Community-Led Action (CLA)

A Field Manual for CHWs/OH RCCE ACTORS Responding to the Zoonotic Disease outbreak Threat in Sierra Leone

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Contents

Acronyms

CCC	Community Care Centers
CLA	Community-Led Action
CM	Community Mobilizer
CHW	Community Health Worker
OH	One Health
RCCE	Risk Communication and Community Engagement
CLEA	Community-Led Ebola Action
CLTS	Community-Led Total Sanitation
GoSL	Government of Sierra Leone
NEMS	National Emergency Medical Service
PHEIC	Public Health Emergency of International Concern
PLA	Participatory Learning and Action
PRA	Participatory Rural Appraisal
SDMB	Safe, Dignified, Medical Burial
SMAC	Social Mobilization Action Consortium
SOP	Standard Operating Procedures
TC	Treatment Centre
VDC	Village Development Committee
WHO	World Health Organization

About this Field Manual

Who is this Field Manual for and how should it be used?

This Field Manual has been developed for Community Health Workers (CHWs)/Community Mobilisers (CMs) implementing the Community-Led Action (CLA) approach to reduce the spread of Zoonotic Disease and mitigate the secondary impacts of these outbreaks (across health, social wellbeing, and protection) in their communities[1].

It is intended as a guide for CMs, supporting them to implement CLA's five steps. It provides CMs/CHWs with Participatory Learning and Action (PLA) tools and ideas for empowering communities to do their own analysis of the situation and take their own action to stay safe and healthy. The CLA approach recognizes that communities have the power and the agency to protect themselves.

CMs/CHWs are encouraged to consider their local context when implementing the CLA approach - for example the local epidemiological situation and threats, spread, traditional leadership, community structures, and community capabilities and resources – and adapt and tailor implementation accordingly. CMs/CHWs may be working in hotspots, in border communities with a higher risk of Zoonotic Disease outbreak and transmission, or in locations where there is disbelief with regards Zoonotic disease outbreaks. CMS/CHWs can focus on the most pertinent issues in their specific location and draw-on and link to the existing leadership, structures, capabilities, and resources that are already in place as they go about their work. Because of this the CLA approach is suitable for use in any district, community, or chiefdom in the country. It is also suitable for use even where there is confirmed or possible active community transmission of disease. It does not require large numbers of people to be brought together at one time, physical contact between individuals, or extensive sharing of materials between individuals, and if necessary, some activities may be able to be conducted remotely.

What else do Community Mobilisers need?

Any CM/CHW using the Field Manual should have received comprehensive training (in-person or virtual) on the CLA approach. Following the training they should be regularly briefed and updated on the outbreaks as they evolve and given ongoing supervision and adequate financial/material support to be able to do their job safely and effectively. This support should be provided by the GoSL or the Implementing Partner (IP) supporting the CM/CHW.

[1] CLA is a nationally recommended model and is compliant with the GoSL Standard Operating Procedures (SOP) for Community Engagement. It can be used by GoSL or any Implementing Partner (IP) that does not already have a compliant, participatory community engagement model, or who wishes to switch to CLA.

CMs/CHWs should also be known to and linked to the government structure responsible for risk communication and community engagement, the Ministry of Health (MoH)'s Health Education Department. CM/CHW reports should feed into the District Health Education Team structure, and IPs supporting and managing CMs should attend regular district coordination meetings.

1. Understanding the Disease

To use the CLA approach to mitigate the spread of Zoonotic Diseases, and minimize morbidity and mortality from these diseases, it is essential that you understand the basic facts about Zoonotic diseases.

Your role is not to educate communities about Zoonotic Diseases in the traditional teaching way, but rather to facilitate dialogue, appraisal, and analysis of the current situation – living in an active Zoonotic Disease outbreak among community members. However, to do this effectively, you need to know the facts so that you can guide the process, and sensitively give information and correct misinformation if necessary.

For Zoonotic Diseases, you need to know:

- **Disease origin** - When and where and the outbreak started, and the immediate action taken, for example, if a state of emergency was called or borders closed/reinforced.
- **Restrictions and regulations –** Any restrictions and regulations put in place to prevent spread of the disease, for example if movement is restricted or a curfew is in place.
- **Case and death count** – The number of cases of the disease and deaths from the disease to date.
- **Symptoms** - The main symptoms of the disease.
- **Transmission** - How the disease spreads from animal to person, and from person to person.

- **Preventive measures** – What people can do to protect themselves from being infected.
- **Vaccine services** – What vaccines are available to protect people from the disease, how they work, and who they are for.
- **Response services** – What services are available for people who think they may be infected, for example, toll-free helplines, testing, contact tracing, quarantine, ambulance, Community Care Centres, and Treatment Centres and how they work.
- **Survival outcomes** – If someone survives from the disease whether they will recover fully and whether they will still carry the disease.

1.1. Understanding Secondary Impacts of an Outbreak

You can also use the CLA approach to mitigate the *secondary impact* of Zoonotic Diseases outbreaks (across health, social wellbeing, and protection). While the direct impact of any outbreak on morbidity and mortality is of huge concern, an outbreak's secondary impact can be just as serious, or even more serious, and will hit the already vulnerable the hardest. Secondary impacts include:

- **Increase in poverty** – People suffering from loss of earnings due to travel restrictions and regulations, and general downturn in the economy.
- **Increase in hunger** – People going hungry because they cannot afford, or cannot access, water and food.
- **Increase in sickness and deaths** – People getting sick and dying from other diseases and conditions because of hunger (malnutrition), and because they cannot afford, cannot access, or are scared to access, essential health services (including routine immunizations for children; antenatal, delivery, and postnatal care for pregnant women; newborn and child health services; treatment for malaria, typhoid, measles, tuberculosis; and treatment for chronic conditions such as HIV).
- **Increase in violence and exploitation** – People, especially women and girls, being at greater risk of violence, Gender-Based Violence (GBV), sexual harassment, abuse, and exploitation because of increased exposure to abusers at home due to restrictions and regulations; being exploited to make money because of increase in poverty of family; being forced to marry/marry early to 'ease the family's economic burden'; having less protection from caregivers who may be sick, quarantined, or die; not being able to access usual support network and services.
- **Increase in unwanted pregnancies** – Women and girls being at greater risk of unwanted pregnancies because they cannot afford, cannot access, or are scared to access reproductive health services, and because of increase in rape cases.

