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OH 4 HEAL | One Health for Humans, Environment, Animals and Livelihood

Operationalizing One Health in pastoralist settings

Community Conversations:
Facilitating awareness and behaviour change regarding One Health hazards

FACILITATOR GUIDE

Schweizerische Eidgenossenschaft
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About HEAL

The Arid and Semi-arid areas of the Greater Horn of Africa are among the areas in Eastern Africa frequently affected by natural and man-made disasters. These areas are therefore vulnerable to recurrent drought and other emergencies such as outbreaks of infectious diseases. They are characterized by inadequate access to basic services, inadequate infrastructure, and increased competition for resources. The HEAL project is based on the assertion that, despite the huge challenges that have hit the Horn of Africa in recent years, its people, livestock, and natural resource base provide a firm foundation upon which to improve livelihoods and increase resilience. Pastoralist communities depend on the close interlinkages between rangeland, livestock, and human health. This insight and understanding provide an ideal basis to apply a One Health approach to tackle one of the key bottlenecks for pastoralists which is access to necessary services and inputs.

The HEAL project is building on this foundation by supporting a bottom-up approach that is participatory, context-specific, coordinated and integrated to reshape service delivery in the form of One Health Units (OHUs). These units will facilitate a combination of services from different disciplines in a meaningful way and will thus facilitate interactions and coordination between governmental departments, private service providers and communities. Their aim is to sustainably strengthen human, livestock and rangeland health services and support communities to develop sustainable strategies to cope with changing environments and threats related to climate change.

The HEAL project focuses on selected pastoralist areas of Ethiopia, Somalia, and Kenya, which share some common characteristics in terms of climate, culture, population dynamics and challenges related to these. These countries have strong cross-border dynamics and are also linked in their historical context.

Consortium partners:	• Vétérinaires Sans Frontières Suisse (VSF-Suisse; Lead) • Amref Health Africa • International Livestock Research Institute (ILRI)
Implementation sites:	VSF-Suisse managed sites: • Moyale woreda of the Somali region (Ethiopia) • Miyo and Moyale woredas of Oromia region (Ethiopia) • Beled Xaawo and Dollow districts of Gedo Region (Somalia) Amref Health Africa managed sites: • Filtu woreda of the Somali region (Ethiopia) • North-Horr subcounty of Marsabit county (Kenya) • Garbatulla and Merti sub-counties of Isiolo county (Kenya) ILRI: working in all project sites

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Acronyms

AMR	Antimicrobial Resistance
AMREF	African Medical and Research Foundation
HEAL	(One Health for) Humans, Environment, Animals and Livelihoods
ILRI	International Livestock Research Institute
KAP	Knowledge, attitudes, and practices
MSIP	Multistakeholder innovation platform
RVF	Rift Valley fever
VSF	Vétérinaires Sans Frontières
WASH	Water, Sanitation and Hygiene

Introduction

This community conversation facilitator guide is part of the Human, Environment, Animal and Livelihood (HEAL) project training series on operationalizing One Health in pastoralist settings. The guide is intended to help facilitators to convene, run and document community conversation processes on health hazards arising through interaction with animals and the environment in which they share ("One Health hazards"). The conversations focus on collaborative and experiential learning and action among community members (e.g. multistakeholder innovation platform [MSIP] members) and local service providers. The process intends to help community members gain relevant knowledge and attitudes that may help them make positive behavior changes to protect themselves, their families, and their communities against One Health hazards.

Community conversations are inclusive community engagement processes where community members work with trained facilitators to collectively identify health issues, analyze constraints, and explore actions for addressing the issues. In the framework of HEAL, they are used as a participatory community training method to raise awareness and knowledge of community members about One Health hazards and to encourage them to take actions to protect their health, the health of their animals and the environment. In contrast to a conventional training approach, community conversations create a social and inclusive learning environment that centres around community members' own experiences and generate deeper understanding through experiential learning, feedback, and knowledge supplementation, leading to changes in perspectives and practices.

Manual content

Each chapter in this manual follows the same structure as shown in Table 1.

Table 1. Chapter structure.

Presentation structure	Purpose
Introduction to the session	Provide an overview of content and process
Intended learning outcomes from the session	Specify learning purpose and focus
Learning content to be covered in the session	Provide bite-sized topics to guide discussion
Learning methods used in the session	Provide appropriate instructional methods
Learning activities	Provide step-by-step process guidance for running the session

Overview of community conversation process

This facilitator guide presents a **four-session process** in which each session focuses on a One Health hazard arising from specific practices and behaviors, including:

- Daily interactions with animals
- Animal bites
- Management of food and water
- Management of sick and dead animals.

These discussion sessions are interrelated, building on and reinforcing each other, enabling community learning to progress incrementally. Topics are explored holistically, emphasizing their interconnectedness, with discussions reinforcing messages about safe handling, hygiene, and disease prevention. Each session builds on the previous ones to deepen understanding, reinforce messages, and encourage safe practices. This iterative approach ensures key messages are reinforced and integrated into daily routines.

Participants will be asked to attend all the four sessions to promote lasting changes in perspective and practices and encourage the implementation of community action plans at wider scale. Each session takes around **2-3 hours**. It is important to **schedule sessions 2-4 weeks** apart to allow time for participants to process the learning from each conversation and incorporate their new knowledge and attitudes into positive behavior change.

Run sheets for each session are provided in **Annex 1**, offering facilitators an overview of the conversation process for each topic. These sheets can be printed to serve as a memory aid, helping facilitators effectively manage discussions during each session. However, they are not intended to replace this manual, which should be read in full.

Community conversation approach and process

Training methods used in community conversations

Every participant selected from the community may not learn the same way or at the same pace. Participants may have different expectations, personality, education, experience, and preferences. To maximize the learning process during the conversations, facilitators consider different participatory methods such as small group discussions, storytelling, problem scenarios, probing questions, and role plays. It is recommended that facilitators use the methods depending on the local situation and adapt them as necessary to better meet their specific needs and contexts. Details of each method are elaborated as below.

Small group discussions

A small group discussion is a moderated discussion that offers opportunities for women and men to explore, analyze and understand specific issues in question. This group learning technique requires intensive, open but structured discussion in which every group member is encouraged to think aloud and share different perspectives based on what is known or experienced. Ideally, a small group discussion constitutes a maximum of eight members who share a common profile (e.g., men and women) to ease the conversation process and participation.

Illustrations

Illustrations can be used as a discussion tool on a wide range of topics. Besides stimulating exploratory discussion, they can be used to structure the discussion. Facilitators should use illustrations that reflect the reality in connection to the theme of the discussion. The illustration must be contextually valid and initiate discussion among participants. Pictures help people speak, interact actively, and think and talk about their experiences and stories. It is recommended that facilitators use pictures mainly to stimulate conversations and guide the structure and flow of the conversations. Once participants start actively talking, they should deep dive into exploring the discussion points encouraging participants to share their experiences and stories around the issues at hand.

Illustrations used in this manual are available in **Supplementary File 1**. The are numbered in the top left-hand corner for easy identification. Written explanations and intended meaning of each illustration is available in **Annex 2**, along with a summary of where they are intended to be used.

Role-plays and charades

A role-play is a method to act out a problem situation for subsequent discussion, reflections and problem solving. Charades are role plays where only acting is used; no words are spoken during the role-play. Individuals who may act will be identified and oriented on the scenario that reflects the realities and what and how to act before the session starts. Subsequent discussion and reflections after the role play help participants gain a deeper understanding and appreciation of the dynamics of the issue. Facilitators must use realistic and context-specific role-play scenarios (scripts) and reflection questions to engage participants in meaningful experiential and reflective learning experiences.

Scenarios

A problem scenario is a problem-based learning method where the goal is to encourage participants to think about and understand the realities related to the issues in discussion. Problem scenarios are real-life problem situations or case descriptions to engage participants in a meaningful critical thinking and reflective learning experience. It is important to consider relevancy, appropriate level of challenge, details, and realistic and context-specificity in developing problem-based learning scenarios. Additionally, facilitators should take a storytelling approach to using problem scenarios to actively engage community members in active learning processes.

Probing questions

Probing questions are open-ended inquiries that facilitate a deeper exploration of specific discussion topics. They begin with general questions and gradually delve into more detailed aspects. By asking thought-provoking follow-up questions, facilitators can encourage the exchange of experiences among participants, engage them in in-depth discussions, and elaborate on potential solutions. These questions also serve as a valuable tool for community groups, allowing them to reflect on their experiences and envision possibilities for positive change.

