



Regional level workshop on  
**Communication Planning & AEFI Surveillance for  
Strengthening Routine Immunization**

for the states of  
Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura

Organized by:

ITSU-MOHFW

27<sup>th</sup> Feb-1<sup>st</sup> Mar & 13<sup>th</sup> Mar-15<sup>th</sup> Mar

Year 2014



Immunization Technical Support Unit  
Ministry of Health and Family Welfare



राष्ट्रीय स्वास्थ्य मिशन

## Introduction

A three day consultative communication workshop on “Communication Planning and AEFI Surveillance for Strengthening Routine Immunization” for the states of North-East was organized by the Immunization Technical Support Unit (ITSU) of the Ministry of Health and Family Welfare (MOHFW) in collaboration with the Govt. of Assam.

The workshop was conducted in two phases in 7 sisters’ states on 27<sup>th</sup> February – 1<sup>st</sup> March and 13<sup>th</sup> March–15<sup>th</sup> March in Assam, Manipur, Meghalaya, Tripura and Arunachal Pradesh, Mizoram, Nagaland and Sikkim respectively.



## Objective

The basic objective of the workshop was to strengthen the capacities of officials at the state and district level on communication skills and planning and also orient them regarding operational aspects of detecting, reporting and responding to AEFIs timely and promptly.

## Participant’s profile

Total there were 75 participants from the seven states.

- State Expanded Programme on Immunization Officer (SEPIO),
- State Medical Officer (SMO),
- District Immunization officers (DIO),
- District Program Managers(DPM),
- District Education and Media Officer (DE & MO),
- Deputy Mass Education and Information officer (DMEIO),

- District Maternal and Child Health Officers (DMCHO),
- Health Education Officer (HEO),
- District Extension Educator (DEE),
- IEC consultants of NRHM( State and District) and
- Representatives from the State Institute for Health & Family Welfare (SIHFW).

As these officers are responsible for implementing routine immunization (RI) interventions in the state, strengthening their communication skills and knowledge on vaccine safety management (AEFI) would have a direct bearing on successful implementation of the RI programme in the state.

## Approach

The workshop followed both theoretical and practical aspects of health communication and how communication related interventions can help in planning of Routine Immunization activities as well as

- An important step in this exercise was the preparation of evidence-based and district/region-specific communication action plans, which shall be integrated in the state project implementation plan (PIP).
- The participants were also given on hands training for filling First Information Reports (FIR), Preliminary Information Report (PIR) Detailed Information Report (DIR) based on an AEFI case study.

## Welcome Address

The participants were addressed by Shri. Manish Thakur (IAS), Mission Director, Govt. of Assam who gave the background on the RI coverage of the states and the need to bridge the demand side issues through various communication interventions at all levels.

Ms. Monica Chaturvedi, Senior Advisor, Strategic Communication, ITSU and Dr. Jyoti Joshi, AEFI, ITSU discussed the agenda of the workshop and briefed the participants about how this workshop would capacitate them for further course of action.



Mr. Manish Thakur (IAS), Mission Director, Govt. of Assam addressing the participants. Also present Ms. Monica Chaturvedi, Senior Advisor, ITSU (L) and Dr. J.R. Samadar (R), Jt. DHS and SEPIO, Assam



Ms. Monica Chaturvedi addressing the audience



Participants introducing each other during the workshop

## Sessions

The sessions on communication and AEFI that were conducted during the workshop covered various topics.

### 1) Sessions on Communication:

- Communication Concepts
- Designing effective communication materials and identifying communication channels.
- Developing effective communication action plans
- Root cause analysis.
- Vaccine risk communication – Press conference exercise.

### Group work:

- Root cause analysis (refer to annexure 2)
- Communication Action plan

### Facilitators:

- Ms. Monica Chaturvedi, Senior Advisor, Strategic Communication, ITSU
- Ms. Chaitali Mukherjee, Manager, Strategic Communication, ITSU

### The sessions focused on the following objectives:

- ✓ Focused on basics of communication – the process, barriers in communication, types of communication and gateway behaviours
- ✓ Relevance of behaviour changes in strategic communication
- ✓ Shift from IEC to BCC and difference between the both
- ✓ Methods of effective communication
- ✓ Identify structures and networks within communities for social mobilization and advocacy and how these could be tapped to stimulate and bring about behaviour change at the family and community level.
- ✓ How effective branding and knowing the audience helps generate demand for service at the community level.
- ✓ To help participants understand the important steps for developing an effective communication action plan, which is



Ms. Chaitali Mukherjee during the session on “Designing effective communication materials and identifying communication channels”



Participant presenting group work on root cause



Mr. Amit Sharma taking the session on “Monitoring of communication interventions”

- ✓ evidence-based and tailored to address local needs and context.
- ✓ To cover practical aspects for developing communication action plan.
- ✓ Importance of planning strategically and what are the steps to behaviour change that helps people motivate and change their behaviours.

#### Group work:

- Root cause analysis: To help identify the root cause/behavioural issues which obstruct the increase in demand for RI.
- Developing communication action plans- To design an effective communication action plan with budget defined to be integrated into the State PIP.

