur, they should be reported immediately to a health worker.
MODULE 3
### 3. MODULE 3: Data Collection

**VOLUNTEER FORM (Version No.1): Household (HH) social mobilization visit and revisit**

Date of visit: __/__/__, Department/Region: __________ Township/District: __________ Name of the locality (i.e. neighborhood or village): __________

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<td>Caregiver aware of MR campaign before visit of RC volunteer? (Yes/No)</td>
<td>Caregiver planning to take all target children for vaccination? (Yes/No)</td>
<td>IF No in column F, why (see Coding*), 1-10, below. More than one response is acceptable</td>
<td>Follow-up visit Caregiver planning to take targeted children for vaccination? (Yes or No)</td>
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*Code for reasons of not taking children for vaccination: 1: Place and/or time of immunization unknown, 2: Place of immunization too far, 3: Mother too busy, 4: Family problem, illness of mother, religions, traditions, 5: Child ill, 6: Long waiting time, 7: Time of immunization not convenient 8: Child absent, 9: Fear of side effects, 10: refusal
3. **MODULE 3: Data Collection**

**Learning objectives**

- Understand which forms are used and how to complete them.
- Recognize the importance of data quality.
- Learn when to send the data to the next level.
- Understand how to document payment.
4. **MODULE 3: Data Collection**

**Data Entry Tools**

- **PAPER FORMS**
  - VOLUNTEER FORM: Household (HH) social mobilization visit and revisit.
  - SUPERVISORS CHECKLIST: House to House mobilization.
  - SUPERVISOR SUMMARY FORM.
  - DATA ANALYSIS FORM *(excel spreadsheet)*.

- **PHONE**
  - MOBILE PHONE application.
  - OPEN DATA KIT *(ODK)* application.
3. MODULE 3: Data Collection

Data collection process

Volunteers
- Will be given at least 1 Volunteer Form printed on both sides per day to fill in information collected at household level.
- Ensure correct responses and totals made on daily basis.
- Daily, upload the totals onto a mobile phone app or share on paper copies.

Supervisors
- Will be responsible for 5 to 10 teams (10 to 20 volunteers).
- Supervise these teams during the H2H visits and complete the Supervisor Checklist.
- Should complete Supervisor Summary Form at the end of the day.

Project Coordinator (Focal Point)
- Ensure each supervisor shares data on daily basis as planned.
### 3. MODULE 3: Data Collection

**Blank data form**

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3. **MODULE 3: Data Collection**

How to complete the form?

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**Column A:**
HH No- enter the numerical number of the HH in chronological order i.e. 1,2,3.....

**Column B:**
Indicate the name of mother or caregiver.

**Column C:**
Ask the mother or caregiver’s cell-phone contact *if available*. If not available indicate not available (NA) and proceed with the next question.
3. **MODULE 3: Data Collection**

How to complete the form? (cont’ed)

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**Column D:** Indicate number of children by age (*Focal Point to provide the correct age range*) in the household.

**Column E:** Ask mother/caregiver whether she/he has heard of the planned MR campaign before your (RC Volunteer) visit.

**Column F:** Indicate number of children by age (*Focal Point to provide the correct age range*) in the household whom the caretaker plans to take for MR campaign vaccination.
3. **MODULE 3: Data Collection**

**How to complete the form? (cont’ed)**

*Code for reasons of not taking children for vaccination:*

1: Place and/or time of immunization unknown,
2: Place of immunization too far,
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4: Family problem, illness of mother, religions and traditions
5: Child ill,
6: Long waiting time,
7: Time of immunization not convenient
8: Child absent,
9: Fear of side effects,
10: refusal

**Column G:**

If the response to column F is **No**, then ask **why**. Group the responses according to the codes given and enter the code number in the column G. The source of information could be more than one; separate the codes by comma.
3. **MODULE 3: Data Collection**

How to complete the form? (cont’d)

**VOLUNTEER FORM (Version n°1): Household (HH) social mobilization visit and revisit**

- Date of visit: / / ___
- Department/Region: ________
- Township/District: ________
- Name of the locality (i.e. neighborhood or village): ___________
- Name of Supervisor
- Name of Traditional Authority
- Name(s) of volunteer(s)