Storytelling

Storytelling is a useful method in conversation process with an objective to provide useful knowledge, help with desired attitude or skills on any one of the themes. The stories could be told by participants during exploratory discussions. People like to share their stories and to listen to others' stories. Storytelling motivates people to share and engage in discussions, deepens understanding of the themes under discussion, and increases attention span or helps to share experiences.

Structure and sequence of community conversation process

Since learning progresses from simple to complex, the conversation process in each session is organized into four interrelated learning activities: 1) exploratory learning and analysis; 2) introduction of new knowledge; 3) learning reinforcement and integration; and 4) community action and support strategies. This sequence is summarized in Figure 1 below with more details.

Learning activities	Methods	Outcomes
Exploration and analysis	Strategic questioning, challenge scenarios, storytelling, role-plays	Community awareness created; knowledge and practice gaps identified
Introduction of new knowledge	Interactive, picture-supported training/ communication	Knowledge and practice gaps addressed; new knowledge/understanding created
Learning integration and reinforcement	Key learning points and action messages	Confidence, motivation for action
Action plan and follow-up strategies	Action planning/goal setting questions	Ownership and action commitments

Figure 1. Learning steps for community conversations. Source: Lemma et al, 2021.

As a community training method, community conversations are implemented in such a way that the learning starts with eliciting what participants already know, their attitudes and practices in connection to the theme in discussion. This **exploratory learning and analysis** step is the most important component of the conversation process. It aims to raise awareness and sensitize community members about the issues at hand and the locally viable solutions, as well as create a need and motivation to learn and act. It also aims to identify key Knowledge, Attitudes and Practice (KAP) gaps of participants to direct the focus and depth of the second learning step (i.e., new knowledge introduction to address the gaps).

Once community members recognize the problem and are motivated to seek solutions, new knowledge is introduced to address the KAP gaps or supplement existing knowledge and practices. The **introduction of new knowledge** is crucial for developing the knowledge and skills of community members and address misperceptions. The expected outcome is that community members are motivated to prevent and control One Health hazards.

Learning integration and reinforcement is the third learning step. During this activity, facilitators summarize the main learning points, check for understanding, and reinforce learning by communicating key action messages. These key messages have been carefully designed so that community members hear, understand, remember, and act upon the information. The expected outcome is that community members feel motivated, confident, and prepared to take small actions to prevent potential One Health hazards.

The final learning activity is **community action and follow-up strategies**. In this activity, facilitators encourage community members to identify and commit to practical actions based on the key action messages to prevent and control health hazards discussed in each session. They do this by explaining the benefits of these actions and sharing motivational stories. Additionally, local partners identify follow-up strategies and express their commitment to supporting and monitoring the implementation of community actions. The expected outcome is the creation of community action plans, as well as the motivation and commitment of community members to apply their learning and responsible follow-up strategies with the support of local service providers.

To achieve the desired outcomes from the conversations process, the facilitator should follow these general facilitation tips:

- Set a positive tone for the conversation/discussion
- Respect every participant’s ideas and opinions
- Treat participants equally and respectfully
- Encourage participants to share their experiences and stories
- Use simple language that participants can understand
- Ensure the conversation venue is comfortable for the purpose

Delivering key messages

Communication of key action messages is an important component of the community conversation process. Key messages are carefully crafted main points of information that community members should receive, understand, and act on to demonstrate desired behaviors (Figure 2).

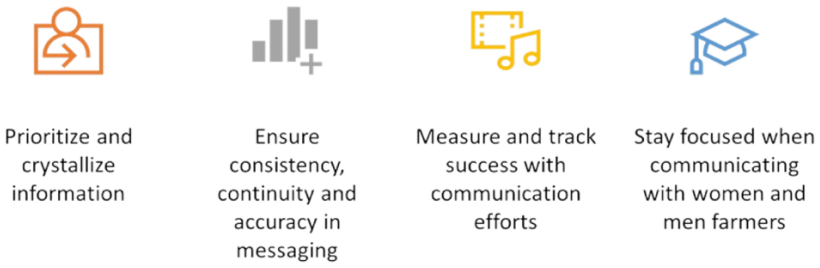

Figure 2. Benefits of key messages. Source: Lemma et al., 2023.

Key message communication involves three components: **what**, **why** and **how**. The first component is a succinct message on **what** people need to know and do. Remember that community members are adult learners who need to be convinced about the relevance and benefits of messages. In each conversation session, key action messages provided are followed by a brief explanation of **why** they are important to motivate participants to consider and act on the messages. Additionally, examples are provided for **how** to act on the messages. However, these are examples only and communities should discuss if/how they can implement them within their local context. Use appropriate illustrations to support communication and aid reception and understanding of the messages. The use of illustrations during the communication of messages can also help increase the attention of community members. If possible, you can also use simple demonstrations to increase the understanding and confidence of community members to act on the messages (e.g. how to put on and take off gloves safely).

The key messages in this guide have been adapted from the message guide developed for and endorsed by the National One Health Steering Committee of Ethiopia. The wording has been carefully chosen to promote specific behavior change. Facilitators should deliver the main messages provided in each session as stated in the **bold text** – without deviating from the wording – to ensure consistency and reinforcement in messaging. The facilitator can be more selective when presenting examples of how to act on the message. For instance, they can omit an example that is not relevant to the local context.

Monitoring and process documentation

Community conversations are action-oriented and drive behavior change within communities, thereby reducing health risks associated with human-animal-environment interactions. These conversations are not standalone interventions; rather, they form an integral part of the HEAL intervention. In addition to fostering awareness and promoting behavior change, community conversations facilitate engagement and meaningful interaction among community members, MSIP participants, and frontline service providers. By doing so, they play a crucial role in informing MSIP engagements and local health planning and implementation processes. To ensure lasting impact of community conversations, HEAL partners should integrate community actions into their regular interventions. They should also provide monitoring and problem-solving support to community members. Behavioral changes within communities should be well-documented and shared within the MSIP networks.

Guiding questions for after-event reflection are included in **Annex 3** while a template for documenting the outcomes of each community conversation session is provided in **Annex 4**.

Session 1. Hazards arising from day-to-day interaction with animals and insects

Introduction

Human beings interact with animals in a variety of ways and for different reasons. These interactions range from direct physical contact such as slaughter and milking, to more indirect forms like sharing living spaces and water resources. These varied interactions entail distinct health hazards. Moreover, both humans and animals are subject to hazards posed by biting insects present within the environment.

In this session, facilitated conversation will be conducted to explore local shared knowledge, attitudes and behaviors related to daily interaction with animals and insects. The session will begin to explore perceptions about the risks of interacting with animals and actions to prevent or contain the spread of the diseases.

Intended learning outcomes

By the end of the session, participants will be able to:

- Define who (men, women, children) interacts with which animals and how
- Identify some gendered-health hazards related to daily interaction with animals and insects
- Identify actions to reduce transmission of diseases from animals to people during day-to-day interactions
- Share knowledge and information with their household members and other community members about Rift Valley fever and safe practices during day-to-day interaction with animals

Learning content

- Community perceptions and behaviors related to daily interaction with animals
- Health hazards associated with insects [Rift Valley fever]
- Key messages on keeping the home clean, protecting vulnerable people, practicing safe slaughter and birth assistance, and preventing vector-borne diseases

Learning methods

- Photos
- Reflective discussions
- Probing questions
- Posters

Learning activities

Activity 1. Opening, welcome and introduction

10 minutes

Warmly welcome and greet participants as they arrive at the meeting place and invite them to sit. Get participants seated in a circular arrangement to ensure participants can see each other and follow the discussion and expressions during the conversations.

Open the meeting in a culturally appropriate way. Have community elder/leader to welcome participants and open the meeting with prayers or blessings depending on what is suitable in the local setting.

Introduce the facilitation team, set the tone for interactive discussion, and manage expectations from the outset. Mention that you are there to facilitate a community conversation that allows community members to learn and act together to prevent and control health hazards arising through daily interaction with animals and the shared environment. Remember that community members may have been sensitized to listening to outsiders and they may initially find it difficult to engage in active dialogues and collaborative learning processes among themselves. In the beginning, they may expect facilitators to "teach" them. As a facilitator, you should explain this expectation is unwarranted and set the tone for interactive and collaborative discussions.

Activity 2. Explore community perceptions and practices regarding daily interactions with animals

30 minutes

Explain that the purpose of the session is to engage participants in an exploratory discussion about their daily interactions with animals and associated health risks. Note that participants may describe many ways of interacting with animals and insects in their daily lives. As a first round of planned conversations, this helps set the background and introduce different issues that will be discussed in subsequent conversation sessions. Start from a broader discussion of human interactions with animals and insects and the associated health risks of these interactions, then narrow the discussion to focus on Rift Valley fever. Mention that other issues that participants have identified will be discussed in subsequent conversation sessions.

