

Facilitator's Guide for Training on

INTERPERSONAL COMMUNICATION SKILLS

to Promote Key Behaviors for Zika Prevention



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Before you start:

Instructions for the facilitator

1. Purpose

This guide is for facilitators who will lead trainings in interpersonal communication skills for the promotion of key Zika prevention behaviors. The guide provides step-by-step instructions on how to train field teams. The document includes teaching guides for the seven sessions that make up the training program. It is important to highlight that the contents and exercises proposed in the guide are just a starting point to conduct training sessions, and it is expected that each facilitator should choose the most pertinent sessions and adjust them according to the characteristics of the participants and the time available. However, critical content, which is highlighted in each session, should not be left out.

The training uses recently collected data and information from Zika prevention projects in the Central American region and the Dominican Republic, regarding what people know and think about behaviors that prevent Zika transmission and their motivators and barriers to adopting them.

2. Intended audiences

The primary audiences for this training are individuals in charge of field work teams (including supervisors, technicians, and liaisons) who implement Zika response activities.

3. Learning objectives

General objectives

At the end of the workshop, participants will:

1. Understand the importance of and strengthen abilities related to the interpersonal communication skills for home visits and how to effectively promote the behaviors with the greatest potential to prevent Zika.
2. Understand and manage the technical contents and key messages of the behaviors with the greatest potential to prevent Zika, in order to support effective interpersonal communication during home visits.

Specific objectives

At the end of the sessions, participants will:

1. Identify and know how to communicate key messages for the behaviors with the greatest potential for Zika prevention during home visits.
2. Know and practice the skills of effective interpersonal communication and understand its impact on interactions with families to promote the adoption of key behaviors to prevent Zika.
3. Know how to conduct home visits using the GATHER methodology.
4. Know and put into practice the 7 key elements of effective interpersonal communication.
5. Know the objectives and contents and how to use the "Key Tips to Prevent the Zika" tool to support home visits on the most effective behaviors to prevent Zika.

6. Know the technique of supportive supervision and be able to use it when accompanying field teams during home visits.
7. Formulate a work plan to replicate this training with field teams.

4. Methodology

The workshop methodology follows an inductive teaching process based on the principles of adult education, taking into account what the trainee already knows, thinks, believes, and does. It incorporates participatory and practical exercises to strengthen interpersonal communication skills and dialog with families. The emphasis is on giving field teams tools to promote key behaviors in Zika prevention in the context of home visits.

To develop these sessions, the guide uses three modalities of participatory techniques:

1. Group discussions based on input from participants
2. Group work and exercises
3. Practice in pairs

The objective of the practical exercises in pairs is for the participants to practice the interpersonal communication skills they need to adequately conduct home visits. The exercises are designed in such a way that the skills are reviewed and practiced progressively until all of them are integrated in the last exercise.

5. Sessions

The guide is organized into seven sessions and its contents are focused on the development of interpersonal communication skills to be reinforced among the promoters and volunteers who conduct home visits for Zika prevention. Following is a brief summary of each of the sessions:

Session 1. Key messages for behaviors with the greatest potential to prevent Zika. In this session, the 7 key behaviors with the greatest potential for Zika prevention are reinforced. Technical aspects that explain why it is necessary to focus on the promotion of these behaviors during home visits are discussed. Information is shared on the most common barriers that prevent the adoption of such behaviors and a "three-step technique" is offered to support the clarification of doubts and misconceptions that families may have.

Session 2. Effective interpersonal communication (IPC) skills. This session highlights the value of interpersonal communication in counseling and reviews critical skills to achieve effective communication during home visits.

Session 3. GATHER for the Home Visit. Based on the GATHER method, a structure is proposed that allows for information to be organized and activities to be carried out before, during and after a home visit. Special emphasis is placed on the dynamics and interaction between the volunteer and family, active listening, knowing how to ask, doing demonstrations, and encouraging commitment to achieve better impacts.

Session 4. The 7Cs for effective communication. This session reviews each of the 7 crucial elements for the construction of communication messages. Examples of graphs and images are used to discuss and learn how these elements are used in the promotion of various behaviors.

Session 5. Communication Tool "Key Tips for the Prevention of Zika". The tool "Key Tips for the prevention of Zika" is designed to facilitate dialogue between the health promoter / volunteer and the family during a home visit.

Session 6. Supportive Supervision for community volunteers or promoters. This session proposes supportive supervision as a learning and support opportunity for the proper implementation of home visits. Techniques are included on how to provide positive feedback to encourage the promoter, rather than punishing or penalizing them for their performance. It includes the use of the Checklist, a tool used to confirm and analyze the performance of volunteers during a home visit, which can also function as a tool for self-evaluation.

Session 7. How to replicate the training with community volunteers or promoters. The objective of this session is for the facilitators to define a work plan to replicate the training with their field teams. It offers a didactic guide to follow that the facilitator can use as a base and adapt when replicating the training, according to the length of the training.

6. A note on dengue, chikungunya and other diseases transmitted by the *Aedes aegypti* mosquito

Zika, dengue and chikungunya are viruses that cause different diseases. All three are spread by a mosquito bite from an infected *Aedes aegypti*. Unlike dengue and chikungunya, Zika can also be transmitted from a pregnant mother to her baby during pregnancy and through sexual intercourse

The methodology, content and exercises found in this “*Facilitators Guide for Training on Interpersonal Communication Skills to Promote Key Behaviors for Zika Prevention*” can be easily adapted for use in programs against dengue, chikungunya or other diseases transmitted by the *Aedes aegypti* mosquito.

Suggestions for incorporating dengue and chikungunya into this guide include the following:

Session 1: Modify the behaviors with the greatest potential to prevent Zika (**Annex 1.1**) to highlight which behaviors also prevent dengue and chikungunya (Behaviors 1,3,4, and 5).

Session 5: Use the communication tool “*Key Tips for Preventing Zika, Dengue and Chikungunya: A Guide for Home Visits*” instead of “*Key Tips for Preventing Zika: A Guide for Home Visits*”

Incorporate case studies, exercises and examples of dengue and chikungunya throughout the guide (**Annex 1.3, 4.2**).

Summary table of the workshop objectives, contents and assigned times

SESSION	OBJECTIVES	CONTENT	TIME
Session 1. Key messages for behaviors with the greatest potential to prevent Zika <i>*This session includes the opening activities of the workshop and takes approximately 15 minutes..</i>	Know how to communicate key messages about the behaviors with the greatest potential to prevent Zika during home visits.	<ul style="list-style-type: none"> What is Zika? How it is transmitted, what are the consequences, how is it prevented and what are the differences with other vector-borne diseases. Key behaviors to prevent Zika: What are the 7 key behaviors and why, and details of each behavior. Most common barriers in the adoption of key behaviors and the 3-step method to debunk misconceptions, myths and barriers. 	3 hours
Session 2. Effective interpersonal communication	Know and practice the skills of effective interpersonal communication and learn about the impact of these skills in relation to interactions with families to promote the adoption of key behaviors to prevent Zika.	<ul style="list-style-type: none"> Definition and types of interpersonal communication. The 4 essential skills for good interpersonal communication: knowing how to listen; verbal communication, non-verbal communication, and understanding how to be aware of and respect differences. 	2.5 hours
Session 3. Steps of the GATHER methodology for home visits	Know how to conduct home visits using the GATHER methodology.	<ul style="list-style-type: none"> Preparing for a home visit. GATHER methodology for home visits. How to solve home visit challenges. 	2 hours
Session 4. The 7C's for effective communication	Know and put into practice the 7 key elements of effective interpersonal communication.	<ul style="list-style-type: none"> The 7Cs to build effective messages. Relationship of the 7Cs with the GATHER methodology and essential skills and values for Interpersonal Communication. 	1.5 hours

SESSION	OBJECTIVES	CONTENT	TIME
Session 5. "Key Tips for Preventing Zika" tool	Understand the objectives, contents, and use of the "Key Tips for Preventing Zika" tool.	<ul style="list-style-type: none"> • Know the objectives and contents of the "Key Tips for the Prevention of Zika" tool. • Put into practice and understand how to use of the "Key Tips for the Prevention of Zika" tool. 	2.25 hours
Session 6. Supportive supervision for community volunteers or field promoters	Understand supportive supervision techniques to use when accompanying field teams on home visits.	<ul style="list-style-type: none"> • Purpose of supportive supervision. • Steps for supportive supervision. • Principles of effective feedback. • The checklist. 	2 hours
Session 7. How to replicate this training with community volunteers or promoters *This session includes the closing of the workshop, which takes approximately 30 minutes.	Formulate a work plan to replicate this training with field teams.	<ul style="list-style-type: none"> • General and specific objectives of replication trainings. • Summary table of activities. • Didactic Training Guide. 	2 hours
Total			15.25 hours

List of Icons



Toolbox



Exercise



Practice in pairs



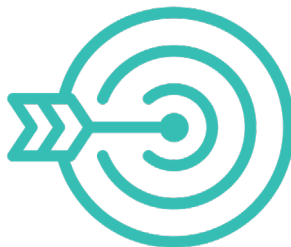
Homework



Group work



Discussion in groups



Closing

Session 1

Key messages for behaviors with the greatest potential to prevent Zika*

Learning objective

Know how to communicate key messages about the behaviors with the greatest potential to prevent Zika during home visits.

Description of the session

During this session, the participants are welcomed, and the agenda and the structure of the workshop are reviewed. In addition, the behaviors with the greatest potential to prevent Zika are covered, and key messages for these behaviors are analyzed, along with common barriers that prevent them from being adopted.

Key Contents

The most important contents of this session are the following:

- a. What is Zika? How it is transmitted, what are the consequences, how it is prevented, and differences with other vector-borne diseases.
- b. Key behaviors to prevent Zika: What are the 7 key behaviors and why, and details of each behavior.
- c. Most common barriers in the adoption of key behaviors and the 3-step method to debunk misconceptions, myths and barriers.

Time

2 hours and 30 minutes

Reference Materials:

- **Annex 1.1.** Behaviors with the greatest potential to prevent Zika
- **Annex 1.2.** Barriers and arguments to promote behaviors to prevent Zika
- **Annex 1.3.** Case studies
- Communication Tool “Key Tips for the Prevention of Zika”
- **Annex 1.4.** Posters of the 7 key behaviors.
- **Annex 1.5.** Letter-size sheets with the “3 step technique to breaking down barriers”
- Flipcharts with the 7 key behaviors



Materials Box

- Masking Tape
- Flipchart
- Markers

***Important Note.** A Zika professional must be present and involved in the facilitation of this session to help clarify questions and explain the technical aspects that support the 7 key behaviors.

Summary Table of Activities

ACTIVITY	METHODOLOGY	MATERIALS	TIME
Opening Welcome, presentation of objectives and structure of the session, introduction of participants	<ul style="list-style-type: none"> Welcome Presentation of the objectives and structure Presentation of participants 		15 minutes
Exercise 1. How to prevent Zika	<ul style="list-style-type: none"> Brainstorming Expert presentation Work in groups 	<ul style="list-style-type: none"> Communication Tool “Key Tips for Preventing Zika” Printed laminated posters with the names of the 7 key behaviors Flipchart Markers Masking tape Flipcharts with titles of the 7 key behaviors Copies of Annex 1.1: Behaviors with the greatest potential to prevent Zika Copies of Annex 1.2: Barriers and responses to promote behaviors with the greatest potential to prevent Zika 	30 minutes
Exercise 2. Knowing the 7 key behaviors	Group work	<ul style="list-style-type: none"> Copies of Annex 1.1: Behaviors with the greatest potential to prevent Zika Copies of Annex 1.2: Barriers and responses to promote behaviors with the greatest potential to prevent Zika 	80 minutes
Exercise 3. Breaking down barriers	<ul style="list-style-type: none"> The 3-step technique to breaking down barriers Practice in pairs 	<ul style="list-style-type: none"> Flipchart Markers Masking tape Copies of Annex 1.3: Case Studies Annex 1.5: Letter-sized sheets printed with each of the 3 steps of the “3-step technique to break down barriers” 	45 minutes
Closing	Questions		10 minutes
Total			3 hours

Preparation

For this session, prepare the following:

- Laminated posters printed with the titles of the 7 key behaviors
- Flipcharts with titles of the 7 key behaviors, distributed around the room (on the wall or podiums). Keep them covered with other flipchart sheets and uncover them when they are going to be used (Exercise 1).
- Letter-sized sheets printed with each of the 3-steps to break down barriers, taped under 3 chairs, at random (Exercise 2).

Methodology

Opening (15 minutes)

1. Welcome participants
2. Make the presentation dynamic
3. Explain the objectives and structure of the workshop
4. Introduce any necessary logistics



Exercise 1. How to prevent Zika (30 minutes)

1. Information about Zika (15 minutes)

The invited expert introduces the theme of Zika, opens up a discussion and answers any questions from participants. For this, you will use sheets # 5, 6, 11 and 12 of the Communication Tool "Key Tips for Preventing Zika", covering the following contents:

- Pictures 5 and 6 - what is Zika, what are the consequences for pregnant women and babies and how is Zika transmitted?
- Pictures 11 and 12 – Mosquito life cycle.
- How is Zika different from other diseases transmitted by the *Aedes aegypti* mosquito (dengue and chikungunya)?
- How to prevent Zika - without going into detail about the behaviors, highlight the importance of personal protection to avoid mosquito bites and the elimination of mosquito breeding sites in the home and community

2. How Zika is prevented (15 minutes)

- Organize the group in a circle and state what behaviors they promote in their project or program to prevent Zika.
- As you go, write answers down on a flipchart and do the following exercise.



Discussion

- **Highlight.** Using the list of behaviors: highlight which behavior is a challenge to promote and which requires more time and money.
- **Ask.** What do you think are the behaviors with the greatest potential to prevent Zika and reduce the risk of babies born with Congenital Zika Syndrome, including microcephaly?
- **Explain.** That, among all the behaviors listed, 7 have been selected that studies show are the most effective to prevent Zika and these are the behaviors that will be reviewed in this workshop.
- **Place** the cards with the printed behaviors, organized in the 3 groups, on the floor in the center of the circle.
- **Explain.** That the behaviors are divided into 3 groups:
 1. Personal protection (Behaviors 1 and 2).
 2. Mosquito control (Behaviors 3, 4 and 5).
 3. Providing access to Zika prevention information and services (Behaviors 6 and 7).
- **Conclude.** To promote change in homes and communities we need to focus and speak with "one voice" so that the families and communities where we work always hear the same message. It is important that they hear this message several times and from different sources of information.