#### 2) Session on Monitoring and Evaluation:

- Monitoring of communication interventions

**Facilitator:** Mr. Amit Sharma, Manager, Data Operations, M&E unit, ITSU

#### **The session focused on the following objectives:**

- ✓ To understand the importance of monitoring and evaluation and how as programme managers, monitoring helps in assessing the status.
- ✓ To understand the inclusion of various IEC/BCC indicators in the monitoring plan and tools.

*Note: Draft monitoring templates, which included field monitoring plan for IEC activity development and implementation, capacity building, compliance activity and stock position of communication material, were shared with the participants.*

#### 3) Sessions on AEFI:

- AEFI surveillance system program of India
- AEFI reporting, AEFI Investigation and role of AEFI committees
- AEFI Investigation formats

- Operational aspects and performance indicators for AEFI surveillance.
- Vaccines and expected AEFIs and their management
- AEFI Causality assessment

**Facilitators:**

- Dr. Pradeep Haldar, Deputy Commissioner (Immunization), Ministry of Health and Family Welfare (MOHFW).
- Dr. Jyoti Joshi Jain, Senior Advisor, AEFI unit, ITSU
- Dr. Deepak Polpakara, Manager, AEFI unit,ITSU
- Mr. Muzammil Lone, Research Associate, AEFI unit, ITSU

**The sessions focused on the following objectives:**

- ✓ To understand the current status of AEFI surveillance system in India and the respective states.
- ✓ To help them understand different formats used in reporting an AEFI, steps for conducting an AEFI investigation and role of AEFI committee.
- ✓ To understand indicators for monitoring AEFI program performance and steps to enhance AEFI surveillance in the states.
- ✓ To orient them regarding vaccines and the expected AEFIs and management of the crisis
- ✓ To introduce the participants to the new WHO guidelines for causality assessment and steps for conducting the complete investigation and further documenting the process of assessment.

**Group work:**

- ✓ Case study: Reporting and Investigating an AEFI in the field – To help them notify an AEFI (First Information Report) and conduct an investigation (Preliminary Investigation Report) using the standard national formats



*Dr. Pradeep Haldar, Deputy Commissioner, Immunization addressing the participants queries regarding AEFI surveillance system program in India.*



*Dr. Jyoti Joshi Jain taking the session on Vaccines, expected AEFIs, their management and Causality assessment*



*Mr. Muzammil Lone taking the session on operational aspects and performance indicators for AEFI surveillance*

### Mock press conference

#### Panelists:

A mock press conference was conducted based on a recent case study. Three participants were nominated to be the panelists/ spokespersons to answer media queries. These panelists were asked to act as District Magistrate (DM), Chief Medical Officer (CMO) and District Immunization Officer (DIO).

A background note and FAQs on the case study was shared with the panelists, so as to help them prepare their responses to media queries.

#### Participants

To give a real feel to the entire exercise, participants posed as journalists and were given tags of various media houses along with some indicative questions they could put up to the panelists.

#### Observers

At the end of the mock press conference, two participants who were observers for the exercise, consolidated their feedback and shared with the larger group. The mock session gave participants a first-hand experience on how to handle media queries during a crisis situation such as an AEFI