By being aware of the Zoonotic Disease outbreaks' secondary impact, you can help communities to minimize morbidity and mortality from these outbreaks same time, try to mitigate against secondary impacts. For example, communities can:

- Continue to take good care of health and health of children by:
- continuing to breastfeed.
- receiving scheduled immunizations for children.
- accessing antenatal, delivery, and postnatal services.
- accessing newborn and child health services.
- accessing and taking treatment for chronic conditions.
- seeking healthcare if unwell.
- seeking out reproductive health services.
- Know how to seek protection in the event of violence or exploitation by calling 116 or seeking help from a Child Welfare Committee (CWC), or Family Support Unit (FSU).

2. Introduction to the CLA Approach

The CLA approach is based on the premise that communities have the power and the agency to stop the spread of disease, whether it is Zoonotic Disease, or any other infectious disease. It recognizes that in every society, communities can and do modify norms, beliefs, and behaviors in response to the conditions around them, and that their collective local actions are at the heart of an effective outbreak response.

Figure 1: CLA 5-Steps

Under the CLA approach, CMs/CHWs working in pairs and within their areas enable small neighborhood units to do their own appraisal and analysis of the outbreak; its effects and the likely future impact if no local action is taken. The idea is to help residents understand the urgency and the action they can take to prevent the spread of disease(s), minimize sickness and death, and mitigate secondary impacts; and to 'trigger' a collective desire to develop a 'Neighborhood Action Plan'. Within this action plan, residents themselves can decide how they will protect themselves, whether it is taking action to ensure good hygiene practices for everyone, help residents stay at home without going hungry, re-design community hubs to facilitate physical distancing, seek medical attention for those who are sick, shield older people and those with underlying medical problems, or report concerns of GBV etc.

As a CM/CHW, your job is to work with your partner within your designated communities, to implement the 5-steps of the CLA model (see Figure 1). This includes mapping your communities into small neighborhood units, preparing to run triggering sessions, running

triggering sessions, supporting action plans, and conducting follow-ups. Remember, you should feel free to adapt and tailor the guidance given to suit your local context and community. Table 1 outlines the 5-Steps, which are also described in more detail in the following sections of this guide.

Table 1: CLA 5-Steps

	Time (Approx.)	Key Activities
1.	1 day	• Engage community leadership. • Secure permission to implement CLA. • Establish community points-of-contact. • Break-down communities into smaller neighborhood units • Establish neighborhood points-of-contact
2.	½ day per unit	• Engage neighborhood units. • Secure permission to run triggering sessions. • Confirm day, time, specific location, and participants for each triggering. • Review triggering tools and prepare materials
3.	½ day per unit	• Conduct triggering sessions in each neighborhood unit. • Complete CLA Monitoring Forms for Triggering
4.	½ day per unit ½ day	*In 'ignited' neighborhood units:* • Facilitate the development of Neighborhood Action Plans • Identify Community Champions *At community-level:* • Re-visit community leadership and discuss establishing a Community Committee or working with existing structure in each community. • Support the development of Community Action Plans
5.	Ongoing	• Conduct follow-up with all neighborhood units • Conduct follow-up with community leadership/Community Committees or structures • Complete CLA Monitoring Forms for Follow-Ups

When CLA works well, it should:

- Be based on **collective community decision-making and action by all.**
- Be driven by a sense of **collective achievement and motivations** that are internal to communities, not by coercive pressure or external payments.
- Be inclusive, engaging women, men, youth, children, elderly and people with disabilities in **time-bound specific activities** that will reduce the spread and negative impacts of the disease(s) for all.
- Lead to emergence and of new **Community Champions** and/or new commitment of existing local leaders.
- Generate **diverse local actions and innovations** that support healthy environments, utilization of health services, and social support.

- Build on **traditional social practices of community cooperation** and create new local examples that can be shared with other communities.
- Focus on and celebrate **community-wide outcomes** such as number of suspected COVID-19 cases isolated; number of people with serious illness referred to a health facility within 24 hours; number of action plans in place.
- Rely on clear, accurate **two-way information flow** that builds trust and positive feedback-loops between communities and health authorities.

3. How to be an Effective Community Mobiliser

As a Community Mobiliser, your attitude and behaviors are among the most essential ingredients for effective implementation of the CLA approach. Communities may be experiencing uncertainty, anxiety, suspicion, mistrust, or fatigue related to Zoonotic Disease threat. You must be ready to face communities with a calm, honest, empathetic approach. Following the Do's and Don'ts below, you will enable communities to confront difficult realities on their own terms. You will build trust and inspire your communities to act. Much more than any tools or methods, it is your attitude and style when interacting with communities that will determine success.

Table 2: Key Attitudes and Behaviors of Community Mobilisers

DO	DON'T
Enquire about community's own experiences and any action already taken	Assume the community does not know. anything and has not taken action already
Listen attentively; observe body language and what is *not* said	Interrupt; talk all the time
Stand back, leave it to local leaders; stand or sit at the same level as people	Always be in-front and in charge; physically dominate people
Facilitate community's own appraisal and analysis	Lecture, tell people what to do, and impose your ideas
Encourage women and vulnerable members of the community to participate; encourage inputs and ideas from everyone	Overlook women, children, and others who often get left out; allow one or two people to dominate discussion
Trigger self-mobilization; let people come up with their own actions and activities	Push for or demand action; prescribe exactly what community should do
Respect people's opinions even if you don't agree with them	Scorn or patronize people for their opinions
If there are information gaps or misinformation, sensitively address these either by asking others for their opinions, by asking strategic questions, or by gently giving ideas	Be the first to give information, aggressively defend your own ideas, tell people they are wrong or uninformed

Offer information on the response and let people know about the services available	Assume people know about the response and the services available to them
Be honest, admit if you do not know something; be humble	Make up answers; act arrogantly
Be hands-off, stay neutral, allow heated discussions between community members	Interrupt as soon as the discussion becomes heated, take sides, discourage
	community members from disagreeing with each other
Be creative and flexible; improvise and adapt	Be rigid; stick to a 'script'
Let go, always let community members do it (draw, map, discuss, prioritise etc)	Try to control the process or the outcome, be disappointed when things don't go according to your plan
Be patient	Rush

4. The 5-Steps of CLA

4.1. Engaging and Mapping Communities

You and your partner will be designated number of communities (Between 4-5, but this can discretional). The first step is to work in your pairs to respectfully engage the leadership in each of your designated communities in line with local protocol, and if necessary (and with their permission), map your communities into smaller, distinct neighborhood units.

Whenever first engaging community leadership at any level, be sure to make it very clear that you are there to learn and understand more about the community's own experiences and what is happening locally. Stress that you are not there to prescribe or enforce any practices or behaviors, or to spy on and report communities. Always take the opportunity to enquire about local knowledge and capabilities, and any action already taken.