Show some photos depicting day-to-day (typical) interactions between humans and animals (domestic and wild). You can use the photos in **Supplementary File 2** if you do not have any photos available. For example, photos could depict:

- Children playing with dogs
- Men slaughtering animals
- Women milking animals
- Domestic animals and wild animals grazing in the same area
- Humans and animals using the same water source
- Humans and animals in the same living space

Ask participants to consider the photos and discuss the following questions:

- What do you see in the photos?
- Do the photos reflect the local situation/context in this area? How?
- What other ways do people in this community interact with animals? Probe as necessary if participants do not mention many ways of interacting with animals daily (e.g., feeding and watering animals, cleaning barns, caring for small and sick animals, assisting births,

slaughtering animals, sharing shelters with animals, playing with animals, hitting animals, milking animals, biting insects, etc.).
- Has there been any experience of health problems in humans in connection to such interactions?

Extend the discussion to explore the knowledge and perceptions of community members regarding zoonotic disease risks.

Find out if community members think animals can or cannot transmit diseases to humans. Encourage women and men to share their experiences or stories using the following probing questions:
- Do you think that animals can transmit diseases to humans?
  - If no, why not?
  - If yes, what diseases do you know that can be spread from animals to people? How are they spread?
- Who is affected by the different diseases – women, men, children? Why?

Summarize the discussion and mention that the different zoonotic diseases participants have identified will be addressed in the subsequent sessions, and you will now focus on Rift Valley fever as an example.

Activity 3. Introduce new knowledge on Rift Valley fever

40 minutes

Distribute the **Illustrations 1 and 2** on Rift Valley fever transmission and symptoms.

Explain that Rift Valley fever is an example of a disease that can be spread from animals to people. Ask participants to discuss the illustration in small groups (5-7 participants).

Request each group present the summary of their respective discussion.

After the presentation by each group, reinforce the key points.

Note to facilitator: The below points are included for your own use only. Avoid simply giving the information to the participants. Rather, allow them to discuss the illustrations and draw their own conclusions. As they give their presentations, use the checklist to ensure the key points are covered. Correct any misinterpretations/misunderstandings about the illustration. You may also call on human and animal health providers to clarify any points.

Key points on Rift Valley fever:

☐ Rift Valley fever is a viral disease which is spread to humans:
  - Through the bite of an infected mosquito
  - When people touch infected blood and abortive material of infected animals without wearing protection
  - When people consume milk from infected animals

- ☐ Outbreaks often occur following significant rainfall and flooding which causes an increase in mosquitoes.
- ☐ The disease primarily affects cattle, sheep, goats, and camels.
- ☐ **Disease in adult animals is often not apparent** (no clinical signs). When clinical signs occur, these typically include abortion (i.e., delivery of live or dead fetus) in pregnant animals and death of young animals ("abortion storms").
- ☐ Humans can experience no symptoms, temporary but generalized symptoms (e.g., fever, headache, sore joints) or more serious illness symptoms (e.g., bleeding, brain inflammation) including death.
- ☐ Humans can protect themselves from infection by:
  - Using mosquito nets
  - Avoiding direct contact with body fluids and abortive material from animals
  - Boiling milk before consumption

Activity 4. Learning integration and reinforcement

20 minutes

Communicate key learning points and action messages to reinforce the learning process. You may like to use **Illustrations 3, 4 and 5** to reinforce some of the key messages from this session.

Key message 1: Keep your home and living area clean.
Why? Close contact between humans and animals in the home environment can increase the risk of exposure to germs present in animal urine and manure that can make people sick. Animals may not show any symptoms even though they are carrying these germs.
How? These are some examples of actions people and communities can take:

- Keep animals out of your house.
- If you must bring animals indoors, keep them away from where humans sleep and eat.
- Regularly clean and sweep areas where animals have been living.
- Cover your nose and mouth with a mask or cloth when cleaning or sweeping these areas.
- Always wash your hands and arms with soap and water immediately after cleaning or sweeping an area where birds have been.
- Keep food and water in covered containers so that they cannot be contaminated by animals or attract vermin such as rodents and cockroaches which spread disease.

Key message 2: Protect yourselves when butchering animals or assisting animals to give birth.
Why? Blood and bodily fluids from animals contain germs that can make people sick. By taking precautions during slaughter and when assisting birth, you can protect yourselves and your community from spreading diseases.
How? These are some examples of actions people and communities can take:

- Cover your hands using gloves or plastic bags.
- Cover your eyes with glasses.
- Cover your nose and mouth with a mask or cloth.
- Wash any tools used to kill or butcher an animal with soap and water or disinfectant.

- Always wash your hands and arms with soap and water before and immediately after slaughtering an animal or assisting animals to give birth. If soap is not available, you can use ash or hand sanitizer.

Key message 3: Protect vulnerable members of the community.
Why? Some people can experience more serious illness when they are infected with diseases spread from animals to people. This includes pregnant women, children under 5, adults older than 65, and people with weakened immune systems (e.g., those living with HIV, tuberculosis, or cancer).
How? These are some examples of actions people and communities can take:

- Re-assign duties so that vulnerable people do not have as much close contact with sick animals.
- During shortages of soap and water, prioritize vulnerable community members.

Key message 4: Protect yourselves and your animals from insect bites.
Why? Biting insects such as mosquitoes, fleas and ticks can transmit germs – like malaria and Rift Valley fever. By protecting yourselves and your animals from insect bites, you can prevent the spread of diseases in the community.
How? These are some examples of actions people and communities can take:

- Use mosquito nets while sleeping.
- Wear protective clothing such as long-sleeves during peak mosquito biting times (dusk and dawn) and when in areas with ticks.
- Regularly empty containers holding standing water to remove mosquito breeding sites around the home and communal areas.
- Apply acaricides to animals to prevent bites from ticks.
- Avoid grazing your animals in areas known to be infested with ticks and flies.
- Tell an animal health worker if you think your cat or dog has fleas.

Activity 5: Community action plan and follow-up strategies

20 minutes

Based on the above messages, ask participants to identify actions they will take individually as well as collectively. Use probing questions where needed:

- What are they not doing now, that they can do from now on?
- Is a particular action feasible in this community?
- If not feasible, what are some other ways the community can [achieve the same goal]?

Ask how they will share the information from the conversations with their household members and other people using informal social networks.

Document community actions on flipcharts.

Ask for a few women and men volunteers (3-5 people) to champion implementation of the action points, provide peer support to community members, and influence other people through the demonstration effect of their actions. These people serve as exemplary action-learning-sharing groups that will provide a model for the community to implement the community actions. They can

provide encouragement and social support for fellow community members as well as learn and problem-solve together and influence the wider community.

Ask a few participants (women and men) to share their reflections and feedback on the conversation process. This will give participants a sense of achievement at the end of the session.

Finally, ask frontline service providers (human and animal health) to provide their reflections and feedback on the conversation process and how they will continue providing follow-up support for the community in implementing their action points.

Document reflections and feedback from community members and frontline service providers.

Next meeting. Introduce the topic for the next meeting and agree on the date and time. Remind participants that the same group should participate in the next meeting.

After-event reflection

Immediately following the session, facilitators should convene to collectively reflect on the process, outcomes, and emerging themes from the conversation process. This reflective practice serves to analyze, interpret, and validate the results, experiences, and contextual insights gained, which should then be documented in a brief report. Furthermore, this process aids in identifying areas for improvement to enhance subsequent sessions.

Session 2. Hazards arising from animal bites

Introduction

Animal bites can cause minor irritation and discomfort or result in serious health consequences including death. The extent to which individuals and communities are aware of such problems determines the extent of the problem as well as timely action taken to prevent associated health hazards.

In this session, facilitated conversations will be conducted to explore local shared knowledge, attitudes and behaviors related to the health risks arising from animal bites.

Intended learning outcomes

By the end of this session, participants will be able to:

- Define local beliefs and practices related to animal bite occurrence and management
- Identify some health hazards arising from animal bites
- Identify actions to prevent animal bites and the spread of rabies
- Share knowledge and information with their household members and other community members about animal bite prevention, rabies and appropriate care following animal bites

Learning content

- Community perceptions and behaviors related to interaction with dogs
- Health hazards associated with animal bites [rabies]
- Key messages on dog bites, rabies prevention and management of bites

Learning methods

- Storytelling
- Reflective discussions
- Probing questions
- Poster

Learning activities

Activity 1. Recap the previous session

10 minutes

Welcome participants to the second session.

Ask participants to recall and share the lessons learnt (key action messages) from the previous session.