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**Column H:**

**The day of the H2H visit:**
If the response to column F is **No**, then the supervisor will have to plan another visit and at this stage **the column H is empty** because of the **time of the day**:
**The supervisor** will have to schedule a **follow-up visit** to try to convince the parent or caregiver. Only the supervisor will follow-up and update M&E or National Coordinator about the Outcome. **The follow-up visit must be done before the last day of the campaign**.
### 3. MODULE 3: Data Collection

#### How to complete the form? (cont’d)

<table>
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<th>Column H:</th>
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</table>

If the response to column F is **No**, the supervisor will have to plan another visit, because he is the only one who know when he would be able to schedule the follow-up visit. **The day of the follow-up visit**, the volunteer will try to convince the parent or caregiver to take the children for vaccination.

- If the mother or caregiver accept to take the children, the volunteer will note **Yes** in the column H
- If the mother or caregiver still refuse to take the children, the volunteer will note **No** in the column H

The supervisor will inform the national level (NS), on individual case once revisit is completed and should inform local MoH on hard refusal. The outcome is **not reported** it in the summary supervisor form, because it is not a cumulative data.
# 3. **MODULE 3: Data Collection**

## Sample Volunteer Forms

**VOLUNTEER FORM: Household (HH) social mobilization visit and revisit**

Date of visit: _21/Jan/2019_ Region: _Simba_District: _Chui_ Name of the locality (i.e. neighborhood or village): _Kiboko_

Name of Traditional Authority: _Chief Osu_ Name(s) of volunteer(s): _Pius Orina_

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<td>+233 5677889</td>
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</table>
### 3. MODULE 3: Data Collection

#### VOLUNTEER FORM: Household (HH) social mobilization

Date of visit: 20/1/2019  |  Region: Simba

Name of Traditional Authority: Chief G.

---

The issue here is number of target children. This volunteer may have visited a baby care center or made an error in entry...is not possible for one mother to have 10 children under 5yrs or even under 15 yrs! Chances are the volunteer did not attend training.

If she can access husbands phone then indicate the number here. The phone belongs to household, may not be personal. Explain why phone contact is important.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Telephone No. (if there is one)</th>
<th>No. of target children (AGE) months - years in this HH</th>
<th>Caregiver aware of MR campaign before visit of RC volunteer? (Yes/No)</th>
<th>Caregiver planning to take all target children for vaccination? (Yes/No)</th>
<th>If No in column F, why (see Coding* 1-10, below), More than one response is acceptable</th>
<th>Follow-up visit</th>
<th>Caregiver planning to take targeted children for vaccination? (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grandmother</td>
<td>+253 55349856</td>
<td>10</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>NA</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Juanita Mwakoa</td>
<td>+253 88882679</td>
<td>2</td>
<td>Yes</td>
<td>Yes</td>
<td>NA</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Jenerica Ali</td>
<td>No phone</td>
<td>1</td>
<td>No</td>
<td>Not sure</td>
<td>3</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>Mwaruwa Mwachenga</td>
<td>With husband</td>
<td>1</td>
<td>Yes</td>
<td>Yes</td>
<td>NA</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Maria Mustafa</td>
<td>+253 88542156</td>
<td>2</td>
<td>No</td>
<td>No</td>
<td>Not willing</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

The answer is either YES or NO.

Pick from among the ten codes provided which fits best. Need further probing, why not willing?
# 3. MODULE 3: Data Collection

## Sample Supervisor Checklist Forms

**SUPERVISORS CHECKLIST:**

**HOUSE TO HOUSE MOBILIZATION**

Department / Region name: Simba  
Date (DD/MM/YYYY): 21/01/2019

Township/District name: Chui  
Locality/village name: Swathi

Volunteer team number: 20  
Volunteer names: Lucy Mavua & Jared Suki

Supervisor Name or number: 

[Fill one form per team per day based on twice a day observation of teams in field, and review of forms at end of day.]