If your designated communities have approximately 15 households in them, you can take each community as one neighborhood unit and work with it as it is. However, if any of your communities have more than 15 households in them, you should consider breaking them down into smaller, distinct neighborhood units. If the community is just slightly larger, i.e. it has 19 or 20 households, this may not be necessary, but if the community is very large, i.e. it has 30 or 40+ households, it is advisable. This is more likely in urban communities.

Why break down larger communities into smaller, distinct neighborhood units?

Working with smaller, distinct neighborhood units which have a strong sense of identity and high social cohesion will increase the practicalities of joint action-planning and the likelihood of actions being taken up and maintained. Working with smaller, distinct neighborhood units instead of large communities in one go, is also more appropriate, and safe, in in the context of a contagious disease outbreak. By working with neighborhood units of approximately 15 households, you can run triggering and follow-up sessions in close proximity to residents' homes and not require them to travel far or across their larger community to reach you. By inviting between one and two representatives from each household, you can also ensure that triggering and follow-up sessions don't become too large.

If you do have to break down one of your designated communities, work with your partner to consider the most appropriate way to do it. Consider the following:

- **How big is the overall community?** If the overall community is small, for example, only 19 or 20 households, it doesn't make sense to map it into a smaller neighborhood unit; just work with the community as a whole. However, if the overall community is 30 households then it might make sense to map it into two neighborhood units of 15 households each.
- **How big is the average household size?** If the average household size is particular big, you may wish to map the communities down to even smaller neighborhood units so that you can invite more than one or two representatives from each household (without the concern that triggering, and follow-up sessions will become very large).
- **How big is the meeting space?** Consider where you will hold the triggering and follow up sessions in each neighborhood unit. In some urban areas it may be challenging to find an appropriate space for more than 15 people to meet where they can still observe physical distancing. In this case it might be better to map the community down to a smaller neighborhood unit size so that you can still safely bring everyone together.
- **What is most meaningful to the residents?** Map neighborhood units that are meaningful to residents. For example, if several residents share a latrine or a water point, their households and these facilities should be within one neighborhood unit, not separated. This is important to avoid drawing arbitrary lines, but also to make it easier for residents to put in place and be responsible for actions related to these facilities. Similarly, consider community hubs such as shops, markets, and churches and which residents use them the most, and try to ensure that they are kept within the same neighborhood unit as far as possible.

Once you have mapped your communities, ensure that each neighborhood unit has a name. This could be a name that the residents already use to refer to their area, or a name or description that you and your partner come up with to use internally (between yourselves and your supervisor) for the purposes of identifying the unit when planning, implementing, and reporting on activities.

Finally, be sure to establish points-of-contact within each neighborhood unit, people that you can call to prepare for the triggering sessions.

4.2. Preparing for Triggering

The second step is to work in pairs to prepare to run triggering sessions in each neighborhood unit. The aim of this step is to ensure that neighborhood units are respectfully engaged in line with local protocol, informed of the wish to conduct a triggering session (and what it is) and asked for their permission to proceed. This step also aims to ensure that all the necessary practical arrangements are put in place to ensure that the session goes smoothly.

Explain to the point-of-contact in the neighborhood unit that you wish to conduct a triggering session, detailing how long it will take, what it will entail, who it will involve, and what it aims to achieve. As always when engaging community leadership at any level, make it very clear that you are there to learn and understand not to prescribe, enforce, or report; and take the opportunity to enquire about any action already taken. Secure their permission to proceed before discussing and agreeing on the day and time, specific location, and participants for the session.

Day and time: Take care to ensure that the day and time agreed on fits well with *all* the residents' schedules and availability. This means ensuring that it is convenient for women as well as men, young people as well as old, people with disabilities and those without. Consider residents' working hours, childcare arrangements, usual activities (including religious services and exercise) etc.

Specific location: Ensure that the specific location agreed on is convenient and comfortable for *all* residents. The location should provide cover from sun and rain; be of a reasonable temperature (not too hot or too cold); provide some privacy and not be somewhere where you can't control the number of people joining; be somewhere where you can accommodate the needs of different groups (for example, needs of breastfeeding mothers, access needs of the elderly and people with disabilities etc.); be somewhere where it is possible to put in place Infection Prevention Control measures (IPC) - see Table 3).

Table 3: Ensuring IPC Measures When Working in the Community

• If the venue is indoors or partly indoors (i.e. a veranda), make sure it is well ventilated. • Set up a handwashing station at the entrance to the session and ask people to wash their hands before they join the group. • Ensure that everyone who attends the session is wearing a face mask correctly. • Ensure that no more than 30 people participate in the session (including participants, you and your partner, and others). Watch out for additional people joining after the session has started and numbers creeping up throughout the day. • Make sure that everyone can and does maintain a distance. (This means that no-one is sitting or standing within arm's length either to the side or in front or behind them). Set up chairs and activities in a way that promotes and encourages this, this encouraged to happen especially when there is a contagious disease outbreak.

- During the session make sure people do not move around together, for example, make sure they only come to the flipchart paper one at a time.
- Ensure that anyone who feels unwell does not attend the session.

Participants: Ensure participant numbers are not too many by inviting between one and two representatives from each household. However, make sure that participants are a good mix of genders, ages, abilities, and incomes. Avoid situations where most participants in a triggering session are men, or older people for example, and make concerted effort to ensure vulnerable groups are not excluded from the process. This will ensure all views are reflected. Also try to ensure that key stakeholders (such as chiefs, councilors, community/religious/youth leaders, and teachers) are invited to the session. Finally, confirm that the point-of-contact in the neighborhood unit will invite participants.

Once the day and time, specific location, and participants for the triggering session have been confirmed, talk to the point-of-contact (and Community and District Leadership if necessary) to confirm the local Zoonotic Disease response services available, for example, where is the nearest Treatment Centre (if there is one), what number can residents call to report suspected cases, where can residents go to report if their animals are dying in large numbers, is there a Community Care Centre or Treatment Centre in the area? Also confirm the local protocol for reporting concerns of GBV or child abuse. As well as the national 116 hotline, there may be a local line or facility, such as a Family Support Unit, or Child Welfare Committee. It is important that you have the details of these so that you can report any concerns you may have whilst working in the neighborhood unit.

After engaging the point-of-contact on these details, and before the triggering session itself:

Review the triggering tools and prepare any materials you need.

Check you know the local protocol for reporting concerns of GBV or child abuse.

Discuss the triggering session with your partner and agree who will lead and co-lead each exercise, and how to divide reporting tasks.

Familiarize yourself with the layout of the exercises (Process, Notes for facilitator, Reminder of key points for facilitator), and pre-read through the notes and reminders so that on the day you can focus on the process and on what is being said without needing to look to these sections again.

The day before - Call your point-of-contact to confirm that it will be going ahead (or if there have been any changes to the plan).