Mock Press conference session



Participant acting as journalist during the press



Ms. Monica Chaturvedi taking the session in vaccine risk communication

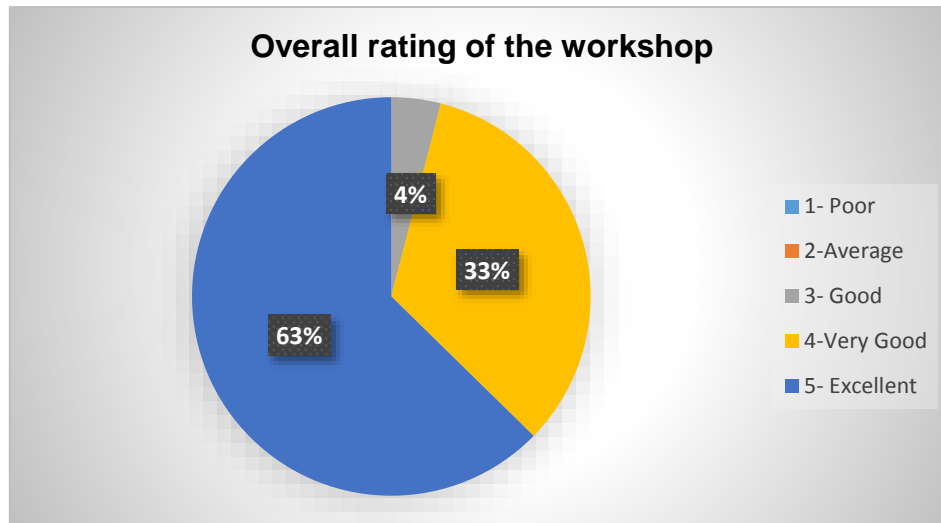


Panelists answering the media questions

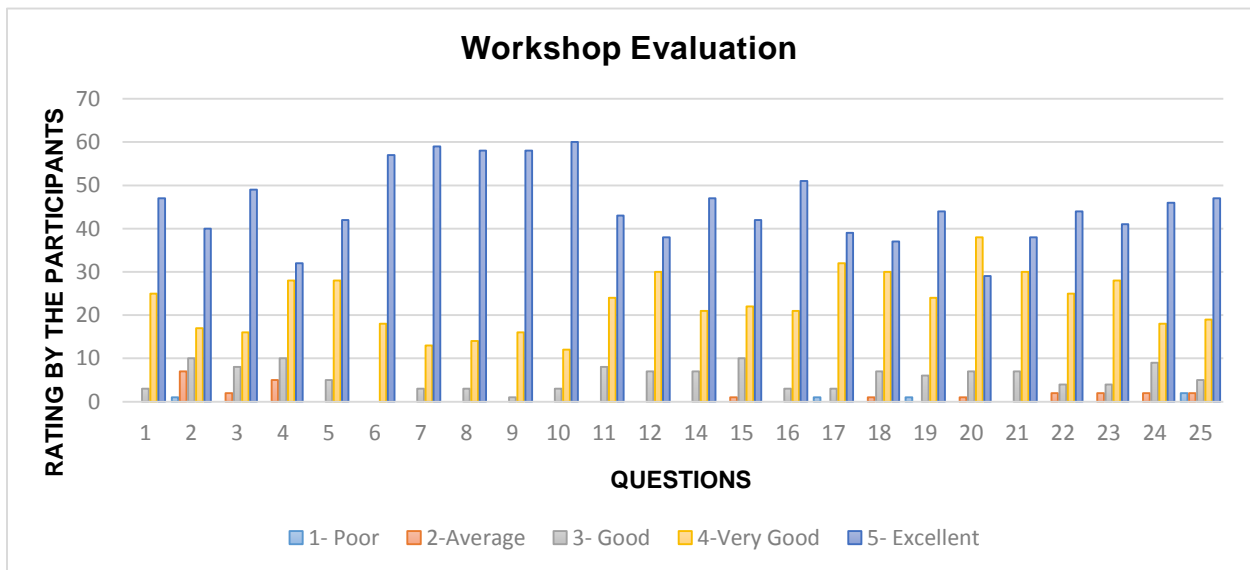
## Workshop evaluation results

Judging from the evaluation/feedback by participants, the objectives of the workshop have been largely achieved (score 4 on a scale of 1 to 5). Participants also found the workshop highly relevant and useful (63 % participant rated the workshop as excellent – Graph 1) and 33 % rated the workshop as very good.

The participants were given a structured questionnaire of 25 questions (Refer to annexure 3) to rate the workshop and technical sessions of both communication and AEFI.



Graph 1: Pie chart depicting the overall rating of the workshop by the participants



Graph 2: Graph depicting the question wise rating of workshop evaluation

### Feedback from the participants:

- Excellent workshop and great learning.
- Such workshops should be held regularly as manpower keep changing and is not the same always.
- Duration of the workshop should be of 3 full days.
- The target group for this workshop may also include Mission Directors – for one day sensitization.
- Great learning experience but need some advice to develop communication material in regional languages.
- Good training with good trainers.
- MOs at all levels especially state officials are to be made mandatory to attend the workshops. All IEC material to be distributed to the NE state should preferably be in English and not in Hindi.

### Concluding session:

A quick workshop evaluation was conducted and participants were asked to fill-in a questionnaire. Participants also shared their feedback on the workshop – their major learning's, which sessions they found to be useful and suggestions for improvement in topics/ sessions for future workshops. This was followed by certificate distribution ceremony which was presented by Dr. Pradeep Haldar, Deputy Commissioner, Immunization, Ministry of Health and Family Welfare (MOHFW).

Dr. Pradeep Haldar (Deputy Commissioner, Immunization, MOHFW), Ms. Monica Chaturvedi (Senior Advisor, ITSU) and Dr. Jyoti Joshi Jain (Senior Advisor, AEFI, ITSU) shared their closing remarks during the concluding session.



*Dr. Pradeep Haldar (Deputy Commissioner, Immunization, MOHFW) during the certificate distribution ceremony.*



**Group photo of the workshop**



*North East group photo (27<sup>th</sup> Feb- 1<sup>st</sup> Mar 2014) for the states of Assam, Manipur, Meghalaya and Tripura*



*North East group photo (13<sup>th</sup> Mar – 15<sup>th</sup> Mar 2014) for the states of Arunachal Pradesh, Mizoram, Nagaland and Sikkim*

Agenda of the workshop

DAY 1				
Time	Durati on	Session	Methodology	Outcome
09:30 – 10:00	30 mins	Registration of participants	Pre-designed format	
10:00 – 10:05	5 mins	Welcome address		
10:05 – 10:20	15 mins	Introduction of participants	Interactive game	The exercise would help participants think creatively and mutually introduce themselves
10:20 – 10:30	10 mins	Expectations from the AEFI and Communication workshop	Group exercise using VIPP cards	Would help facilitators understand participants' expectations from the workshop
10:30 – 10:45	15 mins	Tea Break		
10:45 – 11:45	1 hr	Communication concepts	Presentation, group exercise using interactive games	Participants understand the basic concepts of communication and the relevance of Behaviour Change in strategic communication, paradigm shift from IEC to BCC, methods for effective communication etc.
11:45 – 12:30	45 mins	Designing effective communication materials & identifying communication channels	Presentation, group exercise	Participants understand different communication channels and identify networks/platforms for implementation, advocacy and social mobilization and designing effective communication materials
12:30 – 13:00	30 mins	Developing effective communication action plans	Presentation	Participants understand important steps for developing effective communication action plans, which is evidence-based and tailored to address local needs and context
13:00 – 14:00	1 hr	Lunch		
14:00 – 14:15	15 mins	Energiser	Interactive exercise	Participants feel energised and rejuvenated, with a fresh mind and focus on post-lunch sessions
14:15 – 15:30	1 hr 15 mins	Root cause analysis	Group work	Participants brainstorm on the root causes/behavioural issues which obstruct the increase in demand for RI
15:30 – 16:30	1 hr	Presentation of root cause analysis by groups	Presentation by groups	Participants present the root cause analysis
16:30 – 16:45	15 mins	Tea Break		
16:45 – 17:30	45 mins	Monitoring of Communication interventions	Presentation along with group activity	Participants understand the important indicators to consider for monitoring communication interventions