Exercise 2. Knowing the 7 key behaviors (80 minutes)

1. Divide the group into 7 teams
2. Assign each group a key behavior
3. Distribute copies of **Annex 1.1** and **1.2**
4. Ask which of these behaviors are the most difficult to promote and why? Explain that in groups they will understand more about each behavior and the common barriers that families face in adopting these behaviors.
5. Work in groups



Group Work

Duration: 80 minutes (20 minutes to work in groups, 7 minutes for each group to present their work, and 10 minutes for the expert to answer questions and clarify concepts)

Instructions:

- Using **Annex 1.1** review and discuss:

1. *Who should perform the behavior?*
 2. *Who should support the behavior being done?*
 3. *How, where, and how often is the behavior done?*
- Using **Annex 1.2** review and discuss:
 - 4. What are the main barriers that prevent families from adopting this behavior?
 - 5. In your experience, are there other barriers?
- Present to the group
 - At the end of each presentation the expert clarifies and answers any questions



Exercise 3. Breaking down barriers (45 minutes - including practice in pairs)

1. **Ask.** What have you done to overcome barriers that families face to performing behaviors?
2. **Explain** that they are going to practice the "3 Step Technique" to break down barriers and myths.
3. **Ask** them to look under their chairs. Participants who find a piece of paper should read the paper aloud
4. **Explain** the 3-step technique

The 3-step technique to breaking down barriers:

1. Identify doubts, misconceptions, or rumors
 - Listen carefully to concerns
 - You can ask for more details and use open-ended questions such as "what are your concerns?"
2. Investigate the origin of the concerns
 - Where did you hear that?
 - What makes you think that?
 - Why are you convinced of that?
 - Try to understand the specific experience of the person
3. Respond directly
 - Focus on the person's concerns
 - Offer information relevant to the concerns
 - Do not worry if you do not have the precise information, you can find out and inform them later

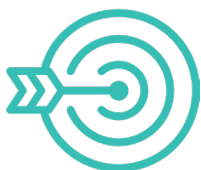


Practice in pairs (30 minutes):

Objective. This exercise in pairs helps participants put into practice the 3-step technique to breaking down barriers that may arise.

Instructions

1. Organize the group into pairs
2. Organize pairs into groups of 4 people (2 pairs in each group)
3. Distribute copies of **Annex 1.3** – Case Studies
4. One of the pairs will act out a home visit using Case # 3 (10 minutes)
5. The other pair observes and takes notes
6. When finished, switch pairs – the pair that observed now performs the socio-drama following Case # 5 (10 minutes) and the other pair observes and takes notes
7. To close, each pair makes comments to the other about their performance



Closing (10 minutes)

1. Ask

How did you feel doing the practice in pairs?

What was the hardest thing to do?

2. Have two pairs share their answers to the previous questions.
3. Review the key concepts of the session:
 - ✓ What is Zika? How it is transmitted, what are the consequences, how it is prevented, and what are the differences between Zika and other vector-borne diseases?
 - ✓ Key behaviors to prevent Zika: why are there 7 key behaviors, what are they, and review details of each behavior.
 - ✓ Most common barriers in the adoption of key behaviors and the 3-step technique to bring down misconceptions, myths, and barriers.

Annex 1.1

Behaviors with the greatest potential to prevent Zika

Behavior 1:

Use repellent during pregnancy (DEET, Picaridin, IR3535 and lemon eucalyptus oil only), following the product instructions, to reduce the risk of Zika transmission by mosquito bite.

- Repellents prevent mosquito bites and reduce the risk of vector transmission of Zika.
- Recommended repellents are DEET, Picaridin, IR3535, or lemon eucalyptus oil.
- These repellents are safe to use during pregnancy.
- DEET should not be mixed with sunscreen.
- Review the product instructions and use it exactly as indicated.
- Repellents must be applied several times a day to be effective.
- Apply repellents more often if you sweat, swim, or change clothes.
- Both pregnant women and their partners should use repellents.
- Women who want to get pregnant should also use repellents.

Remember: There are barriers related to the price of the product and the frequent and systematic application of the product.

Key audiences: Pregnant women and their partners

Behavior 2:

Use condoms during pregnancy to prevent the sexual transmission of Zika.

- Condoms can prevent the sexual transmission of Zika.
- A condom should be used in every sexual act throughout pregnancy, without exception.
- If a pregnant woman uses a condom throughout her pregnancy, she reduces the risk of transmitting Zika to her baby and therefore prevents Zika congenital syndrome.

Remember:

- Condom use during pregnancy tends to be very low among the population.
- There is limited receptiveness to this practice by male partners.
- Pregnant women must be empowered to negotiate condom use, which implies a gender- sensitive approach. One study indicated that women are 90% more likely to get Zika than men.

Key audiences: Pregnant women and their partners

Behavior 3:

Remove unintentional standing water both inside and outside of the house and in communal areas.

- Unintentional standing water must be removed weekly (once a week).
- Stagnant water tends to accumulate in tires, bottles, water basins, empty tree trunks, gutters, potholes, large buckets, and other containers without lids. Rainwater also accumulates in the lids of water containers, drums or storage tanks if they are in poor condition or if their design allows water to accumulate.
- Constant and coordinated effort with different actors in the community is required to eliminate standing water at schools, hospitals, and other communal sites on a weekly basis.

Remember: People accumulate a lot of items that may be unusable or disposable in their yards, and the yards become breeding grounds for mosquitoes. Eliminating these items must be a priority.

Key audiences: Families

Behavior 4:

Cover water storage containers at all times with a tight-fitting cover that does not warp or touch the water.

- Water containers should be protected at all times with a lid that fits properly and does not touch the water. Lids should seal very tightly and be kept on containers at all times.
- If the lids are in poor condition, they can become mosquito breeding grounds. Lids should be replaced if they are bent or broken.
- The use of lids can work best for long-term water storage containers, that is, those used infrequently (once a week or less) because the lids are handled less.
- For short-term water storage containers (i.e., those used several times a day or week), the effectiveness of covering it with a lid is reduced because opening and closing the lid increases the chances that it will not be put back on tightly and the wear and tear causes the lid to deteriorate more quickly.
- Constant checking and vigilance are necessary to ensure that there are no hidden mosquito breeding grounds on the lid itself and in any other container that is covered with a lid.

Remember: Many water containers that people use do not have lids at all, and some containers are difficult to cover tightly.

Key audiences: Families

Behavior 5:

Remove mosquito eggs from the walls of frequently used water containers on a weekly basis.

- There are four techniques to eliminate mosquito eggs, presented here in order of most effective to least effective:
 - Scrub with bleach and detergent, also called "La Untadita"
 - Dab bleach around the walls just above the water line
 - Scrub the walls of the container with detergent
 - Scrub/brush container walls.
- Descriptions of how to implement these techniques can be found in the communication tool called "Key Tips for Preventing Zika" as well as the conditions to be considered when choosing which technique would work best for frequently used water containers in each household.

Key audiences: Families

Behavior 6:

Attend prenatal check-ups to monitor pregnancy, learn about the risk of Zika, and how to prevent it.

- Regular prenatal care contributes to a healthy pregnancy. It is important to follow national guidelines which typically call for four to eight prenatal visits during pregnancy.
- Prenatal care allows providers to offer Zika prevention counseling, which can increase the likelihood that pregnant women will take protective measures to reduce the risk of vertical transmission of Zika to their child.

Remember: Barriers exist in accessing prenatal services. Such barriers include a lack of nearby services, limited resources for transportation, long wait times, and the need to return several times due to understaffed health care facilities, among other obstacles.

Key audiences: Pregnant women and their partners

Behavior 7:

Seek counseling from a trained provider about modern family planning methods if you do not plan to become pregnant.

- Family planning counseling should be sought from a trained provider.
- The voluntary adoption of a modern family planning method prevents unwanted pregnancies and helps reduce vertical transmission of Zika from mother to child and the risk of congenital Zika syndrome.
- The frequency depends on the family planning method used. Some methods require daily action, while others require monthly action or even every few years.

Remember: Family planning is widely practiced by many, although a wide range of methods is not always available. For certain groups, such as teenagers, it may be difficult to access. Family planning use may require negotiating with one's partner, and dialogue between couples is encouraged.

Key audiences: Women of childbearing age, men, and couples (women and men)

Annex 1.2

Barriers and responses to promote behaviors with the greatest potential to prevent Zika

Behavior 1:

Use repellent during pregnancy (DEET, Picaridin, IR3535 and lemon eucalyptus oil only), following the product instructions, to reduce the risk of transmission of Zika by mosquito bite.

BARRIERS	RESPONSES
<ul style="list-style-type: none">They do not believe that repellent is very effective at preventing Zika	<ul style="list-style-type: none">The use of repellent is one of the most effective and safe ways to protect pregnant mothers from mosquito bites that transmit the Zika virus. If a pregnant woman is infected with Zika, she can pass the virus to her baby, who could develop Zika Congenital Syndrome, which can cause microcephaly.Remember that one can have Zika without presenting symptoms and the only way to prevent mosquito bites is with the use of repellent.Repellent prevents mosquito bites and should be applied several times a day, following the specific instructions for each repellent.The ingredients contained in repellents have been shown to stop mosquitoes from biting.The most effective, safe and recommended repellents by health authorities are those that contain one or more of the following active ingredients: DEET, Picaridin, IR3535 and lemon eucalyptus oil. These ingredients stop mosquitoes from biting.
<ul style="list-style-type: none">Repellent is expensive and it is not easy to get	<ul style="list-style-type: none">It is true that repellent can be expensive, but you only need to use it for the 9 months of pregnancy.The family should think and prioritize the health of the pregnant woman and unborn baby, knowing that the use of the repellent protects both from Zika.If there is difficulty in obtaining the recommended repellent, do not hesitate to ask the health center or the community promoter who will know where to look for it.Sometimes we have to redouble our efforts to get the things that are worthwhile. Finding the right repellent deserves that effort because it protects the mother and the unborn baby from Zika.

BARRIERS	RESPONSES
<ul style="list-style-type: none"> Many people say using a mosquito net is their main protective measure because they think that mosquitoes only bite at night 	<ul style="list-style-type: none"> The mosquito that transmits Zika, dengue and chikungunya bites during the day and at sunset. This mosquito does not bite at night, hence a mosquito net does not protect against Zika.
<ul style="list-style-type: none"> Repellents give them negative reactions, such as allergies 	<ul style="list-style-type: none"> The repellents that are recommended to avoid mosquito bites that transmit Zika should not cause any allergies as long as it is applied following the product's instructions. Repellent should not be put in your eyes or in wounds or cuts on the skin.
<ul style="list-style-type: none"> Using repellent is impractical because you have to use it several times a day 	<ul style="list-style-type: none"> Like any other medicine, you must follow the repellent instructions and apply several times a day as indicated by the product. You can put a reminder on your cell phone to apply the repellent at the indicated times. Your cell phone will always be with you, whether it's in the bag or purse, and will be ready to help you put on the repellent as many times as necessary.

Behavior 2:

Use condoms during pregnancy to prevent the sexual transmission of Zika

BARRIERS	RESPONSES
<ul style="list-style-type: none"> They do not believe that condom use during pregnancy is very effective in preventing Zika Some believe that Zika is transmitted by air or that in their communities there may be an experiment where they are purposely introduced to Zika 	<ul style="list-style-type: none"> Unlike dengue, the Zika virus can be transmitted through sexual intercourse from a person who has the virus to their partner. Thus, a pregnant woman who has already contracted the virus can pass it on to her baby, who can be born with Zika Congenital Syndrome, including microcephaly. Condom use during pregnancy is the only way to prevent Zika between couples and protect an unborn baby from Zika Congenital Syndrome and microcephaly.
<ul style="list-style-type: none"> Men think that using a condom when their partner is pregnant is because they are being unfaithful They are not sure if they can use condoms during pregnancy They think it is the responsibility of women to prevent Zika in the home 	<ul style="list-style-type: none"> Wanting to use a condom to prevent Zika has nothing to do with infidelity. A husband can become infected with Zika from a mosquito bite and thus transmit it to his partner and from there to his baby. The best thing a couple can do is talk about their concerns on how to prevent Zika and protect their baby by coming to an agreement. Husbands also want to have healthy babies, not just mothers. The unborn baby belongs to both of them, and they both want to protect it.

Behavior 3:

Remove unintentional standing water both inside and outside of the house and in communal areas

BARRIERS	RESPONSES
<ul style="list-style-type: none"> Neighbors' lack of cleanliness and a deficiency of basic sanitation services are barriers to preventing Zika They think that everyone is responsible for taking measures to prevent Zika – even if they have a clean house, there are neighbors who keep their homes dirty Hatcheries in public places, or private properties, clandestine garbage dumps, and clogged drains are barriers to preventing Zika 	<ul style="list-style-type: none"> You can set the example for your neighbors and they will see the results of your work and follow it. It is important that each member of the community speak with their leaders to organize efforts to eliminate accumulated water in community areas. If each household is concerned with eliminating the hatcheries in their own home, this motivates the authorities to do their part and take action. Zika is transmitted by the Aedes mosquito — which can be easily identified by the white spots on its legs. This mosquito also transmits dengue and chikungunya.
<ul style="list-style-type: none"> They are not sure that eliminating accumulated water is effective in preventing Zika 	<ul style="list-style-type: none"> The mosquito that transmits Zika, dengue and chikungunya is unique in that they lay their eggs in clean water stored in containers. If we eliminate this water, we reduce the breeding sites of mosquitoes.
<ul style="list-style-type: none"> Some believe that Zika is transmitted by air or that in their communities there may be an experiment where they are purposely introduced to Zika 	<ul style="list-style-type: none"> Mosquitoes do not fly far, by taking care of your own house and yard, you can reduce the number of mosquitoes in your immediate environment.

Behavior 4:

Cover water storage containers at all times with a tight-fitting cover that does not warp or touch the water

BARRIERS	RESPONSES
<ul style="list-style-type: none">• They are not sure that covering water containers is effective in preventing Zika	<ul style="list-style-type: none">• The mosquito that transmits Zika, dengue and chikungunya, likes to put their eggs and larvae in water containers. If we manage to cover the containers tightly, the mosquitoes entrance into containers can be blocked, preventing them from laying their eggs.
<ul style="list-style-type: none">• They are not sure they will be able to cover water containers	<ul style="list-style-type: none">• The container must be covered tightly and well-sealed. You can look for suitable material such as rubber or mesh and make sure you don't leave gaps where the mosquito can enter.• Consult with a promoter or vector control technician to visit your home and advise you on how to seal your water containers well.

Behavior 5:

Remove mosquito eggs from the walls of frequently used water containers on a weekly basis

BARRIERS	RESPONSES
<ul style="list-style-type: none"> They can identify the steps to cleaning water containers, but do not mention the use of chlorine as an ovicide – they mention bleach instead Most put chlorine in the water, a few smear the chlorine in a circular way inside the tank but do not wait before refilling it 	<ul style="list-style-type: none"> Scrubbing water containers reduces the risk of contracting Zika because it gets rid of the eggs that mosquitoes have laid on the walls of the container. However, to kill and eliminate mosquito eggs, you need to use chlorine. Chlorine is able to break down and destroy mosquito eggs. For the chlorine to have an effect, it needs to rest on the walls of the container for at least 5 minutes. Remember that chlorinating the water has no effect against eggs or larvae, it only helps to purify water for drinking. Therefore, do not confuse purifying drinking water with eliminating mosquito breeding sites. Chlorine alone does not kill these organisms, you have to brush the walls and let the chlorine stand so that it can break down the mosquito's eggs.
<ul style="list-style-type: none"> They know how to wash their water basin correctly, but they cannot do this every week because of water limitations 	<ul style="list-style-type: none"> You can perform deep cleaning of your water basin and containers according to your water supply. Take advantage when you know water is coming to do the cleaning. Remember that the “dab/smear chlorine” technique does not require emptying the container of all your water. You can dab the chlorine just above the water line.