On the day - Keep in touch in the event that you are running late out of courtesy and respect for the residents.

4.3. Triggering Communities

The third step is to work in pairs to conduct triggering sessions in each neighborhood unit. The triggering process is about stimulating a collective desire to take action in the face of Disease outbreak and mitigation.

As a Community Mobiliser/Community Health Worker, your objectives are to facilitate dialogue (including sensitively give information and correct misinformation if necessary), appraisal, and analysis so that community members can decide for themselves whether the disease outbreak poses a real threat, what action can be taken to reduce and prevent the spread of these diseases, and whether and how to take action.

Introductions & Building Rapport

When beginning a triggering session, be sure to follow local protocol, for example if it is the norm to wait until the Chief or most senior community member present invites you to speak before starting, then do so. Introduce yourself and explain why you are there. As always when engaging community leadership at any level, make it very clear that you are there to learn and understand, not to prescribe, enforce, or report. Relax and don't rush and try to help participants feel comfortable. If you are asked for funds or materials resources, be clear that you do not have any.

Initiate an opening discussion about the outbreak(s). This will be a topic which is at the forefront of participants' minds and something which is probably already affecting their daily life in one way or another. You could begin by asking broadly about the latest news they may have heard or asking generally about their experiences in the neighborhood.

Using the Participatory Learning & Action Tools

Use the Triggering Tools outlined below to facilitate community dialogue, appraisal, and analysis of the situation. Don't be overly concerned about following the guidance exactly, your attitude and behaviors and your facilitation skills (see Table 4) are much more important, and spontaneous discussion among the participants is good and should be encouraged when it occurs. Remember, the goal is to help participants build their own self-awareness of what is happening, the action they could take, and reach a collective decision to act. This may happen very quickly for some neighborhood units, or not at all in others.

If at point during your triggering of communities, you are worried about any form of violence, GBV, sexual harassment, abuse, or exploitation, call 116, or seek help from a CWC, FSU.

Table 4: Effective Facilitation Skills for Triggering

- **Always facilitate in the local language.** And use the local words, especially any local word(s) for disease, illness and sickness. It is very likely that there are already words for 'contagious' diseases or 'isolation'. Do not use medical terms that may be met with suspicion or be difficult to understand.
- **Don't focus only on implementing the tools 'perfectly'.** Your attitude, behavior and your facilitation skills are much more important than the tools or exercises you cover, or even how you cover them. Remember that spontaneous discussion among the participants is good and should be encouraged because it can provide useful insight.
- **Be flexible**. Every community is different and if communities really owning the process, they may drive things in all kinds of directions.
- **Give up control.** You do not own this process. Avoid dominating by controlling who speaks or who is given markers to draw. Lay everything out and allow participants to do all of the drawing, mapping and recording themselves.
- **Keep your eyes and ears open**. Listen to what participants have to say, even when you are not formally conducting an exercise. Pay attention to body language.
- **Watch your body language.** Be careful that your body language does not reveal that you either agree/approve or disagree/disapprove of what participants are saying. Do not be judgmental. Never respond with astonishment, impatience, or criticism. Remember your job is not to convince participants of biomedical facts or tell them what you think they should do.
- **Keep in mind the triggering objectives**. Ask probing questions during and after you have completed the activity. Remember that doing an exercise, such as a map, is only the first step. The discussion that follows is the key opportunity for learning.
- **Be aware of participation levels.** Be aware of people who dominate the discussion and those who are shying away from it. Try to bring those who are quiet or shy into the discussion but take care not to make anyone feel uncomfortable of pressured to talk if they do not want to.
- **Be aware of inclusion.** Remember groups that are often left out of the discussion, such as women, children, people with disabilities, people of very low income or education. Try to ensure they have opportunities to share their views without making them feel uncomfortable or pressured.
- **Don't be quick to give information/point out misinformation yourself.** First see if anyone in the group can do this or ask strategic questions to help them do this. Only give information/point out misinformation yourself as a last resort.
- **Don't be quick to jump in and answer questions yourself.** Always allow participants to ask any questions they have but do not immediately answer them yourself, throw/share them to the larger group to see what others will have to say.
- **Allow people to voice their frustrations.** Let people voice their concerns about the health services they have received or might need. You do not have to defend the health authorities.
- **Be ready to handle conflict.** Remember that COVID-19 can be a very sensitive topic; emotion, tension, and conflict could arise in a group setting. This is normal and to be expected, so be ready to handle it appropriately. It is your role to help people find common ground when conflicts arise and recognise when to agree to disagree. Try to avoid taking criticism or resistance personally.
- **Allow silences to happen.** The person who was speaking may continue, or another person may decide to talk.

- **Do not focus on collecting data during triggering sessions.** If you are facilitating, do not attempt to fill in monitoring forms at the same time. Your co-facilitator can be responsible for discretely noting down the important information emerging from participatory analysis, and ensuring that these notes and results are summarised in the monitoring tool so that you can focus on igniting collective action.

Tool 1: Body Mapping Exercise

BODY MAPPING	
Objectives	• Identify the most common symptoms of Zoonotic Diseases, what parts of the body they affect, and who they affect. • Explore different perceptions around transmission routes into the body. • Discuss if there are vaccines for Zoonotic Diseases, what they do, what the pros and cons are, and who they are for
Materials	• Flipchart paper and markers • Blank cards and markers
Duration	Approx. 45 minutes to 1 hour

Process

1. Begin by asking a volunteer to draw an outline of the body on paper.
2. Place some cards and markers near the body map.
3. Ask participants to think of some symptoms of Zoonotic Diseases and write or draw them on the blank cards.
4. Ask participants to place the symptoms on/near the part of the body they affect.
5. Discuss the symptoms of Zoonotic Diseases that have been suggested. Is it easy or difficult to tell if someone has these diseases? Does everyone who gets the disease experience the same symptoms? Are some people more likely to become seriously ill from the disease than others? Do the symptoms change over time? How? Is it an 'easy to understand' illness, or a 'difficult to understand' illness? Why?
6. Next, ask how people become infected with Zoonotic Diseases. Ask participants to write or draw some pathways on more blank cards.
7. Then ask for participants to place these pathways around the outline of the body and draw lines from these to the body to show how Zoonotic Diseases gets into the body.

Notes for facilitator

- Try to avoid suggesting symptoms or answering questions yourself. Let participants discuss, identify, draw/write.
- If there are misunderstandings or myths, try to illicit alternative opinions from other participants through probing and strategic questioning, and use these to address misinformation without getting involved yourself. If no one else offers alternative opinions, offer your own opinion in a gentle and non-confrontational way (pose it as a question or thought rather than fact). Do not tell a participant they are wrong or take over.
- If a participant states one of the key points (see below), invite them to the front to tell everyone. Once one of the participants has given this information, repeat it from time to time. Try not to give this information before they do, it should be something that is put forward as the result of a participant's own analysis, not something you have told them. If you do have to give one of the key points yourself, do not make a big deal out of it, but let others pick up on it and repeat it.