DAY 2				
Time	Duration	Session	Methodology	Outcome
09:30 – 10:00	30 mins	Recap of day 1	Jointly by rapporteur's	Participants have a recap of the previous day's sessions
10:00 – 12:00	2 hrs	Group activity – developing communication action plans with budget, to be integrated in State PIP	Group work	Participants brainstorm and design an effective communication action plan to be integrated into the State PIP
10:45 – 11:00	15 mins	Working Tea		
12:00 – 13:00	1 hr	Presentation by groups on communication action plans followed by discussion	Presentation by groups	Participants make group presentations on communication action plans and also brainstorm on ideas/feedback to make them more effective
13:00 – 14:00	1 hr	Lunch		
14:00 – 14:45	45 mins	Introduction, operational aspects and performance indicators for AEFI surveillance	Presentation (Dr Deepak Polpakara, Manager AEFI ITSU)	Participants are introduced to the basics of the AEFI surveillance system, able to describe the indicators for monitoring the AEFI program performance in their states and take requisite steps to enhance AEFI surveillance.
14:45 – 15:30	45 mins	Group work : Case study on reporting and investigating an AEFI in the field	All facilitators	Participants learn to notify an AEFI (First Information Report) and conduct an investigation (Preliminary Investigation Report) using the standard national formats.
15.30-15.40	10 min	Tea		
15.40-16.10	30 min	Presentation : AEFI Investigation formats	All facilitators and participants	Participants present the completed AEFI formats (FIR&PIR) on the case study
16.10-16.45	35 min	Vaccines, Expected AEFIs and their management and Causality Assessment	Presentation (Dr Jyoti Joshi Jain Senior Advisor AEFI ITSU)	Participants are able to list the expected AEFIs and the steps to manage these in the field and participants are introduced to the new WHO Guidelines for Causality Assessment
16.45-17.30	45 min	Group Work : Case study on AEFI reporting and strengthening AEFI surveillance in the state	Dr Jyoti and Dr Deepak, AEFI ITSU	Participants are taken through a case study of AEFI surveillance in a state to describe the steps for conducting AEFI surveillance and strengthen it further. States prepare presentation for Day 3 on specific steps to improve AEFI system in their states with timelines and support needed.

Root cause analysis

Root cause analysis- Mizoram			
	At Individual or Household Level	At Community/Service provider level	At Decision Making Level
Who is the target group?	Parents, Grandparents of children 0-5 years, Newly married couples	Asha, AWW, NGOs, Chakma community	Chief medical officer (CMO), District Magistrate (DM).
What is the current behaviour?	They do not get vaccinated.	<ul style="list-style-type: none"> <li>• Callous attitude of the health workers.</li> <li>• Health of the child is not considered as a priority.</li> </ul>	Minimal involvement of the policy makers.
What change do we expect in their behaviour?	To get their children vaccinated regularly.	<ul style="list-style-type: none"> <li>• Better motivation and active involvement of health workers.</li> <li>• Prioritize health of the child.</li> </ul>	Active involvement of the policy makers.
What are the demand-side issues which stop them from adopting behaviour?	<ul style="list-style-type: none"> <li>• Migration of the population is the key issue.</li> </ul>	<ul style="list-style-type: none"> <li>• Complacency of health workers as they are involved in too many health programs.</li> <li>• Poor socio-economic condition and no regular source of income.</li> </ul>	Less initiation at the part of policy makers and communication gap.
What is the key message?	Improve health, improve life with full immunization.	Health of your child is in your hands.	Let's promote immunization to bring down infant mortality

Root cause analysis- Nagaland			
	At Individual or Household Level	At Community/Service provider level	At Decision Making Level
Who is the target group?	Parents, Grandparents, Newly married couples.	Village Council, ANM,ASHA,AWW Local Church- Pastor/Pastress	DC (District Collector), CMO (Chief medical officer), DWO (District Welfare officer) DPO -RCH & UIP ( District Program officer- RCH and UIP
What is the current behaviour?	Non acceptance in many districts- No/Incomplete/Partial Immunization	<ul style="list-style-type: none"> <li>• Timing of ANM not compatible with villagers.</li> <li>• Inconsistent services as perceived by community</li> </ul>	Poor participation of social welfare dept. with H & FW (Example: Anganwadi centres not holding immunization sessions).
What change do we expect in their behaviour?	Increase fully Immunized	Motivated community	Coordination with the sister depts. (DTFI to highlight issues with allied depts.)
What are the demand-side issues which stop them from adopting behaviour?	<ul style="list-style-type: none"> <li>• Fear of Injections</li> <li>• Rumors that Vaccines causes illness/ Infertility</li> </ul>	<ul style="list-style-type: none"> <li>• Attitude that Cost=Quality as perceived by the community</li> </ul>	Low prioritization given to immunization program (Example- District collector (DC) considering