### Mostly observation questions

<table>
<thead>
<tr>
<th>Supervision of team: Household visits</th>
<th>Yes</th>
<th>No</th>
<th>If no explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team in correct village/location for the day-</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>focus on mapping and microplanning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Interacted courteously with</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>households – observation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team accurately determined no. of target</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pop in household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used prompts/ provided accurate</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>interpretation of questions- supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>asked by interviewer same question on form</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Checking completed House to House forms

<table>
<thead>
<tr>
<th>Yes</th>
<th>Included children less than 9 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

| All forms filled correctly | ✔ |
| Filled responses for every question | ✔ |
| One form filled per day | ✔ |
| All answers legible | ✔ |

### List of Households that refuse vaccination and need to be revisited

<table>
<thead>
<tr>
<th>HH No</th>
<th>Reason of not taking children for vaccination</th>
</tr>
</thead>
</table>
### 3. MODULE 3: Data Collection

#### Sample Supervisor Checklist Forms

**Supervisors Checklist: House to House Mobilization**

<table>
<thead>
<tr>
<th>Department/Region name: Simba</th>
<th>Date (DD/MM/YYYY): 21/01/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Township/District name: Chui</td>
<td>Locality/village name: Swara</td>
</tr>
<tr>
<td>Volunteer team number: 25</td>
<td>Volunteer names: Lucy Menya &amp; Jared Suiki</td>
</tr>
<tr>
<td>Supervisor Name or number:</td>
<td>5</td>
</tr>
</tbody>
</table>

*Fill one form per team per day based on twice a day observation of teams in field, and review of forms at end of day.*

**Mostly observation questions**

<table>
<thead>
<tr>
<th>Supervision of team household visits</th>
<th>Yes</th>
<th>No</th>
<th>If no explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team in correct village/location for the day—focus on mapping and microplanning</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team interacted courteously with households—observation</td>
<td>✓</td>
<td></td>
<td>Volunteer not responding to some questions</td>
</tr>
<tr>
<td>Team accurately determined target pop in household</td>
<td>✓</td>
<td></td>
<td>Counted children less than 9 months</td>
</tr>
<tr>
<td>Used prompts/provided acceptable interpretation of question—asked by interviewer and written on form</td>
<td>✓</td>
<td></td>
<td>Did not understand response to question 'Total number of mothers not willing to take children for vaccination'</td>
</tr>
</tbody>
</table>

**Checking completed House to House forms**

| All forms filled correctly | ✓ | Included children less than 9 months |
| Filled responses for every question | ✓ | |
| One form filled per day | ✓ | |
| All answers legible | ✓ | |

List of Households that refuse vaccination and need to be revisited

<table>
<thead>
<tr>
<th>HHN No.</th>
<th>Reason of not taking children for vaccination</th>
</tr>
</thead>
</table>

Wrong place for response. Negative statement yet earlier response is positive.

Forms cannot be filled correctly if the volunteers are counting children less than 9 months.
### 3. MODULE 3: Data Collection

#### Sample Supervisor Summary Forms

<table>
<thead>
<tr>
<th>Summaries</th>
<th>Day 1</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of households visited</td>
<td>680</td>
<td></td>
</tr>
<tr>
<td>Add the total HHI visited based on volunteer’s forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of target (age) children in households</td>
<td>690</td>
<td></td>
</tr>
<tr>
<td>Add the total of target children based on volunteer’s forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of caregivers who are not aware</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Add all the “No” responses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of caregivers not willing to take children for vaccination</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Add all the “No” responses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of HHI’s with “No” (not vaccinated child), after follow-up visit</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Add the number of “No” responses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If No, why total each code separately</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>1 Place and/or time of immunization unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Place of immunization too far</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>3: Caregiver too busy</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>4: Family problem, illness of mother</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>5: Child ill</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>6: Long waiting time</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>7: Time of immunization not convenient</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>8: Child absent</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>9: Fear of side effects</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>10: Refusal</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total Number of volunteers</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
3. **MODULE 3: Data Collection**

It is not possible to have 220 children in only 35 households - error in data entry. Need to re-check volunteer forms.

Three mothers say they are NOT willing to take children for vaccination. Why? Reasons need to be filled. Here no reason is given. Check volunteer form.

One volunteer is supposed to visit 35 households. This total shows each volunteer only visited one household for the whole day. Confirm based on deployment by supervisor.