Ask participants if they have shared the lessons from the session with family members and/or other members of the community. Ask them to share how other people reacted to the information shared.

Ask if any of the lessons were considered to improve usual practices. Make sure participants share what each have done and benefited from their actions.

Invite an expert if there are technical questions from the previous session to explain.

Document change stories and implementation challenges of community members. Identify potential stories for further documentation of early signs of changes.

Activity 2. Explore community perceptions and behaviors related to interaction with dogs

30 minutes

Explain that the purpose of this session is to engage participants in a discussion to explore what is known, believed, and done about the health hazards related to dog bites, who are most affected in the community and actions to prevent and control the risks.

Storytelling Read the story below out loud and facilitate a discussion based on the story using the below question guide.

Story of a dog bite
In [Village X] people are aware that dog bites can cause health issues, but it has never caused a major problem in this village. However, two months ago a child was bitten by a dog that was wandering in the streets. A girl (aged 7) had run up to the dog and tried to pat it on the head when the dog bit her lightly on the hand. Thinking nothing of it, she did not tell her parents about the incident. However, twenty days later the child became sick with symptoms of fever, headache, and muscle aches. She did not eat anything her parents fed her and felt like she needed to vomit. Her parents took her to a traditional healer which was two hours walk from their village. Since the child did not get better, on day 30 they took the child to a health center. The health worker examined the child and referred her to a rural hospital in another city. They needed to find money to go there. By that time the child was very unwell; she seemed confused and agitated. The parents tried to give her water, but she refused. A few more days passed and by the time they went to the hospital it was too late: the child died.

Facilitate a reflective discussion using the below questions:
- What is the problem in this story?
- Why does the problem occur?
- What could be done to prevent the situation?

Explore beliefs and practices about dogs and rabies in this community. Encourage women and men to share their experiences or stories using the following probing questions:
- Does the scenario reflect the situation in this community? If yes, how?
- Do people keep dogs in this area? Why?
  - Are they allowed to wander in the streets?
  - Are they vaccinated against any diseases? If yes, which ones? How often?
- Has the disease in the story been seen in this area before? Does it have a local name?

- What happens when someone in this community is bitten by a dog?
  - Do they go to a traditional healer or health centre?
  - Did they receive any medicine or other treatments?
- What happened to the dog that inflicted the bite?
  - Did the community kill/bury it?

Explain that you will encourage more dialogue to deepen understanding on these points.

Activity 3. Introduce new knowledge on rabies

40 minutes

Divide participants into two, gender-mixed groups and distribute **Illustrations 6 and 7** on rabies transmission and dog behavior, respectively. Be sure to read the description and intended meaning of Illustration 7 (dog behavior) in **Annex 2** to ensure you understand the context.

Ask participants to discuss the illustrations in their groups. Request each group present the summary of their respective discussion.

After the presentation by each group, reinforce the key points.

Note to facilitator: The below points are included for your own use only. Avoid simply giving the information to the participants. Rather, allow them to discuss the illustrations and draw their own conclusions. As they give their presentations, use the checklist to ensure the key points are covered. Correct any misinterpretations/misunderstandings about the illustration. You may also call on the human and animal health providers to clarify any points.

Key points on rabies

- ☐ Rabies is a virus which is spread through the bite or scratch of an infected animal.
- ☐ Domestic dogs are the main source of infection in humans; wild animals (e.g. mongoose, foxes, honey-badger, jackal) and livestock can also spread the infection to humans but it is less common.
- ☐ Main symptoms in dogs include: behavioral changes (e.g. biting, chewing), excessive salivation (drooling), unusual movement (e.g. stumbling, walking in circles), paralysis, unusual vocalization (e.g. whimpering, growling), inability to swallow.
- ☐ Main symptoms in humans include: headache, fever and pain at the site of the bite; increasing agitation and confusion; sensitivity to light and sound, inability to swallow, fear of water.
- ☐ Children are especially vulnerable to rabies because of how they interact with dogs.
- ☐ **People exposed to rabies will die** unless they receive treatment at a health center before symptoms develop.
- ☐ Dogs can be vaccinated to prevent rabies spreading to humans and other animals.

Activity 4. Learning integration and reinforcement

20 minutes

Communicate key learning points and action messages to reinforce the learning. You may like to use **Illustration 8** to reinforce one of the key messages from this session.

Key message 1: Avoid animal bites and alert animal health workers of strange behaviour.
Why? Animal bites can cause serious injuries to humans – especially children – and are often provoked by human behaviour. Animals can transmit the disease called rabies when they bite people and other animals. Telling an animal health worker when an animal is behaving strangely can help prevent bites from occurring.
How? These are some examples of actions people and communities can take:

- Act calm around dogs, especially if they are unfamiliar to you. Dogs can bite if they feel afraid or are trying to protect something that is theirs (e.g. their food, their owner, their young).
- Teach children to stay away from dogs especially when they are sleeping, eating, or feeding their young.
- If an unfamiliar dog runs towards you, stand still and remain quiet “like a tree” with your hands at your sides and do not make eye contact.
- Do not let your dog lick your face or any breaks in the skins such as cuts, scratches, or sores.
- Avoid dogs and other animals that are acting strangely.
- If you see a dog that is suspected to have rabies or is showing symptoms of the disease, immediately tell an animal health worker before it infects other dogs or people.
- Let your family and neighbors know if you see any unusual behavior in dogs, so that they can take care.
- If you find any bites on your animals or they are exhibiting strange behaviour, separate them from other animals and people and call an animal health worker.
- Do not kick, throw stones or punish a dog if a bite happens, as the dog can become fearful and it can make matters worse.
- If a dog or other animal dies after showing signs and symptoms of rabies, avoid the dead body and tell an animal health worker. They can submit it for testing and help to safely dispose of the body.

Key message 2: Protect dogs from rabies.
Why? Dogs are the main sources of rabies and spread the virus in their saliva. When dogs are protected from rabies, they cannot spread the disease to humans or other animals.
How? These are some examples of actions people and communities can take:

- Vaccinate your dog against rabies every year. This protects your dog from getting rabies and is the best way to protect you, your family and your community from rabies.
- Keep your dog in your yard or a closed area so they do not roam freely in public areas.
- Spay or neuter your dog. This reduces unwanted breeding of dogs and stops them from roaming.

Key message 3: Care for any animal bites immediately and seek urgent medical attention.
Why? Rabies is a deadly disease that requires urgent medical attention. A person showing signs and symptoms of rabies will not survive. People who receive treatment before symptoms appear can survive.
How? These are examples of actions people and communities can take:

- Teach children to tell an adult if they are bitten or scratched by a dog.

- If a bite or scratch happens, immediately wash the wound with soap and water for at least 15 minutes. This reduces the amount of virus in the bite wound and increases chances of survival.
- Go straight to a health centre or animal bite treatment centre. Do not wait to see if you get sick. Early treatment saves lives.
- Tell the health worker about the animal that bit or scratched you and how you were bitten or scratched. This information can help health workers learn more about the animal and help them protect other people.

Note to facilitator regarding Key Message 2 and 3: The subject of local unavailability of dog vaccines and human treatments may come up in this conversation. In this case, it is important to convey the importance of avoiding dog bites as a primary preventive measure. The tendency to seek care by a traditional healer may also arise. Communities must understand this is not an effective way to care for animal bites. Only treatments given by a medical provider before the start of symptoms will prevent death. This message needs to be conveyed with a sense of urgency, whilst being respectful of local customs.

Activity 5. Community action plan and follow-up strategies

20 minutes

Based on the above messages, ask participants to identify actions they will take individually and collectively. Use probing questions where needed:

- What are they not doing now, that they can do from now on?
- Is a particular action feasible in this community?
- If not feasible, what are some other ways the community can [achieve the same goal]?

Ask how they will share the information from the conversations with their household members and other people.

Document community actions on flipcharts.

Ask for a few women and men volunteers (3-5 people) to champion implementation of the action points, provide peer support to community members, and influence other people through the demonstration effect of their actions.

Ask a few participants (women and men) to share their reflections and feedback on the conversation process. This will give participants a sense of achievement at the end of the session.

Finally, ask frontline service providers (human and animal health) to provide their reflections and feedback on the conversation process and how they will continue providing follow-up support for the community in implementing their action points.

Document reflections and feedback from community members and frontline service providers.

Next meeting. Introduce the topic for the next meeting and agree on the date and time. Remind that the same group of participants should attend the next meeting.

After-event reflection

Immediately following the session, facilitators should convene to collectively reflect on the process, outcomes, and emerging themes from the conversation process. This reflective practice serves to analyze, interpret, and validate the results, experiences, and contextual insights gained, which should then be documented in a brief report. Furthermore, this process aids in identifying areas for improvement to enhance subsequent sessions.

