PARTICIPANT’S NOTEBOOK
SOCIAL MOBILIZATION
# TABLE OF CONTENT

TABLE OF CONTENT .................................................................................. 1
Goals ......................................................................................................... 2

Modules .................................................................................................... 2
Training summary .................................................................................... 2

Training Schedule .................................................................................. 3

Documents ............................................................................................... 34
1. Forms .................................................................................................. 34
   1.1. Daily Attendance sheet .............................................................. 34
   1.2. Volunteer Form .......................................................................... 36
   1.3. Supervisor checklist ................................................................. 37
   1.4. Supervisor summary Form ....................................................... 38
   1.5. Financial Forms ........................................................................ 40
   1.6. Volunteers One-Page Laminated Guide ..................................... 43
2. Training Agendas ............................................................................... 45
   2.1. ToT Training Agenda ............................................................... 45
   2.2. Volunteers Training Agenda .................................................... 46
ABOUT THIS TRAINING

This Participant’s Notebook provides comprehensive information about the training.

Goals

At the end of this training, participants will be able to:
- Describe how to perform social immunization;
- Understand the importance of the communication during SM;
- Identify the right message and the best way to transmit it;
- Explain how to complete and collect data;
- Be aware about security issues and how to deal with;
- Describe how to monitor and evaluate the SM;
- Comprehend what are the key points they have to transmit to volunteers;
- Explain when and how payment of supervisors and volunteers will be done.

Modules

There are five modules in this Training:
- Opening session;
- Module 1: Background of targeted diseases (measles/rubella);
- Module 2: Vaccination Campaign and Social Mobilization Strategy;
- Module 3: Data collection;
- Module 4: Monitoring and Evaluation;
- Module 5: Organizing, training, and payments of volunteers
- Conclusion.

This participant notebook is built around measles and rubella and will have to be adjusted depending of the targeted diseases.

Training summary

- In Module 1, participants will learn about the targeted diseases (measles and rubella) during the vaccination campaign, how vaccination works and be aware of the national Routine Immunization (RI) schedule.
- In Module 2, participants will learn about social mobilization. They will understand the role of the Red Cross focal person and learn how to perform House to House (H2H) mobilization and the importance of the communication during H2H visits and how to choose the most adapted messages depending of community and countries. They will also practice effective communication skills and identify barriers to effective communication.
- In Module 3, participants will learn about the importance of data collection and will practice effective data collection and understand how to complete data and when to send data to the next level.
- In Module 4, participants will learn about the monitoring and evaluation (M&E) process. They will understand who is responsible for M&E and how M&E is performed. They will be aware about the tools used for data analysis and know when to share M&E information.
- In Module 5, participants will learn about organizing and training volunteers. They will understand how to organize the training for volunteers and will be able to explain to volunteers how to conduct H2H mobilization, how to pass the key messages and how the fill the forms. It will provide information around the payment volunteers
receive (training and H2H activities) and when and how payment will be done. It will also explain to volunteers the relationships between volunteers and supervisors.

Target audience
This notebook has been established for the regional, district-level staff. So, this participant notebook will be a support for the regional, district-level staff to train the local volunteers after all.

Training Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Content</th>
</tr>
</thead>
</table>
| 8:30 – 9:00 am| Opening session                      | ▪ Introduction & welcome  
▪ Introduce yourself and complete the attendees list  
▪ Structure of the training  
▪ House rules  
▪ Individual exercise: “Social Mobilization is…” |
| 9:00 – 9:45 am| MoH                                  | ▪ Comments  
▪ Background information  
▪ View point |
| 9:45 – 10:50 am| Module 1: Background of targeted diseases (measles/rubella) | ▪ Quiz on targeted diseases  
▪ Signs & Symptoms of targeted diseases and how the disease is spread?  
▪ The effects of the targeted diseases  
▪ How vaccination, works?  
▪ National vaccination schedule |
| 10:50 am – 11:00 am | Health Break                        |                                                                          |
| 11:00 – 12:30 am| Module 2: Vaccination Campaign and Social Mobilization Strategy | ▪ What is an SIA, why the Measles SIA and targets of the SIA?  
▪ The role of Focal Person  
▪ House to House (H2H) social mobilization strategy  
▪ How to conduct H2H social mobilization (Video clip)  
▪ How to communicate as social mobilizers, how to dress, talk and behave  
▪ What to do in-case of resistance and/or hostility  
▪ Security (video clip)  
▪ Key diseases (measles and Rubella) campaign messages  
▪ Plenary, question and answer |
### 12:30 am – 1:00 pm LUNCH