Tool 2: Danger Discussion Exercise

DANGER DISCUSSION	
Objectives	• Explore knowledge and understanding of Zoonotic Diseases risk levels associated with different practices. • Understand differences in attitudes towards different practices between men and women, young and old, and others. • Highlight the most risky practices and who is most likely to conduct them
Materials	• Flipchart paper and markers OR a smooth surface for drawing in the dirt and a stick, rope • Danger Cards (Annex 7)
Duration	Approx. 30 minutes

Process

1. Begin by asking a volunteer to draw a vertical/horizontal line on the paper or ground. Explain that this is the 'danger line' – the bottom means no danger of Zoonotic Diseases infection, and the top means high danger of Zoonotic Diseases infection.
2. Take out the Danger Cards and spread them out picture-side-up on the ground in no order.
3. Invite volunteers to come one at a time, pick a card, explain to the group what it is showing, and place it where they think it should go on the danger line.
4. Encourage the volunteers to explain their decisions and other participants to say if they agree or not. If they do not agree, place an item (a stone or marker) on that card and leave it where it is.
5. Return to any cards with an item on them, or cards put in the wrong place on the line. Ask again if everyone agrees with the placement of these cards. Try to illicit any alternative opinions from the group. If no one can answer correctly, give additional information about the true level of danger involved in the practice (but this is a last resort).
6.

Notes for facilitator

- Be aware that participants may feel as though they are being judged. Some may be reluctant or anxious and may not want to admit that some practices are dangerous,

especially if they are practices, they have taken part in in the past. Keep the conversation general not personal, in the spirit of openly exploring dangers together, not trying to catch-out or accuse individuals. Use 'we' not 'you', for example, "we have all probably participated knowingly or unknowingly in dangerous practices in the past", "it is difficult to avoid danger altogether but by knowing what is most and least dangerous we are better able to avoid the most dangerous practices" to build trust. Look out for participants that may wish to discuss privately after the session and be discrete if they do.

- This exercise provides an excellent opportunity for improving understanding of how Zoonotic diseases can be transmitted. If you think a participant has placed a danger card in the wrong place on the danger line, do not tell them they are wrong and move the card yourself but encourage them to talk about their decision. Allow others to also share their views and practice active listening as the group discusses. Ask questions to help guide the group towards the right risk assessment for that card. If this does not work, you can gently step in to give your own opinion in a supportive way.
- Remember that each danger card may be interpreted differently by different people, and if a participant can justify why they have placed their card where they have, in a way that shows good understanding of disease transmission, then that is ok (for example, saying that ambulances are dangerous if you go in them when there is a patient in there and you touch that patient without wearing any Personal Protective Equipment (PPE)), but make sure everyone hears and understands their interpretation of the card and their justification for its placement. The danger line might look different each time you do it with a different group, but this does not mean that it is wrong.
- You may not have time to discuss every card in detail, allow the group to lead the conversation based on the danger cards they seem most interested in and animated about, but try to make sure the key points below are touched on.
- Allow the conversation to flow into different sub-topics, for example, people may want to discuss:
- the challenges and practicalities of managing day-to-day life whilst avoiding any disease spread risk, or of suitably caring for children and family members without putting yourself at risk from disease.
- Step back and allow discussion to flow between community members, do not interfere or interrupt.
- The conversation might naturally flow into how to reduce the most dangerous practices and/or protect people while they are doing them (for example, by getting vaccinated, or wearing a mask properly), make sure your partner takes note of these as they may be useful for when you are facilitating the development of a Neighborhood Action Plan later.
- Be honest about things you don't know and about things that no one really knows. Offer to try to get more information where and emphasize that we are still learning about Zoonotic Diseases.

Tool 7: Sickness Spreads Exercise

DISEASE SPREAD	
Objectives	• Build a collective realization of the life-threatening consequences if people don't change their behaviors when someone in the community is sick
Materials	• None
Duration	Approx. 20 minutes

Process

1. Begin by asking for the participants to stand in a cluster and imagine they are all different family members and neighbors in a community.
2. Tell them to imagine that one of the adults gets sick and discuss what different community members would normally do. What does the person who is sick do? What does the husband/wife do? What do the children do? What does the pastor/imam do? Who cooks for the sick person? Who takes care of the children? Let participants act out the real interactions between the community members.
3. At the end of the story, ask the participants to sit down if they have had 'contact' with the sick person. Most of the group will likely be sitting down by the end.
4. Say that it is clear this is a real community where everybody helps each other but ask participants what this might mean if the sick person had a Zoonotic Disease. What would have happened to all the people sitting down? Could they now have the Disease and be passing it on? To whom? Could some of those infected with the Disease get seriously sick from it, who?

Tool 8: Visioning

Dream Map / Visioning	
Objectives	• Enable participants to imagine and draw their vision for their future. • Identify common desires for the future of individuals, families, and the community within the group. • Generate understanding that unless community action is taken in the face of Zoonotic Diseases outbreaks, their visions could be threatened.
Materials	• Flipchart paper and markers
Duration	Approx. 60 minutes

Process

1. Begin by saying to participants that this exercise will start them on a journey of (continued or new) community cooperation.
2. Give each participant a sheet of flipchart paper and a marker, if there is a provision for flipchart, or sheets of paper
3. Ask participant to sit quietly in a comfortable position, close their eyes, and imagine their life 5 years from now. Ask the following questions to guide their visioning (giving them time between each to think of their answer): ○ Home: what does your home look like the furniture, the walls? Where is it located? Do you own the house?
    - Relationships: What does your family look like? How many children do you have? What does your relationship with your family look like? With your friends? Who are your friends? What are the qualities of those relationships? What kinds of things do you do together? ○ Job: Where are you working? What are you doing? With whom are you working? Is it your own business?
    - Finances: How much do you make in a year? How do you spend your money on a daily, weekly, and monthly basis? How much have you saved and/or invested?
    - Environment: What does your environment look like? How has it changed from the present? How much of it is natural or man-made? Are you or people in your family/community taking care of it?
    - Personal growth: Do you see yourself in school or going back to school? Getting training or attending workshops? What activities do you participate in for fun and development?
    - Your community: What does your community look like when it is operating perfectly? What kind of activities are taking place, and how do you participate? What do you do to help others and make a difference? What kinds of services are readily available? How many people are in your community? What are people's income levels? What about security, schooling, health, and water?
4. Next, ask participants to draw their vision, this will become their 'vision statement'.
5. Ask for volunteers to share their vision statements with the group if they are comfortable doing so.
6. Ask participants to indicate which parts of their vision could be negatively impacted by Zoonotic Diseases outbreak or would be negatively impacted by an outbreak in Sierra Leone. How do the participants' visions change if the country and

their community is affected by outbreaks over the next 5 years? What will happen to their visions if nothing is done to keep their community safe during these outbreaks?