---

**SUPERVISOR SUMMARY FORM**

<table>
<thead>
<tr>
<th>Summaries</th>
<th>Day 1 Date</th>
<th>Day 2 Date</th>
<th>Day 3 Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of households visited Add the total HH visited based on volunteer’s forms</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of target (age) children in households Add the total of target children based on volunteer’s forms</td>
<td>220</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of caregivers who are not aware Add all the “No” responses.</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of caregivers not willing to take children for vaccination Add all the “No” responses</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of Fails with “No” (not vaccinated child), after follow-up visit, Add the number of “No” responses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If No, why</strong> total each code separately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Place and/or time of immunization unknown</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Place of immunization too far</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Caregiver too busy</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Family problem, illness of mother</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: Child ill</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6: Long waiting time</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Time of immunization not convenient</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8: Child absent</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9: Fear of side effects</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10: Refusal</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Number of volunteers</strong></td>
<td>35</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. **MODULE 3: Data Collection**

**Scenario:**

The MoH in Utopia district plans to conduct a measles SIA targeting children 9 months to 59 months. A volunteer visits a household in Kabati village with 3 children aged 6 months, 9 months and 6 years. All children have received routine measles vaccination. Caregiver (Jane Uyoma) is aware of the SIA but plans not to take children for SIA doses since they have received routine vaccination.

Fill the data form appropriately
3. **MODULE 3: Data Collection**

**Exercise:**

The column H is empty at that stage because the follow-up visit has not been scheduled yet.

---

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH No.</td>
<td>The caregiver’s name or Responsible adult’s name</td>
<td>Telephone No. (if there is one)</td>
<td>No. of target children (AGE) months - years in this HH</td>
<td>Caregiver aware of MR campaign before visit of RC volunteer? (Yes/No)</td>
<td>Caregiver planning to take all target children for vaccination? (Yes/No)</td>
<td>If No in column F, why (see Coding*, 1-10, below), More than one response is acceptable</td>
<td>Follow-up visit Caregiver planning to take targeted children for vaccination? (Yes or No)</td>
</tr>
<tr>
<td>1</td>
<td><strong>Jayne Uyoma</strong></td>
<td>NA</td>
<td>1</td>
<td>Oui</td>
<td>Non</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. MODULE 3: Data Collection

Financial Forms

These forms are completed by the paying officer or any person designated by NS HQ leadership.

ToT Training Payment Form

Volunteers Training Payment Form

H2H visits Payment Form

**Note:** All participants must provide a photocopy of their identification cards (e.g., National ID, Driver’s License) at the end of the ToT training by the financial officer or designated person.

**Note:** All participants must provide a photocopy of their identification cards (e.g., National ID, Driver’s License) at the end of the Volunteers training by the supervisor or designated person.

**Note:** When supervisors have completed their forms* and submitted them.

* Supervisor checklist and supervisor summary forms
3. **MODULE 3: Data Collection**

**Summary on Good Documentation Practices**

- **Permanent**: Use a pen only. *Cannot erase the information*

- **Legible**: Clearly record the data.

- **Accurate**: Calculation are correct. *For example double check the total in the Volunteer form*

- **Complete**: Blank spaces should be lined out or write “Not Applicable” (NA). *For example in Column C of Volunteer form*
3. **MODULE 3: Data Collection**

**Role Play on Communication**

- The class will be divided into 3 groups of 4 or 5 people (2 caregivers, 2 volunteers and 1 supervisor),
- Each group will be assigned to one scenario,
- Once you have read the scenario, you will decide within each group who will take the role of Volunteer (who will have to complete the volunteer form during the role play), Caregiver and/or Supervisor (who will have to complete the supervisor checklist during the role play),
- Then practice in front of the class,
- The class will then provide feedback on the ability to communicate.
3. **MODULE 3: Data Collection**

**Role Play on Communication**

**SCENARIO 1:**
1. Volunteer knocks on door and waits for response from mother;
2. Mother opens door and welcomes volunteer smiling/cheerfully;
3. Greetings from volunteer and explains reason of visit; enquires whether there is target age child in HH;
4. If target age child is in HH, proceeds with the key messages to mother and answers all questions;
5. Mother accepts to take child for vaccination;
6. Mother and volunteer end by reaffirmation of dates and sites for vaccination.

**SCENARIO 2:**
1. Volunteer knocks on door and waits for response from mother;
2. Mother opens door and rudely asks reason for visit by volunteer (Volunteer not welcome);
3. Refuses to listen to volunteer; says very busy no time for volunteer; calls child who was outside to get back inside house and shuts door;
4. Volunteer pleads and mother opens door but listens with absent mind;
5. Neighbors visit and reinforce negative mother;
6. What should Volunteer do? What can they say to convince mother? Keep pursuing or reports to supervisor and leaves home?