<table>
<thead>
<tr>
<th>1:00 – 3:00 pm</th>
<th>Module 3: Data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Data entry tools</td>
<td></td>
</tr>
<tr>
<td>▪ Data collection process</td>
<td></td>
</tr>
<tr>
<td>▪ How to complete the forms?</td>
<td></td>
</tr>
<tr>
<td>▪ Class Exercise (How to fill the form?)</td>
<td></td>
</tr>
<tr>
<td>▪ Role Play (with completion the volunteer form and the supervisor checklist)</td>
<td></td>
</tr>
<tr>
<td>▪ Discussion and feedback on the role play and forms filled.</td>
<td></td>
</tr>
<tr>
<td>▪ Plenary, question and answer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3:00 - 3:20pm</th>
<th>Module 4: Monitoring and evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Role of Monitoring and Evaluation (M&amp;E) personnel</td>
<td></td>
</tr>
<tr>
<td>▪ M&amp;E process</td>
<td></td>
</tr>
<tr>
<td>▪ Plenary, question and answer</td>
<td></td>
</tr>
</tbody>
</table>

### 3:20pm - 3:30 pm Health Break

### 3:30 - 4:30pm

<table>
<thead>
<tr>
<th>4:30 – 5:00pm</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Group assessment</td>
<td></td>
</tr>
<tr>
<td>▪ Conclusion</td>
<td></td>
</tr>
</tbody>
</table>

**Closure**

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### PowerPoint Slides

**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

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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.

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OPENING SESSION

Exercise

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

SM is: ____________________.
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.

**QUIZ**

**QUIZ!**

- True
- False
Both measles and rubella are highly contagious diseases that can be transferred by coughing? ☑

Children under the age of nine months should be vaccinated with MCV (Measles Containing Vaccine)? ☑

Children who previously received the vaccination should receive it again? ☑

Children who are currently sick should receive the vaccine? ☑

As part of routine immunization children receive the second dose of measles vaccine? ☑
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)
- Cataracts or glaucoma
- Red or purple rash called purpura
- Hearing impairment
- Congenital heart disease

---

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

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Page 8 of 46
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*

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**CHECK YOUR UNDERSTANDING**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are Measles and Rubella contagious?</td>
<td>Measles and Rubella are highly contagious (measles) and contagious (rubella)</td>
</tr>
<tr>
<td>How are Measles and rubella spread?</td>
<td>They are spread by coughing and sneezing</td>
</tr>
</tbody>
</table>
| What can happen when someone contracts the viruses?                     | Serious side effects:  
  ✓ (corneal scarring, pneumoniae and diarrhea, encephalitis) including death (Measles)  
  ✓ For the unborn child if the mother is infected during pregnancy (cataracts or glaucoma, red or purple rash called purpura, hearing impairment, congenital heart disease) |
| How can measles and rubeola be prevented?                               | By immunizing child and women with vaccine                              |
| Is vaccination safe for children?                                        | Yes, vaccination is safe                                                |

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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.

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

Routine Immunization (RI): routine immunization activities to engage all segments of society to disseminate information and ensure appropriate awareness.

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.

Why SIA?

Routine Immunization (RI)
To vaccinate
Population of all children

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

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 “leaping” 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.

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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:
  - Intrapersonal
  - Interpersonal
  - Group
  - Organizational
  - Societal
  - Global

- There are multiple channels for communicating critical information for successful campaigns:
  - Advocacy visits
  - House to house visits
  - Announcements at community events
  - Places of prayers
  - Mosques and churches
  - Print media
  - Electronic media
  - Printed materials

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.

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/MA vaccination campaign,
- Criticize 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**

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

**Resistance**

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 personas) 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.

Security issues

<table>
<thead>
<tr>
<th>INSECURITY</th>
<th>RESPONSE TO INSECURITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armed Conflict</td>
<td>Have some procedures or mechanism in place that ensure that your supervisor know exactly where you are at any time</td>
</tr>
<tr>
<td>Marginalized population</td>
<td>Follow the security plan</td>
</tr>
<tr>
<td>Random violence</td>
<td></td>
</tr>
</tbody>
</table>

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 providers (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.
TO REMEMBER
The most important communication skills are
- Being friendly
- Greeting people with respect
- Dressing properly
- Speaking clearly
- Listening carefully
- Using good body language
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.