		<ul style="list-style-type: none"> <li>Inconsistent services provided due to – difficult terrain, attitude of health providers</li> </ul>	election more important than health).
	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	
What is the key message?	<ul style="list-style-type: none"> <li>Save your child from 8 killer diseases</li> <li>Early health care reaps rich health dividends</li> <li>Every child is precious. Remember to immunize your child</li> <li>Protect your loved ones, immunize them.</li> </ul>	<ul style="list-style-type: none"> <li>Stick to community preferred timing instead of service provider timing</li> <li>Robust “Health Communitization”. “Take ownership of your village health”.</li> <li>Vaccination before education. Immunize every child</li> <li>‘Let Immunization defend your community’</li> </ul>	<ul style="list-style-type: none"> <li>Prioritize health in the districts</li> <li>Hand holding through M&amp;S</li> <li>MCP card mandatory for school enrolment.</li> </ul>

Root cause analysis- Sikkim			
	At Individual or Household Level	At Community/Service provider level	At Decision Making Level
Who is the target group?	Mothers, Eligible couples, In- laws	ANM, ASHA, AWW Panchayats, Religious leaders, NGOs	DC (District collector), DHO (District health officer), CMO (Chief Medical officer).
What is the current behaviour?	Immunization not done as per the schedule.	Involvement with the community not satisfactory.	Non- commitment
What change do we expect in their behaviour?	Mothers to bring their children as per the immunization schedule.	More involvement is required by the health workers.	Commitment required- to manage time once in a month for health related issues.
What are the demand-side issues which stop them from adopting behaviour?	<ul style="list-style-type: none"> <li>Priority to household pujas, functions and other works.</li> <li>Fear of AEFI.</li> </ul>	Panchayat leaders pre occupied with other works (except health service providers)	No time to support immunization.
What is the key message?	Immunize – adhere to schedule “Give priority to health of child”.	Healthy Baby – Healthy Adult- Healthy Village	Give quality time to health.

Root cause analysis- Manipur			
	At Individual or Household level	At Community/ Service provider level	At Decision Making Level
Who is the target group?	Parents/ Grandparents, In laws, Children (0-5 years)	Health providers, teachers, religious leaders,	CMO, DIO, MD
What is the current behaviour?	Ignorance  Misconception – * Polio vaccination causes impotency/Infertility. * Measles immunization may cause death after children. * Vit-A and JE may cause death for children.	Ignorance and lack of skills, Lack of motivation	Indifference towards immunization program
What change do we expect in their behaviour?	Acceptance of services and c	<ul style="list-style-type: none"> <li>To be motivated and more aware.</li> <li>Capacity building - Building skills of the health workers</li> </ul>	More commitment and pro-active behaviour
What are the demand-side issues which stop them from adopting behaviour?	<ul style="list-style-type: none"> <li>Lack of information.</li> <li>Unavailability to provide services to the doorstep.</li> </ul>	Poor communication system.	Overloaded and tight work schedules.
What is the key message?	Your baby is precious, vaccinate them in time.	Healthy baby, healthy family nation	Children are the future pillars of nation, the need of the hour is to make them healthy.

Root cause- Meghalaya			
	At Individual or Household level	At Community/ Service provider level	At Decision Making Level
Who is the target group?	Parents, grandparents, parents' siblings	Village leaders, religious leaders, women's organizations	DC (District Collector), DM (District Magistrate) & HO (Health officer), DMCHO (District Maternal and Child health officer).
What is the current behaviour?	<ul style="list-style-type: none"> <li>Hesitant to get their children immunized</li> <li>Ignorant behaviour</li> <li>Negligent</li> </ul>	<ul style="list-style-type: none"> <li>Community members not fully aware about immunization</li> <li>More bent towards their indigenous beliefs</li> <li>Poor service delivery</li> <li>Poor communication skills</li> </ul>	<ul style="list-style-type: none"> <li>Negligence</li> <li>Poor communication skills towards staff and patients</li> </ul>



What change do we expect in their behaviour?	<ul style="list-style-type: none"> <li>• Full acceptance towards immunization.</li> <li>• Be fully aware and have proper knowledge about immunization.</li> <li>• Have the need to get their children immunized</li> </ul>	<ul style="list-style-type: none"> <li>• Community to be more accepting towards importance of immunization.</li> <li>• To be less rigid and less adamant towards immunization</li> <li>• Be more patient and have proper communication skills towards patients</li> </ul>	<ul style="list-style-type: none"> <li>• Be more sincere and dedicated</li> <li>• Maintain communication and be approachable towards staff and patients</li> </ul>
What are the demand-side issues which stop them from adopting behaviour?	<ul style="list-style-type: none"> <li>• Lack of /knowledge awareness</li> <li>• Illiteracy</li> <li>• Misconceptions** – immunization causes infertility, the child becomes more sick after immunization, immunization brings out the devil's mark - 666</li> </ul>	<ul style="list-style-type: none"> <li>• Community – poor terrain leading to lack of awareness and lack of knowledge</li> <li>• Illiteracy</li> <li>• Misconceptions ( same as mentioned in **)</li> <li>• Lack of support from community – community leaders etc.</li> <li>• Lack of coordination within the staff</li> <li>• Insurgency/prevalence of wild elephants which prevents the staff from reaching certain pockets</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of resources – staff/manpower, logistics and finance which leads to mediocre planning</li> </ul>
What is the key message?	<ul style="list-style-type: none"> <li>• Timely immunization can save the life of your child</li> <li>• Your child has the right to immunization</li> </ul>	Healthy child Healthy future Healthy nation	Healthy Child = Healthy Future