**SCENARIO 3:**
1. Volunteer knocks on door and waits for response from mother;
2. Mother opens the door and asks reason for visit;
3. She immediately expresses that she will not take the children for vaccination because of a previous experience with a first child having side effects;
4. What should volunteer do? What can they say to convince mother? Reports to supervisor and leave home? Collect information and leave home?
3. **MODULE 3: Data Collection**

**Role Play on Communication**

**ANSWER TO SCENARIO 1:**
In that case we have positive caregivers, volunteers well trained and good supervision. The volunteer can easily deliver the message, have a good dialogue with caregivers and answer to questions in continuing to explain the importance of vaccination.

**ANSWER TO SCENARIO 2:**
In that case we have negative caregivers. Volunteers need to listen what the caregiver says and should document the reason provided by caregivers on the volunteer form. Volunteers should not try to convince because of rejection from the caregiver. He/she should thanks the caregiver for their time and approach the community leader to convince them. At the end of the day the volunteer will provide the volunteer form to supervisor who will have enough information for a revisit.

**ANSWER TO SCENARIO 3:**
In that case we are in a situation of fear of side effects. The caregiver is not totally against the vaccination but just express fear about the side effects. The volunteer should listen to the first experience and try to reengage about vaccination and what are side effects. The volunteer should explain that side effects could happen but are less dangerous than having the diseases and if necessary propose to come back another time and document all the reasons in the volunteer form to share with the supervisor.
3. MODULE 3: Data Collection

Reminder of the communication behaviors
Please identify what the DO and the DON’T on communication

**DO**
- Be polite and respectful,
- Listen,
- Smile,
- Keep focussed on mobilizing for measles and rubella vaccination,
- Congratulate positive caregivers,
- Explain and answer to questions if necessary.

**DON’T**
- Wear angry facial expressions,
- Answer questions outside the measles/MR vaccination campaign,
- Criticise the household head or respondent for any misinformation or bad attitudes he/she may have on immunization or health services in general,
- Encourage loose talk or gossip no matter how interested the household respondent may be.
3. **MODULE 3: Data Collection**

**Review of the forms completed during role play**

All volunteers must complete the **volunteer form** during the H2H visit.

The **volunteer form** will be given to the supervisor at the end of each day.

Review the forms completed during the role play and ask the participants if they had difficulty to complete them.

All volunteers should be supervised at least twice each day, once during H2H visits and the second at the end of the day.

The **Supervisor checklist** is used daily to ensure the quality of volunteers’ work.
MODULE 4
4. **MODULE 4: Monitoring and Evaluation**
4. **MODULE 4: Monitoring and Evaluation**

**Learning Objectives**

- Know who is responsible for monitoring and evaluation (M&E).
- Understand how M&E is performed.
- Learn how to complete M&E forms (supervisor checklist, supervisor summary form and data entry form).
- Understand how to analyze the data collected.
- Comprehend when to share M&E information including attending MoH review meeting daily.
4. **MODULE 4: Monitoring and Evaluation**

### Roles for M&E personnel

- **Project Coordinator**
  - Overall coordinator of the RC National Society (NS) social mobilization activities.
  - Link with MoH, UNICEF, partners and RC.

- **M&E Officer**
  - Overall responsibilities for data quality.
  - Share final data with relevant Partner National Society.
  - Collect and review all data forms.
  - Check for errors and correct, submit data.
  - Check that number of HHs’, average of HH per day is not less than 35HH.
  - Ensure to follow-up on HHs where caregivers refuse to take the child for vaccination.

- **Supervisor**
  - If errors during the check

- **Volunteers**
  - Complete the form correctly (according good documentation practices).
4. **MODULE 4: Monitoring and Evaluation**

**M&E process (How?)**

**Volunteers**
- ✓ complete Volunteer Forms and;
- ✓ handover it to supervisors.

**Supervisors**
- ✓ complete the Supervisor Checklist during H2H visits;
- ✓ confirm totals and enter into the Supervisor Summary Checklist;
- ✓ upload and send data together with the Supervisor Summary checklist to M&E officer;
- ✓ Plan follow-up visit when necessary.

**M&E officer**
- ✓ summarize all supervisors data completing the Data Analysis Form (excel) and;
- ✓ share with the project coordinator.