The Ignition Moment

Be very alert for the ignition moment which could be reached at any point during the triggering session. It is the moment of collective realization that the community is at serious risk from Zoonotic Diseases outbreak. When this moment of realization occurs you may notice that the energy in the group is at its highest, residents may be debating and arguing about how to protect the neighborhood. At this point there is no need to continue with other exercises. Don't interrupt or advise. Quietly listen to the discussion.

At any given point (before, during and after the triggering session) the residents' readiness for action can be described in one of the following ways: 'Matchbox in a Gas Station - Ready for action'; 'Promising flames - Almost ready'; 'Scattered sparks - Not quite ready'; 'Damp Matchbox - Not ready' (see Table 5).

Table 5: Readiness for Action – 4 Stages

	**Matchbox in a Gas Station - Ready for action:** Where the entire group is fully ignited and all are prepared to start local action immediately to prevent disease spread. In this case, you can facilitate action planning (with clear activities, responsible persons and dates), identify a Community Champion, and set a date for follow-up.
	**Promising flames - Almost ready**: Where the majority of residents are agreed, but some are still unconvinced or undecided. Thank them for the detailed analysis. Ask them to raise their hands if they want their neighborhood to be free from the disease. Ask them to raise their hands again if they are ready to take local action. If someone from the group agrees to initiate local action, bring this person up front and encourage them to share their thoughts. If enough others are also interested, facilitate action planning, identify a Community Champion, and set a date for follow-up.
	**Scattered sparks - Not quite ready**: Where the majority of residents are not decided on collective action, many are still unsure, and only a few have started thinking about going ahead. Tell them they are free to stand by and continue their practices. If one or two from the group are ready to take action, call them to the front and applaud them and set a date for follow-up.

	**Damp Matchbox - Not ready:** Where the entire group is not at all interested in initiating their own action to stop the spread of disease. In this case, do not pressurize them. Tell them that you are surprised to know that they are willing to sit and wait while this outbreak continues. Remind them that you are not far away and ask if they would be interested for you to make another visit soon.

4.4. Supporting Action Plans

The fourth step is to work in pairs to support the development of Neighborhood and Community Action Plans.

4.4.1 Neighborhood Action Plans & Neighborhood Champions

Facilitating Neighborhood Action Plans

During or following triggering, if the neighborhood is 'ready for action', or 'almost ready' (see Table 5) but enough residents are interested in proceeding, keep up the momentum and begin to facilitate the development of an action plan immediately.

Your job as a Community Mobiliser is to *facilitate* the development of a Neighborhood Action Plan with the Neighborhood Unit you are working with. Do not take control and dictate what should go into the action plan but rather give the group space to discuss the themes they want to focus on, and the action points they want to put in place and prioritize. You can help the process by:

- Encouraging the group to reflect on the previous triggering exercises and recall if there were any actions or solutions already mentioned during these discussions. If the group is struggling, revisit these discussions (looking again at the maps and drawings created) and help to draw out some key points made so the group can suggest possible actions.
- Asking strategic questions to:
  - highlight key themes the group may not have considered.
  - help the group to ensure the actions they come up with are in line with national restrictions, regulations, and advice.
  - help the group to ensure their actions are SMART – Specific, Measurable, Achievable, Realistic, and Timebound
  - help the group to ensure they clearly identify responsible persons and timeframes for each action.
- Ensuring no one (including community leadership) dominates the discussion.

Neighborhood Champions

At the same time as supporting the initial development of a Neighborhood Action Plan, it is essential that you also identify a Neighborhood Champion in each neighborhood unit who will take the lead to ensure action plans are followed through. Neighborhood Champions will have the commitment and energy to follow-up with their neighbors and encourage changes in community behaviors and practices, adherence to the agreed action plan, and modifications to the action plan as the situation evolves. They will feel a strong sense of ownership over the plan and will become a key contact for you, so that you can continue to follow-up by phone or visit to check on the status of the action plan, progress made, and further support needed. Your recognition and encouragement of these Neighborhood Champions will be an important part of your work during follow-ups.

Let Neighborhood Champions emerge naturally during the triggering session, rather than trying to appoint them. They will be identifiable by their energy, enthusiasm, and positive interactions with others. They may be women, men, youth, school children, elderly people and/or people with special roles such as Community Health Workers, religious leaders, and headmen. There may be more than one (and if so, encourage and support them all).

When identifying Neighborhood Champions consider the following:

- **Support Women Champions**: Although women play key roles in caring for the sick and children, including taking sick relatives to the hospital, children for vaccination, and going to the market (which are most times crowded), their role and their voice in the local outbreak response may be overshadowed by that of their male counterparts. Actively look for and support Women Champions and consider reaching out to women's groups as a targeted sub-set of potential Champions and leaders of community action.
- **Support Youth Champions**: Young people can play important roles in helping to shift family and community norms and act as powerful agents of change in their communities. Actively look for and support Youth Champions and consider reaching out to youth and children's groups as a targeted sub-set of potential Champions and leaders of community action.
- **Support people with disabilities to be Champions**: People with disabilities are often excluded, actively identifying them as Champions can help to ensure that people with disabilities are not forgotten and receive appropriate support and offers an opportunity to break down barriers and stereotypes and contribute to the empowerment of people who may be disadvantaged. Consider reaching out to disability groups as a targeted sub-set of potential Champions and leaders of community action.

- **Recognize the role of Religious Leaders**: Religious Leaders are highly influential leaders on the ground. Support them to use their sermons, kutbas and prayers to deliver tailored faith-based messages to religious audiences and accelerate and celebrate local community action.
- **Celebrate Health Workers and Survivors:** These community members can promote and provide powerful examples of both health-seeking behavior and the capacity of people to overcome disease if treatment is sought early.

Once you have identified Neighborhood Champions, consider how to recognize, encourage, and incentivize them. Although Neighborhood Champions do not receive any formal financial incentives (except in cases where they need to travel) they can be supported with resources (i.e. phone credit, stationery). Champions often take great pride and motivation from this type of more formal recognition.

Be sure to also collect the phone number of the Community Champion so that you can call them for updates as part of ongoing follow-ups.