Behavior 6:

Attend prenatal check-ups to monitor pregnancy, learn about the risk of Zika, and how to prevent it

BARRIERS	RESPONSES
<ul style="list-style-type: none"> • Women care more about prenatal care than men • Some women think that men hold women responsible for Zika prevention measures 	<ul style="list-style-type: none"> • Prenatal control and counseling consultations are provided to couples, both the mother and father, where valuable information about Zika is provided, including: <ul style="list-style-type: none"> ◦ How Zika is transmitted, and the risks to the mother and the expected baby. ◦ How to protect the baby from the risk of Zika Congenital Syndrome and microcephaly during pregnancy. ◦ How Zika can be transmitted through unprotected sex. ◦ How Zika can be effectively prevented through the use of condoms, protecting the pregnant woman and the unborn baby. ◦ How the correct use of the repellent prevents mosquito bites. ◦ They offer an ultrasound test that follows the pregnancy and appropriate growth of the baby. • Encourage dialogue and for the couple to talk openly about how Zika virus can be transmitted to the baby during pregnancy. It is necessary to know what each one thinks, making agreements on the most effective way to protect the pregnant mother and the baby that is on the way, including the use of condoms and the use of the repellent during the 9 months of pregnancy.

Annex 1.3

Case Studies

Case Study 1: Manuel and Irma are expecting a baby

- Manuel, a 33-year-old man, is the father of two children.
- He lives in a small, modest house in the south of the country.
- His wife, Irma, is pregnant.
- They have access to electricity, and they get water in their home once a week.
- Neither Irma nor Manuel have heard much about Zika and its potential consequences.
- But Irma does remember the nurse at the clinic explaining to her that there are risks to a baby if a pregnant mother is infected with Zika.
- On the other hand, Manuel does not know anything about it because he does not usually go with his wife to the prenatal check-up. He cannot take time off from work, and he thinks she knows what to do during pregnancy after having had two children.
- They know that there is a newborn in the community with microcephaly, but they do not know what that is or how he got it.
- When the health promoter told them more about Zika, Irma and Manuel were very surprised to learn that it can be transmitted through sexual intercourse and that condom use reduces the risk of contracting it.
- They tell the promoter in confidence that they do not know how to use a condom and that they have never used condoms because they are too expensive.

Case Study 2: Mary stores water she uses every 2 weeks

- Mary is 23 years old, a housewife, and mother of two.
- She lives in a peri-urban neighborhood with access to electricity and where water is intermittently available through the pipes in her home.
- She collects water in a couple of barrels she keeps in reserve to make sure she has enough on hand. She uses that water occasionally, about once every two weeks.
- She has heard about Zika, and she knows that there are people in her community who are infected with the disease. She also knows that you need to take care of yourself.
- She thinks that a preventive measure is to cover the barrels to prevent Zika-carrying mosquitoes from using it for breeding.
- Her neighbor says that Zika is airborne and that all she needs to worry about is covering the barrels with anything she has available to keep leaves and dirt from falling into the water.
- Others have told her that the mosquitoes are so small that only certain lids can keep them out.
- Mary is confused and the idea she comes up with is to cover the barrels with some pieces of soft plastic that she has stored in her kitchen, but she is not sure if that will help keep mosquitoes out.

Case Study 3: Linda says that repellent is expensive

- Linda, 25, is married to Joe, with whom she has three children.
- Linda is expecting her fourth child.
- The family lives in a village on the country's southern coast, where there is a grave shortage of water. There are many containers for collecting rainwater in their yard, along with tires, jars, and garbage, all of which attract mosquitoes that transmit Zika.
- When Linda went to the clinic for a prenatal check-up, the nurse advised her to use DEET repellent to avoid mosquito bites that transmit Zika and to prevent her baby from being born with congenital Zika syndrome.
- She thinks the repellent might harm her baby.
- Besides, she does not know if it is sold in stores, and she has heard it is very expensive.
- She thinks about having to buy repellent for herself, her husband, and their three children; that would be even more expensive.
- She is not sure how to use repellent because the nurse just told her that you have to apply it every day. That would be even more expensive, so she wonders if maybe it is enough to apply it once a week.
- She also believes that only people who come from outside the village use repellent and has seen that her neighbors just use odor-emitting spirals to repel mosquitoes.
- Other neighbors talk about natural and cheaper repellents made from homemade products or herbs, but at the clinic they told her that they do not work to prevent bites.

Case Study 4: Peter, Mary, and Laura have a lot of junk and garbage in their yard

- Peter, 40 years old, is a taxi driver who lives with his partner Mary, 35 years old, his three children, and his mother-in-law, Laura.
- They live in a city in the interior of the country where several cases of Zika have been reported.
- A few years ago, when there was an outbreak of dengue fever in their community, they were visited by vector control technicians from the ministry who told them how important it was to eliminate standing water from the objects in the yard because they are mosquito breeding grounds.
- Over time they forgot about the precautions, and now Peter keeps the used tires from his taxi in the yard, under the shade of the trees. Mary and Laura also keep empty soda bottles, cans, jars, and toys that are no longer used but may come in handy at some point. The children sometimes play with these objects in the yard and then leave them there. In addition, they have some nice bromeliads in pots sitting on plates in the corridor as decoration.
- Water builds up in the items that are outdoors when it rains.
- A few times a year they give away or throw away some things, but then accumulate others.
- In addition, Peter's house is located near a clandestine garbage dump.

Case Study 5: How Regina cleans her water storage container

- Regina is 34 years old and lives alone with her three children in a city in the interior of the country where several cases of Zika have been reported.
- She only gets water every two days, so it is very important for her to keep her water drum filled with water.
- Her mother has told her that she needs to empty and clean the drum once a week to avoid mosquitoes.
- Regina thinks that emptying the drum is a waste of the little water she gets, so she decides to add a few drops of bleach to the water each time she fills it. Once every three weeks she empties it and wipes the inside with a clean cloth.
- When Regina does this cleaning, she focuses on removing the algae and soil that accumulate in the drum.
- Regina does not know what mosquito eggs and larvae look like, so she does not think about looking for them in her drum or other containers for storing water.
- Regina's neighbor tells her that it is not necessary to clean or add bleach to the drum since Zika is airborne, not waterborne.

Case Study 6: Terry and John are expecting their second child

- John and Terry are expecting a baby, their second.
- Terry has put the control of her pregnancy in the hands of the midwife who has helped all of her family members and delivered her first child.
- They live in a coastal area where there have been several cases of Zika.
- Terry knows she should go to the clinic for check-ups during pregnancy, but her home is more than 20 km away from the nearest one.
- Terry heard something about Zika and that it can harm babies and would like to know more.
- Her husband does not think it is necessary to go to the clinic and tells her to ask the midwife or her mother-in-law what she should do.

Annex 1.4

7 Key Behaviors

Behavior 1:

Use repellent during pregnancy (DEET, Picaridin, IR3535 and lemon eucalyptus oil only), following the product instructions, to reduce the risk of transmission of Zika by mosquito bite

Behavior 2:

**Use condoms
during pregnancy to
prevent the sexual
transmission of Zika**

Behavior 3:

Remove unintentional standing water both inside and outside of the house and in communal areas

Behavior 4:

Cover water storage containers at all times with a tight-fitting cover that does not warp or touch the water

Behavior 5:

**Remove mosquito
eggs from the walls of
frequently used water
containers on a weekly
basis**

Behavior 6:

Attend prenatal check-ups to monitor pregnancy, learn about the risk of Zika, and how to prevent it

Behavior 7:

Seek counseling from a trained provider about modern family planning methods if you do not plan to become pregnant

Annex 1.5

3 step technique to breaking down barriers

1. Identify doubts, misconceptions, or rumors

- Listen carefully to concerns
- You can ask for more details and use open-ended questions such as "what are your concerns?"

2. Investigate the origin of concerns

- Where did you hear that?
- What makes you think that way?
- Why are you convinced of that?
- Try to understand the specific experience of the person

3. Respond directly

- Focus on the person's concerns
- Offer information relevant to the concerns
- Do not worry if you do not have the precise information, you can find out and inform them later

Session 2

Effective Interpersonal Communication Skills

Learning objective

Know and practice the skills of effective interpersonal communication and understand the value of interactions with families in promoting the adoption of key Zika prevention behaviors.

Session description

This session focuses on the importance, objectives, and characteristics of effective interpersonal communication skills during home visits. It also reviews two types of interpersonal communication and four key characteristics of good communication.

Critical content

The most important content of this session is the following:

1. Definition of interpersonal communication
2. The 4 essential skills for good interpersonal communication: knowing how to listen, verbal communication, nonverbal communication, and being aware of and respecting differences.

Time

2 hours and 30 minutes

Reference Materials:

- Interpersonal communication and types of communication (**Annex 2.1**)



Materials box

- Cards
- Masking tape
- Markers
- Flip chart

Summary Table of Activities

ACTIVITIES	METHODOLOGY	MATERIALS	TIME
Summary of the previous session	<ul style="list-style-type: none"> • Presentation 		5 minutes
Exercise 1. The good Counselor and interpersonal communication	<ul style="list-style-type: none"> • Group Discussion 	<ul style="list-style-type: none"> • Colored index cards (1/4 letter) • Markers • Masking tape 	20 minutes
Exercise 2. Skills for good interpersonal communication	<ul style="list-style-type: none"> • Skits • Practice in Pairs 	<ul style="list-style-type: none"> • Cards • Markers • Titles of the two types of communication: directive and facilitating • Paper strips with characteristics of the 2 types of communication relationships • Copies of Annex 2.1: Interpersonal communication and types of communication • Bag or basket with pieces of paper with types of emotions 	2 hours
Closing			5 minutes
Total			2.5 hours

Preparation

For this session, prepare the following:

- Titles of the two types of communication (from **Annex 2.1**)
 - Paper strips with the characteristics of the 2 types of communication (from **Annex 2.1**)
 - Speak with 2 pairs of participants that will demonstrate the topic of verbal communication
- a. Bag of surprises: write each of these emotions on paper - anger, pride, fear, sadness, joy, pain, impatience, confusion, shame. Fold the papers and place them in a basket or bag

Methodology

Summary of the previous session (5 minutes).

- Ask a volunteer or participant to recall the most important thing from the previous session.



Exercise 1. The good counselor and interpersonal communication (20 minutes)

A. Interpersonal Communication (10 minutes)

1. Ask, What is interpersonal communication?
2. Listen to examples from participants.
3. Explain the concept of interpersonal communication, using the following definition:

"Interpersonal communication is the face-to-face verbal or nonverbal exchange of information, knowledge, or feelings between individuals or groups that generates a response and is not merely the delivery of information."

4. Ask, Why is interpersonal communication important in a home visit? Listen to examples from participants.
5. Explain that interpersonal communication in a home visit is important to establish a close and trusting relationship with the family, and to achieve an exchange of information, knowledge, beliefs and skills that generate a response and commitment.

B. The good counselor (10 minutes)

Explain that to achieve commitments and responses from families at home visits, we need to learn to be good communicators / counselors. This exercise will give participants the opportunity to define what it is to be a good counselor.

Distribute colored cards and markers and do the following exercise in groups:



Work in groups

1. Write down on a card a person that they seek advice from. Do not use names but rather the participant's relationship with that person (Example: mom, husband, friend).
2. Write on the same card the reason why they are comfortable with this person, using short phrases or words (Example: trust, discretion, do not judge).
3. Place your cards on the floor.
4. Participants form a circle around the cards.
5. Ask 3 volunteers to tell the group who the person is that they ask for advice and the reasons why they feel comfortable with this person.
6. Read aloud other cards and discuss the importance of the counselor having characteristics such as those noted on the cards.
7. Ask, What is the intention of advice? And explain that the intention of counseling is to help and guide others respectfully, without mandating, imposing or scolding.
8. Conclude the discussion by reinforcing that these are some of the skills you should keep in mind whenever you make home visits and that in the next exercise we will learn more about these skills.



Exercise 2. Essential skills and values of interpersonal communication (2 hours)

Explain that in this exercise you will learn and put into practice the following 4 skills of effective interpersonal communication, which should always be remembered when visiting and dialoguing with families:

- a. **K**now how to listen
- b. **V**erbal communication
- c. **N**on-verbal communication
- d. **B**e aware of differences and respect them

A. Know how to listen: Ask open-ended questions, be attentive to the person (30 minutes)

1. Explain **knowing how to listen**

Knowing how to listen is:

Being attentive to what the other person says and remembering what they say. While other people talk, do not think about anything else but concentrate on what they are saying. Asking, summarizing, and repeating what the other person said, are ways to show that you are being attentive to what is being said. Do not interrupt -- be tolerant and patient.

2. Ask a participant to come forward and perform a demonstration with you about active listening. You will play a technician doing a home visit, and the other person, a mother or father.

Sit face to face

- Ask: Can you tell me what you know about Zika?

Using gestures, show interest in what they tell you.

When appropriate, stop and repeat in your own words what the other person told you

- Ask: What else have you heard about Zika?

At the end, summarize what the person said and ask him / her if what you understood was correct.



Exercise in pairs: Knowing how to Listen (15 minutes)

Objective. The purpose of this pair exercise is for participants to put into practice the techniques of active listening, including paraphrasing, repetition and summary.

Instructions

1. Organize pairs into groups of 4 people (2 pairs in each group)

2. Pairs select a topic of their choice related to Zika and repeat the exercise on how to ask, repeat and summarize
3. The first pair does the exercise while the other pair observes and takes notes (5 minutes)
4. When finished, switch. The pair that observed now practices the exercise (5 minutes)
5. To close, each pair makes comments to the other about their performance
6. At the end ask the following questions (5 minutes):

How did you feel doing the exercise?
How did the questions contribute to communication?
In what way did it help to repeat?
In what way did it help to summarize?

The facilitator should make sure to observe all the groups during the practice and at the end of the exercise point out issues that can be improved, as well as the strengths observed during the exercise. It is good to explain to the participants that the comments and corrections are made for teaching purposes, and should be taken as such, without upsetting participants or making them feel bad.

B. Verbal communication (30 minutes)

1. Explain that two pairs of participants will now demonstrate an exercise on verbal communication. The rest of the participants should be attentive and write down their observations and then share them.
2. The pairs will then perform the following exercise (which they previously agreed to perform) - each demonstration should last no more than 5 minutes.