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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 HH visits and complete the Supervisor Checklist.
- Should complete the Supervisor Summary Form at the end of the day.

**Project Coordinator (Focal Point)**
- Ensure each supervisor shares data on daily basis as planned.

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3. **MODULE 3: Data Collection**

**How to complete the form?**

**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’d)

| 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. |

---

| Column G: | *Code for reasons of not taking children for vaccination:*
| 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 MdL 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’ed)**

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unfilled</td>
<td></td>
</tr>
</tbody>
</table>

If the response to column F is No, the supervisor will have to plan another visit, because he is the only one who knows 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 F.
- If the mother or caregiver still refuse to take the children, the volunteer will note No in the columns F.

The supervisor will inform the national level (MS) about this new information without reporting it in the summary, because it is not a cumulative data.

---

**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.
3. MODULE 3: Data Collection

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

ROLE PLAY

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

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.

SCENARIO 2
Volunteer knocks on door and waits for response from mother.

In that case we have negative caregivers. Volunteers need to listen what the caregiver says and should document the reason
Mother opens door and rudely asks reason for visit by volunteer. (Volunteer not welcome). 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.
Volunteer pleads, and mother opens door but listens with absent mind. Neighbors visit and reinforce negative mother. What should Volunteer do? What can they say to convince mother? Keep pursuing or reports to supervisor and leaves home?

provided by caregivers on the volunteer form. Volunteers should not try to convince because of rejection from the caregiver. He/she should thank 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.

SCENARIO 3

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

In that case we are in a situation of fear of side effects. The caregiver is not totally against the vaccination but just express fair about the side effects. The volunteer should listen the first experience and try to reengage about vaccination and what are sides effects. The volunteer should explain that sides 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.

TO REMEMBER
When filling forms

- Listen caregivers
- Use a pen only
- Clearly record the data
- Check any calculation
- Never leave blank space
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.
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.
  - Complete the form correctly (according good documentation practices).
- Supervisor
  - 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.
- Volunteers
  - If errors during the check, supervisors will have the opportunity to correct them.

4. MODULE 4: Monitoring and Evaluation

M&E process (How?)

- Supervisors
  - Complete the Supervisor Summary Form.
  - Confirm totals and enter into the Supervisor Summary Excel.
  - Upload and send data together with the Supervisor Summary Excel to M&E officer.
  - Plan follow-up visit when necessary.
- M&E officer
  - Summarize all supervisory data 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.
- 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**

Data Analysis

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 Officer
- Attend Monthly review meeting
- Support volunteers to improve the quality of work
- Collect and review all volunteers data forms
- Meet with volunteers at the end of each day

**Supervisor is the main point of contact for volunteers**

---

### Process

- **Step 0**
  - PLANNING

---

### 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.

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**Process**

**Step 1**
**SELECTION**

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**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

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>District</td>
</tr>
<tr>
<td></td>
<td>Mobilization</td>
</tr>
<tr>
<td>2.</td>
<td>Training</td>
</tr>
<tr>
<td>3.</td>
<td>Document</td>
</tr>
<tr>
<td>4.</td>
<td>Application</td>
</tr>
<tr>
<td>5.</td>
<td>Expenses</td>
</tr>
</tbody>
</table>

Step 2

TRAINING

How to train the volunteers? – Organizing

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

- How they will be paid 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.

How to train the volunteers? – Organizing

- 35-40 volunteers per class;
- 1/2 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

**Before Volunteers Assignment**

- list of vaccination sites
- Days
- Vaccinator contacts

**Process**

**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 houses per day (urban areas).

- On average target 35 HH per volunteer each day.

---

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

Volunteer Assignment

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 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.