4.4.2 Community Action Plans & Community Committees

Once you have triggered all your neighborhood units and supported the development of Neighborhood Action Plans and identified Neighborhood Champions (in those neighborhoods that were ready), you will need to re-visit the community leadership. During this visit you can update them on the progress made, the number of Neighborhood Action Plans in operation, the type of actions being implemented, and the Neighborhood Champions overseeing these processes. You may want to invite the Neighborhood Champions to attend this meeting so they can report directly.

During the meeting, discuss establishing a Community Committee or working with an existing structure (such as a Village Development Committee (VDC)) that can provide community-level oversight to the ongoing work. This committee/existing structure can include community leaders, the Neighborhood Area Champions, and you, the Community Mobilisers, plus other community representatives. As well as overseeing the ongoing work in the community, if there is collective desire, the Community Committee can develop and uphold a Community Action Plan that considers the actions happening at the neighborhood unit level and promotes overarching action to be taken at the whole community-level. Community Action Plans can include community-wide actions, and actions which support the monitoring of Neighborhood Action Plans; the sharing of best practices from one neighborhood unit to another; and the celebration of neighborhood unit and community successes. As with Neighborhood Action Plans, your job as a Community Mobiliser is to *facilitate* the development of Community Action Plans, not to take control or dictate the process. Use Table 6 as a guide for possible actions.

The Community Committee can decide on how often they want to meet, and who wants to lead the activities. Support them to develop a practical, realistic plan with reasonable time commitment from committee members.

At each triggering session complete a **CLA Monitoring Form for Triggering** (Annex 12) and submit to your supervisor.

4.5. Conducting Follow-Ups

The fifth step is to work in your pairs to conduct ongoing follow-up at the neighborhood unit level and the whole community level. Follow-up with *all* neighborhood units and the community leadership/Community Committee is essential, regardless of whether they have developed a Neighborhood Action Plan/Community Action Plan or not.

Your supervisor will advise you of the frequency of follow-ups, and whether they should be made by in-person visit or phone call. Frequency and mechanism of follow-ups will depend on:

- What is advisable, safe, and allowed given Zoonotic Disease outbreak and threats, and travel restrictions, regulations, and public health advice?
- The situation and needs in any given community/neighborhood unit.
- The number of neighborhood units you are covering.
- Your availability and schedule
- What resources are available?
- The receptibility of the community/neighborhood unit.

In-person visits and phone calls should be conducted with Neighborhood Champions (or neighborhood point of contact if Champion not yet identified) at the neighborhood unit level, and with the community leadership/Community Committee point of contact at the community level.

During follow-ups you can:

- Get an update on progress with the Neighborhood Action Plan/Community Action Plan - what activities are occurring, who is getting involved, how is it being monitored, key challenges and issues.
- Encourage and motivate neighborhood units and communities who are implementing action plans to keep up the momentum, and to review, add to, and modify action plans in line with changing needs.
- Learn about emerging risky practices and behaviors and new rumors and conspiracy theories related to Zoonotic Disease.

- Collect data and information on: suspected Zoonotic Disease cases and community action taken in line with national guidance; serious illness from the outbreak and community action taken in line with national guidance; non-Disease outbreak sickness; and neighborhood deaths.
- Understand the interaction between the community and health services and whether services met expectations.
- Understand the interaction between the community and non-health services provided by the local authority (including water, electricity, and social care services and additional support services that may be offered during isolation, quarantine or lock-down such as food) and whether services met expectations.
- Understand challenges such as food shortages, and linking households, neighborhood units or communities with necessary support.
- Provide regular updates to the community on the latest news, including updates from the district and national health teams, changes to services. The sharing of timely, credible data on the response will help build trust and will keep the community informed of important changes to the outbreak and the response.
- Consider conducting house-to-house visits to reach specific households in more personal ways, and where specific households seem to be excluded from the CLA process or otherwise vulnerable or high-risk.

- Celebrate community leaders, community committees, and Champions who are implementing creative ideas, or who are particularly strong in executing their action plans.

If at point during your engagement of communities, you are worried about any form of violence, GBV, sexual harassment, abuse, or exploitation, call 116, or seek help from a CWC, FSU.

Not all of these will be possible or appropriate in neighborhood units and communities that have not yet developed action plans, however, even in neighborhood units without any desire to take action following triggering, follow-up phone calls to check on how things are going and offer updates from the response should be conducted. These calls also present an opportunity to see if there has been any change of heart in the neighborhood unit and if so, whether it would be appropriate to repeat the triggering session, or just certain triggering exercises.

In addition to the follow-ups you conduct, it is very likely that community members will begin calling you if specific situations arise. You are a resource to your community, and you may become their first point of contact and be asked to provide real-time support. You may need to refer to or link communities with relevant services, support conflict resolution, and follow-

up to ensure that action has been taken. You will need to deal with each situation on a case-by-case basis, follow the protocols, and maintain regular contact with your supervisor.

At each follow-up complete a **CLA Monitoring Form for Follow-Up** (below) and submit to your supervisor.

CLA OH RCCE Community Triggering Form	
Section A: Background & Demographic Information	
A1. District:	
A2. Chiefdom/Ward:	
A3. Name of Implementing Organization:	***Select One Only**** ☐ MOH ☐ Breakthrough Action
A4. Name of CLA Community Mobilisers:	
A5. Name of Supervisor:	
A6. Name of Community:	
A7. Date of Triggering:	
A8. Form Completed by:	***Select One Only**** ☐ Community Mobilizer/OH RCCE ACTOR ☐ Supervisor ☐ Other (please specify):
A9. Total number of households in this community	
A10. Total number of people living in this community within these age range:	
A10a. Male: 12 to 17:	
A10b. Female: 12 to 17:	
A10c. Male – 18 to 35:	
A10d. Female – 18 to 35:	
A10e. Male: 36 to 65:	
A10f. Female: 36 to 65:	
A10g. Male – 65 & above:	
A10h. Female – 65 & above:	
Section B: Triggering Session & Outcomes	
B1a. Name:	
B1b. Position:	
B1c. Phone number:	
B2. Number of people who attended the community triggering session facilitated by CLA mobilizers:	
B2a. Male: 12 to 17:	
B2b. Female: 12 to 17:	
B2c. Male – 18 to 35:	