Pair #1: Demonstrate a dialogue where both speak, exchange ideas and reach an agreement.

Pair #2: One partner speaks more than the other, imposes their points of view and dialogue is not generated.

3. Ask participants what they observed, allow them to comment and explain verbal communication.

Verbal communication

Verbal communication is the use of words; language, tone of voice, and word choice that influence communication / the relationship with the other person. It is important to use simple language in order to make yourself be understood and a cordial tone of voice that helps build trust. Verbal communication only makes sense when there are two or more people who share and exchange information or points of view and create a dialogue. If only one person speaks and the other is passive, that is not communication.

4. Explain that communication is mainly given in two ways. Place the titles of the two types of communication on the wall: Directive and Facilitating
5. Explain what the two types of communication consist of.
6. Distribute at random among the participants strips of paper with the characteristics of these two types of communication (**Annex 2.1**) and ask that they stand under one of the two titles, depending on where they think their piece of paper belongs.

7. Distribute copies of **Annex 2.1**.
8. Go around and check with the group if the characteristics were put under the correct title and, if necessary, correct the classification.
9. Finally, ask which of these types of communication do you do? Explain that we almost always use elements of both types, making the type of communication "combined", sometimes directive and sometimes facilitating.

C. Non-verbal communication (30 minutes)

1. Call eight volunteers to the front of the room to choose a piece of paper from the surprise bag that you have prepared.
2. One by one each volunteer mimics the emotion they chose (anger, pride, fear, sadness, joy, pain, impatience, and shame). They can use facial expressions, movements and body language, but no words.
3. The other participants should try to guess the emotion or the acted feeling.
4. After the exercise with the volunteers, ask the following:

Was it easy to try to express a feeling without words?

Was it difficult to interpret emotions without a verbal explanation?

5. Explain the importance of non-verbal communication.
6. Explain that some people do not feel comfortable having to verbally express themselves because sometimes we perceive our emotions through our behavior.

Non-verbal communication

Non-verbal communication is the use of gestures, signs, eye contact and body language. Being aware of nonverbal cues helps to better understand the other person and improve communication. Non-verbal communication can reinforce, contradict, substitute, complement or emphasize verbal communication. It is important to be aware of one's non-verbal communication and know how to interpret the others' non-verbal cues.

7. Ask, what happens if the person does not feel comfortable talking during a home visit?
 - You do not give them all of the necessary information
 - Leads to the spread of rumors or believing the rumors they have already heard
 - They could stop receiving the promoter in their home
8. Ask, what can be done to ensure that people feel your interest and concern about their situation?
9. Have participants share some possible examples and then explain the PAPER model

Put yourself face to face with the client, look them in the eyes

Act with kindness and accessibility, shake hands

Present facial expressions according to the situation

Establish a relaxed environment, show patience, do not interrupt

Read the client's gestures and expressions



Exercise in pairs: Non-verbal communication (10 minutes)

Objective. The purpose of this pair exercise is for participants to put into practice the techniques of non-verbal communication, and to show interest and concern for another person's situation.

Instructions

1. Organize pairs in groups of 4 people (2 pairs in each group)
2. One pair does the exercise and the other pair observes and takes notes (5 minutes).

One of the partners in the pair will talk for two minutes about their own problem. The other partner should show interest, understanding, and offer help in any way they want, but should not talk.

3. After 3 minutes, finish the activity and ask:

How did you feel when you spoke without interruption for 3 minutes?

- Possible answers: good, free, relieved, insecure

Did you feel that your partner understood you? How do you know?

- Possible answers: the expression, their body movements, eye contact

What did the pairs who watched observe?

The facilitator should make sure to observe all the groups during the exercise and at the end of the session, point out issues to be improved, as well as the strengths observed during the exercise. It is good to explain to the participants that the comments and corrections are made for teaching purposes, and should be taken as such, without upsetting participants or making them feel bad.

D. Knowing differences and being respectful of them

1. Explain that this last group of skills has to do with the ability to identify and take into account differences with others, respecting them without judgement.
2. Explain the following information.

Be aware of differences and be respectful of them

- Be aware and respectful of the differences you have with the people you visit - there are cultural, educational, social differences, etc. Keep these differences in mind and consider them during home visits, but do not let them create distance in the relationship you have established with others. Look for empathy, do not scold and avoid being prejudiced.
- Respect and value the people you visit as peers. Do not fight, ridicule, or be disrespectful to their beliefs.

3. Ask that each participant individually write down the answers to the following questions on a card.

What differences are there between you and the families you visit?

What similarities are there between you and the families you visit?

Ask some participants to read their cards out loud.

4. Ask: How do we show families the respect we have for these differences?



Closing (5 minutes)

1. Ask: Which of the interpersonal communication skills we saw is the hardest to practice?
2. Lead the conversation to some interventions from the participants
3. Review the critical contents of the session

- ✓ Definition of interpersonal communication
- ✓ Types of relationships in communication
- ✓ The 4 Essential skills for good interpersonal communication: Knowing how to listen, verbal communication, non-verbal communication, and being aware of differences and being respectful of them

Annex 2.1

Interpersonal communication and types of communication

Definition. Interpersonal communication is the exchange of information, knowledge, and feelings face-to-face, verbally, and non-verbally between individuals or groups, which produces a response and is not merely the delivery of information.

Types of Communication

DIRECTIVE	FACILITATING
<ul style="list-style-type: none">• One-way only	<ul style="list-style-type: none">• Horizontal
<ul style="list-style-type: none">• Volunteer/promoter is active	<ul style="list-style-type: none">• Volunteer/promoter is a facilitator
<ul style="list-style-type: none">• Family member is passive	<ul style="list-style-type: none">• Family member participates, asks questions
<ul style="list-style-type: none">• Little exchange	<ul style="list-style-type: none">• More exchange of opinions
<ul style="list-style-type: none">• Fear	<ul style="list-style-type: none">• Mutual understanding
<ul style="list-style-type: none">• Intimidating	<ul style="list-style-type: none">• Openness
<ul style="list-style-type: none">• Inferiority	<ul style="list-style-type: none">• More trust and empathy

Session 3

GATHER steps for a home visit

Learning objective

Know how to conduct home visits using the GATHER methodology.

Description of the session

This session begins with a review of the preparatory steps for home visits and then covers the steps to be followed during home visits in detail, according to the GATHER methodology. It also includes a discussion on how to deal with the challenges commonly faced by staff during home visits.

Critical Contents

The critical contents for this session are:

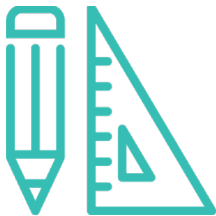
- Preparatory steps for the home visit
- GATHER methodology for home visits
- How to solve home visit challenges

Time:

2 hours

Reference Materials

- **Annex 3.1** Colored sheets printed with the activities to be done before the home visit
- **Annex 3.2** Colored sheets printed with the capital letters of the GATHER acronym
- **Annex 3.3** GATHER
- **Annex 3.4** Challenges during the home visit
- **Annex 1.3** Case studies to practice in pairs



Materials Box

- Cards
- Masking tape
- Markers
- Flip chart

Summary Table of Activities

OBJECTIVES	METHODOLOGY	MATERIALS	TIME
Review of previous session	<ul style="list-style-type: none"> • Presentation 		5 minutes
Exercise 1. Steps before and during the home visit	<ul style="list-style-type: none"> • Brainstorm • Score cards • Skits 	<ul style="list-style-type: none"> • Colored cards • Markers • Annex 3.1 Colored sheets printed with the activities to be done before the home visit 	20 minutes
Exercise 2. GATHER	<ul style="list-style-type: none"> • Signs for participants' backs • Group work 	<ul style="list-style-type: none"> • Annex 3.2 Colored sheets printed with the capital letters of the GATHER acronym • Annex 3.3 GATHER 	50 minutes
Exercise 3. Solving home visit challenges	<ul style="list-style-type: none"> • Annex Review 	<ul style="list-style-type: none"> • Paper sheets • Markers • Annex 3.4 Challenges during the home visit 	15 minutes
Exercise 4. Practice in pairs—home visits according to the GATHER methodology	<ul style="list-style-type: none"> • Skits 	<ul style="list-style-type: none"> • Annex 1.3 Case studies for practice in pairs 	30 minutes
Closing			5 minutes
Total			2 hours 5 minutes

Preparation

For this session prepare the following:

- Colored sheets with the capital letters of the acronym GATHER to paste on the backs of 6 participants
- Posters that summarize each of the GATHER steps - based on **Annex 3.3**
- Sheets with the types of activities that are done before a home visit

Methodology

Summary of the previous session (5 minutes).

- Ask a volunteer or participant to recall the most important thing from the previous session.



Exercise 1. The home visit (20 minutes)

1. Ask.

What activities do you do before and during a home visit?

2. Ask participants to write down their answers on colored cards and place them on the floor (each person can use a maximum of 4 cards - they should write only one activity for each card).
3. Ask 2 volunteers to separate the cards into two groups: the activities that are done before a home visit and those that are done during the visit.
4. Ask two other volunteers to classify the activities that are done before the visit under the following titles (previously prepared).
 - **Identification/visibility.** Identify yourself so you will be recognized on field visits. You can use project/institution t-shirts, caps, signs, identification cards, etc.
 - **Visit Objective.** Know the purpose of the visit - know what you are going to talk about.
 - **Content/subject.** Study the information on the topic you will be discussing so you will be able to answer questions.
 - **Resources/communication tools.** Have the resources and communication tools you need ready, such as the “Key Tips for Preventing Zika” tool, registration tools, supplies for the visit, etc.
 - **Route.** Define the areas/routes and homes you will visit.
5. Remember that preparing for home visits is important and you should not forget these steps.
6. Read aloud the cards with activities that are done during the home visit and explain that they will now review the GATHER method that outlines the steps on how to perform home visits.



Exercise 2. GATHER (50 minutes)

Greet the person in a friendly and respectful way—break the ice/resistance, arrange the visit with the family, make the person feel comfortable.

Ask the person about their needs—listen, do not lecture; practice empathy, ask open-ended questions.

Tell them about what they can do—convey the new information using simple words.

Help them to find a solution—search for solutions, identify motivations, make a commitment.

Explain by demonstrating how the practice should be one, step by step.

Review what was discussed and return.

1. Ask a representative from each of the 7 groups in which they worked in Session # 1 to come forward. Randomly paste one of the GATHER letters (previously prepared) on their backs. Without them knowing what letter they have, put them in a straight line with their backs to the rest of the participants.
2. The rest of the participants must tell the volunteers how to organize themselves to form the word GATHER.
3. Distribute copies of **Annex 3.3** GATHER.
4. Explain that GATHER is a methodology that organizes the steps on how to do a home visit.
5. Assign to each group the letter of GATHER that the representative of that group had on their back.
6. Ask each group representative to go to the corresponding station and read aloud the poster that summarizes the information on the assigned step (prepare posters prior to the training). The posters also have additional information and explanations about each step.



Exercise 3. Solving home visit challenges (15 minutes)

1. **Explain.** The steps we have reviewed are those that should ideally be done during home visits, but sometimes, in the real world, we run into difficulties.
2. **Ask.** What are the barriers or problems that you most commonly encounter when doing a home visit?
3. **Generate.** Brainstorm how they can handle these situations (For example: resistance to receiving a visit, how to get past the door, limited time, how to do demonstrations, how to prioritize behaviors and agree on commitments).
4. Distribute copies of **Annex 3.4** Challenges during the Home Visit and review it as a group.

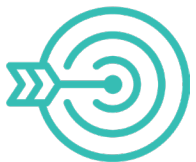


Exercise 4. Group work (30 minutes)

Objective. This group exercise asks participants to implement the steps of GATHER

Instructions

1. Organize participants into 6 groups and assign each the letter of GATHER that was assigned in exercise #2.
2. Together with all participants, select one of the 7 behaviors on which all groups will work.
3. Each group must prepare a skit in which they demonstrate ONLY the assigned GATHER step for the behavior selected (NOT A COMPLETE VISIT).
4. The group that is assigned the first letter - “G” of “Greet the person in a friendly and respectful way” - is the group that decides how they will represent that behavior; define who are the family members for the visit, who are the ones who are doing the visit, etc. They should inform the other groups of these decisions so that everyone works to follow the story and represent the part of their visit, following up on what the previous group does.
5. Give 10 minutes for groups to prepare.
6. Each group presents its skit to the whole group – give a maximum of 3 minutes per group; starting with the group with the first letter “G” and moving successively through the letters of GATHER until you finish.
7. After each group’s presentation, comment on the skit and important elements that should not be forgotten in each step of the process; correct if necessary and clarify any questions.



Closing (5 minutes)

1. Ask

*How did you feel doing the group work exercise?
What was the hardest thing to do?*

2. Ask two groups to share their answers to the previous questions.
3. Review the critical contents for this session: the GATHER steps.