---

**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

---

**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
- LGAS
- Supportive supervision
5. **MODULE 5: Organizing, Training, and Payment of Volunteers**

**Process**

- **Step 5** SUPERVISION

---

**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 HH visits 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!**
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer complete the volunteer form with a pencil to erase the data when there are errors.</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>Measles can cause serious side effects including death.</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>The micro plan identifies areas to be covered by volunteers during H2H visits.</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>Rubella can cause serious side effects for the unborn child if the mother is infected during pregnancy.</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>In case a caregiver refuses to vaccinate their child and become upset, what actions should be taken?</td>
<td></td>
</tr>
<tr>
<td>A. Start arguing with them, force them until the caregiver changes their mind.</td>
<td>☐</td>
</tr>
<tr>
<td>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.</td>
<td>☑</td>
</tr>
<tr>
<td>C. Call the police.</td>
<td>☐</td>
</tr>
<tr>
<td>Volunteers should talk local language and be good listener.</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>H2H social mobilization increase vaccination coverage.</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>Who completes the data analysis form?</td>
<td></td>
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<tr>
<td>A. Volunteer</td>
<td>☐</td>
</tr>
<tr>
<td>B. Supervisor</td>
<td>☐</td>
</tr>
<tr>
<td>C. M&amp;E officer</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>D. Projet Coordinator</td>
<td>☐</td>
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<tr>
<td>What should a volunteer do to ensure her/his safety?</td>
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<tr>
<td>A. Follow the security plan and the travel plan</td>
<td>☐</td>
</tr>
<tr>
<td>B. Contact your supervisor if an incident occurs</td>
<td>☐</td>
</tr>
<tr>
<td>C. Stay in touch with your supervisor at all times</td>
<td>☑</td>
</tr>
<tr>
<td>D. All the answers quoted above</td>
<td>☐</td>
</tr>
<tr>
<td>Is it necessary to fill in column G (reason for refusing to vaccinate your child) in volunteer form?</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>The supervisor meets with volunteers at the end of each week.</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>What are the steps in the volunteer organization process?</td>
<td></td>
</tr>
<tr>
<td>A. Planning, Selection, Assignment, Supervision.</td>
<td>☐</td>
</tr>
<tr>
<td>B. Selection, Training, Assignment and Implementation</td>
<td>☐</td>
</tr>
<tr>
<td>C. Planning, Selection, Training, Assignment, Implementation and Supervision.</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>Is supervision mandatory during SIA?</td>
<td>YES ☑ NO ☐</td>
</tr>
<tr>
<td>Volunteers can start H2H visits before being trained.</td>
<td>YES ☑ NO ☐</td>
</tr>
</tbody>
</table>
CONCLUSION – KEY POINTS

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

Thank you
**Documents**

1. Forms
   1.1. Daily Attendance sheet

---

**DAILY ATTENDANCE SHEET FOR VOLUNTEERS AND SUPERVISORS**

Name of Supervisor: ____________  Supervisor’s Signature: __________

Date: ________________

<table>
<thead>
<tr>
<th>Village</th>
<th>Printed Name</th>
<th>Signature</th>
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<tbody>
<tr>
<td>1</td>
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</tbody>
</table>
# 1.2. Volunteer Form

**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): ___________

<table>
<thead>
<tr>
<th>HH No.</th>
<th>The caregiver’s name or Responsible adult’s 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 IC 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 Caregiver planning to take targeted children for vaccination? (Yes or No)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

*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, religion, traditions, 5: Child ill, 6: Long waiting time, 7: Time of immunization not convenient 8: Child absent, 9: Fear of side effects, 10: refusal
# VOLUNTEER FORM (Version n°1): Household (HH) social mobilization visit and revisit

<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 (Ages) 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</td>
</tr>
</tbody>
</table>

| 18 | | | | | | | |
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| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 | | | | | | | |
| 35 | | | | | | | |
| **Total (Yes)** | | | | | | | |

*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
1.3. Supervisor checklist

SUPERVISORS CHECKLIST:
HOUSE TO HOUSE MOBILIZATION

Department / Region name: ________________ Date (DD/MM/YYYY): ___/___/20___
Township/District name: ___________________ Locality/village name: _____________
Volunteer team number: ___________ Volunteer names: _______________________
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- focus on mapping and micropianning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team interacted courteously with households – observation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team accurately determined no. of target pop in household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used prompts/ provided accurate interpretation of questions- supervisor asked by interviewer same question on form</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Checking completed House to House forms

| All forms filled correctly |
| Filed 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>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Version No. 1
### 1.4. Supervisor summary Form