**Root cause analysis- Assam and Tripura**

	<b>At Individual or Household level</b>	<b>At Community/ Service provider level</b>	<b>At Decision Making Level</b>
Who is the target group?	Parents, Grand parents	ASHA, ANM, AWW, MPW, BCM, PRI member, Opinion leaders, Religious leaders	SDM & HO (Sub Divisional Medical and Health Officer), DIO (District Immunization officer), Ad. CM & HO, ADC (H) – (Additional District Commissioner (Health), DM (District Collector).

<p>What is the current behaviour?</p>	<ul style="list-style-type: none"> <li>• Reluctant to vaccination</li> <li>• Misconceptions and superstitious beliefs.                             <ul style="list-style-type: none"> <li>* Vaccination cause impotency</li> <li>* Baby will become weak.</li> <li>* It hurts the child without causing any benefits.</li> </ul> </li> <li>• An irrational fear which is unknown/mysterious</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Old Practices</b> <ul style="list-style-type: none"> <li>* Any mark by vaccination will bring ill fate to the child.</li> <li>* Grandparents were not vaccinated still they are healthy.</li> </ul> </li> <li>• Orthodox customs</li> </ul>	<p>Lack of proper planning to mobilize area based/ requirement based specific target group.</p>
<p>What change do we expect in their behaviour?</p>	<p>Change of mindset to accept and understand the benefits of vaccination</p>	<ul style="list-style-type: none"> <li>• Clear off harmful old practices, orthodox customs and misconceptions.</li> <li>• Self-advancement of health service provider.</li> </ul>	<p>Initiate proper survey and requirement based planning involving different stake holders aiming to create exact road map.</p>
<p>What are the demand-side issues which stop them from adopting behaviour?</p>	<p>Family pressure - Due to misconceptions and old customs. Lack of awareness and knowledge.</p>	<p>Illiteracy Social Taboos Lack of motivation amongst the service providers.</p>	<p>Lack of proper planning and mobilization makes it a lengthy process. Responsibilities not properly defined. Red Tapism</p>
<p>What is the key message?</p>	<p>Along with Love, Care and Affection your baby must get complete vaccination.</p>	<p>Completely Vaccinated Baby - Protected and Healthy Community.</p>	<p>Healthy Baby and Healthy Nation</p>



## Workshop Evaluation Form

(Please take a few minutes to complete this form)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_

(Please provide us with an evaluation of the training workshop: Circle the number that best indicates your response.)

☹ ☺ ☻

I. Overall								
1	How would you rate the workshop overall?	Poor	1	2	3	4	5	Good
2	Duration of the workshop	Not enough time	1	2	3	4	5	Just right
3	The overall workshop content was relevant for communication in your state	Strongly disagree	1	2	3	4	5	Strongly agree
4	Appropriateness of workshop materials	Unsatisfactory	1	2	3	4	5	Excellent
5	The workshop objectives have been achieved	Strongly disagree	1	2	3	4	5	Strongly agree
6	All my questions have been answered	Strongly disagree	1	2	3	4	5	Strongly agree
7	The Trainers: Made the objectives of the sessions clear	Not clear	1	2	3	4	5	Very clear
8	The Trainers: Explained sessions clearly	Not clearly	1	2	3	4	5	Very clearly
9	The Trainers: Did a good job maintaining a positive learning atmosphere	Strongly disagree	1	2	3	4	5	Strongly agree
10	The Trainers: Made me feel comfortable in asking questions	Strongly disagree	1	2	3	4	5	Strongly agree

## II. Feedback on individual modules and group work exercises

Please rate the following sessions

☹ ☺ ☻

DAY 1								
11	Communication concepts	Weak	1	2	3	4	5	Excellent
12	Developing effective communication materials and identifying communication channels	Weak	1	2	3	4	5	Excellent
13	Developing effective communication action plans	Weak	1	2	3	4	5	Excellent
14	Root cause analysis- Group work	Weak	1	2	3	4	5	Excellent
15	Monitoring of Communication interventions	Weak	1	2	3	4	5	Excellent

DAY 2								
16	Developing communication action plans with budget, to be integrated in State PIP – Group work	Weak	1	2	3	4	5	Excellent
17	AEFI Surveillance system program in India	Weak	1	2	3	4	5	Excellent



18	AEFI Reporting, AEFI Investigation and Roles of AEFI Committees	Weak	1	2	3	4	5	Excellent
19	Case study on reporting and investigating an AEFI in the field- Group work	Weak	1	2	3	4	5	Excellent
20	Operational Aspects and Performance indicators for AEFI surveillance	Weak	1	2	3	4	5	Excellent
21	Vaccines and expected AEFIs and their management	Weak	1	2	3	4	5	Excellent