Annex 3.1

Activities done before the home visit

IDENTIFICATION / VISIBILITY

VISIT OBJECTIVE

CONTENT / SUBJECT

RESOURCES / COMMUNICATION TOOLS

ROUTE

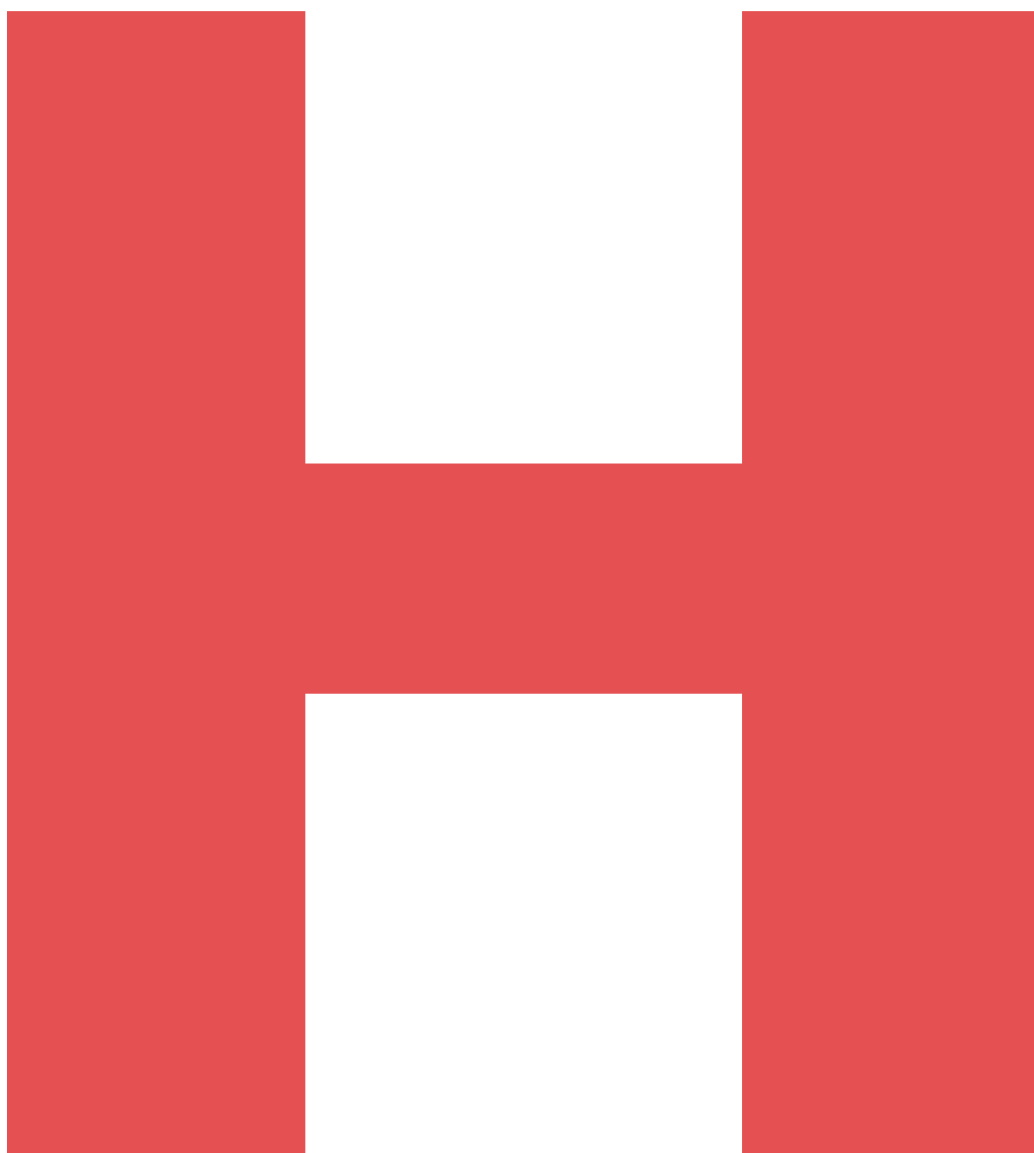
Annex 3.2

Capital Letters of GATHER

G









R

Annex 3.3

GATHER for the home visit

G: Greet the person in a friendly and respectful way

- Introduce yourself with kindness and respect to the person who opens the door, stating your name, the work you do, and the purpose and approximate length of the visit.
- Agree with the family to do the visit at that time or schedule a time to come back.
- Ask who is at home and invite them to join in the conversation, especially if there are any pregnant women.
- Greet each person in the home and call them by name.
- Create an environment where the person feels comfortable, listens, and trusts you.

A: Ask the person about their needs regarding behaviors to prevent Zika

- Ask them about their concerns, information needs, and doubts about Zika prevention.
- Encourage them to ask questions and listen carefully to what they say.
- Maintain eye contact with the person, respect their opinions, and do not scold them.
- Ask permission to take a tour of the house and observe how water is stored to identify possible mosquito breeding sites. If you find any, explain the importance of eliminating them.
- Congratulate the family if they have adopted behaviors to prevent Zika.

T: Tell them about what they can do to prevent Zika

- Explain the desired behavior in simple language and provide other information that may be difficult to understand but will help the family take action (e.g., congenital Zika syndrome).
- Gently and tactfully correct them when they are doing something wrong and explain how to correct their behavior.
- Use educational materials such as posters, brochures, flip charts, and cell phone messages.
- Congratulate the person for good behaviors.
- Ask if they have any questions and answer them.

H: Help them find a solution

- Along with the family, identify the solution, steps, and follow-up needed to achieve the desired behavior.
- Explain the benefits of the new behavior for the family and especially for a pregnant mother and her unborn baby.
- Encourage and motivate behavioral change in addition to providing information.

E: Explain by demonstrating how the practice should be done, step by step, and explain why

- Demonstrate step by step how to correctly perform the desired behavior to prevent Zika (use of repellents, use of condoms, eliminating mosquito breeding sites, covering stored water containers, etc.).
- Give the person an opportunity to practice the new behavior with you.
- Help the person if necessary and encourage them to reassure them that they can do it.

R: Review what was discussed and return

- Review what was discussed and ask the person to highlight the most important points and agreements regarding the behaviors discussed.
- Actively listen to the person to make sure they remember and have understood the information and the steps to follow.
- Along with the person or family, decide and agree on the behavior and actions they commit to adopt.
- If there is more than one behavior involved, choose one or two that will be of the greatest benefit to the situation in that specific household.
- Ensure that all required information is filled in on the visit form.
- Schedule a date for the follow-up visit.
- Thank family members for their receptivity and for taking the time to participate in the conversation.

Annex 3.4

Challenges during the home visit

The table below offers some ideas for handling the challenges volunteers may encounter during home visits.

CHALLENGE	SUGGESTIONS
The family does not want you to visit them.	Explain that you want to talk with the family about how to help them prevent the Zika virus. Thank them and say you'll come back in two days.
The family is not interested in the subject.	Talk about the health risks posed by the Zika virus, especially if there are pregnant women in the home.
They think repellent will hurt the pregnant mother and her baby.	Explain that the repellent you apply to the skin is not absorbed into the body and will not touch the baby. In fact, if the mother uses repellent, it protects the baby from catching the Zika virus and developing microcephaly.
The family has mistaken beliefs about transmission and prevention.	Use your communication tools and materials to provide correct information about how the Zika virus is transmitted and prevented.
The family does not feel vulnerable to being infected or affected by the Zika virus.	Explain that Zika can affect anyone, especially pregnant mothers or women who are planning to become pregnant. In these cases, it can cause Zika congenital syndrome, including microcephaly, which can affect the health and development of the unborn baby.
People are reluctant to try a behavior.	Negotiate a single action as a first step that leads to the behavior.
Behaviors in the home are influenced by an older person such as a grandmother (or mother-in-law) or neighbors.	Include that person in the home visit as well and clarify misconceptions and mistaken beliefs.
Person does not feel capable of adopting the promoted behavior.	Demonstrate how to carry out the behavior and offer support in different ways to accompany them in adopting the behavior.
External barriers such as cost and availability hinder adopting the promoted behavior (e.g. repellent use).	Point out that the expense of buying the repellent is only while the mother is pregnant and that it is well worth it to protect the baby.

Session 4

The 7Cs of effective communication

Learning objective

Know the 7 key elements of effective interpersonal communication and put them into practice.

Description of the session

This session presents seven crucial elements for good communication. The 7Cs of Effective Communication reviews each one and uses examples to show how they are applied in the construction of communication activities.

Critical Contents

The most important contents of this session are:

- The 7Cs to build effective messages.
- The relationship between the 7Cs with the GATHER steps and essential skills and values for interpersonal communication.

Time:

1.5 hours

Reference Materials

- **Annex 4.1.** The 7Cs of effective communication
- **Annex 4.2.** 7Cs titles to paste on the wall
- **Annex 4.3.** Table of relationship of 7Cs, GATHER and essential skills and values for interpersonal communication



Materials Box

- Cards
- Masking tape
- Markers
- Flip chart

Summary Table of Activities

EXERCISES	METHODOLOGY	MATERIALS	TIME
Review of the previous session	<ul style="list-style-type: none"> • Presentation 		5 minutes
Exercise 1. Understanding the 7Cs	<ul style="list-style-type: none"> • Gallery walk of poster stations for each of the 7Cs 	<ul style="list-style-type: none"> • Annex 4.1. The 7Cs of effective communication • Annex 4.2. Titles of the 7Cs 	45 minutes
Exercise 2. Using the 7Cs	<ul style="list-style-type: none"> • Poster stations 	<ul style="list-style-type: none"> • Visual examples of the 7Cs 	20 minutes
Exercise 3. Finding similarities	<ul style="list-style-type: none"> • Building messages 	<ul style="list-style-type: none"> • Annex 4.3 Relationship Table of 7Cs, GATHER and interpersonal communication skills • Paper sheets • Markers 	20 minutes
Closing			5 minutes
Total			1.35 hours

Preparation

For this session, prepare the following:

- Titles of the 7Cs printed on colored sheets and placed on the wall around the room.
- Select 7 participants -- one of the 7Cs will be assigned to each one. They should read **Annex 4.1.** and then present to the group the “C” assigned to them in 5 minutes.

Methodology

Summary of the previous session (5 minutes).

- Ask a volunteer or participant to recall the most important thing from the previous session.



Exercise 1. Understanding the 7Cs (45 minutes)

1. **Explain.** The 7Cs of good communication are important principles for communicating and getting people to understand, remember and practice different messages.
2. Distribute copies of **Annex 4.1:** The 7Cs of effective communication.
3. Take a tour of the 7 poster stations with the group, where the volunteer participants, having previously prepared, will present the contents of each C (5 minutes in each station, for a total of 35 minutes).
4. To close the exercise, ask, how do these 7 rules help us when we do home visits and talk with families? Give the participants time to answer the question and then explain that they will now see examples of messages where they can use the 7Cs.



Exercise 2. Using the 7Cs (20 minutes)

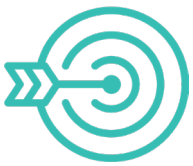
1. Find and bring in health and development examples of messages that use each of the 7Cs.
2. Organize the participants in the same 7 groups in which they worked previously.
3. Distribute to each group 3 visual examples of messages (newspaper advertisements, billboards, Zika educational material, etc.).
4. Each group has 5 minutes to review the examples and respond with which of the 7Cs are met and why.
5. Each group will have 3 minutes to present to everyone the example they consider the best of the three they analyzed and explain: why they liked it, which of the 7Cs it meets and why.
6. Close the exercise remembering that it is important to consider 7Cs at home visits when communicating key messages to prevent Zika.



Exercise 3. Finding similarities (20 minutes)

- **Ask.** If they find any relationship between 7Cs and the GATHER steps? Let participants respond and provide examples.
- **Ask.** If they find any relationship between the 7Cs and the essential skills and values of interpersonal communication that were reviewed in Session 2? Let the participants respond and provide examples.

- **Explain.** That everything is linked: 7Cs are important for better communicating messages related to behaviors to prevent Zika, and for this the facilitator or promoter must also know how to listen, inspire confidence and clarify misconceptions. In the same way, GATHER guides the promoter on how to advance step by step in the dialogue, including the aspects of knowing how to listen, giving confidence and providing the messages in an appropriate manner.
- Distribute **Annex 4.3** Relationship table of the 7Cs, GATHER and interpersonal communication skills and review it as a group, using the following questions:
 - Which of the 7Cs should we keep in mind at each step of GATHER?
 - Which effective interpersonal communication skills / values are important at each step of GATHER?



Closing (5 minutes)

1. **Ask.** Which of the 7Cs do you think is the easiest and the most difficult to accomplish in good communication?
2. Let the participants respond and provide examples.
3. Review the critical contents of the session.

- The 7Cs to build effective messages
- The relationship of 7Cs with the GATHER steps and essential skills / values for interpersonal communication



Homework

Distribute copies of the “Key Tips for Preventing Zika” communication tool for participants to review at home and be prepared for the “Sharing” exercise the next day.

Explain that this tool is a work aid made for them and their field teams to help them strengthen their relationship with families during the home visit and that, in the next session, we will get to know this tool in depth.

Annex 4.1

The 7Cs of Effective Communication

1. **Command** attention: Break the ice and capture the family's attention when visiting them for the first time to talk about Zika. This is accomplished by talking about something that is interesting to the family. It may or may not be related to the subject of the visit. Once you have their attention, other materials, techniques, and information can be introduced.
2. **Cater to** the heart and head. Appeal to the hearts and minds of families when talking to them about the need to adopt behaviors to prevent Zika. Most people are moved by both emotion and reason. A message that elicits emotion is effective because people learn more when their emotions are engaged. Emotional messages are usually communicated using edutainment techniques, such as songs, stories, poems, comic strips, or plays. If you appeal to intellect and reason at the same time, the message will probably be even more powerful and will endure even after the emotional part has passed.
3. **Clarify** the message. Debunk myths and incorrect information or beliefs that families have about the issue. A message should convey a single important point and not be loaded with other technical information that may distract and confuse the audience. If technical information is needed, it must be communicated in a way that is easy to understand.
4. **Communicate** the benefit of adopting the behavior. People need strong motivation to adopt new behaviors. The best motivator is the expectation of personal gain.
5. **Consistency** counts. Consistency in the message across different channels and information sources. A message that is repeated many times, possibly with minor variations but always with consistent information, is likely to be better remembered by people. Messages you hear only once in a while are forgotten. As a message is recognized, it reaches more and more people. A good logo, slogan, or core message should be used and reused until people recognize and understand it without having to think much about what it means.
6. **Create trust.** Create an environment of trust and credibility. For people to decide to try or adopt a new behavior, the information provided to them about it must come from a reliable and trustworthy source. If those communicating the message are people similar to the audience, the message is even more credible.
7. **Call to action.** Do not just communicate or educate—call to action as well. After hearing a motivating message, people should know how to begin and what to do, who to call, what to look for, and where to go.

Annex 4.2

Titles of the 7Cs

Command Attention

Cater to the heart and the head

Clarify the message

**Communicate the
benefits of adopting
the behavior**

Consistency counts

Create trust

Call to action

Annex 4.3.

Table of the relationships between the 7C's, GATHER and Interpersonal Communication Skills

THE 7C's	GATHER	INTERPERSONAL COMMUNICATION SKILLS
1. C ommand Attention	G reet the person in a friendly and respectful way	<ul style="list-style-type: none"> Know how to listen Know how to ask Non-verbal communication
2. C ater to the head and the heart	A sk the person about their needs	<ul style="list-style-type: none"> Know how to listen Verbal communication, simple language, facilitate dialogue
3. C larify the message	T ell them about what they can do to prevent Zika	<ul style="list-style-type: none"> Know how to ask Verbal communication, simple language 3-step technique to break down barriers
4. C ommunicate the benefits of adopting the behavior	H elp them find a solution	<ul style="list-style-type: none"> Know how to listen Know how to ask Verbal communication, simple language, facilitate dialogue
5. C onsistency Counts	E xplain by demonstrating how the practice can be done	<ul style="list-style-type: none"> Verbal communication, simple language, facilitate dialogue Non-verbal communication, PAPER Technique
6. C reate Trust	G reet the person in a friendly and respectful way	<ul style="list-style-type: none"> Non-verbal communication, PAPER Technique Verbal communication, facilitate dialogue Respect the differences
7. C all to Action	H elp them find a solution R eview what you discussed and return for another visit	<ul style="list-style-type: none"> Verbal communication Non-verbal communication

Session 5

“Key Tips for Preventing Zika” Communication Tool

Learning objective

Understand the objectives and make good use of the "Key Tips for Preventing Zika" Communication Tool.

Description of the session

This session introduces the communication tool, “Key Tips for Preventing Zika”, designed to help strengthen the relationship between community volunteers and families during home visits. The tool aims to facilitate the establishment of dialogue, trust, and appreciation during the home visit.