Session 3. Hazards arising from food and water

Introduction

Food and water are essential for human life. Nonetheless, food and water can also disseminate pathogens. This includes human pathogens (spread between humans), animal pathogens (spread between animals) as well as zoonotic pathogens (spread from animals to people). Therefore, the way we handle food and water is important for preventing illness. Due to limited local understanding and the way people manage food and water, many people get sick, and some people die due to food- and water-borne illness. Despite this potential threat to health, the consequences of food- and water-borne illnesses are often not given as much attention as other diseases.

The purpose of this session is to draw on local shared knowledge, attitudes, and behaviors related to food and water. During the session, participants will share their own understandings, beliefs, and practices on the theme. They will gain insights into health risks of foods from animal sources and how handling food, water and animal manure can affect human health.

Intended learning outcomes

By the end of the session, participants will be able to:

- Define local beliefs and practices related to the management of food and water
- Identify some gendered-health hazards arising from food and water
- Identify actions to prevent food- and waterborne illness and to reduce environmental contamination with human and animal feces
- Share knowledge and information with their household members and other community members about brucellosis and the safe management of food and water to prevent diarrheal illness

Learning content

- Community perceptions and behaviors related to harvesting and consumption of milk and water
- Health hazards associated with food and water [brucellosis and diarrheal diseases]
- Key messages on cooking foods of animal origin, hand washing and preventing environmental contamination with human feces and animal manure

Learning methods

- Charades
- Reflective discussions
- Posters

Learning activities

Activity 1. Recap the previous session

10 minutes

Welcomes participants to the third session.

Ask participants what they remember from the previous session.

Ask participants if they have shared the lessons with family members and/or other members of the community and how. Ask them to share how other people reacted to the information shared.

Ask if any of the lessons were applied and how and if any implementation challenges were faced. Document stories of changes participants made and the challenges they faced in making changes.

Invite an expert if there are technical questions from the previous session to explain.

Activity 2. Explore community perceptions and behaviors regarding consumption and management of animal-source foods and water

30 minutes

Charades Ask for two volunteers and request each person to act out one of the following scenes without using any words. It is important to not be too prescriptive about how the volunteer interprets the scenario. They should act out the scenario according to how the process occurs in their local context.

Charade scenes

- Process of milking an animal through to the time that the milk is consumed
- Process of collecting water through to the time that the water is consumed

After each charade has been acted out, invite the other participants to guess what was happening in the scene.

Observe each charade and facilitate discussion using the below questions:

- What was the gender of the person milking the animal and collecting the water?
- What animals were being milked?
- Did they do anything to the milk after collection – why/why not?
- Where was the water collected from?
- Did they do anything to the water after collection – why/why not?

Then, ask what animal-source foods are consumed in this area. Explain that animal-source foods are foods that come from animals. Write these down on a flipchart.

Ask if they know any diseases that can be transmitted from animal-source foods and water. Write these down on a flipchart.

Activity 3. Introduce new knowledge on brucellosis and diarrheal diseases

40 minutes

Divide participants into two, gender-mixed groups and distribute **Illustration 9 and 10** on brucellosis transmission and clinical signs to one group and **Illustration 11** on diarrheal diseases to the second group.

Ask participants to discuss the illustrations in their groups. Request each group present the summary of their respective discussion.

After the presentation by each group, reiterate the key points.

Note to facilitator: The below points are included for your own use only. Avoid simply giving the information to the participants. Rather, allow them to discuss the illustrations and draw their own conclusions. As they give their presentations, use the checklist to ensure the key points are covered. Correct any misinterpretations/misunderstandings about the illustration. You may also call on the human and animal health providers to clarify any points.

Key points on brucellosis

- ☐ Brucellosis is a bacterial disease that is spread to humans when people:
  - Consume unboiled milk from infected animals.
  - Touch abortive material and birth products of infected animals without wearing protection.
  - Inhale infectious particles in the air, as might occur when people share living areas with infected animals.
- ☐ The disease primarily affects cattle, goats, sheep and pigs.
- ☐ The main clinical signs in animals include: abortion (i.e. delivery of live or dead foetus) in pregnant animals, drop in milk production.
- ☐ Humans can experience generalized symptoms (e.g. recurring fever, headache, night sweats, sore joints, vomiting, diarrhea) or more localized illness (e.g. inflammation of the testicles, heart lining and brain lining) but rarely die. Depression is common.
- ☐ Humans can protect themselves by:
  - Boiling milk before consumption.
  - Avoiding direct contact with body fluids and abortive material from animals.

Key points on diarrheal diseases

- ☐ Diarrheal diseases are caused by a range of bacteria and viruses that are present within the gut of humans and animals.
- ☐ Diarrheal diseases happen when germs present in human feces and animal manure contaminate water and food or are spread on contaminated hands.
- ☐ Germs in animal faeces can contaminate water when animals defecate near water points. These germs can be transmitted to people when they drink the water or when the water is used to wash food or dishes used for eating.
- ☐ Germs in animal feces can contaminate crops when manure is applied as fertilizer. These germs can be transmitted to people when they eat the crops.
- ☐ Germs in animal feces can contaminate meat when an animal is being slaughtered. These germs can be transmitted to people when they eat raw meat.
- ☐ Flies can also transmit germs from human and animal feces to food when it is left uncovered.
- ☐ Animals that carry these pathogens may or may not show signs of illness.
- ☐ Humans can protect themselves by:

- Boiling water before consumption.
- Cooking food thoroughly before consumption.

Activity 4. Learning integration and reinforcement

20 minutes

Communicate key learning points and action messages to reinforce the learning. You may like to use **Illustrations 12 and 13** to reinforce the key messages from this session.

Key message 1: Cook food well to help stop the spread of any sickness. Food should be hot to the touch all the way through.
Why? Foods such as meat, milk, and eggs as well as plants can transport germs – like the bacteria that causes brucellosis – that make people sick. Cooking can help to kill the germs and prevent illness in people.
How? These are some examples of actions people and communities can take:

- Boil milk before drinking it, storing it for future use, or using it to make yoghurt, ghee, or butter. Boiled milk contains the same nutrients as unboiled milk and is more safe for you and your children.
- Cook meat thoroughly before eating. There should be no pink on the inside.
- Avoid eating raw meat.
- Bring foods like soups or stews to boiling before eating.
- Cook eggs so they are not runny in the middle.
- Reheat cooked food so that it is very hot.

Key message 2: Wash your hands regularly with soap and water, or ash when these are not available.
Why? Germs can spread when you handle food or touch surfaces that have germs on them. This includes animals, their products (e.g. meat, milk, eggs) and their waste (e.g. manure).
How? These are key moments when you should wash your hands:

- Before and after preparing food
- Before eating
- Before and after caring for someone who is sick especially with vomiting and diarrhoea
- After blowing your nose or coughing or sneezing into your hand
- After using the toilet
- After changing nappies or cleaning up after your child
- After touching and throwing away garbage
- Before and after slaughtering and butchering an animal
- Before and after milking
- After cleaning or touching areas where animals are kept
- After touching animal manure

Key message 3: Reduce environmental contamination with human faeces and animal manure.

Why? Human faeces and animal manure contain germs that can make people sick. These germs cause diseases such as diarrhoea and cholera. Exposure to these germs in early childhood can prevent children from reaching their full potential.

How? These are some examples of actions people and communities can take:

- Use latrines where possible
- Dispose of child faeces in latrines or dedicated bins
- Prevent children from putting soil and animal manure in their mouth
- Allow manure to dry for at least 3 months before applying to crops. Drying manure will kill the germs present in the manure.
- Use separate drinking water sources for people and animals
- Use covered containers to store food, water and milk

Activity 5. Community action plan and follow-up strategies

20 minutes

Based on the above messages, ask participants to identify actions they will take individually as well as collectively. Use probing questions where needed:

- What are they not doing now, that they can do from now on?
- Is a particular action feasible in this community?
- If not feasible, what are some other ways they can [achieve the same goal]?

Ask how they will share the information from the conversations with their household members and other people.

Document community actions on flipcharts.

Ask for a few women and men volunteers (3-5 people) to champion implementation of the action points, provide peer support to community members, and influence other people through the demonstration effect of their actions.

Ask a few participants (women and men) to share their reflections and feedback on the conversation process. This will give participants a sense of achievement at the end of the session.

Finally, ask frontline service providers (human and animal health) to provide their reflections and feedback on the conversation process and how they will continue providing follow-up support for the community in implementing their action points.

Document reflections and feedback from community members and frontline service providers.