**Project coordinator**
- ✓ complete final report including Information forms, phone based data and;
- ✓ share it with Partner National Society (PNS).
4. **MODULE 4: Monitoring and Evaluation**

**M&E process**

- Complete the **Supervisor Summary Form** based on the **Volunteer Form**;
- Plan HH follow-up visits for HHs where caregivers do not want to take children for vaccination.

**Supervisors**

- Analyze data collected using mobile phone app or **Data Analysis Form**.
- Attend MoH daily review meetings and give feedback on the day’s observation.
4. **MODULE 4: Monitoring and Evaluation**

![SUPERVISOR SUMMARY FORM]

<table>
<thead>
<tr>
<th>Summaries</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
<th>Day 8</th>
<th>Day 9</th>
<th>Day 10</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of households visited</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add the total HHI visited based on volunteer’s forms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of target (age) children in households</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add the total of target children based on volunteer’s forms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of caregivers who are not aware</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add all the “No” responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total number of caregivers not willing to take children for vaccination</td>
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<td>Total number of HHI’s with “No” (not vaccinated child), after follow-up visit</td>
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<td>If No, why</td>
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<td>1: Place and/or time of immunization unknown</td>
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<td>2: Place of immunization too far</td>
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<td>4: Family problem, illness of mother, religion/traditions issues</td>
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<td>5: Child ill</td>
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<td>6: Long waiting time</td>
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<td>7: Time of immunization not convenient</td>
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<td>9: Fear of side effects</td>
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<td>10: Refusal</td>
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= Column E of the volunteer form
= Column F of the volunteer form
= Column G of the volunteer form
4. **MODULE 4: Monitoring and Evaluation**

**Data Analysis**

- **Volunteer Form**
- **Supervisor Form**
- **Excel Data Analysis Form**

Data transfer from:
- Volunteer to **Supervisor**
- Supervisor to **M&E Officer**

Data back to:
- Volunteers if errors
- Supervisors if errors

**Open Data Kit (ODK) app**
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**Learning Objectives**

- Understand the importance of the supervisor and what is done before selection.
- Select the appropriate volunteer to conduct H2H mobilization.
- Understand how to assign volunteers to the areas where H2H mobilization needs to be conducted.
- Learn how to train volunteers to conduct H2H mobilization:
  - How to pass the key messages,
  - How to fill the form.
- Explain to volunteers the financial aspect (when and how they will be paid).
- Understand relationship between volunteers and supervisors.
5. MODULE 5: Organizing, Training, and Payment of Volunteers

Importance of Supervisors’ role

- Coordinate with MoH to select high risk areas conducted
- Complete supervisor checklist
- Complete supervisor summary form
- Send data to M&E Officer
- Attend MoH daily review meeting
- Meet with volunteers at the end of each day
- Collect and review all volunteers data forms
- Support volunteers to improve the quality of work

Supervisor is the main point of contact for volunteers
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**Process**

- **STEP 0** PLANNING
- **STEP 1** SELECTION
- **STEP 2** TRAINING
- **STEP 3** ASSIGNMENT
- **STEP 4** IMPLEMENTATION
- **STEP 5** SUPERVISION

**Step 0**

PLANNING
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

Coordination with MoH and Microplanning?
The microplanning is an important part to be successful during an SIA. The HH visits start 3-5 days before the campaign.

**In planning the supervisors** should schedule:

- Time for the volunteers to performed the HH visits, 3-5 days before the SIA starts;
- Time for the volunteers to continue the HH visits, once the SIA begins;
- Time for the volunteers to revisit HHs marked with a refusal and ensure the follow-up.

Vaccination can be verified during revisit using MoH indicator.
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

Coordination with MoH and Microplanning?

**Supervisors and volunteers should review together:**
- The micro-plans;
- The areas demarcation and map and understand clearly the areas of work.