Critical Contents

The most important contents of this session are the following:

1. Know the objective and contents of the tool " Key Tips for Preventing Zika"
2. Implement the good use of the " Key Tips for Preventing Zika " tool

Duration:

1.5 hours

Handouts

- "Key Tips for Preventing Zika" communication tool
- **Annex 5.1** Organization of the “Key Tips for Preventing Zika” tool
- **Annex 1.3** Case Studies for practice in pairs



Materials Box

- Cards
- Masking tape
- Markers
- Flipchart

Summary Table of Activities

EXERCISES	METHODOLOGY	MATERIALS	TIME
Review of the previous session	<ul style="list-style-type: none"> • Presentation 		5 minutes
Exercise 1. Understanding the tool	<ul style="list-style-type: none"> • Knowledge cafe 	<ul style="list-style-type: none"> • Tool “Key Tips for Preventing Zika” • Flipchart • Markers 	30 minutes
Exercise 2. How to use the tool during home visits	<ul style="list-style-type: none"> • Skits • Questions 	<ul style="list-style-type: none"> • Annex 5.1 Organization of the “Key Tips for Preventing Zika” tool 	45 minutes
Exercise 3. Practice in pairs	<ul style="list-style-type: none"> • Skit 	<ul style="list-style-type: none"> • Annex 1.3 Case Studies for practice in pairs 	60 minutes
Closing			5 minutes
Total			2.25 hours

Preparation

For this session, prepare the following:

1. Talk in advance with two volunteers selected for their performance in the previous sessions. They will exemplify how to use the tool in Exercise 2.

Methodology

Summary of the previous session (5 minutes).

- Ask a volunteer or participant to recall the most important thing from the previous session.



Exercise 1. Knowing the communication tool: Sharing (30 minutes)

1. Ask participants to sit in a circle.
2. Ask who has reviewed the tool and explain that in this session we will work with the tool in more detail.
3. Lead a sharing session with the following questions. Explain that the idea of this sharing session is that people express their reactions in order to gain greater knowledge about what is being discussed, and that it is therefore important to share what they think, add to what others have already said, and not duplicate what has already been shared. Allow participation and write down the answers on flipcharts.
 - How do you think the tool can be useful and used in your work?
 - What catches your attention the most?
 - What do you think about the way the tool is organized?
4. To familiarize yourself with the tool, review the way it is organized and the contents of each sheet (front and back). The important aspects to stop to explain for each sheet are the following:

Organization

1. The sheets are fastened with a metal ring so that they can be removed and separated as needed. For example, you can take one out for individual use, change the order and put the sheets that are going to be needed first at the beginning, or even take out the ones that will not be used and take only the necessary ones to the field.
2. Each section has a different color for ease of use - show examples.
3. Use icons to specify the priority group to which the information is directed - show examples.
4. The front of the sheets has illustrations for the family to see while the home visit is taking place.
5. The back of the sheets have information and illustrations that help the community volunteer remember and review the correct information on each behavior.

Contents

- a. **Section for the facilitator.** The first section that includes pages 1 to 4 contains guidelines for the volunteer and health promoter. These pages can be left behind when you visit the home and you can review them to refresh your knowledge on the subject.
 - Pages 1 and 2 give instructions on how to use the sections, specifically
 - What information you will find in the guide
 - How the guide and sections are organized
 - Explain the icons that specify the priority group to which each behavior is directed
 - Specific instructions on how to use the guide
 - Pages 3 and 4 contain information on each step of GATHER to guide home visits

- b.** Zika section. This section includes pages 5 and 6 that contain information about what Zika is, microcephaly, and details the 3 main ways that Zika is transmitted: through mosquito bites, from a pregnant mother to her baby, and sexual intercourse.
- c.** Behaviors section. Pages 7 to 34 present information on the 7 key behaviors for the prevention of Zika. Each page includes images and graphics that help to better understand the behaviors promoted. Each behavior is color coded and organized like this:

Organization of the tool

Note: Submit copies of Annex 5.1 before reviewing the following table so that participants can follow the explanation

BEHAVIOR	COLOR	PAGES
1. Use mosquito repellent (DEET, Picaridin, IR3535 and lemon eucalyptus oil only), following the instructions of each product during pregnancy to reduce the risk of Zika transmission by mosquito bites.	Green	7 and 8
2. Use a condom during pregnancy to prevent sexual transmission of Zika.	Orange	9 and 10
The Mosquito Life Cycle is presented here to better understand behaviors # 3, # 4 and # 5	Blue	11 and 12
3. Remove unintentional standing water both inside and outside of the house and in communal areas that accumulates.	Purple	13 to 16
4. Cover water storage containers at all times with a tight-fitting cover that does not warp or touch the water.	Green	17 to 20
5. Remove mosquito eggs from the walls of frequently used water containers weekly. <ul style="list-style-type: none"> Explanatory note on techniques to eliminate breeding sites – 21 Includes the 4 techniques to carry out this behavior – 23 to 30 	Brown/Red/ Pink	21 to 30
6. Attend prenatal check-ups to monitor pregnancy and learn about the risk of contracting Zika and prevention.	Gray	31 and 32
7. Seek counseling from a trained provider about modern family planning methods if you do not plan to get pregnant.	Blue	33 and 34

Finally, when they have reviewed the tool in detail, ask again:

- What catches your attention the most?
- What do you think about the way the tool is organized?
- Is there anything that can be improved?



Exercise 2. How to use the tool / job aid during home visits (45 minutes)

1. The 2 previously selected volunteers will present in front of the group a home visit in which the job aid is used.
2. The rest of the participants observe the skit, with special emphasis on how the following is done:
 - Always have the tool at hand.
 - Use the tool to better communicate with families.
 - Know the text on the back of the pages (do not read).
 - Use the front side of the pages to open dialogue, offer information, encourage questions, and explain the information, behaviors and actions to take.
 - Listen actively and with respect.
 - Follow the 6 steps of GATHER
3. At the end of exercise 2, ask:

In general, how was the home visit?

What elements have we seen in this workshop that were played out in the skit?

Which elements were missing?

How could it be improved?



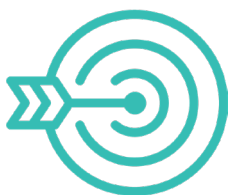
Exercise 3. Practice in pairs (60 minutes)

Objective. This pair exercise asks participants to put into practice the “Key Tips for Preventing Zika” tool”.

Instructions

1. Organize the group into pairs
2. Organize pairs into groups of 4 people (2 pairs in each group)
3. Distribute copies of **Annex 1.3** Case Studies
4. One of the pairs presents a home visit using Case # 2 (10 minutes)
5. The other pair observes and takes notes
6. At the end, have participants switch roles and the pair who observed now presents their skit using Case # 6 (10 minutes) and the other pair observes and takes notes
7. To close, each pair makes comments to the other pair in their group about their performance

The facilitator should make sure to observe all the groups during the practice and end with a whole group session, pointing out issues to improve, as well as the strengths observed during the exercise. It is good to explain to the participants that comments and corrections are made for didactic purposes and therefore should be taken in this way, avoiding upsetting participants or making them feel bad.



Closing (5 minutes)

1. Ask:

*How did you feel doing the practice in pairs?
What was the hardest thing to do?*

2. Ask 2 pairs to share their responses with the group.
3. Review the critical contents of the session:

- Objectives and contents of the “Key Tips for Preventing Zika” tool.
- How to use the “Key Tips for Preventing Zika” tool.

Annex 5.1

Tool Organization

“Key Tips for Preventing Zika”

BEHAVIOR	COLOR	PAGES
1. Use mosquito repellent (DEET, Picaridin, IR3535 and lemon eucalyptus oil only), following the instructions of each product during pregnancy to reduce the risk of Zika transmission by mosquito bites.	Green	7 and 8
2. Use a condom during pregnancy to prevent sexual transmission of Zika.	Orange	9 and 10
The Mosquito Life Cycle is presented here to better understand behaviors # 3, # 4 and # 5	Blue	11 and 12
3. Remove unintentional standing water both inside and outside of the house and in communal areas that accumulates.	Purple	13 to 16
4. Cover water storage containers at all times with a tight-fitting cover that does not warp or touch the water.	Green	17 to 20
5. Remove mosquito eggs from the walls of frequently used water containers weekly. <ul style="list-style-type: none"> ● Explanatory note on techniques to eliminate breeding sites – 21 ● Includes the 4 techniques to carry out this behavior – 23 to 30. 	Brown/Red/ Pink	21 to 30
6. Attend prenatal check-ups to monitor pregnancy and learn about the risk of contracting Zika and prevention.	Gray	31 and 32
7. Seek counseling from a trained provider about modern family planning methods if you do not plan to get pregnant.	Blue	33 and 34

Session 6*

Supportive supervision for community volunteers or field promoters

Learning objective

Understand supportive supervision techniques to use when accompanying field teams on home visits.

Description of the session

This session covers how the process of monitoring the performance of volunteers when they carry out their activities in order to verify if they have the knowledge and skills to fulfill their responsibilities and provide feedback and training according to observations.

Critical Contents

The most important contents of this session are the following:

- The purpose of supportive supervision
- The steps of supportive supervision
- The principles of effective feedback
- Understanding the checklist

Time:

2 hours

Reference Documents

- **Annex 6.1** The definition of supportive supervision (to tape under chairs)
- **Annex 6.2** The steps of supportive supervision
- **Annex 6.3** Supportive supervision
- **Annex 6.4** Principles for providing feedback
- **Annex 6.5** Checklist of interpersonal communication skills during home visits for the promotion of key behaviors in Zika prevention
- **Annex 1.3** Case Studies



Materials Box

- Cards
- Masking tape
- Markers
- Flipchart

*The topic of supportive supervision in this guide uses the Food Safety and Nutrition Network (FSN Network) and the TOPS project as references.

Summary Table of Activities

OBJECTIVES	METHODOLOGY	MATERIALS	TIME
Review of previous session	<ul style="list-style-type: none"> • Presentation 		5 minutes
Exercise 1. Supportive supervision	<ul style="list-style-type: none"> • Brainstorming and building the definition 	<ul style="list-style-type: none"> • Anexo 6.1 The definition of supportive supervision 	20 minutes
Exercise 2. Steps for supportive supervision	<ul style="list-style-type: none"> • Find the clues game 	<ul style="list-style-type: none"> • Anexo 6.2 The steps of supportive supervision • Annex 6.3 Supportive supervision • Small prizes for competition 	20 minutes
Exercise 3. How to provide constructive feedback		<ul style="list-style-type: none"> • Anexo 6.4 Principles for providing feedback 	15 minutes
Exercise 4. Checklist	<ul style="list-style-type: none"> • Discussion circle 	<ul style="list-style-type: none"> • Anexo 6.5 Checklist 	15 minutes
Exercise 5. Practice in pairs	<ul style="list-style-type: none"> • Skit • Exchange of experiences 	<ul style="list-style-type: none"> • Anexo 6.5 Checklist • Annex 1.3 Case studies 	30 minutes
Closing			5 minutes
Total			1 hour 50 minutes

Preparation

For this session, prepare the following:

- Print **Annex 6.1**. The definition of supportive supervision, divided into parts and hidden under chairs
- Print **Annex 6.2** The steps of supportive supervision, hidden around the room or outside the room for the find the clues game, exercise #2
- Small prizes for the team that wins the find the clues game
- Prepare two pairs to demonstrate a supervisor providing supportive supervision. The first pair will do it properly and the second will do it without following the recommendations (based on **Annex 6.4**).

Methodology

Summary of the previous session (5 minutes).

- Ask a volunteer or participant to recall the most important thing from the previous session.



Exercise 1. Supportive supervision (20 minutes)

1. Ask:

As supervisors, what are the next step after training your teams in interpersonal communication for home visits?

Facilitate a discussion on the importance of supervising teams once they are trained in order to see how they are doing, reinforce what they are doing right, and offer specific feedback when they are developing a particular skill or need reinforcement.

- ### 2. Ask the first two questions below and write the answers on a flipchart so that everyone can read them and reach a conclusion on what supportive supervision is about. Then ask the third question.

What is supervision?

What is training?

Does anyone know what "supportive supervision" is or has anyone heard of it?

- ### 3. Explain that some participants have papers with sections of the definition of supportive supervision (**Annex 6.1**) and others have the objectives of supportive supervision under their chairs. Ask them to look for these papers and to line up the 3 people who have the definition and separate the 4 people who have the objectives.
- ### 4. Read the definition aloud and explain it. Then read the objectives and discuss them.

DEFINITION: The process of supervising the performance of personnel as they are performing their assigned activities in order to verify whether they have the knowledge and skills necessary to fulfill their roles and responsibilities, providing feedback and training as necessary.

Objectives:

- Ensure that the personnel responsible have the knowledge and skills necessary to do their job.
- Identify strengths and weaknesses of performance.
- Provide in-service training, as required, to improve performance.
- Take corrective measures to improve supervision processes (restructuring, reinforce training, provide support to specific personnel who did not perform well).

5. Ask: What activities do you think can be monitored using the supportive supervision methodology? Open the discussion up to participants.
6. Explain that there are three conditions that must be in place in order to be able to do supportive supervision:
 1. It must be an activity that teams do repeatedly.
 2. It must have multiple steps.
 3. It can be observed, seen, or heard.
7. Ask: Can you give me examples of activities that CAN be monitored following the supportive supervision methodology? Open the discussion up to participants and correct them if they give examples that do not apply. You can use the following examples to make the concept clearer:

Examples of activities in Zika prevention that qualify for supportive supervision:

- Monthly meetings of supervisors with their teams
- Visits to pregnant mothers
- Home visits to verify actions taken in the household to eliminate mosquito breeding sites
- Group talks
- Visits to check mosquito larva/egg traps



Exercise 2. Steps for supportive supervision (20 minutes)

Begin by explaining that you will now introduce the steps and principles of supportive supervision.

1. Prior to this session and without the participants noticing, hide the cards using spaces inside and outside the room if possible.
2. Organize the group into 5 teams (or whatever number you consider appropriate based on the size of the group) to play Search for Clues.
3. Explain to the teams that the steps of the supportive supervision process are hidden and that they must find them before they can learn about them. The team that finds the most cards wins the game (it is recommended that the winning team receives a small prize).
4. Give 5 minutes for teams to look for the cards.
5. At the end of the game count how many clues each team found and give prizes to the winning team.
6. Ask them to read the steps out loud and distribute copies of **Annex 6.3: Supportive Supervision**.



Exercise 3. How to provide constructive feedback (15 minutes)

1. Distribute copies of **Annex 6.4**: Principles for providing feedback.
2. Explain that you will see two examples of feedback from the supportive supervision process. For each one, participants should decide whether or not the presentation complies with the principles presented in **Annex 6.4**.
3. Time for demonstrations (3 minutes per demonstration).
4. Have a group discussion with participants about what they observed.



Exercise 4. The Checklist (15 minutes)

1. Ask the group to stand in a circle and hand out copies of the Checklist (**Annex 6.5**).
2. Ask volunteers to help you read the items on the checklist aloud and explain each item, if necessary. Also explain the instructions for filling it out and the commitments section.