B2d. Female – 18 to 35:	
B2e Male: 36 to 64:	
B2f Female: 36 to 64:	
B2g Male: 65 & above:	
B2g Female: 65 & above:	
B2h. Male: persons with disability 12 to 17:	
B2i. Female persons with disability: 12 to 17:	
B2j. Male persons with disability – 18 to 35:	
B2k. Female persons with disability – 18 to 35:	
B2l. Male persons with disability: 36 to 64:	
B2m. Female persons with disability: 36 to 64	
B2n. Male persons with disability: 65 & above:	
B2o. Female persons with disability: 65 & above:	
B3. What are the most common rumours, misinformation and concerns expressed by members of this community related to Zoonotic Disease outbreak prevention?	*Select all that apply…* a) Lack of confidence in the government's response b) Government restrictions and regulations c) Evil people are behind the outbreak d) Dead meat cannot transmit the disease e) The outbreak is God-sent. f) Impact on livelihoods/earnings g) Lack of food and other goods at the market h) No access to medical treatment i) Poor quality of veterinarian j) Family curse. k) Stigma against healthcare workers l) Other (please specify):
B4. What else did you hear in the discussions on preventive measures that you think is important to note?	
B5. Does the community know about the disease outbreak status of its community?	
B6. Did the community develop a Community Action Plan during the triggering process?	*Select one…* ☐ Yes ☐ No
B7. As a community, how do you intend to get your members to prevent a Zoonotic disease outbreak	

B8. Did the community decide to work with an existing community structure? If yes, please write the name of the committees that the community has decided to work within the response column	
B9. If it is a new committee set up by the community, please specify the name of the committee	
B10. Do you have any concerns about the community's capacity to carry out the action plan? What might be some of the obstacles?	
If no, form completed here. If yes, move onto Section C	
Section C: Community Action Plan	
C 1. Did the community develop an action plan from the CLA triggering session in relation to the prevention of the Zoonotic Disease outbreak?	Yes ☐ No ☐
C2. Are all tasks/activities listed in the developed plan focused on the Zoonotic Disease outbreak?	Yes ☐ No ☐
C3. If no, please indicate any tasks/activity in the action plan that is not directly focusing on the Zoonotic Disease outbreak	
C4. If yes C1, who is responsible for updating the developed action plans at the community level?	
C4a. Name of Contact Person(s):	
C4b. Position of Contact Person(s):	
C4c. Phone number of Contact Person(s):	

C5: Community Actions/tasks list

Action Points	**Group & Lead**	**Deadline**	**Status** (Not started / Ongoing / Completed / Delayed / N/A)	**Comments**

C6: Tick which best reflects the different community leaderships/stakeholders that were directly involved in the triggering process:

☐ Chiefs ☐ Councilors ☐ Religious ☐ Youth Leaders ☐ Women Leader/Mammy Queen ☐ PHU Staff ☐ School teachers ☐ Other (specify)

C7: From the triggering process of this community, are you concerned or worried about any specific issue or certain group or areas that needed to engage singularly? ☐ Yes ☐ No

C8: If yes to C7, specify the concern and include the group or areas that need the engagement:

C7. Any other challenges related to triggering exercise that you might want us to know?

CLA Covid OH RCCE Monitoring Form for Follow-Up	
Section A: Background & Demographic Information	
A1. District:	
A2. Chiefdom/Ward:	
A3. Name of Implementing Organization:	*Select only one …* ☐ MOH ☐ Breakthrough Action
A4. Name of CLA Community Mobilisers/OH RCCE ACTOR:	
A5. Name of Supervisor:	
A6. Name of Community Follow-up:	
A7. Date of follow-up:	
A8. Form Completed by:	*Select one…* ☐ Community Mobilizer/ OH RCCE ACTOR ☐ Supervisor ☐ Other (please specify):
A9. Total number of households reached in the community during the follow-up visit	
A9. What type of follow-up was conducted this month/week?	*Select one…* a) In-person b) House-to-house c) Group meeting d) Phone call e) SMS / WhatsApp message
Section B: Community Follow-Up	
B1. Who responded to these follow-up questions from the community?	
B1a. Name:	
B1b. Position:	
B1c. Phone number:	
B2. Number of people reached during the follow-up monitoring:	
B2a. Male: 12 to 17:	
B2b. Female: 12 to 17:	
B2c. Male – 18 to 35:	
B2d. Female – 18 to 35:	

B2e Male: 36 to 64:	
B2f Female: 36 to 64:	
B2g Male: 65 & above:	
B2g Female: 65 & above:	
B2h. Male: persons with disability 12 to 17:	
B2i. Female persons with disability: 12 to 17:	
B2j. Male persons with disability – 18 to 35:	
B2k. Female persons with disability – 18 to 35:	
B2l. Male persons with disability: 36 to 64:	
B2m. Female persons with disability: 36 to 64	
B2n. Male persons with disability: 65 & above:	
B2o. Female persons with disability: 65 & above:	
B3. This week, what are the most common concerns expressed by members of the community relating to Zoonotic Disease?	*Select all that apply…* a) Lack of confidence in the government's response b) Government restrictions and regulations c) Evil people are behind the outbreak d) Dead meat cannot transmit the disease e) The outbreak is God-sent. f) Impact on livelihoods/earnings g) Lack of food and other goods at the market h) No access to medical treatment i) Poor quality of veterinarian j) Family curse. k) Stigma against healthcare workers l) Other (please specify):
B4. What are the most common rumors and false information expressed by members of the community you followed up on relating to the Zoonotic Disease outbreak?	
B5. Does the community know about the Zoonotic Disease status of its members	
B6. Are regulations being followed in cookeries/schools/churches/mosques in the community? If not, why not?	
B7. Has there been other sickness or death related to the outbreak in the community since the last visit? If so, how many, and what action was taken?	

B8. Has the community utilized any of the toll-free hotline's (117 & 116) services within the past week? ***Check "yes" only if the community utilized the hotlines for any of these services:*** Vaccination, Testing, contact tracing, quarantine, ambulance service, CCCs, treatment centres) or for other health-related services like One Stop Centre, RAINBO Centre, FSU, and CWC) If yes, what was their experience?	Yes ☐ No ☐
B9. Do you observe or have any concerns about the community's capacity to carry out their documented action plan? What might be some of the obstacles?	
B11. What else did you hear in the discussions on preventive measures that you think is important to note??	
B12. Was there any new community champion? If yes, please provide the details:	Yes ☐ No ☐
If no, form completed here. If yes, move onto Section C	

Section C: Action Plan ***(write all action points - those still active from previous plus new and updated)***

Action Point	Lead	Deadline	Status (Not started / Ongoing / Completed / Delayed / N/A)	Action Point

C1. From your follow-up visits, tick which best reflects the community stakeholders or committee members that were directly involved in the implementation of the listed tasks/activities in their developed action plan. ☐ Chiefs ☐ Councilors ☐ Religious ☐ Youth Leaders ☐ Women Leader/Mammy Queen ☐ PHU Staff ☐ School teachers ☐ None of them ☐ Other (specify)
C2. Are there challenges related to the implementation of the action plan you might want to share?