Next meeting. Introduce the topic for the next meeting and agree on the date and time.

After-event reflection

Immediately following the session, facilitators should convene to collectively reflect on the process, outcomes, and emerging themes from the conversation process. This reflective practice serves to analyze, interpret, and validate the results, experiences, and contextual insights gained, which should then be documented in a brief report. Furthermore, this process aids in identifying areas for improvement to enhance subsequent sessions.

Session 4. Hazards arising from sick and dead animals

Introduction

Managing sick or dead animals can have consequences not only for the person or people directly involved, but also the whole community and the wider environment. Community members often engage in risky practices when handling sick and dead animals which increase the risk of disease transmission. Moreover, many communities give antibiotics to sick animals without knowing what is causing the disease. This misuse of antibiotics contributes to the development of antibiotic resistance.

This session aims to engage participants to share their knowledge, attitudes and behaviors related to the management of sick and dead animals, on the one hand, and associated health risks on the other hand. During the session, participants will share their own understandings, beliefs, and practices on the theme. They will gain insights into health risks associated with managing sick and dead animals and develop an awareness of the proper management of sick and dead animals.

Intended learning outcomes

By the end of the session, participants will be able to:

- Define local beliefs and practices related to the management of sick and dead animals
- Identify some gendered-health hazards arising from the management of sick and dead animals
- Identify actions to reduce the transmission of diseases from sick and dead animals and to prevent the emergence of antimicrobial resistance
- Share knowledge and information with their household members and other community members about anthrax, the safe handling of sick and dead animals, and the responsible use of antimicrobials

Learning content

- Community perceptions and behaviors related to the management of sick and dead animals
- Health hazards associated with managing sick and dead animals [anthrax, antimicrobial resistance]
- Key messages on avoiding contact with sick or dead animals, disposing of dead animals safely and reducing use of antibiotics

Learning methods and materials

- Role play
- Reflective discussions
- Posters

Learning activities

Activity 1. Recap the previous session

20 minutes

Welcomes participants to the last session.

Ask participants what they recall from the previous session.

Ask participants if they have shared the lessons with family members and/or other members of the community and how. Ask them to share how other people reacted to the information shared.

Ask if any of the lessons were considered for application and how. Encourage them to share the changes they have made due to the previous session.

Document changes and implementation challenges.

Invite an expert if there are technical questions from the previous session to explain.

Activity 2. Explore community perceptions and practices regarding management of sick and dead animas

30 minutes

Role play Ask for 6-8 volunteers to act out a role play. Assign roles based on the following:

- 1 person who slaughters and skins an ox
- 3 neighbors who share the meat
- 2-4 other community members who do not have contact with the ox

Role play scenario:
An ox gets sick. The animal is slaughtered and skinned, and the remainder of the carcass is disposed in the field. That night the meat is shared with the neighbors. Within days the person who slaughtered the ox develops sores on his hands and people who ate the meat develop severe stomach pains. Dogs and cats which scavenged on the carcass died, while another ox which grazed near the carcass also died. Tarry blood exuded from all openings of the dead ox. The community is very worried that an epidemic might be happening.

Then, facilitate reflective discussion using the discussion questions below.

- What is the problem?
- Why does the problem arise?
- Who is affected by the problem and how are they affected?
- What could have been done to prevent the problem?

Explore beliefs and practices about management of sick and dead animals in this community. Encourage women and men participants to share their experiences and stories using the following probing questions:

- Does this scenario reflect the situation in this community? If yes, how?
- Has this disease been seen in this area before? Does it have a local name?
- Who usually takes care of sick animals in this community?
- What happens when animals get sick or die? What actions are taken by the community?
  - Do they eat meat from the animal?
  - How do they dispose of the carcass?
  - Do they tell an animal health worker?
- Do people give medicines to their animals when they are sick?
  - Which medicines? Modern or traditional?
  - For which species of animals?
- Do people give antibiotics?
  - Which antibiotics?
  - From where do they acquire them?
  - Do people seek input from an animal health worker before giving antibiotics?
  - After giving an antibiotic, do people wait before selling the animal, eating its meat or drinking its milk? If yes, how long do they wait?

Explain that you will encourage more dialogue to deepen understanding on these points.

Activity 3. Introduce new knowledge on anthrax and antimicrobial resistance

40 minutes

Divide participants into two, gender-mixed groups and distribute **illustrations 14 and 15** on anthrax transmission and clinical signs and **illustration 16** on antimicrobial resistance.

Ask participants to discuss the illustrations in their groups. Request each group present the summary of their respective discussion.

After the presentation by each group, highlight the key points.

Note to facilitator: The below points are included for your own use only. Avoid simply giving the information to the participants. Rather, allow them to discuss the illustrations and draw their own conclusions. As they give their presentations, use the checklist to ensure the key points are covered. Correct any misinterpretations/misunderstandings about the illustration. You may also call on the human and animal health providers to clarify any points.

Key points on anthrax

☐ Anthrax is a bacterial disease that is spread to humans when people:
  - Have contact with meat, hide, skin or bones from infected animals.
  - Ingest meat or blood from infected animals or contaminated water.
  - Inhale infectious particles in the air (uncommon in this setting).

☐ The disease mainly affects domestic and wild herbivores (animals that eat grass, such as cattle, sheep, goats, camels, antelope).

- ☐ Animals get infected when they ingest contaminated soil, plants, and water. Carnivores (such as lions) can also get infected when they feed on infected carcasses.
- ☐ The main symptom in animals is sudden death without prior signs. Dead animals may show blood oozing from nose, mouth, and anus, and the carcass may lack the typical stiffness after death. Some animals may show high fever, excitation, and breathing problems before death.
- ☐ **Anthrax can cause serious illness and death in humans**. People experience different symptoms depending on how they are exposed:
  - People who have skin contact with infected animals experience blisters or sores with a black center ('black eschar') on their hands, arms, neck, or face (most common).
  - People who ingest infected meat can develop fever and chills, as well as nausea, vomiting, stomach pain, and diarrhea (less common).
  - People who inhale the bacteria can develop fever and chills, as well as difficult breathing (rare in this setting).
- ☐ Humans can protect themselves by:
  - Never eating, selling or giving away meat of animals that look sick.
  - Avoiding direct contact with skin or hides from animals that die suddenly.
  - Vaccinating animals against anthrax every year.

Key points on antimicrobial resistance

- ☐ Antibiotic resistance occurs when bacteria change and adapt to antibiotics, making the drugs less effective in killing them.
- ☐ When people take antibiotics, bacteria in that person can develop resistance. These resistant bacteria can be excreted in human waste (e.g. urine, feces) and spread to other people in hospital and community settings.
- ☐ When livestock are given antibiotics, bacteria in that animal can also develop resistance. Resistant bacteria can be excreted in animal waste (e.g. urine, manure). When manure is spread on crops, these resistant germs can be transferred to the plants and spread to other animals and people that eat the crops. In addition, resistant bacteria can remain on meat when the animal is slaughtered. They can also be excreted in milk. People who consume contaminated meat or milk can be infected with these resistant germs.
- ☐ When people or animals are infected with resistant bacteria, there are fewer options for treatment, and they might get really sick and potentially die.

Activity 4. Learning integration and reinforcement

20 minutes

Communicate key learning points and action messages to reinforce the learning. Use **Illustrations 5, 17, 18, 19, 20, 21** to reinforce the key messages from this session.

Key message 1: Protect yourselves and your animals from other sick and dead animals.
Why? Sick animals can carry germs that can spread to other animals and people. Taking actions to protect yourself and your animals can prevent diseases from spreading.
How? These are some examples of actions people and communities can take:

- Never sell or give away an animal that looks sick or recently aborted.
- Avoid eating the meat and blood from a sick animal or animal that you find dead (including domestic animals and wildlife).

- If you must handle a sick animal:
  - Wear rubber gloves or plastic bags to protect your hands.
  - Cover your eyes with glasses.
  - Cover your nose and mouth with a mask or cloth.
  - Wash your hands and arms with soap and water.
- Keep any sick or aborting animals away from other animals and people until an animal health worker can inspect them.
- Close off the area surrounding a dead animal to prevent other animals from coming into contact.
- Tell the nearest animal health worker about animals that look sick or have recently aborted or died.
- If a person in your community gets sick or dies after contact with an animal, or eating meat from a sick animal, go to the nearest health center and tell a health worker immediately to protect yourself and others.