At the end of the exercise ask:

Is there anything missing from the checklist?

Is there anything on the checklist that should not be on it?

What do you think about the checklist as a support tool for supportive supervision?



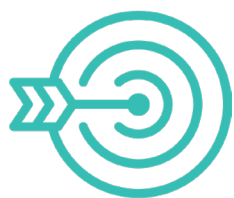
Exercise 5. Practice in pairs (30 minutes)

Objective. This exercise in pairs asks participants to implement the supportive supervision technique.

Instructions

1. Organize the group into pairs
2. Organize pairs into groups of 4 people (2 pairs in each group)
3. Distribute copies of **Annex 1.3** Case Studies
4. One of the pairs presents a home visit using Case # 3 (10 minutes)
5. The other pair observes and takes notes USING THE CHECKLIST
6. After the first pair finishes, they switch and the pair that observed now presents a skit following Case # 5 (10 minutes) and the other pair observes and takes notes USING THE CHECKLIST
7. To close, each pair comments to the other pair about their performance

The facilitator should make sure to observe all the groups during the practice and at the end of the session point out points of improvement, as well as the strengths observed during the exercise. It is good to explain to the participants that comments and corrections are made for didactic purposes and should be taken in this way. They are not meant to upset participants or make them feel bad.



Closing (5 minutes)

1. Ask:

How did you feel using the checklist?

2. Facilitate a discussion with the participants.
3. Review the critical contents of the session.

- The purpose of supportive supervision
- The steps of supportive supervision
- The principles of effective feedback
- Understanding the checklist

Annex 6.1

Definition of supportive supervision

The process of supervising the performance of personnel as they are performing their assigned activities

in order to verify whether they have the knowledge and skills necessary to fulfill their roles and responsibilities,

providing feedback and training as necessary

Objectives

1. Ensure that the personnel responsible have the knowledge and skills necessary to do their job.
2. Identify strengths and weaknesses of performance.
3. Provide in-service training, as required, to improve performance.
4. Take corrective measures to improve supervision processes (restructuring, reinforce training, provide support to specific personnel who did not perform well).

Annex 6.2

Steps of supportive supervision

Step 1. Inform the person who is going to be supervised about the supportive supervision process. Explain the purpose and each item on the checklist. This information should not be secret but should be explained to the person in order to contribute to their performance. The checklist can even be built as a team -- they can contribute to the checklist's structure or improve the existing checklist.

Step 2. Agree on the places, dates and families to be visited during the supervision observation. Explain that they should not be afraid of supervision, which is not an examination or punishment, but serves to help improve their work. Make it clear that during supervision it is best not to speak to the supervisor or ask them anything.

Step 3. Meet with the person and accompany them to the home visit. Upon arrival, the supervisor can introduce themselves to the family and explain that they will be observing to see how the work is done.

Step 4. Observe the home visit and complete the checklist. If there are no scheduled visits for the day, you can do a simulation and pretend that the supervisor is the mother or family member. The volunteer should make the visit as real as possible and not change anything because the supervisor is present.

Step 5. At the end of the visit, congratulate the supervisee and thank the family, but do not criticize anything while still in the home.

Step 6. Immediately after the visit, provide feedback to the volunteer in private, in a place where they feel comfortable, without interruptions or distractions. Each item on the checklist should be discussed, whether or not it was done properly, and why or why not.

Annex 6.3

Supportive Supervision

What is supportive supervision?

The process of supervising the performance of personnel as they are performing their assigned activities in order to verify whether they have the knowledge and skills necessary to fulfill their roles and responsibilities, providing feedback and training as necessary.

Why do we do supportive supervision?

- To ensure that the personnel responsible have the knowledge and skills necessary to do their job.
- To identify strengths and weaknesses of performance.
- To provide in-service training, as required, to improve performance.
- To take corrective measures to improve the supervision processes (restructuring, training reinforcement, supporting specific staff who did not perform well).

Conditions required for supportive supervision to be feasible

1. The activity supervised must be an activity that teams do repeatedly.
2. The activity supervised must have multiple steps.
3. The activity supervised can be observed, seen, or heard.

The supervision checklist

Supervisors should use a checklist to observe the home visit. It will help them structure their feedback. The checklist is not a secret and should be shared with the person being supervised because it will contribute to their development. The checklist can even be co-created with the teams being supervised, who can contribute to building a new checklist or improving an existing one.

Steps of supportive supervision

Step 1. Inform the person who is going to be supervised of the supportive supervision process. Explain the purpose and each item on the checklist.

Step 2. Agree on the places, dates, and families to be visited during the supervision observation. Explain that they should not be afraid of supervision, which is not an examination or a punishment, but something that will help them improve their work. Make it clear that during supervision it is best not to talk with the supervisor or ask them anything.

Step 3. Meet with the person and accompany them to the home visit. Upon arrival, the supervisor can introduce themselves to the family and explain that they will be observing to see how the work is being done.

Step 4. Observe the home visit and complete the checklist. If there are no scheduled visits for the day you have arrived to supervise, you can do a simulation and pretend to be the mother or family member. The volunteer should then conduct the visit as if it were real and not change anything because you are there.

Step 5. When you finish, congratulate the supervisee and thank the family, but do not criticize anything while still in the home.

Step 6. Immediately after the visit, provide feedback to the volunteer in private, in a place where they feel comfortable, without interruptions or distractions. Each item on the checklist is discussed, whether or not it was done properly, and why or why not.

Annex 6.4

Principles for providing feedback

Supportive supervision is the process of supervising the performance of personnel as they are performing their assigned activities in order to verify whether they have the knowledge and skills necessary to fulfill their roles and responsibilities, providing feedback and training as necessary.

To provide adequate feedback when supervising, follow these principles:

- Make positive comments about what was done well: "I like it, it was good, that helps, that was excellent, did you create that?"
- Do not give feedback in a threatening or complaining manner, but in a kind and gentle manner to avoid embarrassing the person and making them feel bad. If the performance was poor, emphasize the improvements and positive changes observed since the last supportive supervision visit. Then ask how the aspects that need more work could be improved.
- For aspects that were weak, first ask the person how they feel they did with the action. When the person identifies their own mistakes and reflects on them, it gives them the opportunity to ask themselves how they are doing. These particular aspects can be followed up on the next visit. For example, how do you think it went with...? What did you do to improve? Do you remember the other techniques we learned that you can put into practice...? What other things can you do? How do you feel about this or that aspect? What can you do to improve?
- Ask why they think there has been little/no progress on those specific aspects that were observed during the supportive supervision visit (as compared to past supervision, if applicable). This will help to identify potential solutions and whether more training, practice, job aids, or reminders are needed to perform better.
- Strike a good balance between positive and negative feedback. People who review and talk more about what they did well rather than focusing solely on what they did wrong are more likely to improve their performance than those who focus only on what they did wrong.
- Agree on a commitment to improve performance and put it in writing. For example: Shall I come back next month to see if you incorporated this or that element? Do you agree to spend time improving this?
- At the end, ask them to summarize the parts of the visit that went well and those where improvement is required. This will help them to be more committed to what they need to do better the next time.

Annex 6.5

Checklist following GATHER

GENERAL INFORMATION			
Health Area:	District:		Community:
Health Service:			
Person conducting visit:			Position:
Person conducting observation:			Position:
Date:			
Language used during the visit:	English	Other:	
Duration of visit:	Start time:	End time:	Total minutes:

People with whom you made the visit (Check those that apply)			
<input type="checkbox"/>	Pregnant woman	<input type="checkbox"/>	Woman who does not want to become pregnant
<input type="checkbox"/>	Husband or partner of pregnant woman	<input type="checkbox"/>	Family
<input type="checkbox"/>	Woman of reproductive age	<input type="checkbox"/>	Other (specify):

Instructions. For the person being observed, mark with a ✓ (check) if the item is achieved; with a 0 if it is not achieved; and if for any reason an item cannot be qualified at the time of the visit, check not applicable (NA)

OBSERVATION		COMPLETE
Preparation		
<input type="checkbox"/>	The person is properly identified	
<input type="checkbox"/>	Brought proper materials (Key Tips for Preventing Zika, Guide for the visit)	
<input type="checkbox"/>	Brought registration materials	
G	Greet the person in a friendly and respectful way	
1	Introduced themselves with kindness and respect	
2	Presented themselves appropriately (name, project / institution, etc.)	
3	Explained the purpose of the visit	

OBSERVATION		COMPLETE
4	Invited other members of the household to be present	
A	Ask the person about their needs regarding behaviors to prevent Zika	
5	Asked open-ended questions to understand the situation (obstacles / motivations)	
6	Listened with attention and interest (e.g. eye contact, approach)	
7	Avoided scolding	
8	Used simple and appropriate language	
9	Used appropriate non-verbal communication	
T	Tell them about what they can do to prevent Zika	
10	Informed participant about the relevant behaviors that the person could try to do	
11	Used communications materials properly to support explanations	
12	Verified understanding by asking questions	
13	Correctly handled message content	
14	Clarified myths and incorrect information / beliefs that families have on the subject	
H	Help them find a solution	
15	Identified solutions to obstacles and offered steps to adopt the behavior	
16	Talked about the benefit of adopting the behavior	
17	Allowed the participant to say what they can / want to try to do	
E	Explain by demonstrating how the practice should be done, step by step, and explain why	
18	Demonstrated how to do the chosen behaviors	
19	Asked the person to explain and / or do the practice(s) to verify understanding	
20	Directed the person to make a commitment about what they are going to do	
21	Wrote down commitments	
R	Review what was discussed and return	
22	Reviewed the essential points discussed and agreed upon during the visit	
23	Verified with questions that the family understood what was agreed upon	
24	Scheduled the next visit	
25	Congratulated and thanked the family for their time and effort	
Total number of ✓ (checks)		
Total number of 0's		

Instructions: Congratulate the person being observed for the items with a check ✓ and make commitments to improve the items with 0.

Commitments for improvement following the observation of the visit (write down the commitments agreed with the person to whom feedback was provided - no more than 3).

	1	2	3
Commitment			

Session 7

How to replicate this training with teams in the field

Learning objective

Formulate a work plan for replicating this training with field teams.

Session Description

In this session, participants review the training guide in detail and work as a team on a plan to replicate and adapt this training for volunteers and promoters in the field, depending on the time available.

Critical Contents

The most important contents of this session are the following:

- General and specific objectives of the training
- Summary table of activities
- Training didactic guide

Time:

2 hours

Reference Documents

- Facilitator's Guide for Training on Interpersonal Communication Skills
- **Annex 7.1** 1-day Didactic Guide
- **Annex 7.2** 2-day Didactic Guide
- **Annex 7.3** Knowledge test
- **Annex 7.4** Evaluation of workshop and participants
- **Annex 7.5** Certificates for participants

Summary Table of Activities

OBJECTIVES	METHODOLOGY	MATERIALS	TIME
Review of previous session	<ul style="list-style-type: none"> • Presentation 		5 minutes
Exercise 1. Getting to know the Facilitator's Guide (Sessions 1 to 5)	<ul style="list-style-type: none"> • Knowledge cafe • Fairy tale story 	<ul style="list-style-type: none"> • Copies of the Facilitator's Guide for Training on Interpersonal Communication Skills • Flipchart • Markers 	60 minutes
Exercise 2. Workshop implementation plan with teams of community volunteers	<ul style="list-style-type: none"> • Practice in teams 	<ul style="list-style-type: none"> • Annex 7.1 1-day Didactic Guide • Annex 7.2 2-day Didactic Guide 	25 minutes
End of workshop	<ul style="list-style-type: none"> • Knowledge test • Appreciation • Certificates 	<ul style="list-style-type: none"> • Annex 7.3 Knowledge test • Annex 7.4 Evaluation of workshop and facilitator • Annex 7.5 Certificates for participants 	30 minutes
Total			2 hours

Preparation

For this session prepare the following:

- Copies of the Facilitator's Guide for Training on Interpersonal Communication Skills
- Copies of the various annexes necessary for the session including the workshop evaluation forms

Methodology

Summary of the previous session (5 minutes).

- Ask a volunteer or participant to recall the most important thing from the previous session.



Exercise 1. Getting to Know the Facilitator's Guide, sessions 1 - 5 (1 hour)

1. Start by reminding participants that they will be in charge of replicating the topics covered in sessions 1 through 5 of this workshop with their work teams and ask them the following questions:

Do you feel ready to train your field teams?

What do you need to be ready?

2. Distribute copies of the Facilitator's Guide for Training on Interpersonal Communication Skills.
3. Review the general structure of the guide and explain the following points:
 - The training consists of 5 sessions. Ask participants to help you read the names of each session aloud.
 - All sessions are organized in the same way. Review the structure.
 - General and specific objectives.
 - The summary table of activities throughout the workshop.
4. Organize the participants in 5 groups and assign a session to each one (it is better if they are organized into work teams for the project and do the following exercise in groups).



Instructions (10 minutes per table)

1. Each group reviews the assigned session and answers the following questions, as concisely as possible, on flipchart sheets.
 - a. What is the learning objective of the session?
 - b. What are the essential issues?
 - c. What materials are needed?
 - d. What supporting documents are used?
 - e. Doubts or questions on the implementation of the session

2. Once the participants finish the exercise at the first table, participants rotate to the next table, where they review what the previous group wrote down and if necessary, add additional thoughts.
3. Each group will go through three tables and at the end they will present their conclusions to the whole group (5 minutes per group).
4. The facilitator will comment on each of the presentations, highlighting the important considerations of each session when planning the workshop replica.



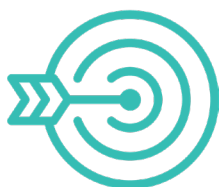
Exercise 2. Workshop implementation plan with teams of community volunteers or promoters (25 minutes)

1. Ask participants to divide into teams according to their project or location where they are working to create their workshop implementation plans with teams of community volunteers or promoters.
2. Explain that each team must develop an implementation plan that should include the elements listed in the following table. Pass out copies of the annexes 7.1: 1-day Didactic Guide and 7.2: 2-day Didactic Guide and explain that these are available options for the replication of the workshop, depending on the methods each project already uses for working with community volunteers or promoters.
3. Each team develops their plan by answering the following questions (20 minutes).

Elements for the replication plan with community volunteer teams or promoters:

- Who will be part of the team of trainers?
- Who will be the participants of the training and how many are anticipated?
- When and how often will the sessions take place? (Daily, weekly, biweekly?)
- Will they be individual or group sessions? How many sessions per meeting?
 - o How long will each session be? What should be prepared for each session?

4. At the end of the time given to prepare the plans, take time to answer any questions the teams may have regarding the implementation of the plans with the groups of volunteers.