**Supervisors should identify:**
- the number of HHs to be visited by volunteers per day;
- if volunteers have appropriate transportation to move within the working area;
- the high risk groups (mobile/migrant, nomadic) in volunteers’ areas;
- the route to be followed by volunteers to reach HHs.
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**Process**

1. **Step 0: Planning**
2. **Step 1: Selection**
3. **Step 2: Training**
4. **Step 3: Assignment**
5. **Step 4: Implementation**
6. **Step 5: Supervision**

**Step 1: Selection**
5. MODULE 5: Organizing, Training, and Payment of Volunteers

Volunteers Selection

- Selection criteria for volunteers are:
  - From the community,
  - Speak local language,
  - Resident and known in the community,
  - Able to read, write and listen,
  - Credible and respectable to the local population,
  - Gender and ethnic diversity,
  - Humble and not see as superior to others members of the community,
  - Willing to accept payment terms and rate.
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**Process**

- **STEP 0** PLANNING
- **STEP 1** SELECTION
- **STEP 2** TRAINING
- **STEP 3** ASSIGNMENT
- **STEP 4** IMPLEMENTATION
- **STEP 5** SUPERVISION

**Step 2** TRAINING
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**How to train the volunteers? – Organizing**

During the opening session of the volunteers’ training, explain to volunteers:

- How they will be payed and which forms they need to submit to receive payment.
- When they will be paid. **No payment in advance for volunteers.**
- Which transportation (if any) they will use to perform the H2H visits.
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**How to train the volunteers? – Organizing**

- 35-40 volunteers per class;
- ½ day training as close to the H2H visit schedule as possible;
- Follow an agenda (*be presented in the next slide*);
- Use role play and exercise to explain:
  - The purpose of H2H mobilization,
  - How to conduct H2H mobilization,
  - How to deliver key messages,
  - How to complete data forms and to share the forms at the end of the day.
- Assign where to work at the end of the training.

*All volunteers should register their names and contact phone on the attendee list at the beginning of the training.*
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Content</th>
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</table>
| 8:30 - 9:00   | Opening Session          | ▪ Introduction & Welcome  
▪ Introduce yourself and complete the attendee list  
▪ Structure of the training  
▪ Brief description of the targeted diseases (Measles/Rubella) and vaccination process.  
▪ Key messages  
▪ Transportations and payments |
| 9:00 - 10:30  | Module 1: House to House Process | ▪ **Le but de la Mobilisation sociale**  
▪ **Role play:**  
  ✓ How to conduct H2H mobilization?  
  ✓ How to deliver key messages?  
▪ Questions and Answers |
| 10:30 am - 11:00 am | Health Break |  |
| 11:00 am - 12:00 pm | Module 2: Data collection | ▪ Role play  
  ✓ How to complete data forms and to share the forms at the end of the training  
▪ Question and answer |
| 12:00 pm - 12:30 pm | Conclusion | ▪ Question and answers  
▪ Check your understanding |

**Closure**
5. **MODULE 5**: Organizing, Training, and Payment of Volunteers

**Before Volunteers Assignment**

- list of vaccination sites
- Days
- Vaccinator contacts

**MoH** → **RC supervisors** → **Volunteers**
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**Process**

- **STEP 0** Planning
- **STEP 1** Selection
- **STEP 2** Training
- **STEP 3** Assignment
- **STEP 4** Implementation
- **STEP 5** Supervision

**Step 3** Assignment
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**Volunteer Assignment**

- As part of Microplanning phase,
  - Determine the number of households (HH)* to be visited during each of the days by volunteers.

  *Daily household numbers may vary from country to country based on the target area and number of volunteers mobilized.*

  - In general volunteers should visit approximately **20** houses per day (rural areas) to over **50** house per day (urban areas).

  - **On average target 35 HH per volunteer each day.**
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

Volunteer Assignment

Figure 1. Household Map Showing Dates of Volunteer Visit.

For each house-to-house team:

- Ensure that all households in the catchment area are visited.
- Define a catchment map that specifies which households should be visited each day and which HHs should be revisited.
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**Process**

- **STEP 0**: Planning
- **STEP 1**: Selection
- **STEP 2**: Training
- **STEP 3**: Assignment
- **STEP 4**: Implementation
- **STEP 5**: Supervision

**Step 4**

**IMPLEMENTATION**
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**H2H visits implementation**

- Work in team of two in the area selected (e.g. volunteer A in HH A, volunteer B in HH B)
- Team identify and visit each household separately.
- While **Volunteer A** visits the **Household A**, his partner **Volunteer B** visits the household next door, **Household B**.