Key message 2: Dispose of dead animals safely.
Why? Dead animals can spread germs – like the ones that cause anthrax – into the environment as they decompose. Animals that graze in nearby areas can get sick when they ingest soil, plants and water that are contaminated by the dead body. Carnivores can get sick when they scavenge on the dead body.
How? These are some examples of actions people and communities can take:

- Tell the nearest animal health worker, human health worker, or local administration about any unexpected or sudden death of animals to get help to safely dispose the dead body.
- If no help is available, the body should be burned to ashes or buried at least 2 meters deep (four arm's length). Do not leave the body in an open field. While burning/burying the animal's body:
  - Wear rubber gloves or plastic bags to protect your hands
  - Cover your eyes with glasses
  - Cover your nose and mouth with a mask or cloth
  - Use a shovel, wheelbarrow, or other tools to move the body to where you will burn or bury it, taking care to avoid water sources and areas that are used by animals. Try to avoid moving the body if possible.
  - Wash or disinfect any equipment (gloves, plastic bags, mask, shovel, wheelbarrow)
  - Dispose of gloves, plastic bags and mask in burial pit or burn them with the body
  - Wash your hands and arms thoroughly with soap and water.

Key message 3: Reduce the use of antibiotics.
Why? Exposure to antibiotics is the main reason why germs become resistant. When germs develop resistance, antibiotics used in humans and animals become ineffective at treating diseases. This contributes to poor health in humans and impacts on profitability and welfare of livestock.
How? These are some examples of actions people and communities can take:

- Prevent animals from getting sick by:
  - Ensuring they have adequate access to shelter, feed, and water.
  - Asking an animal health worker to vaccinate your animals against diseases such as PPR. This is cheaper than treating animals when they get sick.
  - Letting young animals feed from their mothers if possible before weaning
  - Practicing good udder hygiene in milking animals

  - Separating sick animals from healthy animals
  - Separating new animals from the rest of the herd for 21-30 days and observing them for signs of illness every day
- Do not give antibiotics to healthy animals.
- Only use antibiotics in sick animals under the supervision of an animal health worker or veterinarian. Buying and using the wrong drug, or the right drug in the wrong way, is a waste of time and money and puts the health of you and your animals at risk.
- Strictly follow the instructions on dosage and length of treatment. Giving too little or too much antibiotic or stopping treatment before the full course of antibiotics is given puts the health of you and your animals at risk.
- After antibiotics are given, wait the required time ("withholding period") before selling, eating the meat or drinking the milk from that animal.

Activity 5. Community action plan and follow-up strategies

20 minutes

Based on the above messages, ask participants to identify actions they will take individually and collectively. Use probing questions where needed:

- What are they not doing now, that they can do from now on?
- Is a particular action feasible in this community?
- If not feasible, what are some other ways they can [achieve the same goal]?

Ask how they will share the information from the conversations with their household members and other people.

Document community actions on flipcharts.

Ask for a few women and men volunteers (3-5 people) to champion the implementation of the action points, provide peer support to community members, and influence other people through the demonstration effect of their actions.

Ask a few participants (women and men) to share their reflections and feedback on the conversation process. This will give participants a sense of achievement at the end of the session.

Finally, ask frontline service providers (human and animal health) to provide their reflections and feedback on the conversation process and how they will continue providing follow-up support for the community in implementing their action points.

Document reflections and feedback from community members and frontline service providers.

Sustainability As this is the last session of this community conversation process, engage participants in a discussion on how to sustain the learning and the changes due to the conversations. Focus on the following during the discussion about follow-up and sustainability strategies:

- How the community could organize itself to prevent health risks related to:
  - day-to-day interaction with animals and insects

  - animal bites
  - management of food and water
  - management of sick and dead animal
- Defining strategy(ies) to regularly access and share information
- How the community can continue such conversations
- How animal and human health service providers can better engage with communities and support continual learning and sharing among communities and between service providers.

After-event reflection

Immediately following the session, facilitators should convene to collectively reflect on the process, outcomes, and emerging themes from the conversation session. This reflective practice serves to analyze, interpret, and validate the results, experiences, and contextual insights gained, which should then be documented in a brief report.

Finally, facilitators must convene to review session reports from the entire conversation process, identifying emerging themes and lessons. These insights should be shared during MSIP meetings. Furthermore, these lessons will serve as crucial input for the One Health Taskforce, informing their planning processes effectively.

References and further reading

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Annexes

Annex 1. Session outlines

Session 1: Hazards arising from day-to-day interaction with animals and insects

Activity 1: Opening, welcome and introductions

10 minutes

- Open the meeting in culturally appropriate way
- Introduce the facilitation team
- Set the tone for interaction discussion

Activity 2: Explore community perceptions and practices regarding daily interactions with animals

30 minutes

- Discuss photos depicting day-to-day (typical) interactions in plenary e.g. **Supplementary File 2**
- Explore knowledge and perceptions regarding zoonotic disease risks. Including whether they think animals can transmit diseases to humans, what diseases they know that can spread from animals to people, and who is affected by the different diseases

Activity 3. Introduce new knowledge on Rift Valley fever

40 minutes

- Discuss **Illustrations 1 and 2** on Rift Valley fever transmission and symptoms in groups
- Reinforce key points on Rift Valley fever

Activity 4. Learning integration and reinforcement

20 minutes

- Communicate key learning points and action messages to reinforce the learning process. **Illustrations 3, 4 and 5** can be used to reinforce some of the key messages.

  Key message 1: Keep your home and living area clean.
  Key message 2: Protect yourselves when butchering animals or assisting animals to give birth.
  Key message 3: Protect vulnerable members of the community.
  Key message 4: Protect yourselves and your animals from insect bites.

Activity 5. Community action plan and follow-up strategies

20 minutes

- Identify actions communities will take individually as well as collectively.
- Identify champions.
- Invite reflections and feedback from participants and frontline service providers.
- Conduct after-event reflection and document the outcomes.

Session 2: Hazards arising from animal bites

Activity 1: Recap the previous session

10 minutes

- Ask participants to recall key action messages from previous session
- Ask participants if they have shared the lessons and how people reacted
- Ask if the lessons were considered to improve usual practices
- Invite expert to address any technical questions

Activity 2: Explore community perceptions and behaviors related to interaction with dogs

30 minutes

- Story of a dog bite
- Explore beliefs and practices about dogs and rabies in the community, including if/why they keep dogs and how they manage them, if rabies has been seen in the area before, what happens if someone is bitten, and what happens to the dog that inflicted the bite.

Activity 3. Introduce new knowledge on rabies

40 minutes

- Discuss **Illustrations 6 and 7** on rabies transmission and dog behavior in groups.
- Reinforce key points on rabies and dog behavior.

Activity 4. Learning integration and reinforcement

20 minutes

- Communicate key learning points and action messages to reinforce the learning process. **Illustrations 8** can be used to reinforce some of the key messages.

  Key message 1: Avoid animal bites and alert animal health workers of strange behaviour.
  Key message 2: Protect dogs from rabies.
  Key message 3: Care for any animal bites immediately and seek urgent medical attention.

Activity 5. Community action plan and follow-up strategies

20 minutes

- Identify actions communities will take individually as well as collectively.
- Identify champions.
- Invite reflections and feedback from participants and frontline service providers.
- Conduct after-event reflection and document the outcomes.

Session 3: Hazards arising from food and water

Activity 1: Recap the previous session

10 minutes

- Ask participants to recall key action messages from previous session
- Ask participants if they have shared the lessons and how people reacted
- Ask if the lessons were considered to improve usual practices
- Invite expert to address any technical questions

Activity 2: Explore community perceptions and practices regarding consumption and management of animal-source foods and water

30 minutes

- Charade scenes
- Explore gender roles and practices related to milking and water collection
- Identify animal-source foods consumed in the community
- Ask participants if they can identify any diseases that can be transmitted from animal-source foods and water

Activity 3. Introduce new knowledge on brucellosis and diarrheal diseases

40 minutes

- Discuss **Illustrations 9 and 10** on brucellosis transmission and clinical sigs and **Illustration 11** on diarrheal diseases in groups
- Reinforce key points on brucellosis and diarrheal diseases.

Activity 4. Learning integration and reinforcement

20 minutes

- Communicate key learning points and action messages to reinforce the learning process. **Illustrations 12 and 13** can be used to reinforce some of the key messages.

  Key message 1: Cook food well to help stop the spread of any sickness. Food should be hot to the touch all the way through.
  Key message 2: Wash your hands regularly with soap and water, or ash when these are not available.
  Key message 3: Reduce environmental contamination with human faeces and animal manure.

Activity 5. Community action plan and follow-up strategies

20 minutes

- Identify actions communities will take individually as well as collectively.
- Identify champions.
- Invite reflections and feedback from participants and frontline service providers.
- Conduct after-event reflection and document the outcomes.