DAY 3								
22	AEFI Causality assessment	Weak	1	2	3	4	5	Excellent
23	Developing a plan of action to improve state AEFI system	Weak	1	2	3	4	5	Excellent
24	Case study: Reported in the field –Group work	Weak	1	2	3	4	5	Excellent
25	Vaccine Risk communication – Press Conference exercise – Group exercise	Weak	1	2	3	4	5	Excellent

**Any other comments/suggestions for improving the workshop?**

---



---

## List of participants

List of participants ( 27 <sup>th</sup> Feb -1 <sup>st</sup> March 2014) States : Manipur, Meghalaya, Tripura, Assam				
S.no	Name	Designation/ Organization	District	E-mail
1	Dr. Philem Rameshwar Singh	Joint Director, SEPIO	Manipur	sepiomanipur@gmail.com
2	Dr. K.C. Singh	FW Bureau, Family Welfare Dept.	Ukhrul, Manipur	-
3	Dr. Salam Priyokumar Singh	DIO	Moreh, Manipur	-
4	Dr. H.Kham Khanpau Simte	DIO	Kangpokpi, Manipur	drpaomedi@gmail.com
5	Dr. N. JayanataKumar Singh	FW Bureau, Family Welfare Dept.	Jhoubal, Manipur	Jknong145@gmail.com
6	Dr. Himadri Daring	DIO	Dhalai, Tripura	-
7	Dr. Madhusudan Chaudhari	DIO	Khowai, Tripura	-
8	Mr. Kiranmala Thangjam	State IEC/BCC Consultant	Manipur	kiranmalathangjam@gmail.com
9	Mr. A Thokpam Bidyapati	Assistant Editor, Family Welfare	Manipur	-
10	Dr. Namjupou Panmei	DIO	Tamenglong, Manipur	-
11	H. Haridayal Sharma	Cold Chain Officer	Imphal West, Manipur	-
12	Mr.Khumukchan Devananda Singh	Audio Visual officer	Imphal West, Manipur	-
13	Ms. Netta Laiamon Sheim	IEC/BCC Consultant	Meghalaya	iecbcc.nrhmmeghalaya@gmail.com
14	Dr. Lily Sengme Ch. Marak	ADMHO cum DIO	South Garo Hills, Meghalaya	-
15	Dr. Ashwin Kumar Dhing	DIO, DFWB	Darrag, Assam	-
16	Sri. Madhab Ch. Phukan	Dy. DEAMO, Lakhimpur	Lakhimpur, Assam	-
17	Mr. Gahin Chandra Kalita	DEMO Distt. FW Bureau	Darrang, Assam	-
18	Ms. Camlette War	DEMO	West Jantia Hills, Meghalaya	-
19	Dr. Ivory A. Sangma	DMCHO	West Garo Hills, Meghalaya	sangmaivory@gmail.com
20	Ms. Cathinia B. Kynta	District Health Education/Health officer	West Khasi hills, Meghalaya	ckynta@yahoo.com
21	Dr. Sima Celina Sangma	Dist. MCH officer	East Garo hills, Meghalaya	-
22	Ms. Sebika Chamak	DEE	Soutrh Garo hills, Meghalaya	-
23	Dr. Rapborlang Laloo	M&HO	West Khasi Hills, Meghalaya	-
24	Mr. Arif Ahmed	District community mobiliser (DCM)	Dhubri, Assam	-
25	Mr. Ziaur Rahman	Dy.DEMO	Dhubri, Assam	-
26	Mr. Pratap Ch. Kalita	Dy. DE&MO	Kamrup, Assam	-
27	Manas Das	District Media Expert	Lakhmipur, Assam	-

28	Dr. Jayanta Kr. Das	DIO	Nagaon, Assam	-
29	Mr. Bhageshwar Borah	Dy. Demo	Nagaun, Assam	-
30	Mr. Purnima Kakori	DEMO, DFWB	Jorat, Assam	-
31	Mr. Ananta Gogoi	DEMO	Tinsukia, Assam	-
32	Mr. Ashotoush Bhattacharjee	District Extension Educator	West Garo Hills, Meghalaya	-
33	Mr. Hasibor Rahman	DEMO	East Garo Hills, Meghalaya	-
34	Dr. Minakshi Devi	DIO	Kamrup	-
35	Ms. Monica Chaturvedi	Senior Advisor, Strategic Communication, ITSU	New Delhi	monica.chaturvedi@phfi.org
36	Dr. Jyoti Joshi Jain	Senior Advisor, AEFI, ITSU	New Delhi	jyoti.joshi@phfi.org
37	Ms. Chaitali Mukherjee	Manager, Strategic Communication, ITSU	New Delhi	chaitali.mukherjee@phfi.org
38	Dr. Deepak Polpakara	Manager, AEFI, ITSU	New Delhi	deepak.polpakara@phfi.org
39	Mr. Amit Sharma	Manager, Data Operations, M&E	New Delhi	amit.sharma@phfi.org
40	Muzammil Lone	Research Associate, AEFI, ITSU	New Delhi	Muzaammil.lone@phfi.org
41	Ms. Nidhi Bisht	Research Associate, Strategic Communication, ITSU	New Delhi	nidhi.bisht@phfi.org

**List of participants ( 13<sup>th</sup> -15<sup>th</sup> March 2014)**  
**States : Nagaland, Sikkim, Arunachal Pradesh (A.P.), Mizoram**