- Continue this “leapfrog” structure until all of the houses are visited.
- At all times the volunteers should be aware of the location of their partners and be as visible as possible to ensure the safety of one another.
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

Things to remember to do before you visit an Household

- Make sure that you are dressed appropriately;
- Review the area you are to visit through your area map and micro plan;
- Make sure you have the appropriate tools and materials (cell phone, forms, pen) with you.

**DO**
- ✓ Smile
- ✓ Appear neutral
- ✓ Look interested
- ✓ Appear honest and reliable

**DON’T**
- ✓ Frown
- ✓ Appear as you disagree
- ✓ Look distracted
- ✓ Appear intimidating or unapproachable
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

Other activities that can be covered by volunteers

**Communication activities**
- Social media
- Social Mobilization
- Community Engagement

**Technical activities**
- Active Case Findings
- Independent monitoring
- Rapid convenience monitoring
- LQAS
- Supportive supervision
5. MODULE 5: Organizing, Training, and Payment of Volunteers

Process

STEP 0: PLANNING
STEP 1: SELECTION
STEP 2: TRAINING
STEP 3: ASSIGNMENT
STEP 4: IMPLEMENTATION
STEP 5: SUPERVISION

Step 5
SUPERVISION
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

### Supervision

- **Before starting H2H visits**, volunteers should receive from the supervisor:
  - ✓ Blank notebook and pen,
  - ✓ **Volunteer forms** *(Household (HH) social mobilization visit and revisit)*,
  - ✓ Identifier aprons,
  - ✓ Maps,
  - ✓ List of vaccination sites by days,
  - ✓ Vaccinator contacts.

- **During the H2H visits**
  - ✓ Volunteers complete the **Volunteer Form**,
  - ✓ Supervisors oversee Volunteers and complete the **Supervisor Checklist** *(1 supervisor for every four volunteer teams)*,
  - ✓ Supervisors plan HHs revisits when necessary.

- **At end of each day**, volunteers will meet (place and time) with supervisor, handover data forms and strategize for next day.
GROUP ASSESSMENT QUIZ
GROUP ASSESSMENT QUIZ

1. Volunteer complete the volunteer form with a pencil to be able to erase data when there are errors.

YES or NO?
GROUP ASSESSMENT QUIZ

2. Measles can cause serious side effects including death.

YES or NO?
GROUP ASSESSMENT QUIZ

3. The micro plan identifies areas to be covered by volunteers during H2H visits.

YES or NO?
GROUP ASSESSMENT QUIZ

4. Rubella can cause serious side effects for the unborn child if the mother is infected during pregnancy.

YES or NO?
5. In case a caregiver refuses to vaccinate their child and become upset, what actions should be taken?

A. Start arguing with them, force them until the caregiver changes their mind.

B. Politely try to change their mind, be respectful. It all fails, ask if the supervisor can come back to them to a later time.

C. Call the police.

Select a response: 5.A, 5.B or 5.C.
GROUP ASSESSMENT QUIZ

6. Volunteers should talk local language and good listener.

YES or NO?
GROUP ASSESSMENT QUIZ

7. H2H social mobilization increase vaccination coverage.

YES or NO?
GROUP ASSESSMENT QUIZ

8. Who completes the data analysis form?
   A. The volunteer
   B. The supervisor
   C. The M&E officer
   D. The project coordinator

GROUP ASSESSMENT QUIZ

9. What should a volunteer do to ensure her/his safety?
A. Follow the security plan and the travel plan
B. Contact your supervisor if an incident occurs
C. Stay in touch with your supervisor at all times
D. All the answers quoted above

GROUP ASSESSMENT QUIZ

10. It is not necessary to fill in column G (reason for refusing to vaccinate your child) in volunteer form.

YES or NO?
GROUP ASSESSMENT QUIZ

11. The supervisor meets with volunteers at the end of each week.

YES or NO?
12. What are the steps in the volunteer organization process.
   A. Selection, Training, Assignment and Implementation.
   B. Planning, Selection, Training, Assignment, Implementation and Supervision.
   C. Planning, Selection, Assignment, Supervision.

GROUP ASSESSMENT QUIZ

13. Supervision is not mandatory during SIA.

YES or NO?
14. Volunteers can start H2H visits before being trained.

YES or NO?
CONCLUSION
CONCLUSION – KEY POINTS

- Well trained people = good SIA result
- Good SIA result = healthy children

Photo courtesy of UNICEF
Thank you