Session 4: Hazards arising from sick and dead animals

Activity 1: Recap the previous session

10 minutes

- Ask participants to recall key action messages from previous session
- Ask participants if they have shared the lessons and how people reacted
- Ask if the lessons were considered to improve usual practices
- Invite expert to address any technical questions

Activity 2: Explore community perceptions and practices regarding management of sick and dead animals

30 minutes

- Role play scenario
- Explore beliefs and practices about management of sick and dead animals in this community. Consider who takes care of sick animals, what actions are taken by the community when animals get sick and die, and whether they give medicines/antibiotics

Activity 3. Introduce new knowledge on anthrax and antimicrobial resistance

40 minutes

- Discuss **Illustrations 14 and 15** on anthrax transmission and clinical sigs and **Illustration 16** on antimicrobial resistance in groups.
- Reinforce key points on anthrax and antimicrobial resistance.

Activity 4. Learning integration and reinforcement

20 minutes

- Communicate key learning points and action messages to reinforce the learning process. **Illustrations 5, 17, 18, 19, 20, 21** can be used to reinforce some of the key messages.

  Key message 1: Protect yourselves and your animals from other sick and dead animals.
  Key message 2: Dispose of dead animals safely.
  Key message 3: Reduce the use of antibiotics.

Activity 5. Community action plan and follow-up strategies

20 minutes

- Identify actions communities will take individually as well as collectively.
- Identify champions.
- Invite reflections and feedback from participants and frontline service providers.
- Ask participants how they will sustain the learning and the changes due to the conversations.
- Conduct after-event reflection and document the outcomes.

Annex 2. Summary of illustrations and their intended meaning

Illustration no.	CC session	New information/ key message	Description of illustration and intended meaning		
			Left	Middle	Right
1	1	RVF transmission & clinical signs in animals	Camel, cows, sheep, goats. These animals are susceptible to RVF.	Heavy rain results in proliferation of mosquito populations. Animals get bitten by mosquitoes.	Clinical signs in animals include death of young animals (upper) and abortion in pregnant animals (lower).
2	1	RVF transmission & clinical signs & symptoms in humans	People get infected with RVF when they are bitten by mosquitoes (upper) or touch aborted animal foetuses (lower).	People with RVF develop fever (upper), headache/dizziness (middle), and back pain (lower).	
3	1	Use bed net	Person sleeping under bed net.		
4	1	Don't handle aborted material with bare hands	Person assisting birth of animal. Using bare hands is poor practice. Covering hands with gloves or plastic bags is good practice.		
5	1 and 4	Use PPE when slaughtering animals	People butchering animal. Using bare hands is poor practice. Covering hands with gloves or plastic bags is good practice.		
6	2	Rabies transmission & symptoms in humans	Boy is interacting with a dog that is showing signs of aggression (upper). The child is bitten on the hand by the dog (lower).	The boy develops clinical signs of fever, is taken to the hospital but later dies (upper) because he did not receive urgent treatment. Alternatively, the bite wound is immediately washed with soap and water and the boy is urgently taken to the hospital to receive proper treatment by a medical professional and survives (lower).	
7	2	Dog behaviour	Dog expressing behaviors that indicate he is happy and relaxed. He is wagging his tail, his mouth is open and his tongue is out, and his ears are in a natural position. He is showing a play bow with his	Dog expressing behaviors that indicate he is worried. He is yawning and has his tail between legs. He is licking his lips and has his ears back. He has low body posture and is avoiding eye contact. It is better NOT to interact with these	Dog expressing aggressive behaviors. His lips are drawn back and his teeth are showing. His ears are back, and he has a stiff body posture or may be cowering. His tail is between his legs or alert and stiff. DO NOT interact with these dogs;

			bottom in the air (lower). It is OK to interact with these dogs.	dogs; he doesn't want you to go near him.	they are warning you that they may bite.
8	2	Vaccinate dogs	It is good practice to vaccinate dogs.		
9	3	Brucellosis transmission & symptoms in animals	Cattle and goats. These animals are susceptible to brucellosis.	Abortion is a common clinical sign of brucellosis in animals.	
10	3	Brucellosis transmission & symptoms in humans	People get infected with brucellosis when they drink raw milk from infected animals (upper) or touch aborted animal foetuses (lower).	People with brucellosis develop fever (upper), headache/dizziness (middle), and back pain (lower).	
11	3	Diarrheal disease transmission	Feces from livestock/poultry, humans, cats/dogs and rodents contain germs that can be transmitted to humans via fluids (e.g. water), fields (e.g. when applied to crops as fertilizer), flies, fingers (e.g. when hands aren't washed after going to the toilet) and food. This can lead to gastrointestinal illness. [This is called the "F diagram"].		
12	3	Boil milk before drinking	Woman milking cow. Drinking raw milk is poor practice (upper). Boiling milk before consumption is good practice (lower).		
13	3	Apply proper food hygiene measures	Washing hands with soap and water, boiling water for drinking, cooking food thoroughly and covering food are all good practices to prevent gastrointestinal illness.		
14	4	Anthrax transmission & symptoms in animals	Dead cattle, sheep and antelope in a field. These animals are all vulnerable to anthrax. They show typical signs of anthrax, including sudden death and bleeding from the nose and anus.	A lion is eating one of the carcases and subsequently dies due to anthrax.	
15	4	Anthrax transmission & symptoms in humans	People butchering an animal that was sick with anthrax. Their hands are not protected.	People who consume the meat from the animal develop gastrointestinal illness. They must go to the hospital for treatment (upper). People who butchered/skinned the animal develop a sore on their hand. They must go to the hospital for treatment (lower).	

16	4	Antimicrobial resistance (AMR) transmission via livestock	Medicines that are given to animals can persists in milk/meat/eggs and contaminate the environment when animals defecate. Germs exposed to these medicines can become resistant. People can get very sick when they consume animal source foods and plant-based foods which are contaminated with resistant germs.		
17	4	Vaccinate livestock	It is good practice to vaccinate livestock.		
18	4	Don't eat meat from sick/dead animals	Sick/dying and dead animals.	It is poor practice to slaughter/butcher sick or dead animals, and to consume the meat from animals that are sick/dying (upper). It is good practice to dispose of dead animals by burning (lower).	
19	4	Proper use of antibiotics	It is poor practice for pastoralists to give antibiotics to healthy animals.	It is good practice for pastoralists to get advice from an animal health worker so they can give the correct antibiotic to animals when they are sick.	It is poor practice to drink milk and eat meat from animals soon after they have been given a medicine (upper). It is important to wait a period of time before consuming these products (lower).
20	4	Seek healthcare when sick	It is good practice to seek medical care if you experience fever, headache/dizziness, backpain or gastrointestinal symptoms.		
21	4	Tell an animal health worker when animals are sick	Sick/dying and dead animals showing no specific signs in the village (left). Farmer telling an animal health worker and pointing back towards the village where the sick/dead animals are (right).		

Annex 3. After-event team reflection guiding questions

- What emerged from the community conversation session (main findings, issues, concerns, community actions, lessons, etc.)?
- What went well?
- What were the challenges encountered?
- Did we deal with these in the best way possible? If not, what could have been done differently?
- Were participants equally engaged (men and women)? What were the issues raised by women and men community members?
- What do we need to change for the next conversation session?
- Has there been evidence of change in attitudes and perspectives from the previous session?
- How do we consider the level of learning in the community, any evidence?
- How can we follow up on this session in the next conversation session?

Annex 4. Template for community conversation documentation

Background and context		
Date		
Location		
No. participants	Adult males	Adult females
	Youth males	Youth females
	Total	

Main themes emerged

- What key themes and insights emerged from the conversations?
- What were the convergence points (i.e., shared understanding, consensus, or agreements) during the conversations?
- How did the initial viewpoints of women and men participants compare with their perspectives at the end of the conversations?
- What early signs of awareness (e.g., testimonies, acknowledgements, or personal reflections) were observed during the conversations?

Community actions identified and follow-up strategies

- What community actions were identified and agreed from the conversations? What were the benefits/expected changes of taking these actions?
- Who among the community members is willing to take on the role of championing the implementation of community actions? What key roles could these community action implementation champions play?
- How did community members demonstrate their dedication (capability, motivation, and opportunity) to carrying out the community actions?
- What assistance did community members seek to get from local service providers?
- How did local partners commit to supporting community members to implement their community actions and continue learning and sharing among themselves?

After-event reflections and feedback

- What feedback did participants offer regarding their learning experiences during the conversations?
- How relevant, applicable, and comprehensive was the content of the conversations?
- How engaged were participants?
- Are any changes needed to the approach or content?