S.no	Name	Designation/ Organization	District	E-mail
1	Dr. Tempo Gyallsen	DRCHO (E), HSFW Dept.	East, Sikkim	dhs@rediffmail.com
2	Mr. S.K Rai	DD IEC	East, Sikkim	-
3	Mr. Kishore Thapa	HEO	East Sikkim	-
4	Mr. Ongtang Thamphang	DD IEC	State HQ, Nagaland	-
5	Ms. M. Boje	DMEIO	West Kameng, AP	-
6	Dr. D.K. Lama	DRCHO	West Kameng, AP	-
7	Dr. Junita Yonzon	DRCHO	South district, Sikkim	dpmusouth@yahoo.co.in
8	Mrs. C.R. Pradhan	DD IEC	South district, Sikkim	-
9	Mr. Neingusa Yhokha	Jt. Director (IEC)	Kohima, Nagaland	-
10	Mr. Kevikiezo Sale	FWA (IEC)	Kohima, Nagaland	-
11	Dr. Tope Yomcha	DRCHO	Changlang, AP	-
12	Dr. Lalhlunpuii	DIO	Serchhip, Mizoram	drhlunpuni@gmail.com
13	Dr. Zochhuanawmi	DIO	Lawngtlai, Mizoram	drmaawmi@gmail.com
14	Dr. Chawngthan Chunga	SMO	Aizwal East	Ctchhunga@gmail.com
15	Dr. Lalthanpuii	DIO	Aizwal West	-
16	Dr. Lalzawmi	SEPIO	Mizoram	Lalzawmi2000@yahoo.com
17	Dr. Ch. Laldinpuia	DIO	Lunglei, Mizoram	-
18	Dr. L.P. Malsawma	SMO	Lunglei, Mizoram	-
19	Dr. Lalthlamuana	SMO	Lawngtlai, Mizoram	-
20	Dr. R.K. Lalthlamuana	SMO	Kolasib, Mizoram	-
21	Dr. T. Taloh	Jt. Director DHS (FW)	State HQ	-
22	Dr. Nani Tanyo	DRCHO	Kurung Kumey, AP	-
23	Dr. Gamik Hangkar	DRCHO	Upper Sabansiri, AP	Gamikh7@gmail.com

24	Dr. M. Basar	DRCHO	Lower Dibang Valley, AP	drmbasar@rediffmail.com
25	Dr. Kaya Lapung	DRCHO	East Kameng, AP	drlapung@gmail.com
26	Mr. M. Basar	DEE	Lower Sabansiri, AP	
27	Dr. Lod Tayo	SMO	Lohit, AP	tayolod@gmail.com
28	Dr. Limatula Aier	DPO (RCH & UIP)	Mokokchung, Nagaland	diomkg@gmail.com
29	Dr. Supongmenla Walling	DPO (RCH & UIP)	Mon, Nagaland	drmnwal@yahoo.co.in
30	Ms. Supongbenla Lemtor	HETO (IEC)	Kohima, Nagaland	iecstatebureau@gmail.com
31	Ms. N.Moatsungla Imsong	FWA (IEC)	Longkhim, Nagaland	Me.atsung2gmail.com
32	Ms. Nikono Nakhro	Dy. MEIO & CMO	Kohima, Nagaland	-
33	Ms. Thejangunuo	HETO (IEC Consultant DHFW)	Kohima, Nagaland	-
34	Dr. C. Hnichho	SMO	Saiha, Mizoram	-
35	Dr. Temsulongchar	DPO (RCH & UIP)	Tuensang, Nagaland	dporchtsg@gmail.com
36	Dr. Avil Zao	DPO (RCH & UIP)	Kohima, Nagaland	diokohima@gmail.com
37	Dr. Thumchobeni	DPO (RCH & UIP)	Wokhla, Nagaland	-
38	L. Thomio Lotha	BEC	Wokhla, Nagaland	-
39	Tarep Longchar	DMEIO	Mokokchung, Nagaland	-
40	Dr. R. Lianmawia	DIO	Champhai, Mizoram	drmaliana3@gmail.com
41	Dr. H.B James	SMO/DIO/DTO/DSP	Mamit, Mizoram	hbjames007@yahoo.co.in
42	Ms. Monica Chaturvedi	Senior Advisor, Strategic Communication, ITSU	New Delhi	monica.chaturvedi@phfi.org
43	Dr. Jyoti Joshi Jain	Senior Advisor, AEFI, ITSU	New Delhi	jyoti.joshi@phfi.org
44	Ms. Chaitali Mukherjee	Manager, Strategic Communication, ITSU	New Delhi	chaitali.mukherjee@phfi.org
45	Dr. Deepak Polpakara	Manager, AEFI, ITSU	New Delhi	deepak.polpakara@phfi.org
46	Mr. Amit Sharma	Manager, Data Operations, M&E	New Delhi	amit.sharma@phfi.org
47	Muzammil Lone	Research Associate, AEFI, ITSU	New Delhi	Muzammil.lone@phfi.org
48	Ms. Nidhi Bisht	Research Associate, Strategic Communication, ITSU	New Delhi	nidhi.bisht@phfi.org



*Prepared by:*

**Strategic Communication Unit,  
ITSU-MOHFW**

**Address: 14, Community Center,  
Panchsheel Park, New Delhi**

**Telephone: 011-41213100**