#### Summaries

<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>
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<tr>
<td>Add the total HHS visited based on volunteer’s forms</td>
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<tr>
<td>Total number of target (age) children in households</td>
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<tr>
<td>Add the total of target children based on volunteer’s forms</td>
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<tr>
<td>Total number of caregivers who are not aware</td>
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<tr>
<td>Add all the “No” responses</td>
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<td>Total number of caregivers not willing to take children for vaccination</td>
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<td>Add all the “No” responses</td>
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</tr>
<tr>
<td>Total number of HHS with “No” (not vaccinated child), after follow-up visit</td>
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<td>Update the number of “No” responses</td>
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<td><strong>If No, why</strong></td>
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<td>total each code separately</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>3: Caregiver too busy</td>
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<td>4: Family problem, illness of mother, religious/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>8: Child absent</td>
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<td>9: Fear of side effects</td>
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<td>10: Refusal</td>
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**Version No 1**
Daily OTHER key observations

<table>
<thead>
<tr>
<th>DAY 1:</th>
<th>DAY 2</th>
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<td>DAY 3</td>
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<td>DAY 7</td>
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<td>DAY 9</td>
<td>DAY 10</td>
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</tbody>
</table>
## 1.5. Financial Forms

1.5.1. Training of trainers (ToT) – Allowance for participants

### RED CROSS SOCIETY - MEASLES RUBELLA CAMPAIGN, 20
### TRAINING OF TRainers (ToT)

REGION: .................... DISTRICT: .................... COMMUNITY: ...............

<table>
<thead>
<tr>
<th>ALLOWANCE FOR PARTICIPANTS</th>
<th>DATE: .............................</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME OF PARTICIPANTS</th>
<th>DESIGNATION</th>
<th>UNIT COST (local currency)</th>
<th>NO. OF DAYS</th>
<th>TOTAL AMOUNT (local currency)</th>
<th>CONTACT NO.</th>
<th>SIGNATURE</th>
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*Paid by ............................. Date ..................... Reviewed and approved by ............................. Date .....................*

*Note: All participants must provide a photocopy of their identification cards (e.g. National ID, Voters ID, National Health Insurance No, Passport, Red Cross ID, Social security No.)*
1.5.2. Training of volunteers (ToT) – Transport for volunteers

RED CROSS SOCIETY – MEASLES RUBELLA CAMPAIGN, 20
TRAINING OF VOLUNTEERS

REGION: ..........................  DISTRICT: ..........................  COMMUNITY: ..........................

| TRANSPORT FOR VOLUNTEERS          | DATE: ...........................................................................
|------------------------------------|---------------------------------------------------------------

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME OF VOLUNTEERS</th>
<th>DESIGNATION</th>
<th>UNIT COST (local currency)</th>
<th>NO. OF DAYS</th>
<th>TOTAL AMOUNT (local currency)</th>
<th>CONTACT NO.</th>
<th>SIGNATURE</th>
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| TOTAL |                   |             |                           |             |                             |             |           |

| Paid by: ..............................................  Date: ...............  Reviewed and approved by ..............................................  Date: .........................

Note: All participants must provide a photocopy of their identification cards (e.g. National ID, Voters ID, National Health insurance No, Passport, Red Cross ID, Social security No.)
1.5.3. House to House visit – Allowance for supervisors

RED CROSS SOCIETY – MEASLES RUBELLA CAMPAIGN, 20
HOUSE TO HOUSE VISIT

REGION: .......................  DISTRICT: .......................  COMMUNITY: .......................  

**ALLOWANCE FOR SUPERVISORS**

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME OF VOLUNTEERS</th>
<th>DESIGNATION</th>
<th>UNIT COST (in local currency)</th>
<th>NO. OF DAYS</th>
<th>TOTAL AMOUNT (in local currency)</th>
<th>CONTACT NO.</th>
<th>SIGNATURE</th>
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</table>

Paid by ............................ Date........................ Review and Approved by ............................ Date........................

*Note: All participants must provide a photocopy of their Identification Cards (e.g. National ID, Voters ID, National Health Insurance No., Passport, Red Cross ID, Social security No.)*
1.6. Volunteers One-Page Laminated Guide

Volunteers – One Page Laminated Guide
Version No. 1

WHAT TO REMEMBER?

MICRO-PLAN

Before conducting the house visits, the Red Cross Volunteer should contact the nearest health facility or RC Supervisor to know where the vaccination points are going to be during the vaccination campaign.

COMMUNICATION

Volunteers should visit each household and check for children in target age group.

What is a household? A household is where we have a mother, father and children and who eat together.