GENERAL CLOSURE OF THE WORKSHOP (30 minutes)

- **Knowledge test (15 minutes).** Distribute **Annex 7.3:** Knowledge Test and give the group time to complete it.
- **Workshop and facilitator evaluation (5 minutes).** Distribute **Annex 7.4:** Workshop Evaluation and give participants time to complete it.
- **End of workshop (10 minutes).** Each trainer should decide how to close the workshop, including a summary of what was covered, acknowledgements, next steps, etc. At this time, certificates are handed out to participants who successfully completed the training, following the example in **Annex 7.5.**

Annex 7.1

Didactic Guide for a 1-Day Workshop

**Ask a participant to come forward and perform a demonstration with you about active listening.
You will play a technician doing a home visit, and the other person, a mother or father**

CONTENTS	METODOLOGY	RESOURCES AND ANNEXES
Workshop introduction		
8:00–8:15 15 minutes	<ul style="list-style-type: none"> Registration of participants on attendance list, participants receive their materials and nametags Welcome: a representative of the institution in charge of the workshop welcomes participants Introductions: participants present themselves with their name, where they are from and their role in the project Agenda overview: facilitator explains the workshop agenda and its objectives Important logistics: workshop rules, restrooms, meals, etc. 	<ul style="list-style-type: none"> Attendance list Agenda: Annex 7.1 Didactic Guide for a 1-Day Workshop Name tags Powerpoint Presentation
Session 1. Key behavioral messages to prevent Zika (2.5 hours)		
8:15–8:30 15 minutes	Exercise 1. How to prevent Zika 1. Information about Zika	<ul style="list-style-type: none"> Communication Tool “Key Tips for Zika Prevention”. Pages 5, 6, 11 and 12
8:30–8:45 15 minutes	2. How to prevent Zika	<ul style="list-style-type: none"> Annex 1.4 Laminated posters with the names of the 7 behaviors
8:45–10:15 1.5 hours	Exercise 2. Knowing the 7 key behaviors – Group work	<ul style="list-style-type: none"> Annex 1.1. Behaviors with the greatest potential for Zika prevention Annex 1.2. Barriers and responses to promote behaviors for Zika prevention Flipchart with titles of the 7 key behaviors
10:15–10:30 15 minutes	Exercise 3. Breaking down barriers	<ul style="list-style-type: none"> Annex 1.5 letter-sized sheets printed with “3-step technique to break down barriers”
COFFEE BREAK – 15 MINUTES		
Session 2. Interpersonal communication (2 hours)		
10:45–11:00 15 minutes	Exercise 1. A good counselor and interpersonal communication A. Interpersonal communication	<ul style="list-style-type: none"> Interpersonal communication and types of communication (Annex 2.1) Each piece of paper should be folded and placed in a bag or basket
11:00–11:15 10 minutes	B. The good counselor – Group work	<ul style="list-style-type: none"> Color cards Markers

CONTENTS	METODOLOGY	RESOURCES AND ANNEXES
11:15-12:15 60 minutes	Exercise 2. Essential skills and values of interpersonal communication A. Know how to listen (15 minutes)	<ul style="list-style-type: none"> ● Work in pairs
	B. Verbal communication (15 minutes)	<ul style="list-style-type: none"> ● Talk to 2 pairs of participants who will do a demonstration on verbal communication ● Titles of the two types of communication (from Annex 2.1) ● Paper strips with the characteristics of the 2 types of communication (from Annex 2.1)
	C. Non-verbal communication (15 minutes)	<ul style="list-style-type: none"> ● Bag of surprises: write each of these emotions on paper: anger, pride, fear, sadness, joy, pain, impatience, confusion, shame. Fold the papers and carry them in a basket or bag
	D. Be aware of differences and respect them (10 minutes)	
	Closing (5 minutes) 1. Ask: Which of the interpersonal communication skills we saw is the hardest to practice? Facilitate a conversation of some of the examples from participants 2. Review the critical contents of the session	
Session 3: GATHER steps for a home visit (1.15 hours)		
12:15-13:00 45 minutes	Exercise 2. GATHER steps (45 minutes)	<ul style="list-style-type: none"> ● Annex 3.2 Colored sheets printed with the capital letters of the acronym GATHER ● Annex 3.3 GATHER ● Annex 3.4 Difficulties during the Home Visit
Lunch (1 hour)		
14:00-14:30 30 minutes	Exercise 4. Practice in pairs – The 3 step technique (30 minutes)	<ul style="list-style-type: none"> ● Annex 1.5 letter-sized sheets printed with “3-step technique to break down barriers” ● Annex 1.3 Case Studies for practice in pairs ● Annex 3.4 Difficulties during the Home Visit
Session 4. “Key Tips for Zika Prevention” communication tool (1.15 hours)		
14:30-15:00 30 minutes	Exercise 1. Understanding the tool (30 minutes)	<ul style="list-style-type: none"> ● Tool “Key Tips for Zika Prevention” ● Annex 5.1 Organization of the tool “Key Tips for Zika Prevention”
15:00-15:30 30 minutes	Exercise 2 and 3. How to use the tool for a home visit - Practice in Pairs (30 minutes)	<ul style="list-style-type: none"> ● Annex 1.3 Case Studies for practice in pairs
15:30-15:45 15 minutes	Closing reflections	

Annex 7.2.

Didactic Guide for a 2-Day Workshop

Workshop for Interpersonal Communication Skills Training for the Promotion of Key Behaviors in Zika Prevention

Day 1

CONTENT	METHODOLOGY	RESOURCES AND ANNEXES
Workshop introduction		
8:00–8:30 30 minutes	<ul style="list-style-type: none"> Registration of participants on attendance list, participants receive their materials and nametags Welcome: a representative of the institution in charge of the workshop welcomes participants Introductions: participants present themselves with their name, where they are from and their role in the project Agenda overview: facilitator explains the workshop agenda and its objectives Important logistics: workshop rules, restrooms, meals, etc. 	<ul style="list-style-type: none"> Attendance list Agenda Annex 7.2 Didactic Guide for a 2-Day Workshop Name tags PowerPoint Presentation
Session 1. Key messages of behaviors to prevent Zika (3.15 hours)		
8:30–9:00 30 minutes	Exercise 1. How to prevent Zika <ul style="list-style-type: none"> Information about Zika How to prevent Zika 	<ul style="list-style-type: none"> Communication Tool “Key Tips for Zika Prevention” Annex 1.4 laminated posters with the names of the 7 behaviors
9:00–10:30 1.5 hours	Exercise 2. Knowing the 7 key behaviors – Group work	<ul style="list-style-type: none"> Annex 1.1. Behaviors with the greatest potential for Zika prevention Annex 1.2. Barriers and responses to promote behaviors for Zika prevention Flipchart with titles of the 7 key behaviors
COFFEE BREAK–15 MINUTES		
10:45–11:15 30 minutes	Exercise 3. Breaking down barriers	<ul style="list-style-type: none"> Annex 1.5 Letter-size sheets printed with “3-step technique to break down barriers”
11:15–11:30 15 minutes	Practice in pairs	<ul style="list-style-type: none"> Annex 1.3 Case Studies
11:45–12:00 15 minutes	Closing	
Session 2. Interpersonal communication (1.5 hours)		
12:00–12:15 15 minutes	Exercise 1. The good advisor and interpersonal communication A. Interpersonal communication	<ul style="list-style-type: none"> Interpersonal communication and types of communication (Annex 2.1)
12:15–12:30 15 minutes	B. The good counselor	<ul style="list-style-type: none"> Colored cards Markers

CONTENT	METHODOLOGY	RESOURCES AND ANNEXES
12:30-13:30 60 minutes	Exercise 2. Essential skills and values of interpersonal communication (2 hours)	
	A. Know how to listen: Open-ended questions and being attentive (10 minutes)	
	B. Verbal communication Verbal communication demonstration (10 minutes) The 2 types of communication (10 minutes)	<ul style="list-style-type: none"> ● Talk to 2 pairs of participants if they will demonstrate on the topic of verbal communication ● Titles of the two types of communication (from Annex 2.1) ● Paper strips with the characteristics of the 2 types of communication (from Annex 2.1)
	C. Non-verbal communication (10 minutes)	<ul style="list-style-type: none"> ● Bag of surprises: write each of these emotions on paper: anger, pride, fear, sadness, joy, pain, impatience, confusion, shame. Fold the papers and carry them in a basket or bag
	D. Be aware of differences and respect them (10 minutes)	
	Closing (10 minutes)	
Lunch (1 hour)		
Session 3: GATHER steps for the home visit (1.5 hours)		
14:30-14:45 15 minutes	Exercise 1. The home visit	<ul style="list-style-type: none"> ● Annex 3.1 Colored sheets printed with the activities that are done before the home visit
14:45-15:30 45 minutes	Exercise 2. GATHER	<ul style="list-style-type: none"> ● Annex 3.2 Colored sheets printed with the capital letters of the acronym GATHER ● Annex 3.3 GATHER ● Annex 3.4 Difficulties during the Home Visit ● Annex 1.3 Case studies for practice in pairs
15:30-16:00 30 minutes	Exercise 4. Practice in pairs – The 3 step technique	<ul style="list-style-type: none"> ● Annex 1.5 Letter-size sheets printed with “3-step technique to break down barriers” ● Annex 3.4 Difficulties in the Home Visit ● Annex 1.3 Case studies for practice in pairs

Day 2

CONTENT	METHODOLOGY	RESOURCES AND ANNEXES
Workshop introduction		
8:00–8:15 15 minutes	Review of the previous day <ul style="list-style-type: none"> ● At the end of day # 1, ask a group of participants to remember the most important topics covered in the previous session and be prepared to present the next day ● At the end of the presentation, answer questions and clarify any necessary concepts 	<ul style="list-style-type: none"> ● Agenda Annex 7.2 Didactic Guide for a 2-Day Workshop

CONTENT	METHODOLOGY	RESOURCES AND ANNEXES
Session 4. The 7Cs for effective communication (1.5 hours)		
8:15–9:00 45 minutes	Exercise 1. Understanding the 7Cs	<ul style="list-style-type: none"> ● Annex 4.1. The 7Cs of effective communication ● Annex 4.2 Titles of the 7Cs
9:00–9:20 20 minutes	Exercise 2. Using the 7Cs	
9:20–9:40 20 minutes	Exercise 3. Finding similarities	<ul style="list-style-type: none"> ● Annex 4.3 Table of relationship of the 7Cs, GATHER and interpersonal communication skills
9:40–9:45 5 minutes	Closing	
COFFEE BREAK (15 minutes)		
Session 5. “Key Tips for Zika Prevention” communication tool (2 hours)		
10:00–11:00 60 minutes	Exercise 1. Understanding the communication tool <ul style="list-style-type: none"> ● Organization of the tool ● Contents 	<ul style="list-style-type: none"> ● Tool “Key Tips for Zika Prevention” ● Annex 5.1 Organization of the tool “Key Tips for Zika Prevention”
11:00–11:30 30 minutes	Exercise 2. How to use the tool during home visits	<ul style="list-style-type: none"> ● Annex 1.3 Case studies for practice in pairs
11:30–12:00 30 minutes	Exercise 3. Practice in pairs	<ul style="list-style-type: none"> ● Annex 1.3 Case studies for practice in pairs
CLOSING (1 hour)		
13:00–13:15 15 minutes	Knowledge test	<ul style="list-style-type: none"> ● Annex 7.3 Test your knowledge
13:15–13:30 15 minutes	Evaluation of the workshop and facilitator	<ul style="list-style-type: none"> ● Annex 7.4 Workshop Evaluation
13:30–14:00 30 minutes	Workshop closure	<ul style="list-style-type: none"> ● Annex 7.5 Certificate of Participation

Annex 7.3.

Test your Knowledge

1. The purpose of interpersonal communication is to
 - a. Show how the facilitator does a certain behavior
 - b. Reinforce key messages that are given in clinical care
 - c. Exchange information and help
 - d. Promote good family relationships
2. Match each behavior to the targeted priority groups (use lines to connect each column).

BEHAVIOR	PRIORITY GROUPS
Use mosquito repellent throughout pregnancy	<ul style="list-style-type: none"> Families
Use a condom every time you have sex during pregnancy	<ul style="list-style-type: none"> Families
Remove unintentional standing water both inside and outside the house and in communal areas	<ul style="list-style-type: none"> Families
Cover infrequently used water storage containers at all times with a tight-fitting lid, taking care that the lid does not warp or touch the water	<ul style="list-style-type: none"> Pregnant women Partners of pregnant women
Remove mosquito eggs from the walls of frequently used water containers on a weekly basis	<ul style="list-style-type: none"> Women of reproductive age Men or partners of pregnant women
Attend prenatal check-ups to monitor pregnancy and learn about the risks of Zika and how to prevent it	<ul style="list-style-type: none"> Pregnant women Partners of pregnant women
Seek counseling from a trained provider about modern family planning methods if you do not plan to become pregnant	<ul style="list-style-type: none"> Pregnant women Partners of pregnant women Prenatal care providers

3. Communication that facilitates dialogue is that which:
 - a. Family members receive educational material
 - b. The volunteer/promoter asks questions and takes notes
 - c. The volunteer/promoter tells the person what to do
 - d. The volunteer/promoter facilitates, and the family member participates

4. To better understand the situation in each household and to promote the appropriate behavior, it is important to (check all that apply):
 - a. Ask what they do
 - b. Visit them every week
 - c. Give them educational materials
 - d. Listen to their experiences

5. When we visit families, we seek to communicate effectively to make what is being discussed understandable so that it will be:
 - a. Remembered
 - b. Practiced
 - c. Understood
 - d. Questioned

6. In order for there to be effective communication, the person must be interested in the topic. Which of the 7Cs is important to achieve this?
 - a. Consistency of message
 - b. Commanding attention
 - c. Call to action
 - d. Telling the truth

7. Put the GATHER steps listed below in the correct order by listing its number in the right hand column:

Review what was discussed	1
Communicate the options	4
Create dialogue with the person	3
Show them the options	6
Schedule another visit	2
Find a route that leads to action	5
Serve the person with kindness and respect	7

8. The front of each sheet of the “Key Tips for Zika Prevention” communication tool is used to:
- a. Write down commitments
 - b. Guide the facilitator
 - c. Classify behaviors
 - d. Explain information, behaviors and actions to the family
9. The purpose of supportive supervision is to (check all that apply):
- a. Verify knowledge and skills.
 - b. Provide on-the-spot feedback
 - c. Provide on-the-spot training
 - d. None of the above

Annex 7.4.

Workshop Evaluation

Workshop Evaluation

1. What knowledge, concepts or skills were of interest to you in this Workshop?
2. What information shared during the Workshop will be useful for your short-term work?
3. What workshop sessions did you like best?
4. What workshop sessions do you suggest omitting or adjusting for the future?
5. What other suggestions do you have for facilitating the Workshop?

Certificate

This is to certify that

Participant's Name

Has successfully completed the Facilitator Training in

INTERPERSONAL COMMUNICATION SKILLS

to Promote Key Behaviors for Zika Prevention

Issued in

Place, Date

Signed