The three main components of communication are included in GATHER Approach:

Greet: ✓ Greet each one according to local cultural traditions. Introduce yourself, say what you do, and the purpose of your visit.

✓ Tell them you would like to speak to the parents or caregiver of the children.

✓ Make sure to smile, be polite and warm.

✓ While speaking with the caregiver(s) be sure to watch their body language and listen for their tone in order to assess their attitudes toward yourself and the immunization.

Ask: ✓ Allow the parents and caregivers to talk. After they have opened up, you can become specific about child health, vaccinations.

✓ As introduction, ask questions in the household i.e. children’s general health, age, vaccination status, number of children in the house from 9 months – 15 years of age.

✓ Listen to them, how they express themselves, encourage them to talk. Keep your body language positive; sit on the same level as them. Keep eye contact. Give time, do not hurry.

✓ Ask open-ended questions which will allow people to share more information in detail. Use the what, why, how, where, when, and how question starters.

✓ Respect all opinions at all times. Stay patient.

✓ Whether they have target age children (9m-15yrs).

- If the answer is 'No, they do not', they do not have any children between 9 months and 15 years then thank them, mark the house, and continue on to next household.

- If the answer is 'Yes', they have children between 9 months and 15 years then update them on measles campaign using key messages, update on dates of campaign, nearest vaccination point and date; fill in the data form.

Tell: ✓ Tell them you are here to discuss the vaccination campaign and that the children should be vaccinated.

✓ Frame your answers according to what they already know, what they want to know, and what misconceptions may exist.

✓ Do not pretend to know everything and if you do not know, tell them you will return with the correct information.

Help: ✓ In order to change behaviour when people resist vaccination, parents and caregivers need support and encouragement as well as information.

Explain: ✓ Where possible, use information, education and communication (IEC) materials (visual cards) for higher retention.

✓ Use local examples, language and stories.

Return: ✓ Repeated visits win trust and are especially effective during campaigns.
**FAIRE**
- Be polite, respectful and friendly
- Greet people with respect
- Dress properly,
- Speak clearly,
- Listen carefully,
- Smiling
- Use good body language,
- Stay focused on the social mobilization carried out for vaccination against measles and rubella,
- Congratulate the positive parents,
- Explain and answer questions if necessary.

**NE PAS FAIRE**
- 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.

**RESISTANCE**

<table>
<thead>
<tr>
<th>Communities may have resistance due to:</th>
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<tbody>
<tr>
<td>Cultural Beliefs</td>
</tr>
<tr>
<td>Information and Perceptions</td>
</tr>
<tr>
<td>Service Delivery</td>
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<tr>
<td>Safety</td>
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<tr>
<td>Effectiveness</td>
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<tr>
<td>Trust</td>
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</tbody>
</table>

<table>
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<tr>
<th>Adequate responses should be to:</th>
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</thead>
<tbody>
<tr>
<td>Understand</td>
</tr>
<tr>
<td>Listen and Explain</td>
</tr>
<tr>
<td>See how to improve</td>
</tr>
<tr>
<td>Help</td>
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</tbody>
</table>

**INSECURITY**

<table>
<thead>
<tr>
<th>Insecurity</th>
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<tbody>
<tr>
<td>Armed conflict</td>
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<tr>
<td>Marginalized population</td>
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<tr>
<td>Random violence</td>
</tr>
</tbody>
</table>

| Have some procedures or mechanism in place that ensure that your supervisor know exactly where you are at any time, |
| Follow the security plan.              |

**DATA COLLECTION**

**TO REMEMBER**

- **Listen** to people taking care of the child
- **Only use a pen**
- Save the data clearly and **legibly**

- **Check** all calculations
- **Never leave empty space**

**KEY MESSAGES**

**FREQUENTLY QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>1. What is Measles and Rubella?</td>
<td>Measles and Rubella are highly contagious (measles) and contagious (rubella)</td>
</tr>
<tr>
<td>2. How are Measles and rubella spread?</td>
<td>They are spread by coughing and sneezing</td>
</tr>
<tr>
<td>3. What happens if you contract the virus?</td>
<td>Serious side effects: Eye problems, pneumonia and diarrhea, brain infection (including death-Measles) For the unborn child if the mother is infected during pregnancy (cataracts or glaucoma, red or purple rash called purpura, hearing impairment, congenital heart disease-Rubella</td>
</tr>
<tr>
<td>4. How can measles and rubella be prevented?</td>
<td>By immunizing all children with vaccine in routine immunization and during campaigns.</td>
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<tr>
<td>5. Is vaccination safe for children?</td>
<td>Yes, vaccination is safe</td>
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</table>
### 2. Training Agendas

#### 2.1. ToT Training Agenda

**ToT TRAINING AGENDA**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Content</th>
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</table>
| 8:30 - 9:00 am   | Opening session                              | ▪ Introduction & welcome  
▪ Introduce yourself and complete the attendees list  
▪ Structure of the training  
▪ House rules  
▪ Individual exercise: “Social Mobilization is…” |
| 9:00 – 9:45 am   | MoH                                          | ▪ Comments  
▪ Background information  
▪ View point |
| 9:45 - 10:50 am  | Module 1: Background of targeted diseases    | ▪ Quiz on targeted diseases  
▪ Signs & Symptoms of targeted diseases and how the disease is spread?  
▪ The effects of the targeted diseases  
▪ How vaccination works?  
▪ National vaccination schedule |
|                  |模块 1: 目标疾病的背景                        |                                                                                                                                       |
|                  | 感染目标疾病的症状及传播方式及效果             |                                                                                                                                       |
|                  | 如何进行疫苗接种?                              |                                                                                                                                       |
|                  | 国家疫苗接种计划                                  |                                                                                                                                       |
| 10:50 am - 11:00 am | Health Break                                   |                                                                                                                                       |
| 11:00 - 12:30 am | Module 2: Vaccination Campaign and Social     | ▪ What is an SIA, why the Measles SIA and targets of the SIA?  
▪ The role of Focal Person  
▪ House to House (H2H) mobilization strategy  
▪ How to conduct H2H mobilization (Video clip)  
▪ How to communicate as social mobilizers, how to dress, talk and behave  
▪ What to do in case of resistance and/or hostility  
▪ Security (video clip)  
▪ Key diseases (measles and Rubella) campaign messages  
▪ Plenary, question and answer |
|                  | Mobilization Strategy                          |                                                                                                                                       |
|                  | 感染疾病疫苗接种方案及目标                           |                                                                                                                                       |
|                  | 如何进行家庭到家庭的动员 (视频)                        |                                                                                                                                       |
|                  | 如何与社会动员人员沟通, 着装及行为                     |                                                                                                                                       |
|                  | 在遇到抵抗或敌对情况时应采取的措施                    |                                                                                                                                       |
|                  | 安全 (视频)  
▪ 感染疾病 (风疹和麻疹) 活动信息                      |                                                                                                                                       |
|                  | Plenary, question and answer                      |                                                                                                                                       |
| 12:30 pm - 1:00 pm | Lunch                                         |                                                                                                                                       |
| 1:00 - 3:00 pm   | Module 3: Data collection                      | ▪ Data entry tools  
▪ Data collection process  
▪ How to complete the forms?  
▪ Class Exercise (How to fill the volunteer form?)  
▪ Role Play (with completion the volunteer form and the supervisor checklist)  
▪ Discussion and feedback on the role play and forms filled.  
▪ Plenary, question and answer |
| 3:00 - 3:20 pm   | Module 4: Monitoring and Evaluation            | ▪ Role of Monitoring and Evaluation (M&E) personnel  
▪ M&E process  
▪ Plenary, question and answer |
| 3:20 - 3:30 pm   | Health Break                                   |                                                                                                                                       |
| 3:30 - 4:30 pm   | Module 5: Organizing, Training, and payment of | ▪ How to train the volunteers? (training process)  
▪ What are the key points to transfer to volunteers  
▪ Financial Forms to be used and when/how payment will be done (Per diem policy and rates).  
▪ Plenary, question and answer |
|                  | volunteers                                     |                                                                                                                                       |
| 4:30 – 5:00 pm   | Conclusion                                     | ▪ Group Assessment  
▪ Conclusion |

**Version Nº 1**
### Volunteers Training Agenda

#### SOCIAL MOBILIZATION – TRAINING FOR VOLUNTEERS IN <Precise the location>

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Content</th>
</tr>
</thead>
</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 |
|              | 10:30am-11:00am 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 |
| 12:00pm–12:30pm | Conclusion               | - Question and answers 
- Check your understanding |

**Closure**

Version N° 1